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‘A bed should be a haven’: Using poetry workshops to understand sleep in later life

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## Abstract

Sleep quality reportedly declines with ageing and sleep disorders increasingly impact wellbeing. Discourses of health promotion, such as those disseminated in the media, play a role in shaping perceptions and practices of sleep across the lifespan. However, such messaging is often negative, contradictory, and sensationalised. This project examined older people's experiences of sleep, understandings of sleep health messaging, and provided a platform for sharing sleep-related experiences through poetry. Three sessions were conducted with 41 older people across Wellington (75% female, mean age 81 years). The sessions included focus groups on sleep and media messaging, followed by poetry workshops. Participants were invited to explore sleep in older age by writing poetry on their 'best sleep' and what a bed 'should be'. Transcripts and poems were analysed using thematic analysis in three sections considering the shared understandings generated in the group discussion, the participants' interpretations and negotiations of contemporary media messaging about sleep, and the deeper experiential insights expressed through their poetry. Participants discussed their subjective experiences of sleep for physical, emotional, and mental restoration, amongst the many challenges of sleep in later life. They spoke of their resistance to confronting, fearful, and condescending sleep-related media messages, and their hesitation to trust, accept, and engage with them. Poems produced an idealised version of sleep, with the place and security of sleep as key features, alongside their perceptions of sleep beyond its physiological functions. Together, themes provided an alternative representation of sleep in later life as more positive and nuanced. Findings advance understandings of how older people consume, interpret, and respond to media messages on sleep. Using creative methods, this work provided opportunities for

sharing experiences, beliefs, and practices in relation to sleep in later life. These findings highlight the need for future research that examines sleep in later life across more diverse cultural, socioeconomic, and health contexts, including older adults living with chronic illness or sleep disorders, in order to deepen understanding of how ageing, embodiment, and social environments shape sleep experiences.

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## Chapter 1: Introduction

The average age of the global population is steadily increasing with advancements in healthcare and responses to illness and disease (World Health Organisation [WHO], 2025a). As of 2025, approximately 14.9% of the world's population is aged 60 years or over, an increase of 2.7% from ten years ago (2015), and is expected to grow a further 3% in the succeeding ten years (WHO, 2025b). Within Aotearoa New Zealand alone, 23.7% of the population is 60 or older, with a growth projection to 27.1% in 2035 (WHO, 2025b). The population estimate for Aotearoa New Zealand residents aged 75 years and over has been steadily increasing over the past three decades, aligning with broader demographic shifts and highlighting the need for expanded sociological research for this age group (Statistics New Zealand, 2025).

Sleep is widely understood as essential for health and vitality and is a fundamental biological process that supports physical restoration, emotional regulation, and cognitive functioning across the lifespan (Jacobson & Hoyer, 2022; Walker, 2017). Although once regarded primarily as a physiological necessity, contemporary understandings increasingly frame sleep as a multidimensional construct shaped not only by biological rhythms but also by social contexts, cultural discourses, and environmental conditions (Hale et al., 2020). As global populations age, understanding sleep in later life has become an important focus for public health and social research. Age-related changes in circadian timing, sleep architecture, and overall health contribute to more complex sleep patterns in older adulthood (Crowley, 2011; Foley et al., 2004). These developments have prompted calls for more nuanced

investigations into how older adults experience, interpret, and navigate sleep as part of everyday life.

The experience, duration, and cycle of sleep changes with ageing. Significant changes are noticeable amongst older people, such as less efficient and more disrupted sleep, and an increased prevalence in sleep disorders (Stanley, 2005). This thesis will be focusing on the experience of sleep in older age, and the influences social discourses have on older adults and their perceptions of their sleep experiences, and the influence amongst the social ecological realms on sleep. There is a gradual decline in overall night-time sleep time with ageing, despite spending more time in bed, suggesting a decrease in sleep efficiency, although these sleep changes are not fully understood (Gulia & Kumar, 2018; Stanley, 2005). Whilst studies suggest older adults require eight hours of sleep each night, as do other adults, research indicates that they often report a greater struggle to obtain this in one, uninterrupted stretch (Gulia & Kumar, 2018; Stanley, 2005). Sleep is also more often hindered or interrupted by underlying medical conditions (Parish, 2009). However, such variations in sleep patterns are considered a normal aspect of ageing, alongside more difficulty staying asleep, and falling asleep (Gulia & Kumar, 2018). Furthermore, the sleep schedule of older people tends to shift forward, wherein regardless of whether they achieved the desired amount of sleep, they have gone to sleep earlier and thus, wake up earlier (Gulia & Kumar, 2018).

While biomedical research has richly documented age-related changes with regards to sleep physiology and disorders, far less work has explored the lived, subjective dimensions of sleep in older age (Ohayon et al., 2004; Stanley, 2005).

Qualitative studies reveal that sleep is not merely a nightly biological state, but an experience intertwined with identity, wellbeing, memory, and social circumstances (Venn & Arber, 2011). At the same time, contemporary health culture increasingly positions sleep as a moral and individual responsibility to be optimised, monitored, or “fixed” (Breheny et al., 2023; Crawford, 1980). Media messages commonly frame sleep both as essential for healthy ageing and as a personal achievement requiring discipline and self-management (Breheny et al., 2023). Older adults must therefore navigate sleep not only as a biological process undergoing change, but also as a societally charged behaviour subject to scrutiny, expectation, and advice.

The perspectives of older adults themselves, particularly those in advanced age, remain markedly underrepresented. Research with people aged 75 and older is especially sparse, despite evidence that they encounter distinctive life circumstances, shifting social roles, increased bodily change, experiences of loss, and heightened engagement with healthcare systems (von Faber et al., 2001; Wanka, 2019). Moreover, creative or participatory methodologies that centre older adults’ voices, emotions, and meaning-making are rare within sleep research. Traditional interviews and questionnaires often fail to capture the rich, affective, existential, and symbolic dimensions of sleep narratives that emerge through more imaginative modes of expression (Glesne, 1997; Richardson 2000).

This thesis responds to these gaps by exploring how older adults experience and make sense of sleep and rest through qualitative discussion and creative poetic methods. By examining both conversational accounts and poetic expressions, this study illuminates how sleep is understood as restorative, challenging, emotionally

significant, socially shaped, and deeply embedded within the broader landscape of ageing. A further aim is to understand how older adults interpret and respond to media messages about sleep that often reflect neoliberal health approaches centred on self-discipline and optimisation. In this way, this thesis situates sleep within the intersecting terrains of ageing bodies, social environments, and societal health narratives, offering a holistic portrait of sleep in later life. Through this work, this study contributes to emerging research that seeks not only to describe sleep in physiological terms but to understand its broader experiential and societal dimensions. It highlights how sleep is entangled with identity, agency, vulnerability, and meaning in older adulthood, and underscores the need for sleep research that attends to the complexities and diversities of ageing lives.

## Chapter 2: Literature Review

This literature review surveys the intersecting domains necessary to contextualise the present study, moving from foundational understanding of ageing, purpose, and sleep physiology toward the social and discursive forces that shape how sleep is interpreted in later life. It synthesises research on sleep function, regulation, and age-related change; examines sleep health, disorders, and health-promotion messaging; and considers the role of media in constructing expectations around ageing and sleep. It then turns to creative and poetic research methods, particularly within older adults, to establish why such approaches are well suited to exploring the language, meanings, and lived experience of sleep in later life.

### *Ageing*

As the proportion of older adults within the global population reaches its highest level in recorded history, the need for research on ageing is crucial to better understand the objective and subjective experiences of older adults (Gulia & Kumar, 2018). Whilst the process of ageing is inevitable and longer life expectancies are celebrated, the WHO implicitly portrays this to be a burden on society and a strain on the public health system, requiring additional provisions to allow older people to contribute to society (WHO, 2025). However, there are many obstacles limiting the ability for older adults to productively engage in society (Uhlenberg, 1992). These include income changes in retirement, the effects of chronic conditions, the potential adjustment of living alone, and both implicit and explicit ageism at individual, societal, and political levels (Phillipson & Scharf, 2004). All of these are most prevalent amongst older adults, and age-related physical and cognitive decline is posited as inevitable, illustrating

preventative help-seeking as futile, and increasing the general perception of older adults as burdensome, dependent, incapable, and frail (Clarke, 2005).

Within Aotearoa New Zealand, the retirement age is considered to be 65 as this is when people become eligible for the government pension, and thus when a person reaches this age, there is an expectation that they must retire, not only to make way for younger people to enter the workforce, but as they reach this age threshold, there is an implication that they have now become dependent and are unable to keep up with the demands of a working lifestyle and technologically advancing world (Peterson & Ralston, 2017). Furthermore, age discrimination in the public health sector is demonstrated in the lack of preventative action towards age-related illnesses, diagnoses, procedures, and treatments, alongside added barriers such as insufficient insurance coverage (Prince et al., 2015). Additionally, older adults tend to be excluded from clinical trials for medicines for which are commonly prescribed for older people. (Prince et al., 2015). Research suggests there is a widespread assumption that ill-health in older age is inevitable, intervention is ineffective, and that aiming to improve outcomes is not a valuable result (Prince et al., 2015). Furthermore, the ongoing cost of chronic disease management and care alongside unassured outcomes creates further barriers in public health responses, as long-term treatments are less often invested in for older adults (Prince et al., 2015).

The ageist attitudes propagated by individuals, health professionals, and policymakers can be internalised and have detrimental effects on the mental health of older adults (Clarke, 2005). Additionally, these prejudiced and stereotypical perspectives are often so widespread and pervasive that older adults themselves

accept them (Comincioli et al., 2022). The lack of awareness or acknowledgement of the contributions made by older people compounds the loss of their role within society, and further marginalises older age groups (Clarke, 2005). This speaks to the way in which older people are represented in the wider media, influencing the social discourses and subjective perspectives of ageing (Ylänne, 2015). These negative, stereotypical representations perpetuate and reinforce harmful and inaccurate rhetoric within the media and their audiences (Ylänne, 2015).

Ageing identities are often built around dependence as a result of declining health, associated with senility, vulnerability, loneliness, frailty, mental incompetence, and a loss of agency (Comincioli et al., 2022; Fealy et al., 2024; Makita et al., 2019). Media content has a tendency to portray ‘successful’ ageing by promoting an absence of disease, sufficient physical and social activity, contributing to society, and maintained cognitive capability. An ‘anti-ageing’ view is supported via the media, with a focus on maintaining an image of youth and hiding visible signs of ageing (Waddell et al., 2025; Ylänne, 2015). Such media rhetoric can apply pressure to older people to conform to unrealistic societal perceptions and ideas of ‘ageing well’ and meaningfully contributing to society, that continues to feed the ageism narrative punctuated throughout mass media and wider social discourse (Fealy et al., 2024).

### ***Perception of Purpose with Ageing***

The experience of old age is constantly changing. People are spending more time in retirement than they have before, thus facing the question of not only how they reintroduce themselves into society as a retiree, but also how society includes them as meaningful members (Moses, 2007). Discourse regarding an ageing population

considers the purpose, contributions and roles of older people within the community, highlighting the importance of defining and recognising these roles (Moses, 2007). Steptoe and Fancourt (2019) suggest that a core aspect of human wellbeing is the experience of living a meaningful life, which is closely linked to having a sense of purpose and making contributions to society. Higher levels of fulfilment are found to be associated with enhanced interpersonal relationships, social engagement, and better mental and physical health (Steptoe & Fancourt, 2019).

Potential issues that may arise from this view on the role of older people in society is the assumption or expectation that older people will be less healthy and able-bodied and thus may either not be capable of contributing substantially or need adaptations to meet their limited abilities or vulnerability (Makita et al., 2019; Moses, 2007). In response, older adults may disguise, resist, or try to slow the ageing process (Makita et al., 2019). However, as health-related issues tend to increase with age, maintaining physical and mental health can be an important factor in reaching fulfilment and the sense that one is able and willing to contribute during older adulthood (Steptoe et al., 2015).

Within older adulthood, there are changing perceptions of ageing, particularly with what is considered to be 'old-old', or adults over 75 years old (Neugarten, 1974). Escourrou et al. (2022) explored the perception of ageing amongst older adults through individual interviews with participants aged 80 years and older. They noted that their participants reported progressive social exclusion with age. Whilst people tend to adapt to their experience of ageing, the underlying reasons for these perceived changes can be associated with a perception of frailty regarding physiological and cognitive

changes of ageing such as hearing and vision loss, reduced physical strength, and decreased working memory capabilities (Escourrou et al., 2022). Furthermore, social discourses of older adults over 80 tend to focus on safety and risk, and the concern imposed on them by others. This in turn can negatively influence their perceived autonomy and abilities, possibly lowering their confidence in completing day-to-day tasks without supervision and the associated enjoyment or accomplishment (Escourrou et al., 2022). Alternatively, these reductions in engaging in potentially taxing tasks such as driving were sometimes self-imposed, whether by societal influence or otherwise, in an effort to reduce risks and preserve energy needed for other necessary tasks and activities that provided meaningfulness for the individual (Escourrou et al., 2022). Over 80 years of age, the physiological effects of ageing are often more noticeable for the individual and can be felt through declining cognitive, motor, and physical abilities, increased susceptibility to fatigue, and heightened anxiety (Escourrou et al., 2022). Furthermore, social relationships can be limited, and television and radio can often allow older people to stay connected with the world (Escourrou et al., 2022). Older individuals in these interviews reported feelings of indifference and negligence from society towards them, and that the world was adapted to a younger population. In turn, they expressed feelings of burden and uselessness (Escourrou et al., 2022).

As more research is conducted, there is a greater understanding of what it means to age 'successfully', beyond the simple view that poor cognitive or physical health equates to ageing 'poorly' (Waddell et al., 2025). Recent perceptions of 'successful' ageing consider physical health, healthy lifestyle, ability to self-advocate,

psychological wellbeing, and adaptability to age-related change amongst others, although these are constantly evolving (Waddell et al., 2025). Nonetheless, the feeling of failing to meet these benchmarks or other self-appointed goals can imply a failure to age 'well' within a dichotomy, rather than a spectrum of ageing related to subjective and environmental variables (Waddell et al., 2025). In turn, this can perpetuate the ageism narratives and harmful stereotypes, negatively impact self-perception, and thus decrease longevity.

'Successful' ageing can be characterised through sleep status, primarily including longitudinally measured sleep duration and sleep quality, wherein older people who historically experienced long stable sleep duration over several years, and who were measured as having good sleep quality, were more likely to meet the criteria for ageing 'successfully' (Driscoll et al., 2008; Tian et al., 2024). Comparatively, older adults who only met the criteria for short stable sleep duration, and those who averaged less than seven hours of sleep each night, were significantly less likely to be considered as aged 'successfully' (Tian et al., 2024). This relationship is considered to be a result of accumulated sleep debt due to chronic short sleep duration, which is associated with age-related chronic disease severity (Tian et al., 2024). Furthermore, Dew et al. (2003) considers how better-quality sleep can lead not only to prolonged life, but also a better quality of life, corresponding with ageing 'successfully'. As a major criterion of 'successful' ageing is the absence of chronic disease, sufficient and quality sleep can protect against the onset of chronic disease and promote healthy ageing. Furthermore, chronic insufficient sleep duration and quality is linked with alcohol and nicotine use, poor dietary habits, and a reduction in social participatory behaviours,

which are contributors to preventing older adults from ageing ‘successfully’ (Tian et al., 2024). This highlights the need for exploration into how older people experience sleep, as an important consideration into other aspects of ageing, including mental and physical health.

Despite sleep constituting approximately one third of our lives, sleep and sleep practices have been largely overlooked as an important vital facet of human experience and practices, as much of age-related research focuses on waking life (Kraftl & Horton, 2008). Therefore, a key focus of this thesis will be the experience of sleep in older adulthood and the role sleep plays physically, mentally, and emotionally in the lives of older adults. This focus of sleep, and sleep in older age, will now be explored in more depth.

### ***Sleep***

Universally, sleep is recognised as an essential part of everyday human functioning. However, recently it has been understood not just as a necessary neurobiological process, but also as being significantly associated with both physical and mental health, as well as being a psychosocial, sociocultural, and multi-system phenomenon (Grandner, 2017; Hsu, 2015). During sleep, body movements and sensory responsiveness are suppressed, and thus external behaviours are reduced (Sejnowski & Destexhe, 2000; Sullivan et al., 2022). Behaviourally, sleep involves lessened stimulation response, easy reversibility, and reduced motor activity (Gulia & Kumar, 2018; Harrington & Lee-Chiong, 2012). Whilst historically thought to be a state of unconsciousness, sleep is now understood to be a dynamic neurological process that is the product of circadian rhythms, and a homeostatic need to sleep that has

important restorative functions (Grandner & Fernandez, 2021; Stanley, 2005). In order to explore and interpret discourses of sleep with older age, some background will now be provided concerning the functions of sleep, sleep regulation and architecture, sleep disorders, socioecological models of sleep health, as well as sleep-related behaviours and how these appear to change with ageing.

### ***Functions of Sleep***

Sleep has many complex and important physiological functions. For example, sleep acts as an important role in physical restoration, and many physiological systems work in unison to contribute to optimising health. During sleep, increased levels of the growth hormone are released, and cortisol levels decrease to relieve the body of stress (Assefa et al., 2015). Sleep is also necessary to conserve energy for waking hours and plays a role in promoting early immune response (Assefa et al., 2015). Metabolic functions are also positively altered by sleep, as it lowers body temperature and metabolic rate, aiding the conservation of energy exerted during wakefulness (Miletínová & Bušková, 2021). There is also a relationship with sleep deprivation and earlier mortality, particularly in individuals with a cardiovascular disease, alongside increased risk for obesity, diabetes, and stroke (Assefa et al., 2015).

Cognitively, sleep is essential for memory and learning. For example, motor skills have been found to become consolidated after a night of sleep, alongside improvements in memory formation and retention, and learning efficiency (Assefa et al., 2015). This may be related to the role sleep has in facilitating neurodevelopment, particularly in infants (Miletínová & Bušková, 2021). Sleep has also been shown to be important in enhancing mental health and psychological wellbeing, for example,

chronic sleep disturbances have been linked to increased likelihood of developing mental health disorders such as anxiety and depression (Miletínová & Bušková, 2021).

Although further research is needed to determine its undeniable necessity in everyday healthy waking life, it is clear that sleep plays a fundamental role in survival and general wellbeing, given its functions physiologically, emotionally, and cognitively (Assefa et al., 2015; Miletínová & Bušková, 2021).

### ***Sleep Regulation***

To be able to appreciate the changes to sleep that occur with ageing, it is important to first understand how sleep is regulated not only during sleep, but also during waking hours. Typically, this involves the two-process model, consisting of the homeostatic process interacting with the process controlled by the circadian pacemaker (Borbély, 1982; Borbély et al., 2016). Sleep homeostasis speaks of the increase in sleep pressure that is positively associated with the duration of wakefulness immediately prior, wherein sleep pressure declines alongside the increase of prolonged sleep (Harrington & Lee-Chiong, 2012; Stanley, 2005). Alternatively, the circadian rhythm is independent of the sleep-wake cycle, and refers to the desire for wakefulness, pertaining to alertness that usually peaks in the early evening and late morning, with lows in the early morning and mid-afternoon, working in unison with the homeostatic pressure for sleep (Harrington & Lee-Chiong, 2012; Stanley, 2005). The circadian cycle is also entrained by external time cues such as light exposure, as it has a well-known impact on the regulation of the hormone melatonin, which aids in signalling sleep and wake times according to dark and light respectively (Tähhämö et al., 2018). These increases in alertness oppose the sleep pressure during wakefulness,

whilst the declines oppose the decrease in homeostatic sleep during the sleep period, allowing for prolonged alertness in daytime, and synthesised sleep at night (Harrington & Lee-Chiong, 2012).

Sleep regulation has been observed to change throughout the lifespan. For example, with newborns requiring 14-16 hours of sleep per day, in a polycyclic pattern, moving into a bicyclic pattern in early childhood, and a monocyclic pattern in school-age children, generally through to near the end of the lifespan (Gulia & Kumar, 2018). During infancy, rather than consolidating sleep at night, they exhibit polyphasic sleep, cycling between sleep and wake phases throughout a 24-hour period (Jenni & Carskadon, 2007). This is driven by the circadian and homeostatic sleep-wake processes, as well as feeding patterns, but eventually infants begin to sleep through the night which is considered to be a major developmental milestone (Jenni & Carskadon, 2007). In early childhood, sleep length reduces to sleeping overnight with a daytime nap, until they stop napping altogether (Jenni & Carskadon, 2007). In adolescence, the sleep phase is delayed, and teenagers tend to stay up later at night and sleep in longer in the morning, potentially leading to insufficient sleep during the week due to school start times and the requirement to catch up over the weekend (Jenni & Carskadon, 2007). There are also maturational changes of the biological sleep processes such as delayed circadian rhythm lengthening and delayed melatonin secretion timing that cause the delay in the adolescent sleep phase (Crowley et al., 2007). In older adulthood, this pattern reverses as many people experience an advanced sleep phase characterised by earlier bedtimes and wake times, as well as lighter and more fragmented sleep (Gulia & Kumar, 2018). These changes can be attributed to the age-

related decline of the circadian system and weakening of the homeostatic drive to sleep, which contributes to increased nighttime awakenings, and decreased slow-wave sleep (Mander et al., 2017; Nakamura et al., 2011).

Duration of sleep has also been observed to shorten across the lifespan, to approximately 7-8.5 hours in young adulthood, and a fragmented 6-7.5 hours of sleep overnight in older adulthood, often with an afternoon nap of approximately one hour, although this shift of the circadian cycle is not completely understood (Gulia & Kumar, 2018). Awakenings during the night that are caused by external stimuli, as opposed to natural awakenings, are considered harder to recover from, and can cause sleep inertia, or confusion and disorientation, which can impact sleep quality and thus affect performance during the following day (Stanley, 2005). These awakenings are most disruptive during deep sleep, in the first half of the night.

Another component of measuring sleep status is sleep efficiency. Sleep efficiency refers to the total amount of time spent asleep, compared to time spent in bed (i.e., attempting to fall asleep and night-time awakenings) (Reed & Sacco, 2016). This metric is commonly used in insomnia practice and research but can also be applied to any individual to obtain a greater understanding of their sleep experience. A higher sleep efficiency score, usually 85% or higher, represents a higher proportion of time in bed spent asleep and more consolidated sleep (Jung et al., 2016; Ohayon et al., 2017).

## ***Sleep Architecture***

Whilst sleep regulation determines the timing and duration of rest through circadian and homeostatic mechanisms, sleep architecture reflects how this rest is internally organised and therefore how sleep is described and understood. Studies using polysomnography (incorporating electroencephalogram [EEG] amongst other measures) have identified that sleep is comprised of two components: non-rapid eye movement (NREM) and rapid eye movement (REM) sleep (Harrington & Lee-Chiong, 2012). NREM consists of three stages (N1, N2, N3) wherein N1 and N2 are classed as 'light sleep', and N3 is 'slow wave', or 'deep sleep', and REM is 'dreaming sleep' (Gulia & Kumar, 2018, McCarley, 2007; Sullivan et al., 2022). NREM sleep consists of slower levels of brain activity demonstrated by slow wave, low amplitude EEG activity, and slow or no eye movements (Berry et al., 2012). REM sleep is the phase in which neural activity is heightened, and the individual experiences episodes of rapid eye movement, muscle atonia, and cardio-respiratory irregularities, and is the phase during which an individual dreams (Sullivan et al., 2022). These stages have been observed to cycle throughout the night in 90–120-minute cycles, with higher proportions of NREM (particularly deep sleep) during the first half of the night, and higher proportions of REM towards the end of the night (Gulia & Kumar, 2018; Stanley, 2005).

These stages lie on a continuum of sleep depth, with N1 considered the transitional state between wakefulness and sleep, where an individual has a lower arousal threshold and is most likely to reawaken. This increases through to N3, where most slow wave sleep is occurring (Sullivan et al., 2022). These components are considered vastly complex, and many different functions have been theorised and

observed between different stages, as each stage has unique properties and functions. For example, dominant ideas concern the purpose of NREM sleep to be fulfilling the homeostatic drive to sleep and vitalising physical rest, whereas REM sleep has been considered to be psychologically and emotionally restful, alongside supporting memory (Stanley, 2005). Whilst each stage has an individual purpose, they also act in orchestration to support overall waking health and production.

### ***Sleep Regulation and Architecture in Older Adults***

Older people have been observed to spend more time in the N1 and N2 light stages of sleep than in N3 and REM and thus leads to increased susceptibility towards arousal during sleep and waking up more often whilst finding it more difficult to get back to sleep (Gulia & Kumar, 2018; Stanley, 2005). Additionally, melatonin secretion and suppression decrease with age, therefore contributing to sleep issues experienced during older adulthood such as difficulty falling and staying asleep, earlier sleep phase and the increased likelihood for daytime sleeping (Tähtkämö et al., 2018). Despite the shift in sleep schedule to an earlier sleep phase, many older adults report dissatisfaction with sleep (Sabatini et al., 2022). Such sleep dissatisfaction has been linked to age-related physiological changes such as reduced N3 and REM sleep and increased awakenings. However, a raised prevalence of primary sleep disorders, including insomnia and sleep-disordered breathing, has also been noted with ageing so is an important consideration (Gulia & Kumar, 2018; Stanley, 2005).

## ***Sleep Disorders***

To further understand sleep experiences, another important area to consider is the experience of sleep disorders. While disordered sleep is not the main focus of this thesis, a brief overview of common sleep disorders is provided below as well as the unique changes in prevalence and aetiology with older age. Approximately 31.7% of older Aotearoa New Zealanders report a sleep problem, particularly sleep apnoea and insomnia which increases in prevalence with age (Gibson et al., 2020; Paine et al., 2005; Paine et al., 2014).

Whilst there are more than 100 identified and diagnosable sleep disorders, the most common types include insomnia, respiratory-based sleep disorders such as sleep apnoea, restless legs syndrome, circadian rhythm disorders, and parasomnias (Chokroverty, 2010; Kumar, 2008; Pavlova & Latreille, 2019). Insomnia refers to difficulty initiating and maintaining sleep during the night, leading to extended periods of wakefulness and insufficient nocturnal sleep duration, and can occur in chronic or transient forms (Thorpy, 2012). Chronic insomnia becomes more prevalent with age, influenced by changes in circadian rhythms, reductions in slow-wave sleep, and comorbid or psychological conditions (Ohayon, 2002). Asplund (1999) reports that the most significant deterioration in sleep quality happens after 75 years of age. Notably, sleep efficiency declines especially past 90 years of age, whilst insomnia symptoms and napping prevalence increase to approximately 50% and 46% respectively in individuals 75 years and older (Miner & Kryger, 2017). This is in comparison to older adults aged 65 to 74, who have insomnia symptoms and napping prevalence rates of 46% and 39% respectively, demonstrating the increase with age and the necessity to

focus on sleep experiences for older adults aged 75 years and up (Miner & Kryger, 2017).

Sleep disordered breathing, including obstructive and central sleep apnoea, involves repeated interruptions of airflow during sleep (Pavlova & Latreille, 2019). The hypoxia that occurs as a result of the obstructions can be a precursor for memory loss, cardiovascular disease, depression, and headaches, with other issues such as diabetes, respiratory diseases, physical disabilities, and dementia that are also more common with advanced age (Gulia & Kumar, 2018). Prevalence of sleep disordered breathing increases in later life, partly due to age-related changes in anatomy of the upper airway, muscle tone, and respiratory control (Pavlova & Latreille, 2019). Symptoms such as snoring, gasping, daytime sleepiness, and non-restorative sleep have been associated with impairments in cognition, mood, and cardiovascular health (Pavlova & Latreille, 2019). Amongst older adults aged over 70 years, approximately 24% meet the criteria for a sleep apnoea diagnosis of five episodes within an hour during sleep, with the prevalence increasing with age (Asplund, 1999; Shochat & Pillar, 2003).

Restless leg syndrome is characterised by an uncomfortable urge to move the limbs usually associated with unpleasant sensations in the legs (Dauvilliers & Buguet, 2005; Pavlova & Latreille, 2019). This often occurs in the evening when sitting or lying down and can be relieved by moving or walking, but can cause disrupted sleep (Thorpy, 2012). Prevalence rises with age and is linked to dopaminergic changes, iron deficiency, or comorbid conditions (Dauvilliers & Buguet, 2005).

Circadian rhythm disorders regard a misalignment between an individual's actual sleep pattern and their ideal sleep pattern (Thorpy, 2012). The individual cannot sleep when it is desired or needed and is therefore awake at undesirable times due to previous episodes of sleep at inappropriate times, which can either be advanced or delayed compared to regular sleep times (Thorpy, 2012). Circadian rhythm disturbances become more common with age, partly due to changes in the biological clock, reduced sensitivity to light cues, and changes in melatonin secretion (Hood & Amir, 2017).

Parasomnias include behavioural sleep abnormalities, such as somnambulism (sleepwalking), night terrors, confusional arousals, and REM sleep behaviour disorder in which individuals experience abnormal motor activities during sleep, rather than experiencing typical muscle paralysis (Chokroverty, 2010; Pavlova & Latreille, 2019). Whilst these are more common during childhood, they can persist or re-emerge in older adulthood, particularly REM sleep behaviour disorder, which is associated with neurodegenerative conditions (Chokroverty, 2010). While less frequent than insomnia or sleep-disordered breathing, parasomnias can significantly affect sleep quality.

Sleep disorders are found to increase in frequency and severity with age, which further contributes to reduced reports of sleep duration and quality (Pires et al., 2009). The increase in sleep fragmentation awakenings have been identified as more irregular and longer lasting with advancing age, which can have detrimental impacts on health. These disruptions interfere with the regulation and architecture of sleep, such as reducing the amount of slow-wave and REM sleep essential for physical restoration and cognitive processing (Matic et al., 2024; Stanley, 2005). Consequently, the key

restorative functions of sleep such as immune regulation, mood stabilisation, and memory consolidation can be compromised (Besedovsky et al., 2012; McCoy & Strecker, 2011). These disturbances can have significant implications for older peoples' physical, mental, and cognitive health and wellbeing.

Impaired sleep has been associated with increased risk of falls due to reduced alertness and slower reaction times, as well as weakened immune function which can contribute to higher susceptibility to illness (Besedovsky et al., 2012; Stone et al., 2008). People with chronic, untreated sleep disorders often show deficits in executive function, such as reduced cognitive flexibility and impaired behavioural adaptation to new information, along with poorer working memory, attention, and long-term memory consolidation (McCoy & Strecker, 2011). Given the imperative role of sleep as a restorative function for the body physically, mentally, psychologically, and physiologically, the higher rate of awakenings and arousals experienced by older adults interrupts and decreases the effectiveness of this function, perpetuating the experience of age-related health issues (Stanley, 2005). Chronic sleep disorders can cause physical and mental disorders, as aforementioned, leading to economical and societal impacts, again affecting the ease of which older adults feel meaningful and unburdening within their community (Stanley, 2005). This highlights the need to better understand how sleep can evolve and change over the lifespan, and how these can influence the experience of sleep for older adults. While sleep disorders offer insight into clinical disruptions of sleep, they do not fully capture the everyday sleep experiences of older adults. Research has increasingly turned towards sleep health models, which considers the more nuanced aspects of sleep experiences and issues

outside of clinical sleep disorders. The research presented thus far represents an understanding of sleep and its measures as a medicalised and physiological phenomenon. Whilst this aids us in identifying sleep disorders and atypical sleep, recent discourses have shifted towards understanding general sleep health, which is grounded further in holistic social ecological models of sleep. In older age, psychosocial influences also have an impact on these sleep-related changes, such as retirement, loss of social structure, and health changes, which can further shape sleep quality and timing, and emphasise that sleep in later life is as much holistic and socially situated as it is a biological process (Venn & Arber, 2011).

### ***Sleep Health and Social Ecological Models of Sleep***

Until now, this literature review has focused on sleep as an individual physiological phenomenon and sleep disorders which are often somatic or medicalised. However, sleep is also defined more widely, such as through sleep health dimensions, and is also acknowledged as being informed by broader influences outside of the individual level. Whilst the basic biological actions and purposes remain objectively constant, everyone has a subjective experience of sleep, and these can be measured both qualitatively and quantitatively, with nuances not only between each person, but also between age, ethnicity, culture, gender, career, lifestyle, and socioeconomic status (Stanley, 2005).

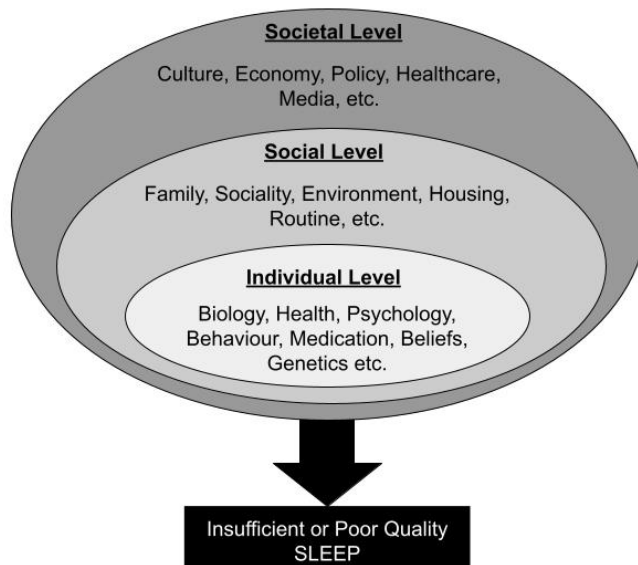
Aside from the body and mind implications of sleep, sleep has an important role in a social context and is influenced by interpersonal, societal, sociocultural, and environmental factors (Grandner, 2017). Grandner's (2017) social ecological model of sleep considers the societal, social, and individual levels of environmental and

interpersonal influences on overall sleep health (Figure 1). Similarly, Hale et al. (2020) and Buysse (2014) consider sleep health to be a holistic framework of sleep characteristics, including timing, regulation, duration, efficiency, satisfaction, and alertness. These dimensions can be easily self-reported and serve as indicators to overall sleep health from a neutral standpoint on a continuum that can also be expressed in positive terms without a focus on disorders or deficits (Buysse, 2014).

Such frameworks introduce a new lens in which sleep can be considered for both its benefits and detriments, beyond the historical understanding of sleep disorders and deficiency, and their associated treatments (Buysse, 2014). The increased understanding of other impactful features speaks to the need for further research into these, and the subjective experiences of all people, regardless of sleep disorder diagnoses (Hale et al., 2020). Sleep health takes a positive approach that considers sleep at an individual and population level as a whole, not merely its shortfalls, allowing for the identification of gaps in the literature and future research direction (Buysse, 2014; Hale et al., 2020).

**Figure 1**

*Adapted Social-Ecological Model of Sleep Health for Older Adults*



*Note.* Adapted to be relevant for older adults from “Sleep, Health, and Society,” by M. A. Grandner, 2017, *Sleep Medicine Clinics*, 17(2), p. 2. Adapted with permission.

Within the individual, or at the micro level, many factors impact on sleep for older adults, including genetics, behaviour, mood, psychology, medication, and overall health. Genetic predispositions affect circadian preference and sleep disorder risk, as well as physiological sensitivity to arousal and baseline body temperature (Grandner, 2019). For older adults, these micro level influences often centre on age-related physiological changes, such as reduced slow-wave sleep, altered melatonin secretion, or comorbid chronic conditions that can undermine both sleep continuity and perceived quality (Gulia & Kumar, 2018). Experiencing pain, feeling ill, or having a sleep disorder or other medical condition can also negatively impact sleep (Grandner, 2019; Hale et al., 2020; Hislop & Arber, 2003). Due to the higher rates of medical conditions,

and general aches and pains that are associated with age, rates of both prescription and over-the-counter medication are also higher amongst older people, and these come with comorbidities, many of which include sleep disturbances (Stanley, 2005). This can cause a positive feedback loop in that effective sleep is necessary to reduce the possible harm of these illnesses and medications, whilst also causing sleep issues simultaneously (Stanley, 2005). Thus, research suggests pursuing treatment or prevention of conditions that contribute to sleep disturbance, as well as early diagnosis, to be important in aiding overall physical and mental health, particularly amongst older adults (Stanley, 2005). Outside of physiological aspects, attitudes and beliefs on sleep have also been shown to affect sleep experiences and practices at the individual level. For example, those with positive attitudes who believe they need less sleep have been shown to experience higher sleep quality, compared to those with more negative attitudes, and these attitudes influence sleep-related behaviours (Grandner et al., 2013; Grandner, 2019). The culmination of all of these factors result in an individual's variable quality of sleep each night, within the individual level of the social ecological model (Grandner, 2017; 2019).

When regarding Grandner's (2017) social ecological model of sleep, the wider level out from the individual, or the meso level, considers the social factors of sleep that are external to the person but include and therefore affect the individual (Grandner, 2019). This includes facets such as family relationships, living arrangements, and the home environment. For many older adults, this level reflects major life transitions such as retirement, bereavement, grandparenting, or downsizing (Zaidi, 2014). All of these have been shown to influence daily rhythms, and the

meanings attached to rest (Venn & Arber, 2011). For example, retirement may provide temporal freedom to align sleep with personal rhythms, but it can also blur boundaries between day and night which can contribute to irregular sleep timing (Venn & Arber, 2011). The emotional consequences of loss and loneliness can also alter sleep motivation and continuity, including changes in co-sleeping arrangements such as sleeping alone after many years of partnership, which can increase the possibility for wakefulness during the night (Foley et al., 1995; Hislop & Arber, 2003). Furthermore, the double bed may then take on new symbolism in later life amongst these transitions (Hislop & Arber, 2003). Even domestic environments themselves shift with ageing, as Whelan et al. (2019) notes that for those 75 years and older, downsizing was associated with poorer neighbourhood, housing, and life satisfaction, which can subtly interfere with rest. This realm includes one's primary sleeping environment, and the security and relationships contained within that environment, wherein perceived vulnerability or instability in these realms may lead to pronounced alertness, decreased duration, and increased fragmentation of sleep (Grandner, 2019). Individual and social factors intersect to shape sleep health (Grandner, 2019).

Finally, the outermost circle, or macro level, of the social ecological model considers the societal factors of an individual, which drive the social, and thus individual, realms (Grandner, 2017). These are aspects such as cultural norms regarding productivity and health in older age, access to healthcare, and the impact of social policies that influence the living conditions of older people (Grandner, 2019, Hale et al., 2020). Whilst perhaps not a direct influence on the sleep of an individual, the precipitating consequences are important in understanding contextual societal, social, and

individual sleep experiences. A growing understanding on the impact of globalisation presents us with the issues of a society that is functioning 24/7. With the global digital world allowing us access to any and all information and content as and when it happens, it can be difficult to both keep up with, and pull ourselves away from, causing stress and anxiety. In turn, this limits the available sleep hours and decreases the overall quality of our sleep, due to prolonged stimulation (Grandner, 2019).

Consequently, the troubles not just of our neighbourhood, city, and country are readily available to us, but those too of the wider world and associated stresses whether they be economic, political, or otherwise (Grandner, 2019). Geographical phenomena can also have effects on sleep, such as daylight hours, weather events, pollution, traffic, light, and sound (Grandner, 2019). During abnormally warm nights, individuals were more likely to experience insufficient sleep quality and duration, especially amongst older adults (Ferguson et al., 2023; Mattingly et al., 2021). Aspects such as ageism may frame sleep as an inevitable or trivial part of growing old, therefore indirectly discouraging older adults from seeking medical or therapeutic support (Salvi et al., 2025). Health and aged-care policies determine the extent to which sleep issues in later life are recognised, prioritised, and resourced within healthcare settings. Practices and policies that cause restricted access to health-promoting resources and instead increase exposure to health-damaging environments can contribute to poor sleep in older adults (Jackson et al., 2020; National Sleep Foundation, 2022). Similarly, wider determinants such as economic insecurity and housing policy shape access to safe, comfortable, and quiet living environments that promote rest. Together, these macro level forces illustrate how sleep in later life can be significantly impacted by structural

and societal systems that determine not only where and how older adults sleep, but how their needs are valued and addressed within society.

Through the interaction of the social ecological domains of the individual, society, and contextual influences, public health activities can promote sleep health and reduce disparities to benefit a greater proportion of the population (Hale et al., 2020). Recognising these multiple layers not only highlights the complexity of sleep experiences in later life but also provides a foundation for contemporary approaches to sleep health promotion (Hale et al., 2020). Initiatives in this sense are often framed as ‘sleep hygiene’ - guidance that targets behaviours, environments, and social norms that can optimise sleep. This guidance frequently permeates through public discourse and media messaging, shaping ideas about what older adults “should” or “should not” do to achieve good sleep. It is such messaging that forms a key focus of this thesis.

### ***Sleep Health Promotion for Older Adults***

With growing recognition of sleep as a pillar of health, sleep health promotion has become a key focus within public health and gerontological research. It refers to strategies that aim not only to treat sleep disorders, but also to foster environments, behaviours, and attitudes that support restorative, regular, and quality sleep across the population (Hale et al., 2020; Irish et al., 2015).

Research has explored the subjective determinants of sleep through habits and practices that can facilitate a supportive sleep environment, collectively known as sleep hygiene. Namely, these determinants that tend to promote sleep hygiene include consistent bedtimes and wake times, limited substance intake such as alcohol and

caffeine, cool and quiet bedroom environment, and restricted digital media use within an hour before bedtime (Hale et al., 2020). As technology is becoming more accessible, and countless hours of media are uploaded every day, exposure to both the media and the associated light known to suppress melatonin levels is increasing, therefore decreasing one's ability to obtain effective sleep (Hale et al., 2020). To combat this, behaviours that limit technology use, particularly in the lead-in to bedtime each night, can be implemented (Johansson et al., 2016). Due to the alterations in circadian processes from this light, daytime functioning is therefore also negatively impacted, increasing daytime fatigue and decreasing cognitive performance (Johansson et al., 2016). The physiological and cognitive arousal caused by the stimulation of these screens, and the media engaged with on them, causes increasing difficulty for the body and mind to wind-down before sleep (Johansson et al., 2016).

Maintaining the same sleep and wake times every day, not only during the week but on holiday and during weekends, is considered a key habit in enhancing sleep hygiene - ensuring the body's internal clock keeps to a consistent schedule, thus reducing daytime fatigue, and promoting ease of waking and sleeping (Baranwal et al., 2023). Additionally, this aids in optimising mental health and bodily systems (Baranwal et al., 2023). Longitudinal studies have shown that those who maintain a regular sleep schedule were less likely to experience cardiovascular events (Baranwal et al., 2023). Solid sleep duration between seven and nine hours, consistent exercise, maintaining a healthy body weight, reducing light exposure before bed, and napping, are all considered beneficial for sleep and are key messages communicated in public health messaging.

Other topics of sleep health promotion include the benefits of short midday naps for decreasing sleepiness and increasing relaxation, alertness, and mood (Baranwal et al., 2023). However, napping for longer than 20-30 minutes can increase disorientation and grogginess after awakening, if the person has entered deep sleep (Baranwal et al., 2023). Older adults are more likely to engage in daytime sleep, due to the decreased likelihood of obtaining a full night's sleep and the associated daytime fatigue. However, in a Western society that does not typically allow for daytime sleeping, this may cause issues for the older people who still wish to participate in the schedules of 'normal' society (Venn & Arber, 2011). Thus, those who attempt to resist this urge, due to an incomplete sleep at night, may face energy challenges during the day and struggle to keep up with the demands of their younger peers, leading to decreases in productivity (Venn & Arber, 2011). This can also lead to reduced cognitive performance and functioning, increasing the risk of falling and fractures, that can further limit sleep quality (Stanley, 2005).

Reducing intake of substances such as alcohol and caffeine, alongside limiting food intake in the two hours before bedtime, are also sleep hygiene promoting practices (Baranwal et al., 2023; Hale et al., 2020). This is because caffeine acts as a stimulant, increasing alertness and reducing fatigue, keeping an individual awake whilst simultaneously affecting sleep quality by decreasing duration and efficiency (Baranwal et al., 2023; Hale et al., 2020). Conversely, whilst alcohol is a sedative, it can still disrupt sleep architecture and can often lead to awakening in the second half of the night, thus decreasing REM sleep and diminishing sleep quality and duration (Baranwal

et al., 2023). Furthermore, alcohol abuse can lead to long-term health problems that have independent negative impacts on sleep (Baranwal et al., 2023).

Whilst sleep health recommendations for older adults are not dissimilar to recommendations for the general population, the barriers associated with ageing may make it more difficult to implement these recommendations (Koffel et al., 2023). Specific recommendations for older people that focus on daytime activities include regular physical activity, consistent mealtimes, and regular light exposure (Koffel et al., 2023). At nighttime, many of the recommendations for older adults remain alike to those for the general population, such as striving for seven to eight hours of sleep per night, and maintaining consistent sleep and wake times, whilst ensuring a sleeping environment that is cool, dark, and quiet (Koffel et al., 2023). The importance of early sleep health promotion can aid in optimising long-term sleeping practices and overall health by challenging common misconceptions, encouraging healthy sleep behaviours, influencing social and environmental determinants of sleep health, and motivating people to reach out for professional help during consistent sleep struggles (Koffel et al., 2023). By emphasising the connection with sleep and a multitude of other health outcomes, individuals, including older people, can be motivated to implement these behaviours (Koffel et al., 2023).

The content covered in this literature review so far highlights the importance of sleep and common issues that disrupt sleep, and the unique changes with older adulthood. Given the implications sleep disruptions have for waking life, wellbeing, and overall health, there is increasingly more guidance around how to avoid or resolve sleep problems, such as pharmacological approaches, as well as behavioural guidelines

around effective sleep habits and practices, such as sleep medications and relaxation techniques (Irish et al., 2015). However, while these recommendations are presented as universal principles for 'good sleep', their application can be more complex for older adults, as their sleep is often influenced by other physiological, psychological, and social factors. For instance, lighter and more fragmented sleep older adults experience can make adherence to behavioural suggestions challenging (Crowley, 2011).

Alongside the advance in circadian rhythm, this may increase the reliance on daytime napping which can be restorative in moderation, however, may also disrupt circadian regulation and thus further impair nighttime sleep (Ancoli-Israel & Martin, 2006; Deantoni et al., 2024). The increased prevalence of sleep disorders in later life can also make implementing behavioural recommendations difficult, as while some guidance may discourage daytime sleep or spending prolonged periods in bed, disorders such as sleep apnoea may require longer rest periods to effectively manage symptoms, and reducing time in bed can increase daytime fatigue (Lal et al., 2021; Pavlova & Latreille, 2019). While sleep health promotion provides valuable frameworks for improving sleep, standardised advice does not always align with the lived realities of older adults.

Effective guidance must therefore recognise how physiological changes, sleep disorders, and social environments interact to shape both the challenges and possibilities of rest in later life. At the same time, the media plays a major role in shaping how such guidance is communicated, interpreted, and acted upon. As the next section explores, public messaging about sleep both reflects and reinforces cultural expectations around ageing, often influencing how older adults make sense of their own sleep experiences.

### ***Media and Health Promotion***

As the world is almost infinitely connected through ever-advancing technology, information is accessible and available in an instant from a global reach of sources. As a result, media plays a significant role in shaping perceptions on major issues and influencing public discourse (Baum & Potter, 2008; Christen & Huberty, 2007). The content developed and promoted by mass media can elicit beneficial changes in behaviour and provide scientifically proven advice on health and wellbeing, or at least this is the outward intention (Abroms & Maibach, 2008; Dew et al., 2016). Healthcare practitioners emphasise the importance of seeking specialist advice when interpreting health-related media messages, due to the proclivity for the media to manipulate their content to improve their viewership (Dew et al., 2016). Furthermore, much of the information distributed by media outlets is misrepresented and filtered through agencies to alter the overall message to champion the messages that align with their agendas (Dew et al., 2016).

Audiences can be either directly or indirectly influenced by media content, through content that directly targets individuals who are experiencing the issues, or through content that indirectly encourages people to implement beneficial changes in their work and home environment. These indirect strategies are thought to have the most widespread advantageous outcome (Abroms & Maibach, 2008). Public healthcare campaigns pushed by mainstream media, whilst influential, only have moderate effects on individual-level factors, as measured by how many more people were performing the behaviour prior to and after the campaign (Abroms & Maibach, 2008). Effective campaigns generally include valuable and well-planned messages that successfully

reach a substantive proportion of the intended audience and are well remembered (Abroms & Maibach, 2008). The use of health-related media messaging can shape the way people understand health issues such as the origin and nature of the issue, who is responsible for the issue, and possible solutions (Breheny & Severinsen, 2018). Furthermore, journalists shape their findings to fit their intended message whilst simultaneously feeding off the expectations of their audiences, to ensure maximum reach and success in obtaining views and repeated consumption (Breheny & Severinsen, 2018). Through a health-related messaging lens, this demonstrates how media influence the public's perception of public health as well as their response.

With the boom of online and digital media, the avenues through which the public can obtain news and information has increased rapidly. As the number of independent media companies grows and journalistic opportunities are more accessible, information communication is no longer gatekept (Abroms & Maibach, 2008). This enables more people to utilise these tools to promote health-related messaging to a diverse audience inexpensively. Thus, individuals are being exposed to health advice not only from healthcare professionals, but from magazines, newspapers, social media, television, and other widely accessible media platforms developed by alternative therapists, campaigners, journalists, and more (Lyons, 2000). Many of these messages focus on influencing individual behaviours rather than promoting public health at a wider level (Abroms & Maibach, 2008). Factors at the individual level that are often targeted in these campaigns include motivation, beliefs and knowledge, skills, intentions, and affect, as these are considered to be most influential on health behaviours (Abroms & Maibach, 2008). Consequently, it is of interest to explore the role

of mass media in health-related messaging, alongside the possible implications, and the discourse amongst audiences regarding these messages. This has been the focus of previous research, for example, media discourse and perceived effectiveness for campaigns regarding smoking cessation and weight management (Chapman & Wakefield, 2001; Walls et al., 2011). These studies have demonstrated how media discourses often construct health as an individual responsibility. Whilst these areas have received sustained attention, comparatively, sleep remains underexplored.

### ***Sleep in the Media***

The role of the media in representing sleep, especially for older adults, has not yet been widely explored, and understanding the way in which messages are crafted for audiences is necessary to better acknowledge the responses to, and effects, these can have on older adults. Research on media representations of ageing demonstrates that public narratives play a powerful role in shaping social expectations, norms, and values surrounding later life. For example, Edström's (2018) analysis of three decades of international news coverage shows persistent patterns of gendered ageism, in which ageing bodies, particularly women's, are rendered visible primarily through deficit-focused or health-oriented frames. Such representations contribute to a broader cultural script of "healthy ageing," where older adults are expected to remain productive, active, and self-responsible in order to be seen as ageing 'successfully'. Within this landscape, sleep has increasingly become a moralised marker of good ageing.

Seale et al. (2007) considered how the media constructed sleep and sleep disorders in UK national newspapers. Whilst medicalised and surveillance-focused

discourses were the focus of more 'serious' press, the UK tabloids often illustrated sleep as a private practice and presented less robust knowledge and expertise. Much of the appeal of tabloid news was the presentation of sleep as a routine activity that occurred in a state of lowered alertness and therefore presented sleep as a setting for unpredictability and sudden danger. Furthermore, Boden et al. (2008) discussed the elicitation of sleep as both a symptom and solution to the demands of a work-life balance and broader living in British news media. While the media may be intending to promote and amplify public concerns regarding this, the role of commercial interest and pharmaceutical sponsorship cannot be dismissed. Boden et al. (2008) note that this brings into question the underlying motive of health-related media messages as genuinely aiming to inform and support public wellbeing or primarily attempting to increase readership and profit. Boden et al. (2008) also considers the increased public awareness and sensitivity to sleep as a means to translate a plethora of contemporary problems into sleep-related issues. Alternatively, Zarhin (2021) explored sleep discourses in men's and women's health magazines. Their findings suggested that the primary focus in these magazines was the depiction of sleep as a form of body work and bodily capital. According to these discourses, good sleep was something to work at and achieve throughout the day and required active effort. Sleep was presented as a means to reshape the body and if worked at, would yield the reward of enhanced bodily capital. The gendered nature of sleep was also discussed in these magazines, wherein men's magazines encouraged prioritising sleep alongside an abundance of information regarding the benefits of sleep and the harmful effects of poor sleep. Comparatively, women's magazines promoted managing sleep difficulties and contained little

information on the aforementioned consequences of sleep. Both magazines presented sleep as a definitively individual responsibility influenced only by individualised actions.

The above studies considered sleep discourses in international media, however, there has been limited research regarding Aotearoa New Zealand specific sleep-related media messaging. Breheny et al. (2023) conducted a critical discourse analysis of content pertaining to sleep and ageing in the New Zealand news. Their findings suggested that one of the key messages communicated by the media surrounded managing the inevitability of sleep declining with age, with both reduced quantity and poorer quality. However, this messaging conveys the lack of sufficient sleep achieved by older people as a personal responsibility despite the establishment of the inevitable decline of sleep efficiency with age. Additionally, Breheny et al. (2023) describe the media's portrayal of sleep as a solution for many age-related illnesses and as essential for healthy ageing. These messages, from both healthcare professionals and laypeople, posit that a prosperous and healthy lifestyle is accessible and easily achieved, provided good quantity and quality sleep is attained. Framing sleep as a protective practice and remedy for a host of illnesses and conditions, alongside promoting it as an easily implemented strategy, can lead its audience to again believe it is something within their control and that there is no reason they cannot obtain it. Furthermore, to parallel these messages, Breheny et al. (2023) note that other media frame poor sleep as a cause for ill health and as being linked to diseases such as dementia. In tandem, these messages were considered to shape sleep as pertinent in not only ensuring good health and longer life, but as essential in avoiding other diseases and illnesses. Finally, Breheny et al. (2023) explored the discourse as sleep being a complicated issue with simple

solutions. However, the physiological necessity for sleep works in opposition to the expectations of society to be constantly growing and progressing. These solutions consisted mainly of common sleep-related advice such as implementing healthy sleep habits and simply focusing on managing factors associated with good sleep despite its positioning as a complex issue. However, there is recognition of the seemingly endless list of sleep aids, of which most are ineffective, particularly for the older population. Thus, whilst the sleep-related solutions consist of good sleep practices, caution is also advised when persistently trying to implement these due to the dangers of chronic tiredness impacting function. Ultimately these messages encourage pursuing effective sleep hygiene practices to promote healthy living and prevent the onset of illness, whilst acknowledging the potential futility of this due to the inevitable decline in sleep efficiency.

Together, these studies show that wider media discourses not only shape understandings of what it means to grow older but also frame sleep as a domain through which 'successful' or 'unsuccessful' ageing is judged. Examining sleep through this lens therefore offers a valuable extension to existing work on media, ageism, and health by revealing how cultural narratives intersect with bodily experiences of ageing.

In Fairclough's (2013) model of discourse, audiences are not passive recipients of media messages but active interpreters who draw on their own social positions, assumptions, and lived experiences to make meaning. Fairclough (2013) distinguishes between the production, text, and consumption stages of discourse, emphasising that meaning is ultimately realised in the interpretive work undertaken by audiences. From this perspective, media representations of ageing and sleep do not uniformly shape

public understanding, but rather they subjectively interact with the reader's existing beliefs, cultural norms, and personal circumstances.

Understanding these interpretive processes requires methods that can assess how media discourses are taken up in ways that are affective, tacit, or difficult to articulate in conventional interviews. This is where novel, creative, and participatory approaches become particularly valuable, such as the creative workshops held for older adults to better understand and reimagine sleep amidst ageing, which demonstrated how creative writing can surface emotional, social, and political dimensions of sleep (De Cristofaro, 2023). Miller et al.'s (2019) use of photovoice and visual methods in ageing research shows how alternative forms of expression can reveal experiences that may remain muted in direct questioning. Such approaches enable participants to reflect, create, and respond in ways that are less constrained by conversational norms and more conducive to capturing the lived complexity of phenomena (such as sleep) in later life.

### ***Creative Research Methods***

Creative research methods are non-traditional approaches to inquiry to explore, generate, and represent knowledge. Research argues that creative research methods offer the possibility to capture emotional and symbolic facets of the human experience that traditional methods relying on written and verbal comprehension are unable to (Vaart et al., 2018). Arts-based research provides a framework within which contradictions, complexities, and confounding outcomes coexist (Malchiodi, 2017). By combining the systematic and fastidious aspects of traditional qualitative methodologies with the imaginative and creative qualities of the arts, the power of art

can be utilised to unite diverse languages and voices to gain insight into the complexities of the mind (Cole & Knowles, 2007). Creative methods are often utilised due to their ability to dismantle power dynamics in research and facilitate joint and equitable discussions amongst researchers and participants (Mannay, 2015). These methods acknowledge the participants as knowledge makers alongside researchers (Cole & Knowles, 2007). Participants' experiences and views are engendered and empowered, where research is conducted with the participants rather than on them (Mannay, 2015; Vaart et al., 2018).

The arts have an empathetic power that can open both participants and audiences to other experiences and views, deepening awareness of others and broadening perspectives (Vaart et al., 2018). The multifaceted human experience is expressed through arts-based research, including physical, emotional, mental, spiritual, cultural, social aspects and experiences (Cole & Knowles, 2007). As the arts engage the senses, strong emotional responses can be evoked by the creator, audience, and researcher, and these can act as prompts for learning beyond typical, cognitive methods (Vaart et al., 2018). The creative inquiry process emphasises openness to the expanse of the possibilities of imagination (Cole & Knowles, 2007). Creative research methods offer the flexibility of application across all demographics and contexts, uniting age, gender, culture, and language (Vaart et al., 2018).

### ***Creative Approaches to Research with Older People***

In the instance of older adults, creative approaches to gaining insight can often be considered most suitable compared to more traditional qualitative methods. This is due to the increasing recognition of the potential for creativity and arts to contribute to

development and personal growth in older adults, as well as improved health and longevity (Dawson & Baller, 1972; Reynolds, 2018). Arts researchers utilise creative methods to address questions that do not necessarily have definitive answers, as these methods have the ability to communicate knowledge in a way that exceeds typical, linear research findings (Kivnick & Pruchno, 2011). Furthermore, employing creative mediums in gerontological research provides researchers with the ability to listen more earnestly to the voices of older people (Costa et al., 2022). When considering the creative works themselves, older people embed within them valuable life experiences, emotional complexity, and a reflective understanding of the nuances of life, demonstrating the proclivity older people can have for producing creative pieces (Creely & Southcott, 2025).

The social interaction that arts-based engagement provides is often appreciated by older adults, as meaningful interactions are often scarce and somewhat superficial in comparison to the interactions they experience in the arts (Groot et al., 2021). When partaking in the arts, older adults savour the intense emotional connections, especially regarding existential or personal matters (Groot et al., 2021). They report that these connections significantly impact the quality of the experience and develop a sense of seeing others and being seen (Groot et al., 2021).

Creative research methods hold particular value in ageing research because they expand opportunities for participation among older adults who may experience disability, frailty, sensory limitations, or chronic illness, which are factors that can restrict involvement in more traditional interviews or survey-based designs. Research has shown that visual, narrative, and arts-based methodologies can promote

accessibility, reduce cognitive load, and allow participants to communicate experiences in multimodal ways that feel meaningful and empowering (Holland-Batt & Miller, 2023; Miller et al., 2015; Miller et al., 2019). These approaches align closely with calls for more inclusive, person-centred gerontological research that captures the complexity of later-life embodiment, environment, and identity (Buffel et al., 2018). Yet within sleep science, creative and participatory methods remain comparatively rare, with most studies relying on clinical, behavioural, or psychometric tools (Harvey et al., 2008; Spira et al., 2005). Blagrove and Lockheart (2023) illustrate how a science-art collaboration makes space for the symbolic, affective, and social dimensions of dreaming. In their study, participants were invited to share their dreams and then represent them visually through art, followed by group discussion and reflection. This combination of verbal and visual expression enabled participants to externalise and explore the emotional, social, and cognitive dimensions of their sleep experiences, revealing patterns and insights that are often missed by traditional quantitative or psychometric approaches. Their work demonstrates that creative, participatory methods can enrich understanding of the personal and social meanings embedded in sleep and dreaming beyond purely biological metrics. Although, their research focused on dreaming rather than sleep experiences or practices more broadly. In Aotearoa New Zealand, Fleming et al. (2011) investigated the transition from sleeping to waking through performing arts such as dance, music, photography, and film. Artists and sleep scientists collaborated to demonstrate how creative experimentation can open up new ways of understanding sleep beyond biomedical measurement. However, despite its innovative interdisciplinary scope, it has rarely been taken up as a methodological model in empirical sleep research, which remains dominated by clinical and

behavioural approaches. Its work therefore highlights both the promise and the underuse of arts-based methods in studying lived experiences of sleep.

Research suggests that employing flexible and creative methods when conducting participatory research with older people is necessary for ensuring methodological and ethical research (Clarke, 2023). Creative approaches are considered inclusive and provide a positive experience for participants, whilst fostering new individual and collective knowledge (Clarke, 2023). By championing the voices, experiences, and lives of older people through creative methods, a more holistic understanding can be gained than through prescriptive, conventional methods such as surveys and interviews (Clarke, 2023). Creative methods help to honour ageing in its complexity of human and environmental interplay and therefore allow research outcomes to be more responsive to the nuances of lived experiences (Clarke 2023). Creative data outputs lie on a wider spectrum than traditional outputs which therefore casts a wider net for research findings and interpretation (Clarke, 2023).

Active art engagement has been shown to improve older adults' mood, as the inherently fun approach that arts-based methods take invokes enjoyment and laughter, having a direct effect on the state of mind and body (Groot et al., 2021). When individuals are experiencing this in the moment, they are more open to connect with themselves and their ideas, eliciting rich and personal works (Groot et al., 2021). They are able to directly express themselves, thus enhancing self-expression (Vaart et al., 2018). This connection can be translated to feelings of belonging and purpose in the world, and contributes to a meaningful life, and these aspects are often overlooked in academic research (Groot et al., 2021).

The enhanced participatory nature of creative research can also productively engage and empower the participants, further eliciting more expressive and deeper meanings, thoughts, and feelings in their responses (Liu et al., 2023). Many creative research studies are conducted in group settings alongside peers, which can benefit participants by allowing them to feel related to and accepted (Liu et al., 2023). The use of a creative approach to research for older people is inherently strength-based and wider academic implementation can further enhance the understanding of ageing.

Techniques such as photovoice, photo-elicitation, drawing, painting, poetry, and participatory theatre allow participants to express embodied, emotional, and social dimensions of ageing, wellbeing, and identity (Chacur et al., 2022; Miller, 2021; Reyes et al., 2022). Reyes et al.'s (2022) research on the use of visual methods to co-construct knowledge with older adults emphasises that co-creating with participants rather than merely collecting data from them allows the power dynamics in research to shift and centre the voices of older adults as knowledge producers rather than subjects. A good example of such methods in action is Miller's (2021) four-year longitudinal study of residents in aged-care homes, using participatory photography and research poetry to document the lived experiences of ageing in institutional settings. This methodological approach revealed insights into identity, loss, community, memory, and the emotional textures of institutional ageing that might not emerge through more conventional, clinical methods. Together, these methods appear to empower participants by giving them agency over what and how they share, fostering authentic self-expression and enabling those who may be less able or comfortable with conventional research approaches to contribute meaningfully. Overall, creative methods enhance both the

depth and accessibility of qualitative research with older adults, highlighting experiences that traditional methods may overlook while fostering empowerment and engagement.

Building on the use of creative methods in qualitative research, poetry is particularly valuable for its focus on language and the words, metaphors, and rhythms participants use to convey experience (Furman, 2006; Glesne, 1997). Rewriting transcripts into poetic forms preserves voice and emotional nuance, revealing meanings that conventional prose may miss (Furman, 2006).

### ***Poetic Research with Older People***

Poetry as a creative research medium is a relatively novel approach in qualitative inquiry, having been applied across diverse populations and topics, including healthcare experiences, education, and marginalised communities, to capture rich, subjective insights (Butler-Kisber, 2002; Paiva, 2020). Within ageing research, it provides an accessible and dynamic means of expression for older people, as it relies on concise language and imagery, enriched with emotions and wisdom (Creely & Southcott, 2025). Poetry has significant potential within the gerontological research realm in general, but in particular has been used to gain insight into specific areas such as nursing home and aged care experiences and living with diseases such as Alzheimer's, dementia, and Parkinson's (Holland-Batt & Miller, 2023; Miller et al., 2015; Miller, 2018). Given the creative and non-traditional nature of poetry, the reader is immersed within and can empathise with the experience being described (Gerber et al., 2022). Compared with interviews or focus groups, poetry allows participants' voices to be foregrounded, emphasises the subtleties of language, and can surface nuanced,

private, or reflective thoughts that might not emerge in spoken discourse, offering a deeper understanding of lived experiences (Butler-Kisber, 2002; Paiva, 2020).

Moreover, poetry provides the opportunity to elicit typically tacit thoughts and feelings from the writers (Gerber et al., 2022).

Key examples of research poetry in gerontology include Miller et al. (2015), who crafted poems based on interviews with older people living in residential aged care and considered it to be a significantly valuable tool to connect the residents, carers, educators, students, and policymakers on the aged care lived experience. They found that these poems contributed a vivid, visceral, intimate, and authentic portrayal of the participants' stories and lives that is not typically uncovered in research (Miller et al., 2017). The poems published by Miller et al. (2015) illustrated the experiences and perspectives of aged care residents in a unique way, to better help readers understand and appreciate their world. Poetry created by older adults, either explicitly or through researcher-crafted means based on interviews, provides a powerful, visceral, authentic, and evocative voice through a new lens (Miller et al., 2015). In turn, researchers and readers are implored to listen deeply, evoking empathy within a population that is often spoken for, rather than given the opportunity to speak and be listened to (Miller et al., 2015). Such works demonstrate the promise of poetry as a research method within gerontology for wider use in understanding general experiences of ageing, given the depth and authenticity these poems evoked in the participants that is not typically seen in gerontological research that tend to utilise interviews and focus groups. Poetry as a research medium has yet to be implemented as a lens through

which sleep and ageing are considered, to provide nuanced and subjective understandings from older participants.

### ***Sleep in Poetry***

As a research medium, poetry is not often used to convey findings and as such, there is limited literature not only in conducting poetry-centric research, but also in considering sleep and ageing through the lens of poetry. Holland-Batt and Miller (2023) discussed artistic and literary approaches to ageing, such as poetry as a means of storytelling about the subjective human experience. Generally, poetry is used to elicit empathy in the readers and listeners, not only with those with shared experiences, but also with people with unlike experiences (Holland-Batt & Miller, 2023).

Whilst literature regarding sleep and poetry is limited, it is not necessarily new. Lawlor and Blackwood (2020) considered that the widely known concept of stress affecting sleep was also noted in eighteenth century Britain, during the Enlightenment period. Information on how to manage stress and its sleep-related implications was conveyed publicly through poetry written by doctors. During this time, people were encouraged to explore the relationship they had with sleep, how it affected their wellbeing and thus how they may improve this relationship as a factor in a healthier lifestyle (Lawlor & Blackwood, 2020). This research illustrated how sleep was understood to be at the intersection between mind and body, and thus the public sought information and advice on how to improve their sleep and preserve their health. As this junction was not comprehensively realised, it allowed for mystery and ambiguity in its interpretation, which meant it was more suitably represented through poetry, which itself was an ambiguous medium. Whilst a multitude of written literature was

pursued by the public to further their understanding of sleep as the body-mind bridge, Lawlor and Blackwood (2020) argued that poetry was of particular importance for this topic, as it provides a better structure for feelings, thoughts, and observations than other mediums. The specific form of poetry employed by doctors was named ‘regimen’ poetry, as it served a function delivering lifestyle advice, and was therefore useful not only for doctors and those with sleep disorders, but for the general population. Lawlor and Blackwood (2020) consider the implementation of poetry in the promotion of healthy sleep to have significantly informed the landscape of sleep management and energised wider discourse on sleep ideas.

Another example of sleep featuring in research poetry is Joyce & Illingworth’s (2025) analysis of 33 poems drawn from a public poetry archive in which the word “insomnia” appears. The authors examined meaning units within the poems, identifying themes that capture the physical, emotional, cognitive, social, and environmental dimensions of insomnia, reflecting a holistic biopsychosocial understanding of the condition. In doing so, the paper demonstrates how poetry can articulate the lived experience of insomnia in rich, multifaceted ways, capturing not only physiological or behavioural aspects, but also the emotional, relational, spatial, and temporal dimensions of sleeplessness.

Whilst research within the creative gerontological research space regarding sleep is limited, there have been recent explorations that have expanded our understanding of sleep experiences in ageing. For example, a sleep and ageing workshop was recently held in England, wherein the participants listened to and engaged with multi-sensory experiences incorporating nature sounds that instigate

feelings of calmness, stress reduction, and improve sleep quality for older adults by stimulating the brain in way that can promote wellbeing (De Cristofaro, 2023). From these deep listening experiences, participants expressed their thoughts and feelings through creative writing and poetry. As part of this wider project on reimagining sleep, an online workshop was also hosted on the experience of sleep in older adulthood. Participants discussed their experiences with sleep and tools they implemented to aid in striving for a better night's sleep such as drinking chamomile tea and writing down thoughts before bed. They also spoke of the difficulty of managing sleep challenges alongside other age-related illnesses or significant life events and the associated awareness to the ambivalence many individuals have towards the importance of sleep in improving health outcomes. These conversations substantiated the importance of exploring such discussions on sleep and ageing (De Cristofaro, 2023). However, while this workshop used poetry as a medium for reflecting on deep audial listening experiences, with discussions of sleep emerging indirectly, the current study positions sleep as the explicit focus of poetic expression. By centring participants' reflections directly on their sleep experiences, the poetry becomes primary data, allowing for systematic thematic analysis of sleep experiences, challenges, and meanings in later life. This approach extends the use of creative methods in sleep research, providing more nuanced insights into how older adults experience, interpret, and navigate sleep, rather than using poetry solely as a reflective or expressive tool.

Both these studies and similar poetry research conducted in the healthcare space have endorsed the relevance of a creative methods research approach. They highlighted the demand for further inquiry into the experience of sleep in older

adulthood, such as the changes in sleep pattern, duration, and quality with age. They also spoke to the bid for exploration into sleep and age-related media messaging and the social discourses associated with these messages. Utilising a creatively focused poetry workshop in determining these findings has shown significant potential for nuanced, authentic, and insightful realisations on the lived experiences of sleep among older people. Holland-Batt and Miller (2023) note that the use of either research or lyric poetry is rarely used in gerontological research, despite having the potential to engage and facilitate reflexive discussion amongst policymakers, researchers, and the public about the experience of ageing. As much current literature focuses on promoting healthy ageing, allowing space for subjective, lived encounters of old age using imagery and metaphors can create a more empathetic, and therefore balanced understanding of this experience as a whole (Holland-Batt & Miller, 2023). Therefore, poetic and creative methods offer a unique opportunity to illuminate how older adults themselves understand, narrate, and practice sleep in later life, in order to better represent their beliefs, experiences, and practices of sleep with ageing.

### **Summary**

This literature review identifies how, as people grow older, they experience interconnected physical, cognitive, and social changes that can shape overall health and wellbeing, with sleep emerging as a particularly significant factor in this process (Jacobson & Hoyer, 2022; Walker, 2017). Ageing is associated with shifts in sleep regulation, architecture, and increased prevalence of sleep disorders, as well as broader social factors that require consideration, which collectively can influence mood, memory, daily functioning, and long-term health (Crowley, 2011; Foley et al.,

2004; Gulia & Kumar, 2018; Stanley, 2005). At the same time, media play an important role in shaping cultural understandings of both ageing and sleep as they circulate powerful narratives about what “healthy ageing” should look like and promote behavioural expectations through health promotion messaging (Breheny et al., 2023; Edström, 2018). Yet, we know far less about how these messages are actually received, interpreted, or resisted by older adults, and how such discourses meaningfully shape their perceptions, emotions, and practices around sleep. Creative research approaches offer a promising way to explore this gap, as they enable deeper, more reflexive engagement with lived experience and have been used in innovative ways within ageing research, while only emerging in small pockets of sleep research (Blagrove & Lockheart, 2023; Clarke, 2023; Liu et al., 2023; Miller, 2021; Reyes et al., 2022). As this thesis is concerned with the discourses through which sleep and ageing are made meaningful, poetry provides a particularly fitting methodological lens, offering a way to access nuance, metaphor, and emotional texture that conventional methods may overlook.

### ***Aims and Objectives***

The focus of this thesis will be to examine the role of sleep in ageing and older people, alongside the potential impact of media discourse and messaging directed at this population. Within the context of this thesis, ‘discourse’ refers to the implicit and explicit discussions, exchange of ideas, and expressions of thought on ageing and about older people in societal and media contexts. This study focuses on older adults aged 75 years and over. Older adults who are 65 years old are often in the early stages of retirement and are adjusting to new identities after leaving full-time work, their sleep

habits are often consistent and residual from their working routines and are focusing on freedom and rediscovery (Vitiello, 2009). In contrast, individuals who are 75 years old are often well-established in retirement and tend to be focused on reflection and independence and have adapted their sleep practices to their lifestyle (Vitiello, 2009). In their critical discourse analyses, Breheny et al. (2023) identified the next steps in the research to be to consider how audiences, particularly older people, consume, interpret, and respond to the sleep-related messages conveyed by the media. Within the context of this thesis, there will be a focus on how older people receive these messages, whether they consequently change their behaviour, and why they may or may not, depending on the messaging. Insight will be sought into how sleep may have changed in older age, how people consider sleep within their day-to-day lives, and how they may perceive these changes. This was achieved through generating and analysing data collected in workshop sessions that combined group discussions with poetry-based elicitation, enabling participants to articulate their experiences in both conversational and creative modes.

These dual methods were intentionally selected to elicit both the discursive and affective dimensions of sleep in later life, offering insight into not only what older adults say about sleep, but how they express, negotiate, and interpret it through language. The analytic processes and rationale for using focus groups alongside poetic inquiry are unpacked in detail in the methodology chapter below, where the approaches and their implementation are outlined. Importantly, the poetic component extends the scope of the research beyond descriptive or reactive accounts gathered through discussion. Whereas the focus groups serve to illuminate how older adults talk about sleep and

interpret media messaging, the poetry workshop invited participants to actively rewrite, reframe, and imaginatively reconstruct their experiences of sleep and ageing using their own terms.

### **Chapter 3: Methodology**

This chapter outlines the methodological framework that guided the design and conduct of this study. As the research sought to explore older adults' understandings of sleep, it required methods capable of capturing both shared dialogue and more introspective, affective forms of expression. To achieve this, this study combined traditional qualitative approaches with creative, arts-based methods. The chapter begins by detailing the focus group approach, including its rationale for eliciting collective meanings and shared societal narratives around sleep. It then turns to arts-based research, outlining the value of creative methods for working with older adults and for accessing experiential, emotional, and symbolic dimensions of sleep that may not surface through conversation alone. Within this broader arts-based landscape, the chapter introduces poetry as a research method, drawing on the use of both research and lyric poetry to demonstrate how poetic forms can foreground language, metaphor, and embodied experience in ways that complement and extend focus group data. Finally, the chapter reflects on my own positionality as a researcher, as all qualitative inquiry is shaped by the personal, generational, and disciplinary lenses through which the researcher interprets the world.

#### ***Focus Groups***

The use of focus groups in qualitative research is often used to obtain a deeper understanding of social matters (Nyumba et al., 2018). Contrary to an interview approach, within a focus group setting the researcher holds a more removed role as a facilitator amongst participant discussions, rather than engaging in one-on-one discussion with participants (Nyumba et al., 2018). Having a moderator to guide the

discussion is necessary to ensure the conversation remains aligned with the research aims (Seal et al., 1998). Focus groups are particularly beneficial in qualitative research as the lack of conceptual framework seen in structured interviews allows for an open discussion and facilitates group dialogue that freely explores the topic in depth, detail, and context (Nyumba et al., 2018). These collaborative processes and dynamics provide more meaningful and profound insights than individual interviews, as social relations and intersecting knowledge allows for a more cohesive understanding of the topic than individual narratives (Nyumba et al., 2018). Small-size focus group discussions were suitable in this research as they allow for an inclusive and flexible opportunity to explore attitudes, beliefs, practices, and motivations regarding the phenomena of interest (Seal et al., 1998). Furthermore, these focus group discussions can provide depth to the beliefs and experiences of participants in an open and supported environment (Kitzinger, 1994; Seal et al., 1998).

The use of focus group discussions as a research tool enables participants to build knowledge collaboratively as opposed to just providing data for the researcher. Group discussions encourage exchange and dialogue, eliciting ideas dynamically through creative engagement and conversation (Kindon et al., 2007). Furthermore, the nature of a collaborative exchange enables participants to develop themes that the researchers may have otherwise been given insufficient attention or gone unnoticed (Vaart et al., 2018). With this, participants are also able to build on and react to the responses of other participants, as the sense of cohesiveness and group membership can empower them (Vaart et al., 2018). Group discussions also emphasise the embodied and experiential nature of research, particularly qualitative research, and

hands-on activities make visible the connection between body, emotion, and mind (Barone & Eisner, 2012). This embodied approach can reveal affective dimensions that may otherwise be missed in interviews or surveys (Barone & Eisner, 2012).

### ***Creative Research Methods***

Whilst arts-based research is considered a recent development, it provides the opportunity for creative expressions within the scientific process (Leavy, 2025). An arts-based approach gains understanding by providing personalised voices for the participants, their emotions, and experiences (Clark & Jen, 2022). Advantages of this research approach allow for deeper, richer connections between researcher, participants, and findings, with potential to reach more diverse readers and broaden comprehension beyond traditional means (Clark & Jen, 2022). Furthermore, creative methods collapse the academic wall between researcher and participant, avoiding the traditional hierarchical relationship amongst expert academics and those they interview, and serves to create collaborative partnerships on a more authentic personal level (Galvin & Prendergast, 2016). This serves to elicit richer and more vulnerable narratives, built upon real subjective experiences without the intimidation of being overseen by academic expertise.

Written or creative self-produced texts allow individuals time to reflect, deliberate, and intentionally construct the meanings they wish to foreground, rather than responding immediately as they would in an interview setting. Research on written and expressive narratives demonstrates that when people are given the time and space to compose their own words, they often produce accounts that are more considered, less constrained by the pressures of real-time interactions, have carefully intertwined

thoughts and feelings, and are more able to organise complex emotional experiences (Anzul et al., 1997; Pennebaker & Seagal, 1999). Furthermore, constructing narratives enables a sense of resolution, resulting in less rumination (Pennebaker & Seagal, 1999). This suggests that poetic methods can reduce the superficiality and spontaneity sometimes produced in interviews, enabling a more intentional and contemplative form of self-representation.

Poetry in research acts as both a means and an end, as a process of understanding the essence of the text, as well as a form of data representation (Furman et al., 2007). Poetry has the ability to express both context and affect through the lived experience of the author (Furman et al., 2007). It presents a personal experience with the intention to portray and transform it into a universal and generalisable experience that evokes emotional responses in a way typical qualitative methods may not (Furman et al., 2007). Whilst poetic inquiry does not resolve contradictions, it allows them to coexist. Poetic inquiry suggests that knowledge emerges from lived experiences and emotions, is created through relationships, and is transformative for both researcher and participant (Galvin & Todres, 2012). Miller and Brockie (2015) discuss how the process by which researchers analyse participants' poems can activate unexpected and different ways to interpretively consider the data that produce deeper and more nuanced understandings. Poetry enables researchers to portray a world that is fluid and interactional and invites us to understand the world not merely by describing it, but by renewing our sense of awe within it, as human understanding is as much felt as it is thought (Prendergast, 2009).

Holland-Batt and Miller (2023) described the evocation of emotions in their poetry workshops with older adults as a key feature of poetic methods. The elicitation of imagery and context to their subjective experiences deepened the impact on both poet and reader. The opportunity for deep emotional disclosure that poetry provides is thought to result from the lack of restriction of prose and literary rules one is otherwise often required to follow (Melnyk et al., 2025).

Melnyk et al. (2025) argued that whilst other narrative methods could be used instead of poetry workshops, the vague, non-restrictive, and non-specific rules of poetry allow for more creative licence and thus emotional expression than other methods. Additionally, poetry workshops could elicit spontaneous expression in poetic form that are derived from unconscious emotions and thoughts, providing deeper insight as well as therapeutic benefits (Kwok et al., 2022). Whilst poetic forms and devices still have their place within the literature, and specific poems have specific requirements (e.g., haiku, limerick, etc.), research-based poetry workshops encourage writing in free verse whilst encouraging tools such as imagery, so as to not limit the creative freedoms of the poet and the messages they intend to convey. Additionally, the vocabulary and prose employed by each poet also speaks to their underlying narrative.

Within the healthcare space, the utilisation of poetry and poetic workshops for research, intervention, training, and connection is a novel approach that is growing in awareness and merit, due to its ability to elicit stronger connections with self, others, and the world (Melnyk et al., 2025). For example, a study by Melnyk et al. (2025) developed and delivered a poetry workshop for healthcare clinicians to better understand their wellbeing during the COVID-19 pandemic. This particular

methodology and medium allowed for a more nuanced and personalised understanding, with the creative freedom facilitating more complex and emotionally significant research output. Furthermore, this method can bring self-awareness to these new poets, whilst the discussion these workshops facilitate with other practitioners encourage deeper connections, and empathetic and reflective clinicians (Melnyk et al., 2025). These features are not confined to clinician poetry workshops. Melnyk et al. (2025) also hosted six one-hour workshops with doctors and nurse practitioners who were given poetic technique guides that encouraged the participants to understand the meaning of a poem, discuss poetry in a common language, and facilitate shared regard for poems. Prompts were given at each workshop, each chosen as prompts that would evoke emotional introspection. The workshops themselves, comprised of peers, also created a supportive environment which facilitated discussion and kindled vulnerable poetic writing (Melnyk et al., 2025). However, Melnyk et al. (2025) noted that these workshops and thus the poetry created through them may have been influenced by the facilitator themselves and their backgrounds and personalities, alongside participant variables such as their prior experiences with writing programs and literary backgrounds. Whilst these details are not necessarily problematic, they are important aspects to consider when analysing the poems as to how researcher prompts and expectations may have influenced and been woven into the poems. The use of poetry as a research medium made way for the use of poetry in wider studies, and the potential promise of individualised, nuanced, and deeper understanding of subjective experiences. This method can bring self-awareness to these new poets, whilst the discussion these workshops facilitate with other

practitioners encourage deeper connections, and empathetic and reflective clinicians (Melnyk et al., 2025).

Arts-based methodologies encompass a wide range of creative practices, yet poetry occupies a distinctive place within this landscape. Poetry, whether crafted by participants or by researchers, offers a mode of inquiry that foregrounds rhythm, metaphor, tone, and the intentional use of language, making it particularly well suited to accessing meanings that are difficult to articulate through traditional qualitative techniques (Prendergast, 2009). The following sections therefore examine the key poetic approaches used in qualitative research, including research poetry and lyric poetry, outlining their methodological foundations and relevance for investigating lived experiences.

### ***Research Poetry and Lyric Poetry***

There are two key uses of poetry in qualitative research by either the researcher, the participant, or both in collaboration. These are ‘research poetry’ and ‘lyric poetry’. Research poetry and lyric poetry, while distinct in form and intention, both operate as qualitative arts-based approaches aimed at deepening understanding of lived experience. Whilst research poetry is created by the researcher using found texts or interview transcripts, lyric poetry can be created by the participant or in co-creation with the researcher, in a form without typical poetic constraints but using poetic techniques such as metaphor and imagery (Holland-Batt & Miller, 2023). Despite these differences, both approaches seek to illuminate aspects of human experience that may be muted or flattened in conventional prose analysis, enabling access to nuance, embodiment, and affect that might otherwise remain unspoken. Whilst these have not

yet been widely used in sleep research, they offer the potential of gaining more meaningful and nuanced insight into the experiences of older adults (Holland-Batt & Miller, 2023). These will be described in more details below.

### ***Research Poetry***

Research poetry is used to communicate data and consists of transforming found texts such as interview transcripts, into shorter, emotive literature pieces that align more with the features of poetry, such as rhyming, stanzas, flow, theme, and tone (Holland-Batt & Miller, 2023). Research poetry has been used within ageing research to describe aged care experiences, grief, and caregiving experiences. This consists of the researcher using the prose of the transcript, and rearranging the phrases to create poetry, whilst honouring and preserving the narrative relayed by the participant (Furman et al., 2007). The goal is typically to explore and document research findings whilst utilising poetic language to portray research themes. For example, Holland-Batt and Miller (2023) crafted research poetry from a letter written by an aged care worker regarding resident-staff ratios. They describe the language to be engaging, descriptive, powerful, and offering an open insight into life as to what it is like to work or live in an aged care facility. Due to the limitations of the source text, research poetry may lack imagery or metaphors that may be offered through lyric poetry, given the text would be written for that purpose. However, research poetry strengthens participant voice, as the raw text provides for unfiltered discourse, as the participant is simply speaking their mind without concern for adapting their experience into the form of a poem.

As research poems are written in first-person, they foster a sense of resonance and appreciation for the participant's perspective, creating an engaging and powerful

reader experience. In their aged care research, each stanza in the poem Holland-Batt and Miller (2023) analysed explores a different aspect of the care worker's experience. This included their perspective and experience, an appeal for collective effort, the lived experience of an aged care worker, the consequences of the pitfalls in the aged care industry that personalise the experience of both residents and staff, and an urgent call to action. The passion, authenticity, and distress relayed in the participant's voice fundamentally alters reader reception by humanising and emphasising the realities of their experience that they are not isolated in (Holland-Batt & Miller, 2023). Research poetry aims to educate, communicate, and share research findings and therefore have both scientific and artistic objectives. Research poetry amplifies subjective participant language and perspectives whilst enhancing emotive participant voice and researcher reflexivity as they are actively engaging with the participants' own words (Holland-Batt & Miller, 2023). This personalises the experience further for the researcher, deepening their understanding of the participants which will be reflected in their research findings and instigate wider research insights (Holland-Batt & Miller, 2023).

As research poetry involves the researcher constructing poems from interview transcripts or found texts, its strength lies in analytic precision for as the researcher shapes the poem, it can highlight patterns across a dataset or render complex themes more accessible (Glesne, 1997; Prendergast, 2009; Richardson, 2000). However, it places interpretive power primarily in the hands of the researcher, which may be misaligned with participatory commitments (Faulkner, 2009).

### ***Lyric Poetry***

In contrast to research poetry, lyric poetry consists of the participant themselves forming a piece of creative writing in free verse, with guidance from the researcher, focusing on their subjective experiences and emotions (Holland-Batt & Miller, 2023). Participants are typically given the topic or situation in which they are asked to write about and given the freedom to write their own poetic piece. Alternatively, the researchers co-create a poetic piece with the participant, often utilising their words to craft a poem that conveys emotions and ideas (Holland-Batt & Miller, 2023).

Lyric poetry has been used in healthcare settings to better understand the experiences not only of those who have been cared for, but also those who are carers. For example, Clark and Jen (2022) worked alongside social workers to co-create poetry that spoke to their experiences of compassion in their work. They found that co-creating lyric poetry alongside their participants enhanced the strength, value, and utility of the voices and experiences of the social workers in the research process and thus the overall findings. The participants reported that with the ability to co-create and therefore select the prose that was most significant and authentic to their experiences, their poems more accurately reflected how they felt (Clark & Jen, 2022). Furthermore, the collaborative and creative process of the poetry demonstrated many of the traits and values the social workers spoke of regarding the qualities of compassion. The direct collaboration between the researchers and participants allowed for their perceptions and experiences to be uplifted in the research findings with a richness that the initial thematic analysis was lacking (Clark & Jen, 2022).

As lyric poetry is produced or co-produced by the participants themselves, it is particularly suitable for participatory or voice-centred research with groups whose perspectives are often marginalised or difficult to access through conventional interviews (Faulkner, 2020; Leavy, 2015). Participant-generated poems offer insight into deeper, emotional aspects of lived experience that may otherwise remain unstated. The disadvantage, however, is that lyric poems may be idiosyncratic or deeply personally, requiring careful and reflexive interpretation. They may also reveal material participants did not intend as “data,” raising ethical considerations around privacy, ownership, and interpretation within arts-based inquiry (Faulkner, 2020; Prendergast, 2009).

### **Summary**

Analysing poetry as qualitative data offers several methodological advantages. First, as poetry distils experiences into condensed, affectively charged language, it can reveal emotional, existential, and tacit dimensions of experience that may remain unspoken in interviews or group discussions (Faulkner, 2009; Glesne, 1997; Richardson, 2000). The crafting of metaphor, rhythm, imagery, and tone enables participants to express complexity and ambiguity without being constrained by linear narrative structures (Holland-Batt & Miller, 2023). This makes poetry particularly useful for exploring embodied difficult-to-articulate phenomena, where meaning is often felt rather than easily verbalised. Analytical engagement with these linguistic and aesthetic choices can therefore deepen interpretive insight, offering access to layers of meaning that exceed the surface content of the text (Faulkner, 2009; Prendergast, 2009). However, there are also recognised challenges. Poetry is inherently subjective and open to multiple valid interpretations, which can complicate claims to analytic

coherence or reliability (Gerber et al., 2022; Holland-Batt & Miller, 2023; Prendergast, 2009). Researchers must balance the need for interpretive rigour with respect for participants' creative agency, avoiding overreading or imposing meanings that may not be intended. Additionally, participants' differing levels of confidence with writing or creative expression may influence what they provide, meaning the poems reflect both experience and comfort with the form (Gerber et al., 2022). Consequently, analysis requires methodological transparency and reflexivity, acknowledging how the researcher's interpretive stance shapes what is drawn from the poetic text (Faulkner, 2009; Holland-Batt & Miller, 2023; Prendergast, 2009).

Creative qualitative research methods are increasingly recognised in gerontological research for their ability to capture the complexity of later-life experiences (Clarke, 2023; Miller et al., 2015). Within this space, poetry has been shown to offer particular value in representing beliefs, emotions, and discourses, providing insights that conventional methods may not reveal (Glesne, 1997; Richardson, 2000). While such approaches have been applied to ageing more broadly, their application to sleep research remains limited, leaving a gap in understanding how older adults perceive and experience sleep, and how they engage with health-related media messages on sleep and ageing. In response to this gap, the present study employed a combination of focus groups and participant-generated poetry to explore older adults' perceptions, practices, and experiences of sleep. Poetry functions as a novel methodological bridge linking personal experience with broader cultural narratives and enabling forms of reflection, critique, and creativity that are less accessible through discussion alone. This added layer allows participants not only to describe their encounters with sleep and media discourses, but to symbolically

reshape them, revealing meanings, tensions, and possibilities that conventional qualitative methods may leave unspoken. These methodological choices were designed to provide rich, nuanced data that captured both the embodied and cultural dimensions of sleep in later life, as well as the ways media discourses influence beliefs and behaviours regarding sleep and health ageing. Through creative engagement, the study aimed to privilege participant voices, reveal subtleties of meaning, and illuminate the interplay between physiological, psychological, and social factors shaping sleep experiences in older adulthood.

### ***Positioning of the research***

Qualitative methodologies for research are utilised as an approach to understanding the way in which people subjectively experience and perceive the phenomena of interest (Hastie & Hay, 2012; Hollstein, 2011). Researchers themselves interpret the findings through the rich experiential and unique meanings assigned by the participants (Hastie & Hay, 2012). The participants' experiences and perspectives are central to the exploration, discovery, and reporting process, often conducted in a localised community-based setting (Brodsky et al., 2016).

As a younger researcher conducting this study as part of a master's thesis, I occupied a positionality that inevitably shaped how I approached, interpreted, and understood the sleep experiences of older adults. Coming from a generation that has grown up within strong discourses of personal responsibility for health, I am accustomed to messages that position wellbeing as something to be optimised through individual effort such as managing sleep practices, tracking behaviours, and "working on" one's health. Contemporary public health and media environments tend to frame

sleep, like diet and exercise, as a domain in which individual choices directly determine outcomes. This orientation stands in contrast to many older adults' generational perspectives, in which health was often understood as a matter of circumstance, fortune, or fate rather than something continuously cultivated and self-managed. These differing orientations meant that I entered the research with assumptions shaped by my own cultural moment that I needed to remain aware of and reflexive about throughout the study.

My position as a younger adult studying the experiences of people aged 75 and older also shaped the dynamics of data collection. Participants may have viewed me as an outsider to their life stage, someone who has not yet lived through the bodily changes, social transitions, and existential reflections that characterise later life. This gap required careful attention to listening rather than imposing interpretation, allowing participants' voices and experiences to guide meaning-making rather than filtering their accounts through my own generational lens. At the same time, my position afforded certain advantages as I was someone outside their immediate peer group, participants may have expressed reflections about ageing, vulnerability, or frustration with societal expectations that they may not have disclosed to another older adult. By remaining reflexive about my generational assumptions and by approaching poetic and narrative data with humility and openness, I aimed to ensure that this study centred the lived experiences of older adults rather than reproducing the values and perspectives of my own cohort.

## Chapter 4: Methods

These methods align with the aims and objectives of this study through employing focus groups to explore the sleep experiences of older adults, including their reactions towards sleep-related media messaging and incorporating research and lyric poetry workshops to facilitate unique expressions of sleep and ageing.

### ***Participants***

For this study, participants 75 years and over were initially sought. This was based on the literature review concerning psychosocial differences with advancing age and unique differences regarding sleep and other health-related differences (Brodsky et al., 2016). However, due to the community-based sampling and recruitment strategy, the youngest participant was 73 years old.

Forty-one people participated in this project across three sessions in the Wellington region. Participants were aged 73 to 94 years old (mean age 81 years). Most were female (75%) and reported NZ/European ethnicity (90%). Two participants did not complete demographic details. Self-reported sleep satisfaction scores were collected from the participants in order to provide contextual background for interpreting their discussions and poems, and these were as follows: 7 reported they were very satisfied, 11 were satisfied, 4 were neither satisfied nor dissatisfied, 12 were dissatisfied, none were very dissatisfied, and 7 participants did not report their sleep satisfaction.

## **Recruitment**

Three focus group/creative workshop sessions were held in May 2025 at various venues in the Wellington region. These venues were selected due to their suitable capacity and facilities, as well as their availability in alignment with the time and budget of the project. They were located in different suburbs of Wellington, therefore broadening the scope of potential participants.

Recruitment occurred a month prior to the first session. The researchers used pre-existing networks within the region to advertise. For example, participants were informed about the research through short, in-person presentations at senior clubs held at two of the venues by the lead researcher, Associate Professor Rosie Gibson (R.G.). Recruitment was also pursued through emails to club administrators in the region (e.g., Probus, Rotary clubs, and U3A) (Appendix A), social media posts, and advertising on community noticeboards (Appendix B). Many participants were informed of these workshops through word of mouth. At one session in particular, a participant directly recruited acquaintances from within their network, so many participants were known to each other.

The only inclusion criteria were that participants were approximately 75 years and older, interested in taking part, and able to commit to the three hours. The advertisement outlined the research project and session details, including the aim of the project, possible venues, dates, and times, and that lunch would be provided. The koha was not included on the advertisement to avoid this becoming an inducement to register. Participants were invited to register by contacting R.G., to whom they could also direct any questions or requests for further information.

Given these recruitment methods, the sample is considered a 'convenience sample' with many of the participants volunteering off the back of the community presentations or snowballing. Given that the spaces were already used by active groups of older people, they were deemed to be known, secure, and comfortable environments for these one-off sessions.

Prior to the sessions, registrants were provided with a copy of the Participant Information Sheet and Consent Form either at the conclusion of the community recruitment presentations or via email (Appendix C and D). The Participant Information Sheet outlined the goal of the research, details on and what to expect in the session, the inclusion criteria, participant rights, confidentiality, and researcher contact information. The Consent Form outlined information regarding copyright of creative outputs and consent information. These could be signed and returned electronically or physically on the day of the session.

### ***Procedure***

Of the 41 participants recruited, 13 were at Session 1, 16 were at Session 2, and 12 were at Session 3. Each of the three sessions had a similar procedure, lasted approximately three hours total, and consisted of three key segments. These were a group discussion on sleep and participants' sleep experiences, a lunch break, and a creative poetry workshop on sleep. The group discussion lasted approximately 80 minutes, followed by a 45-minute lunch break in which catered food and drinks were provided, followed by the creative workshop, which lasted approximately 60 minutes. These are described in more detail below.

## **Welcome**

Upon arrival, each participant was again given a Consent Form (Appendix D) to sign and hand in, if they had not already returned signed copies prior to the session via email. They were also offered another copy of the Participant Information Sheet to keep, in addition to the copy emailed to them. Participants were offered a beverage, and researchers and participants introduced themselves and provided some background on how they found out about the session and what captivated them to participate. The format for the session was outlined by R.G. including the structure and expectations, ground rules, and their right to participate or not (Appendix E). The participants were also reminded that the group discussion and creative workshop were audio recorded. The spaces in which these sessions were held were configured and fostered as cosy, inviting, and communal, to facilitate honest, open, and comfortable discussions (see Figures 2-4).

## **Figure 2**

### *Session 1*



**Figure 3***Session 2***Figure 4***Session 3****Interactive Sleep Presentation and Focus Group***

R.G. delivered an interactive presentation (Appendix F) overviewing the importance of and factors affecting sleep, and key research findings around sleep across the lifespan. Part of this presentation included an informal quiz used as a tool to

facilitate wider sleep discussion, such as asking participants to guess the sleep durations of various animals and the reasoning for their guesses.

After the initial introduction and warm up, R.G. discussed the primary aim of the sessions regarding sleep and ageing and how they are portrayed in the media, and asked participants where else they may have come across sleep messaging.

Participants were asked how they felt they slept the previous night and invited to discuss how they responded to media articles about sleep and other sleep information.

The headline and opening of three articles were chosen as examples: “Does Sleep Help You Look Younger?” (Breus, 2020), “Five Ways to Get a Better Night’s Sleep” (Chow, 2016), and “Brain Plaque: Researchers Find Alzheimer’s Link to a Poor Night’s Sleep (Stuff, 2017). These three articles were chosen as they conveyed key topics identified in Breheny et al.’s (2023) critical discourse analysis and had headlines that could be utilised quickly and efficiently within the group discussion setting. Following the introduction of these three articles, the group discussion was initiated. This was an informal, open-ended, and semi-structured discussion (Appendix E) in which participants were encouraged to speak freely and ask questions. R.G. facilitated the discussion towards whether participants were exposed to sleep-related media messaging, if they engaged with this information, how they felt about these messages, and who the target audience might be. They were asked if they implemented the associated practices, and if so, what they believed the potential effects of these practices were on their sleep. They were also invited to share any other information they felt contributed to the discussion, such as their current sleep habits and experiences, and existing knowledge on healthy and unhealthy sleep habits. At each session, at least

one participant brought material with them, either concerning media content they had discovered themselves, or examples of poetry they had written in anticipation for the session, which they read aloud. These were then utilised to initiate further conversations and build rapport amongst other participants.

### ***Creative Workshop***

After lunch, the participants were invited to participate in a creative poetry workshop. This was led by an older published poet, novelist, playwright, and podcaster, Rachel McAlpine. During the initial group discussion, Rachel had noted down key phrases spoken by the participants and read them back at the beginning of the workshop. This demonstrated to the participants the ease of writing a poem and how they had already written one using their own words. Following this, sticky notes and pens were handed out to each participant, and they were instructed to write down key phrases, thoughts, and feelings about sleep with ageing, and media messaging. The participants were then invited to adhere their sticky notes to communal A3 blank pieces of paper in the centre of the room and work with other participants and their sticky notes to craft two or three poems by arranging the sticky notes in whichever order they agreed on, as shown in Figure 5 and Figure 6.

The sheets represented the collaborative group poems crafted by the participants. Rachel slightly rearranged these sticky notes to develop the lines into stanzas of poems as she saw fit as shown in Figure 7. Each of these poems were presented to the group as examples of research poetry, reiterating how each person had the ability to write a poem as their notes had already been utilised in doing so. This encouraged participants in their abilities, thereby providing confidence. Two poems

about sleep were read aloud by Rachel, one of which she had written, as an example of how the participants might approach the individual writing portion of the workshop.

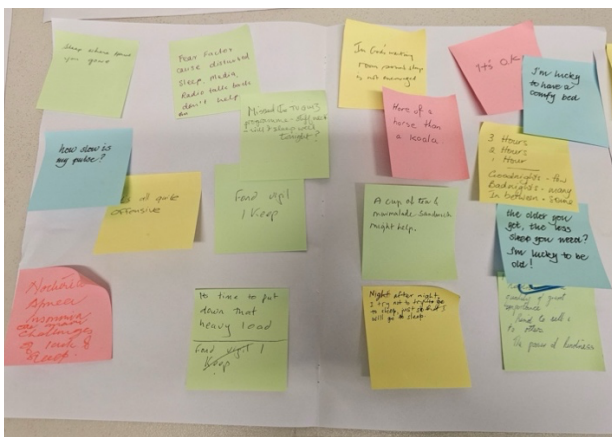
**Figure 5**

*Participants co-constructing group poems*



**Figure 6**

*Example of a group poem created by participants using sticky notes*



**Figure 7**

*Poet Rachel McAlpine co-constructing group poems*



In the first session, the participants were given the freedom to write one poem in whichever style they desired, with no parameters other than the theme of sleep. Whilst this yielded valuable poems, this aspect was altered slightly to include more explicit prompts in the succeeding two sessions, to provide guidance, maintain consistency in poetic style, and ensure poems were concentrated towards the research aims of sleep experiences of older adults. This meant participants were instructed to write two different poems in the two later workshops, rather than the instruction to write only one in the first workshop. Several sleep-related example poems were read aloud in the first session, and two in particular were identified as providing unique inspiration regarding the project and were therefore circulated in the following two sessions as prompts. These prompts themselves were merely recommendations, particularly for participants who may have been struggling on where to start and what style or structure to follow. The prompts were derived from the example poems read aloud by Rachel, which were Sleep Hygiene (Khoury, 2023):

A bed should be a tender slab, devoid of insects.

A tired woman should be able to lie across diagonally,  
headache to hag feet.

A bed should exist in crystalline silence.

It should have a sleepy blue view.

A nearby window not close to voyeurs.

A bed should have a special pillow to shush the head,  
to coddle and safety the amygdala.

If established on the ground, a bed should have  
a bioluminescent quilt to redirect the gaze: *the prey  
is over there.*

If established in a tree, the quilt may allow for free feet  
or a tossback with luxuriant abandon.

Among other things, do not build your bed on dictionaries  
or books of any kind.

A bed is best made from a wood frame, or metal, or dark matter.

A bed should be free of lye, lime, and liars.

One should be able to enter the bed and think  
*I could fly far away in this. I could die; I could just die.*

and My Best Sleep (McAlpine, 2025):

The best sleep I ever had  
was in a tiny tent  
on a prickly paddock  
in Golden Bay.

My skin was cosy with sunburn  
my ankles a little bit itchy  
and the night was warm  
and dry and bright.

I dragged my sleeping bag  
outside.

Around me  
stars were foaming

crickets were trilling  
waves were hushing  
a motherly ruru  
woo-hooing

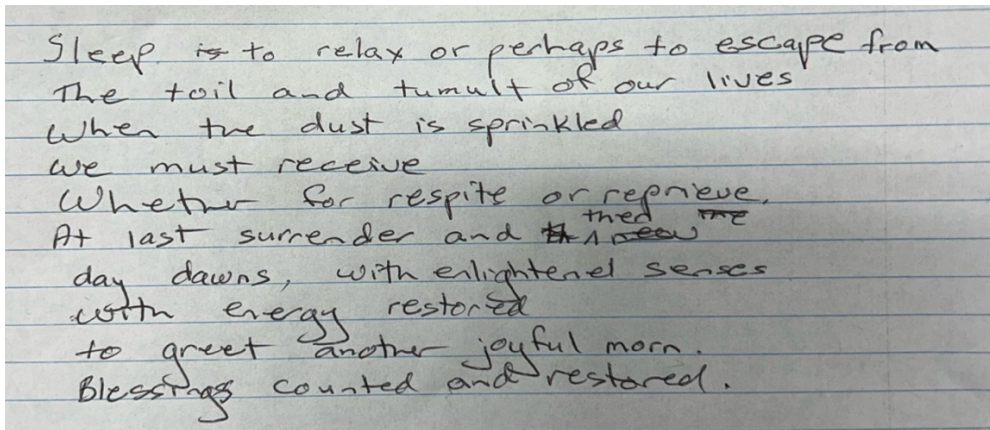
and I slept in the deepest trough  
of blood-red love  
for the universe  
and the luck of it.

First, participants were invited to write a poem wherein every line started with “A bed should...” as demonstrated in the first example poem, to demonstrate their idealised sleeping environment and conditions. Secondly, they were invited to write a poem titled and regarding “The best sleep I [they] ever had...” as demonstrated in the second example poem. This encouraged them to relay their most memorable sleep, and the factors that made it so, including their environment, circumstances, and feelings. This poem did not have any strict structure, providing the freedom for their thoughts to flow using the prompt alone. These prompts were given alongside poems written by other poets using the same structure, to help give the participants an idea as

to how they had been implemented. Figure 8, Figure 9 and Figure 10 provide examples of some of the individual poems written by participants.

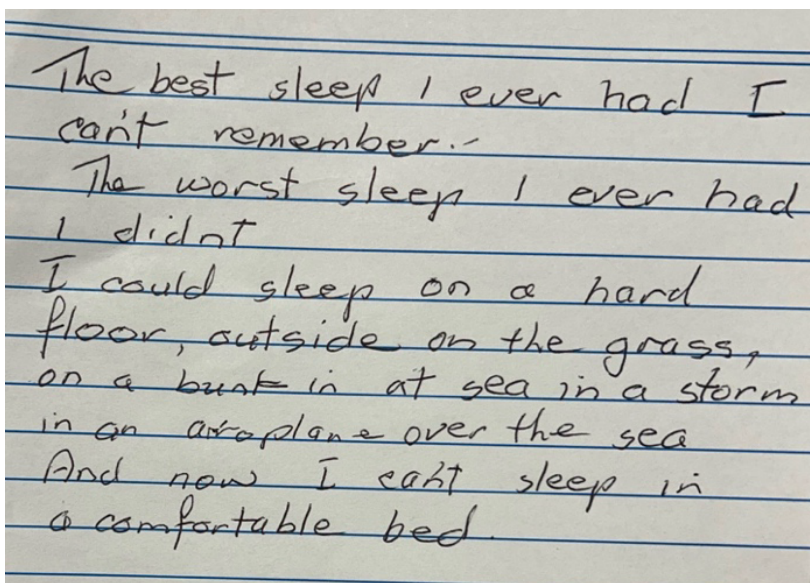
### Figure 8

Session 1 individual participant poem



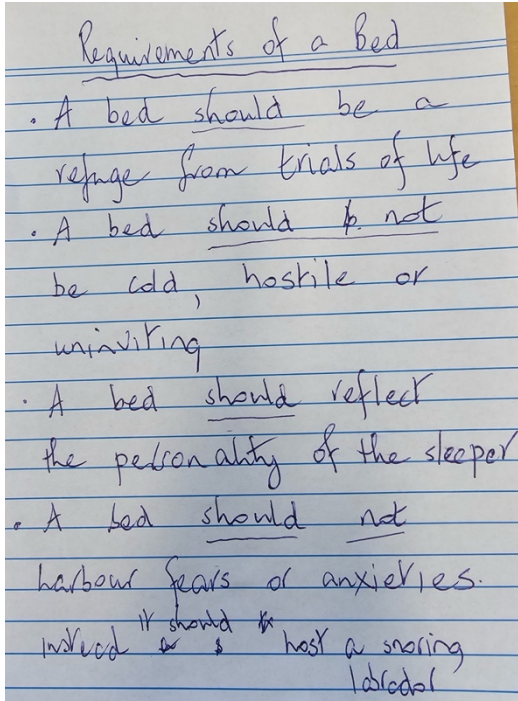
### Figure 9

Session 2 individual participant poem



## Figure 10

### Session 3 individual participant poem



Finally, participants were invited to read aloud their poems, although it was iterated that this was entirely optional. Upon closing, they were offered their koha in the form of a \$40 supermarket voucher and asked to either hand in their poems for the researchers to keep or allow the researchers to take photographs of them for use in the research if they wanted to retain the poems. Participants were also provided with a slip of paper to fill out demographic information including age, gender, ethnicity, and sleep satisfaction, and hand back to the researchers.

Both the group discussion and creative workshops for each session were audio recorded using a digital microphone to increase audio quality for the data collection and analysis process. Both the Participant Information Sheet and Consent Form informed participants of the collection, use, and storage of the data collected,

including any photographs taken, audio recordings, and poems, and explained how anonymity will be maintained. Participants were free to participate to any extent they felt comfortable with and were able to withdraw at any point, and it was reiterated during the workshop portion that reading out their poetry was completely optional. Across all three sessions, all participants engaged in the poetry workshop except for one participant who chose to opt out. The audio recording was stopped during the lunch break. The discussion and workshop recordings were transcribed using Microsoft Word and Otter AI Inc. (2025). Any identifying features were erased from the transcription. These recordings and transcriptions were stored on password protected computers and only accessible to authorised research personnel.

### ***Ethics***

This research was undertaken in accordance with the Massey University Code of Ethical Conduct for Research, Teaching, and Evaluation Involving Human Participants (Massey University, 2017). Ethical approval was obtained from the Massey University Human Ethics Ohu Matatika 1 (OM1 24/68) (Appendix G).

Ethical considerations for this project included respect for participants' decision-making abilities, evaluating risks and benefits, and preventing harm were mitigated through obtaining informed consent, ensuring the option for withdrawal, and preserving confidentiality and data security (Munford et al., 2008). The session space was structured as a supportive environment, especially considering the personal nature of poetry writing and the sharing of personal details such as sleep experiences. Participants were reminded that at no point was there a requirement for them to share their thoughts, feelings, or poems due to the potentially sensitive nature of these

details. Researchers were mindful not to alter or misrepresent the discussions by the participants or their poetic outputs, to ensure authenticity and honesty in the research findings.

The power dynamic between researcher and participant was recognised and thus the sessions were approached as conversational where there were no right or wrong answers, and all participant contributions were privileged as unique additions to the research and personal expressions, not just as data sources (O'Leary, 2021).

Participants were encouraged in their ability to write poetry, and it was emphasised that any and all contributions were appreciated, regardless of self-perceived capabilities. However, the complications of using poetry as data means that the researcher's own worldviews and experiences may influence the interpretation of the poems, given the subjective and ambiguous nature of poetic prose, and context within which it was written.

### ***Data Analysis***

Using the data collected from both the group discussion and the creative workshop, a reflexive thematic analysis was conducted. Using this inductive method, patterns within the data are reported, analysed, and identified whilst acknowledging how the researchers' own theoretical beliefs, knowledge, and position can influence how they respond to and report on the data (Braun & Clarke, 2020). For this research, an inductive approach was initially taken when analysing both the group discussion and creative workshop outputs. The standard six phases of thematic analysis were implemented, including: familiarisation with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing

the report (Braun & Clarke, 2020). The focus group discussions, responses to media messages, and the poems were analysed separately. Themes were then constructed for each of these sections to represent the central ideas and messages communicated by the participants regarding their experiences and perceptions of sleep in older age and engagement in sleep-related media messaging.

The first step of familiarisation was implemented whilst transcribing the poems from the sheets of paper they were handed in on or through the audio recording, and whilst transcribing the focus group and media messaging discussions, during recurrent readings and listening of the transcriptions and recordings. The transcriptions were manually coded on paper and uploaded into Microsoft Word in order to group the codes. These initial codes were inductively determined for both the poems and the focus group discussions, which included the responses to media messages. This was achieved through identifying recurrent patterns and connections across the texts that responded to the research aims regarding sleep experiences in older age, exposure and response to media messaging, and the poetic exploration of sleep.

The findings from the focus group discussion, responses to media messages, and poems were treated as three separate datasets with differing sets of codes and were therefore workshopped, analysed, and presented individually.

### ***Focus Group Discussions***

For the focus group discussion analysis, 12 codes were initially identified. The focus group discussion codes were developed through exploring various perceptions on what sleep means for them, how their sleep had or had not changed in older

adulthood, their subjective experiences with sleep, and their attitudes toward approaching sleep.

### ***Responses to Media Messaging***

In the media messaging analysis, seven codes were initially identified and were considered through the types of media messages they had encountered, how these messages affectively impacted the participants, how their content, tones, and deliveries were perceived, whether they believed these messages, and whether they engaged with the messages.

### ***Poetry Workshops***

Amongst the poems, nine codes were initially identified through their subjective experience of sleep, what they perceive their ideal sleep to be, their perception of sleep both as an individual practice and biological phenomenon, their bedtime routines and sleep habits, and what sleep means to them. The codes across all three datasets were then discussed with the supervision team, to better scrutinise, refine, and collate themes of all three components of the data (focus group discussions, responses to media messages, and poems).

The themes were constructed through collating the codes that held connected thematic underpinnings and determining which codes best accurately and authentically represented the voices of the participants. Of the initial codes that were identified but did not eventuate into a theme: they were either not substantial to warrant a theme; represented few, isolated comments and were therefore not representative of overall experiences; or were better explained by other themes. For example, the poetic theme of 'sleep and childhood' initially identified was better

explained within the 'a bed should be a magic carpet' theme given the shared notion of travelling through memories in dreams. The poems were often crafted around a central subjective perspective of what sleep meant for the reader and how they experienced it, and thus the overall essence of each poem could be interpreted to aid in identifying the themes. In total, 80 poems were written by the participants across all three workshops of varying lengths of between 12 and 152 words, including the poems some participants had written in advance. To validate the final themes, they were reviewed within the context of the wider discussions and altered where necessary, to ensure they authentically captured the voices, ideas, and tones of the participants, and effectively conveyed the most significant and relevant findings. For example, the poetic theme of 'to sleep, perchance to dream' was modified to become the 'a bed should be a magic carpet' theme, to better exhibit participants' illustrations of the opportunities sleep provides through dreaming across time and space, rather than the possibility for dreaming. In presenting the final themes, extracts from the focus groups and poems were included, to ensure the themes aligned closely with the data, and to help illustrate the themes.

These findings are separated into three components, explored, and substantiated with quotes: focus group discussions, responses to media messages, and poems.

## Chapter 5: Results

The four themes identified in the focus group discussions about sleep are tabulated and followed by a written description of the thematic analysis presented in the table. Then, the three themes identified in the responses to media messages are tabulated and described thematically to demonstrate how participants made sense of the media messages they were exposed to. Although both of these initial datasets stem from the morning focus group discussions, they are separated for conceptual clarity, one providing an account of participants' habitual sleep experiences, and the other addressing their interpretations of sleep-related media messaging. Finally, the four themes identified in the poems during the action-based creative research poetry workshop are presented with poems and excerpts embedded.

### ***Focus Group Discussions***

Following the transcript analysis, four key themes were constructed concerning the focus group discussions regarding subjective sleep outlooks and experiences. These were: *Sleep is Rejuvenating*, *Sleep is a Luxury*, *Sleep is Challenging*, and *Cultivating Sleep*. These themes provide a context to the type and way participants spoke about their sleep generally. They are presented with supporting quotes in Table 1 and summarised below.

**Table 1***Summary of key themes constructed from the focus group discussions*

Themes	Brief Description of Theme	Example Quotes
Sleep is Rejuvenating	Participants discussed the revitalising aspect of quality sleep as essential for day-to-day performance and overall wellbeing. In this sense, sleep was described as a means to an end for feeling refreshed and rejuvenated. The function of sleep was emphasised for both physical restoration and emotional regulation.	<p>“It makes such a difference to our lives if we had a good night of sleep”</p> <p>“I think you feel rested in the morning, if you’ve had a good yeah night and it can vary with how much you get, how much sleep”</p> <p>[What makes a good sleep?] “You wake up feeling like you want to get out of bed”</p>
Sleep is a Luxury	The ability to be able to indulge in sleep whenever and for however long was described as a luxury by participants. As many of the participants were retired, the newfound freedom of sleep flexibility was gratifying, and provided the opportunity to ‘catch up’ on broken sleep during the night.	<p>“The part of sleep I really love is just before you wake up. And if you have a dream, then you often do remember it.... And because you’re sort of half in and out and that’s a moment when you can, if it’s going badly, you can say oh damn that I’ll just redream that...I love that, it’s beautiful, right?”</p> <p>“I had many years of broken sleep because my husband had early onset dementia, so I had broken nights for a long time. Yeah. And so it was always the going to bed with that apprehension of how many times I’d be up in the night doing stuff, so now it’s like a treat for me to have this time in my life, well, you know, sadly, of course I miss him. But to have a number of years where I can just take this nice sleep”</p> <p>“I love retirement. I love drawing the curtains in the morning at quarter past eight, thinking, if I was still at work, I’d be at a staff meeting at the moment”</p>
Sleep is Challenging	Sleep posed a variety of challenges, in difficulty both in falling asleep and waking up during the night, alongside compounding anxiety for fear of the consequences of insufficient sleep. Some participants reported dreading going to bed, and that their sleep was disturbed and often anxiety-inducing. Whilst some of these could be attributed to environmental issues or disordered sleep, some were reported as a consequence of ageing.	<p>“I’ve had a life of shift work and working in operating theatres and I never found any problem with that with sleeping. It’s only the last probably 5 or 6 years that I’ve found difficulty sleeping and almost get to a state where I dread going to bed”</p>

Themes	Brief Description of Theme	Example Quotes
Cultivating Sleep	Participants spoke of their attitudes towards their sleep difficulties and discussed their coping strategies or remedies. Whilst some participants described the practices they have implemented to ensure they are getting their best night's sleep, others explored methods upon experiencing sleep difficulties at bedtime or throughout the night.	<p data-bbox="1301 185 2119 244">“I do things like relaxation, yeah, but it's staying asleep is my problem. Two and a half to three hours, and that's it”</p> <p data-bbox="1301 284 2119 443">“Apart from snoring, grinding my teeth, I have a particular dread of going to sleep at times, because I never know what kind of dream I'm going to have... I have some pretty bad dreams too, but they're not nightmares. And if it's not that, you lay awake thinking, am I going to get cramp in my legs tonight”</p> <p data-bbox="1301 483 2119 574">“Most of the time I don't sleep very well. It's like takes me two hours to go to sleep, and then I hear next door going to work in the middle of the morning, and then I doze off another two hours.”</p> <p data-bbox="1301 614 2119 770">“My top tip would be to reframe your idea of what good sleep and bad sleep is. Yeah, you know, because I hear you saying things like I'll just get up and have a cup of tea and some sort of, the more stressed you get the more stressed you get, basically, and you're making them more stressed.”</p> <p data-bbox="1301 810 2119 1098">“Actually, sleep for me it's quite a fun time because I think if I wake up that's quite good, I can go and get a cup of tea and sometimes I think I've had some toast and marmalade, which is quite naughty but, I listen to stuff... I know when I have a good night's sleep why I'm having a good night's sleep so that, therefore, I can actually do what I need to do, like walk here.... I walked here today instead of getting the bus because I know that that's a good thing to do... And I know the days I've been a bit lazy. Those are the days that I get toast and marmalade in the middle of the night”</p> <p data-bbox="1301 1137 2119 1297">“I find I stop them [intrusive thoughts on waking in the night] by listening to a podcast because it just takes my mind away. Yeah. And if I can find a podcast that's quite gentle and the talking is quiet and it puts me off back to sleep, it's something I'm not interested in. I don't find a boring one, but you know if they're got that tone in their voice”</p> <p data-bbox="1301 1337 2119 1425">“Yeah don't stress about it, because when you're fixating on something it's going to make it all go wrong... I have to do this because otherwise I'm not gonna get a good night's sleep”</p>

### ***Sleep is Rejuvenating***

This theme explores the restorative function of sleep and the importance of a quality sleep in improving efficiency in daily life. A good night's sleep was described by participants as essential in feeling rested, *rejuvenated*, and "refreshed" the next day. Participants described the material difference an effective sleep made for them the next day in feeling energised and wanting to get out of bed. Sleep was illustrated as the quiet foundation for a healthy and balanced life. After a good night's sleep, participants reported feeling optimistic, grounded, and more resilient, and therefore more willing to face the day ahead with energy and enthusiasm. Sleep was not only about rest, but about "healing" and being fully resourced to engage with life.

Aside from the physical and emotional revitalisation sleep provides, there was a sense of escapism associated with sleep that aided in mental *rejuvenation*. Sleep provided a reprieve from the demands of waking life; a way to turn off from and not have to care about their external responsibilities and problems, so that they were strengthened to be able to manage them again tomorrow. Sleep was a practice they yearned for at the end of a long day to recuperate.

### ***Sleep is a Luxury***

*Sleep as a luxury* refers to the appreciation and gratitude participants had for their freedom and ability to indulge in sleep whenever and for however long they desired. As many of the participants were retired, they were no longer constrained by the time or responsibilities of work or school to dictate their sleep routines. Participants expressed how this newfound freedom meant that they could go to bed and wake up whenever they wanted and could take naps during the day if they desired, and the

*luxury* associated with these freedoms. However, they were then able to go back to sleep for however long they needed to, to ensure they got sufficient quality sleep. *Sleep was a luxury* that they were grateful they could now engage in to meet their own requirements without concern for other responsibilities.

Within this theme, participants considered *sleep to be a luxury* as it was precious and desired, but not always easily obtained. They expressed gratitude for any sleep simply due to the fact that they were able to sleep, given their own difficulties in acquiring quality sleep. Sleep was often scarce and therefore valuable and was viewed as a gift rather than as a guarantee. This is especially true for an unbroken night's sleep which many participants recounted as rare. Sleep was an experience to be savoured, as it was not always assumed.

### ***Sleep is Challenging***

This theme of *sleep being challenging* relates to the many, various difficulties experienced when going to bed each night. These included having trouble getting to sleep, especially in older age, reporting that it could often take hours to fall asleep after going to bed. As a result, some participants disclosed that they dreaded going to bed each night for concern of how long they would be lying awake. They regarded factors such as ruminating thoughts or worry over what other kinds of sleep disturbances may afflict them that night.

Other participants reported that they had no difficulty falling asleep at night but had trouble staying asleep as they experienced many awakenings during the night that interrupted their sleep. Whether this was due to leg cramps, needing the bathroom,

medical issues, being woken by others in the bed, or for seemingly no reason, many participants discussed these issues having arisen notably more as they aged.

Many participants spoke of their eagerness to sleep in after retirement but reported that they seem to wake early regardless. This was often attributed to the routine of getting up early for work as they had done for years prior, but also as an occurrence that has happened as they have gotten older.

There was a general consensus amongst participants that their sleep was no longer what it used to be, and they do not sleep well anymore and had “very erratic sleep”, despite not having had issues sleeping in the past. The numerous *challenges* the participants experienced with sleep in older age was prevalent throughout the focus group discussions, and it was noted how this was contributing to frustration and anxiety around going to bed each night.

### ***Cultivating Sleep***

The final theme that was constructed from the focus group discussions concerned how participants responded to their sleep challenges and worked to *cultivate a quality sleep*. Within this theme, participants had varying attitudes towards their subjective difficulties. Upon awakening during the night, some participants reported acknowledging that as they were now awake, they would utilise this time engaging in quiet, unstimulating activities such as having a cup of tea, listening to a calming podcast, or reading a book, until drowsiness returned, and they would go back to sleep. In this sense, participants reframed this period of wakefulness as ‘borrowed time’, rather than ‘lost time’. Whilst other participants discussed the frustration they

felt when they would wake, and how they would toss and turn in an effort to get back to sleep. This would then fuel the cycle of the alertness, keeping them awake for longer.

Facilitating the likelihood and quality of their sleep was a significant factor of this theme. By adjusting their bedroom environment, participants would work to ensure their bedroom was kept at a cool temperature and had a source of fresh air, or engaging in activities during the day, such as going for a walk. Participants were pre-emptive in promoting their sleep experience to minimise the risk of having trouble falling asleep or waking during the night.

The implementation of a nighttime routine was also explored, including activities that would help lull the participants to sleep and wash away the worries of the day, so they did not keep them awake when they lay down to go to sleep. Components of these routines included listening to podcasts or music, reading, or taking sleep remedies such as tart cherry and lavender. Other participants would purposefully not overthink what their sleep experience may look like that night, and just let it happen naturally, avoiding ruminating thoughts or concerns letting them keep them awake.

An overwhelming feature of this theme was the notion that sleep was a thing to work at and strive for. Participants either intentionally implemented or engaged in practices that were intended to improve their sleep and minimise the impact of any challenges. Sleep cannot be commanded into being, it can resist willpower whilst demanding *cultivation*, therefore becoming less of a given and more of a discipline of preparation. Given the value placed on rest, sleep becomes something that is actively managed as a goal to pursue, rather than an effortless occurrence. This is especially relevant given the fragility of sleep in older age, and so the effort deepens. Just the act

of attending these workshops was in pursuit of a good night's sleep, as many participants disclosed that part of the reason behind their attendance was in the hopes they would gain information and advice on how to sleep better.

### **Summary**

Across the focus group discussions, sleep emerged as a multifaceted and often contradictory element of later life that participants valued deeply yet struggled to secure. Sleep was described as fundamentally *rejuvenating*, essential for restoring energy and sustaining wellbeing, but also as increasingly *challenging*, shaped by ageing bodies, health conditions, and nightly unpredictability. At the same time, sleep took on qualities of *luxury*, a scarce and precious resource that felt harder to access and therefore more deeply appreciated. Against this backdrop of desire and difficulty, participants engaged in deliberate practices aimed at *cultivating sleep*, drawing on routines, environmental adjustments, bodily strategies, and personal philosophies to navigate nights that were not always cooperative. Taken together, these themes highlight the complex interplay between the meanings older adults attach to sleep, the embodied realities of ageing, and the efforts they undertake to preserve rest in a life stage where it is both highly valued and increasingly fragile.

### **Responses to Media Messages**

Three key themes were constructed from the discussion on how participants responded to media messages regarding sleep and ageing: *Messaging Feels Invasive*, *Content is Anxiety-Inducing*, and *Sceptical of Claims*. These are presented with supporting quotes in Table 2 and further explored below.

**Table 2***Summary of key themes constructed from the responses to media messaging*

Themes	Brief Description of Theme	Example Quote
Messaging Feels Invasive	Participants report that the content, frequency, and manner in which the media messages are conveyed are intrusive, constant, and confrontational, and neglect explanations of the features of normal ageing experiences.	<p>“If you want to have nightmares, just have a look at the Daily Mail website from Britain.... And each day they have certain stories. Yeah, which are as follows: Things you are doing wrong. You don’t shower correctly. You don’t put your clothes on right. Another one is, sleep, very often they talk about it in terms of what kind of drug you are on to get to sleep when you’re over a certain age, so there’s a conditioning thing going on about self-image. I don’t think my sleeping at 79 is any different to what it ever was. I just haven’t bought into the idea that I’m now going into a phase where something is going to happen. It hasn’t happened”</p> <p>“You read one about dementia. You hear so much on the news. Don’t do this because you run the risk of dementia don’t do that. You might as well go and sit in a hole daily because no one knows what causes dementia. They still haven’t. But so why if they keep saying if you eat this or you do that, you’ll run the risk of not getting it in 30 years?”</p> <p>“I just want to automatically switch off when I see something like that... it feels invasive”</p>
Content is Anxiety-Inducing	The way in which the messages are constructed often invoked worry, stress, and fear that compounded pre-existing anxiety on the experiences of sleep, and ageing. Participants felt as though these messages caused them to overthink their sleep practices which often led to further sleeplessness and therefore caused added anxiety, creating a negative cycle.	<p>“They’re trying to [say], look, here’s something else for you to worry about”</p> <p>““Oh, I cannot sleep, oh I’m getting up I’m gonna have Alzheimer’s and that’s gonna lead to dementia’... And at 3:00 in the morning, that’s not a nice thing, thought to be thinking about”</p> <p>“That’s a message that I find quite confronting because if you worry that it’s affecting your health, it’s like it just becomes a vicious cycle. I think it’s really overplayed”</p>

Themes	Brief Description of Theme	Example Quote
Sceptical of Claims	<p>Participants questioned the claims made in terms of the supposed beneficial outcomes of the advice, the possible other explanations, the research parameters, and the role of persuasive and manipulative marketing techniques in the messaging. There was a general consensus that the participants did not believe the media messages and as a result did not change their behaviours.</p>	<p>“They purport to be helping you to sleep by telling you things that will keep you awake”</p> <p>“Well, what I don’t like about these sorts of things is, you know, they don’t tell you that the research was done on three people over a period of, you know, six hours, and this is the conclusion. The Listener sometimes does give you those figures, and quite often you read something you think, oh, come on, you know, you know and often, you know, they try and give you a statistical probability of whether something like this is, and you look at that and you think, I don’t really care if it’s only 5% more”</p> <p>“I’ve heard a lot of advertising on the media saying, sleep drops, sleep drops, sleep drops, yeah, but I got sick of it, and I thought this is so much that this is probably my question on marketing, yeah, because that’s heavily marketing without saying, you know, really, what the benefits are. Yes, the hyper of the hyper of the advertising, often it is heavily priced, yeah, to know what it does or possibly does, be sceptical to start with”</p> <p>“I think to be honest, sometimes I feel a little bit insulted... because I think, excuse me, that’s, is that what we all think? I mean, I belong to a walking group. We talk, we have sensible conversations. We’re intelligent people.... this is insulting to them to treat us like, that’s how I feel anyway”</p>

### ***Messaging Feels Invasive***

This theme explores the *invasive* nature in which participants viewed many of the media messages they encountered regarding sleep and ageing. They described how they find the content of the articles to be “confronting” and intrusive into the intimate aspect of their life that is sleep. Much of the messaging perpetuated in the media is portrayed through a lens of decline and deficiency and the *invasiveness* stems from their efforts to pathologise the natural changes and experience of sleep. There are also few acknowledgements of the normal variation and shifts one may encounter with sleep as they age and instead the media are described as framing sleeplessness as a problem which must be fixed.

An aspect of the intrusiveness reported by participants was how they felt as though the messaging was conditioning them that because they are ageing, their sleep must be declining. They purported to be helping by warning of issues you will inevitably face, and the associated risks such as dementia and giving advice on how to minimise these risks or supposed remedies for them. The content, especially the headlines, were overly sensationalised and reduced the complexity and nuances of sleep into warnings designed to capture attention.

Many of the messages in the articles were paired with advertisements for supplements, sleep aids, mattresses, or other products that claim to promise a good night’s sleep. This compounded the *intrusiveness* experienced by the participants by inserting advertising alongside apparent help and support that the article was promoting itself as relaying. The inclusion of these advertisements suggested that one must buy their way to quality sleep, implying personal inadequacy if they do not.

In addition to the *invasiveness* of the content, participants emphasised the frequency of these messages across various platforms. Even if they chose not to read the articles, the headlines condensed the information into a sensationalised phrase that one often cannot help but read. They reported seeing or hearing numerous messages from media sources daily often with contradictory information, making it difficult to know which to believe, therefore creating confusion. The constant reminders and warnings, rather than encouraging content, reportedly “defeats them” and can create a burden by urging older adults to monitor their sleep, increasing the pressure over a natural and personal process. This leaves minimal room for privacy, variation, and acceptance of personal sleep practices. Many participants exclaimed being “sick” of countless communication regarding all sleep and ageing messaging and ultimately ignoring all of it due to the sheer overwhelming volume.

The manner in which these messages were conveyed was reported to be both condescending and alarming, as if the reader does not know what is best for them and cannot think for themselves and simultaneously must make the necessary changes immediately. The participants emphasised that they found the articles played on their emotions with exorbitant claims such as if they do not act with urgency, it will be too late, or that their lack of sleep is directly correlated with diseases such as dementia. Participants also talked of how the messaging was belittling, suggesting that they were “losers” and they were making mistakes in every aspect of their day-to-day lives, and if they followed the advice in the articles they would know how to do them correctly.

The participants reported that messages often dictated exactly how to fulfil their advice, such as when to go to sleep and wake up, when to make use of sleep aids, and

exactly which products will yield the best results, leaving little room for individual difference. The prescriptiveness felt more like surveillance, as though even when one is sleeping, they are being observed and judged, and this can be perceived as intrusive.

The participants described the messages as often being simplistic and reductive, overlooking the emotional, social, and physical dimensions of ageing that factor into sleep. Sleep was often viewed by the participants as a vulnerable and intimate experience, not a mechanical problem to be optimised. The *invasiveness* of the media messages was saturated by the intrusive nature of the content, overwhelming frequency, and demeaning delivery of the information.

### ***Content is Anxiety-Inducing***

This theme includes the worry, fear, and concern invoked by the sleep and ageing media messages. Whilst many participants already experienced *anxiety* about their sleep, this was further exacerbated by the messaging. Media headlines were described as using a fear-driven tone that often left no room for nuance or interpretation. Participants reported that the articles tend to present isolated research findings as dramatic truths, overstate causal links, and frame ordinary age-related sleep changes as being abnormal or dangerous. With an absence of context, these articles reportedly heightened alarm and portrayed sleeplessness not as a normal human experience, but as a threat to longevity and health.

Such articles were described as sensationalised and creating unnecessary worry, and participants described them as inducing the “fear factor.” Normal sleep variations were transformed into sources of dread for the participants, especially as sleeplessness is often outside of the individual’s direct control. The alarmist tones of

the messages were instead described as “stressful,” and deepened the problems it asserted to be addressing, and the fear factor transformed sleep from a place of refuge into a site of *anxiety* by undermining the conditions which make sleep possible, such as calmness and trust.

The messages often perpetuated *anxieties* participants felt towards their sleep disturbances and sleeplessness. With many participants expressing concern over trouble falling asleep or waking during the night, to then be confronted with sensationalist and fear-laden messages warning of memory loss, dementia, and early death being linked to poor sleep, the concern and frustration was intensified and became frightening. In this instance, every disruption was by them perceived as evidence of decline. In turn, a self-fulfilling cycle was created, wherein the *anxiety* makes the individual more alert, making sleep harder to achieve, the sleeplessness confirms the *anxious* belief that something is wrong, and the media messaging amplifies this belief, feeding back into the *anxiety*.

This fear-based messaging did not just inform, it aggravates and “scares” by adding weight to an already sensitive issue, reshaping natural variations in sleep into a source of ongoing distress. Participants found themselves caught between their body’s natural changes and the amplified *anxieties* of media narratives.

### ***Sceptical of Claims***

The final theme identified in the participants’ discussions on their responses to media messages was that the messaging often induced *scepticism* rather than altering their beliefs or opinions. Many participants felt as though the claims made in the messages were “ridiculous” and “codswallop” and generally considered much of the

messaging to be a form of advertising, and therefore a way to make money rather than provide effective advice and information.

Many participants noted how they did not read or take much notice of the messages. In the instance that they had read them, they described not caring for what they had to say and not dedicating any time or thought to the claims. Whilst they may have perceived some truth in the messages, they were careful not to blindly believe everything that was being communicated to them. They were cautious as to the credibility of the source and where the articles were obtaining their information from, including whether it was missing context or nuances that could potentially alter the overall conclusion. For instance, when an article claimed sleeplessness was linked to a cause they had outlined, participants criticised how this would be true, considering the plethora of conditions or circumstances that could lead to sleeplessness, questioning why this single cause was attributed above the others.

Due to the frequency and abundance of the messages, many participants felt as though the repetition wore thin. Given the amount of often exaggerated and contradictory information, participants stopped taking stock in anything they read or heard, especially as the inconsistency would breed doubt. In this instance, *scepticism* became a defensive stance and was employed to protect against feeling overly exposed to alarming claims. The participants described difficulty separating the genuine support and evidence-based guidance from the commercialised or sensationalised advice.

The use of media messaging to promote and sell specific products or sleep remedies also amplified the *scepticism* approach many of the participants employed, as it came across as disregarding the truth for the sake of advertising and making a

profit. The marketing aspect of the messages without delving into the true benefits or success instilled a sense of distrust amongst the readers. This was propelled by the seemingly outrageous claims the advertisements claimed, such as the product proclaiming to make the user look significantly younger, which often made the participants feel insulted as though this was an important matter to strive for and that all older adults must want to aim for this result.

A lot of the media messaging was perceived by the participants as overstating the risks, contradicting itself, and intended to advertise and sell rather than help and support. As a result, instead of fostering confidence or clarity, participants found themselves in a position of doubt and uncertainty whether to take these messages seriously or disregard them altogether.

### **Summary**

Overall, participants described contemporary sleep-related media messaging as intrusive, emotionally unsettling, and difficult to trust. Many felt that messages were *invasive*, entering private domains of health and ageing with prescriptive rules that seemed disconnected from the realities of older bodies and lives. The constant circulation of warnings about the dangers of “poor sleep” was experienced as *anxiety-inducing*, amplifying worries about cognitive decline, physical vulnerability, and the moral expectation to self-manage health. At the same time, the abundance of contradictory advice and commercially driven claims encouraged *scepticism*, leaving participants uncertain about what information was credible, useful, or even relevant to them. Together, these themes illustrate how media discourses, rather than simply informing, can generate ambivalence, pressure, and resistance, shaping not only how

older adults understand sleep but also how they position themselves in relation to dominant narratives of “ageing well.”

### **Poetry Workshops**

Both the co-created group research poems and the individual lyric poems were analysed to understand the themes regarding their sleep experiences and ideal sleep illustrated through the poetry. Four substantial themes were constructed from the participants’ poems. These are: *My bed is a haven*, *A bed should be a magic carpet*, *Fortifying myself for tomorrow*, and *Sleep, where have you gone?*

### **My Bed is a Haven**

The first theme, *My bed is a haven*, describes how the participants’ poems incorporated the experience of sleep in later life and how the individual experiences their ‘best sleeps’. This was conveyed through the choices participants made in writing of their ideas of both the physical and emotional space that sleep provides. The physical space was represented by the bed itself, including the mattress area and softness, and the plushness of their pillows, as well as the bedroom within which they sleep, including the quietness, temperature, and darkness, allowing them to sleep peacefully. The emotional space, as represented by the privacy of their bedroom, illustrates how within this area they feel liberated from the outside world and are free to utilise that time and space in whichever way is most emotionally relaxing, revitalising, and refreshing.

*My bed is a haven* refers to the liminal space between their waking life and their sleeping life, for which they can spend however and with whomever they like. The bed and bedroom were portrayed as sanctuaries to feel protected within, and enjoy the

experience of sleep, and throughout many of the poems, whether implicitly or explicitly, they describe their bed as being their own, catering only to them and their needs. *My bed is a haven* captures all aspects of the experience prior to and during sleep, including the physical properties of the bed, the emotional security, their intentional choice of companionship or not, and the freedom to utilise their time and space in their ideal way. There is explicit use of the words “my haven” within the poetry used to describe their bed, given the nurturing aspects it provides for them alone. The notion of a *haven* represents a refuge within the outside world, where they can rest and reflect meaningfully, away from the demands of living.

At the core of the *My bed is a haven* theme, participants describe the physical and emotional attributes of their bed (or an idealised bed) that provide a sense of comfort, softness, warmth, and gentleness to promote sleep. As this extract examples:

A bed should wrap you in a warm and safe embrace.

It should be cosy, clean and comforting.

Your bed should be your sanctuary.

Your special place.

(Extract, Session 2)

This extract suggests that a bed should not only provide physical warmth and cleanliness, but also provide emotional support and comfort, where one can find solace in a space that is purely their own. The use of the word “special” alludes to the sanctuary as a place that cannot be recreated elsewhere and is completely individualised; one’s own *haven*.

Core features of this theme include the notion that the bed provides a comforting, safe, and secure refuge where the individual is embraced by sleep, away from the outside world. In analysing the idea of being swathed by sleep, it is portrayed as if one is in their own cocoon, being embraced and swaddled by the bed, both physically and metaphorically. The bed itself is personified, as though the sheets come to life and swaddle the sleeper, as if to act as a protector of both the person and the sanctitude of their sleep. The participants' choice of words extended beyond the bed itself into the bedroom or external environment that enhances the atmosphere that facilitates their ideal sleep which constitutes their *haven*. For example:

A bed should be a place of darkness, peace and quiet

A place where I'm surrounded by softness and warmth

A bed should have feather duvets matched with soft pillows to cradle my head

A place where my body is calmed and nurtured

A bed should be a place that's safe and secure

A place that's just mine – my haven

(Full poem, Session 2)

This poem illustrates how the bed provided physical safety and security, including the use of the word “cradle”, as if their bed reminds them of being swaddled and sleeping in a crib where they were cared for by their parents as a baby, or being gently and carefully supported in their defenceless state. Additionally, the experience of being “wrapped and embraced” by their bed has a calming effect on their body, therefore providing both physical and emotional protection. This phenomenological perspective suggests that the home takes on a deeper emotional and existential

significance as people age, as it is no longer considered just a physical dwelling, but an extension of the self. Within this setting the bed is the innermost private space of all, as it represents the final point of retreat within the home, where they can privately and quietly consolidate their thoughts, feelings, and experiences, not only from the day, but from the broader span of their life. In this sense, the home and the bed provide a metaphorical womb for the sleeper by which they are physically and emotionally embraced, providing a sense of protection and nurture from the outside world.

Another aspect of this theme is the idea of sleep as a reward earned and deserved at the end of the day, and the gratitude they felt towards what their sleep provided for them as their *haven*. This *haven* was earned through weathering each day and working towards the luxury of knowing the day will end with them being able to seek sanctuary, and relax in sleep. Their bed is a place they have earned the right to be in at the end of each day and they appreciate the attributes of their bed in informing their sleep experience. Sleep represents accomplishment, peace, and the closure of the day so they can experience a new day, fresh, tomorrow. For example, some poems expressed gratitude for access to a warm and comforting bed every night, how they are “lucky to have a comfy bed,” and the ability to sleep to reset and rise for a new day:

When tired at night.

I yearn for my bed.

I worked all day.

To earn for my bed

(Full poem, Session 1)

In this poem, the participant used repetition with the use of “for my bed” which emphasises their adoration for their bed as their reward and the aspect of their day they look forward to the most, having worked hard to earn their sleep. They highlight that they labour explicitly for their own bed, not just a bed, emphasising the importance and appreciation for their individualised and curated *haven*. Other features of sleep as a reward are described as though sleep is a “relief” after an exhausting day, and when they finally reach bedtime they can relax within their sleep sanctuary.

Many of the poems suggested that their ideal bed would not be shared with any other person, and the luxury of being able to utilise the entirety of the bed all to themselves. In later life, the bed as solitude is no longer representative of loneliness, but instead restoration. They are released from the demands of others and can enjoy the introspection their own company can provide. The solitude of sleep is not isolation but rather an individualised and intentional retreat. *Their bed as their haven* means being able to spread out across the bed, not be awoken by others, nor having to worry about waking others, and to enjoy their own company in the privacy of their bedroom, as indicated in excerpts such as “A bed should be the one place that is utterly yours” (Line, Session 2). Whilst this line explicitly emphasised that their bed was to be shared with no one, other extracts implied this through portraying themselves as utilising the entire space of the bed for themselves, for example:

A tired woman knows the joy of stretching out

Lying flat

Letting go!

(Stanza, Session 2)

And:

A tired woman should be able to lie across diagonally,

Using all the available space

(Extract, Session 2)

Both excerpts insinuate that they are the only ones in their bed as they are “stretching out” and “lie across diagonally” and are unconcerned with disturbing anyone else in the bed. They both preface their lines with “a tired woman,” utilising the line provided in one of the example poems, which speaks to their own attributed importance of having their own space to enjoy their *haven* and not having to share, as they need the entirety of the bed for themselves to rest and recharge. As tired women they deserve privacy and solitude in their sleeping environment, so as to not further their exhaustion with the trouble and responsibility of accommodating another. They have earned and value their own domain and intend to fully utilise it to best facilitate their *haven*.

Contrarily, others illustrated part of the luxury of a bed as sharing it with the ones they love, arguing that their best sleeps were accompanied by spouses, siblings, or children, as they made them memorable and meaningful, and allowed them to forget their worries and spend time with their families. The presence of others can be calming, promote relaxation and reduce anxiety, and reassure them that they do not have to face the world alone. To be able to share their *haven* with the ones that mean the most to them was just as important as the bed itself:

The best sleep is rare now

What is called best?

The only thing I can think is when my wife is next to me

Forget all the challenges

Sleep peacefully

(Stanza, Session 2)

This stanza recounts how the participant's best and most memorable sleeps are alongside his wife, as her presence in the bed eases his mind, allows him to relax, and illustrates their partnership transcending the difficulties of the world. Sharing his sleep with her elicits a sense of emotional containment, wherein he feels emotionally supported and held, so his mind can be released from external problems. Her presence gives him permission to let go and rest, finding refuge in the togetherness.

*My bed is a haven* was also expressed through sharing their bed with non-human companions, such as pets. In this instance, *my bed is a haven* is not only for them, but also their pets, who were able to enjoy feeling safe and happy sleeping alongside their owner in their shared space. They express how at the end of a long day when they are both tired, they fall asleep together, taking comfort in the familiarity and knowing the other is there beside them. Some described the cuddliness of their pets, adding to the physical and emotional desires for a cosy and soothing environment, where the feeling is often reciprocal:

Soft, floating, crisp, bed clothes.

Two furry companions, contented, purring.

(Excerpt, Session 1)

This excerpt illustrates sharing the bed with two cats, who are happy and content, and enhance the ideal atmosphere for this person to drift off to sleep knowing

they have the company of their pets. The purring of the cats is also a natural sound therapy and can soothe and relax a person. Purring can also be interpreted as a sign of security and affection, which is mirrored onto the person and promotes a calming response.

Within this theme, participants also share the features of their ideal sleep environment, such as soft, slow music, books, and low light, which are all commonly used to entice sleep by slowing down thoughts. These features contribute to enhancing and improving their sleep and personalising their own sleep sanctuary. Their *haven* is the enjoyment they gain in engaging in these practices within the sanctuary of their bedroom. These aspects were common in many poems and speak to the notion that *my bed is a haven* does not necessarily refer only to the bed itself, but also how one uses the bed to amplify their nighttime and sleeping experience to best suit their needs and desires. For example:

Slow music, happy book, dim light.

Eyes grow heavy, glasses slide, book flops down.

Gentle breeze of sleep sweeps over me.

(Excerpt, Session 1)

These lines illustrate how the intentional application of relaxing music, low light, and reading a book before bed physically and emotionally allures sleep. The music and book can provide distractions from ruminating thoughts and promote ease and amusement, making it easier to get to sleep.

Overall, the theme of *My bed is a haven* consists of the core features of security of the bed, sleep as a reward at the end of the day, having the freedom of their own

space to sleep and the luxury and appreciation for sharing it with loved ones or pets, and the aspects of their sleeping environment that enhance their sleep experience. This spoke of individualised and tailored private environments for their subjective idealised sleeping needs. The theme *My bed is a haven* is explored in greater depth simply because it contained the richest and most layered poetic material, requiring a more extended analysis than the other poetic themes, rather than reflecting any difference in importance or priority.

### ***A Bed Should be a Magic Carpet***

The second theme, *A bed should be a magic carpet*, was created to represent the experiences and opportunities the bed and sleep can provide, and how sleep can provide a means of escapism or dreaming to be sought after. Beyond the physical properties of the bed and sleeping environments, participants used their poems to describe how the experience of sleep could present opportunities away from their waking lives. This stanza represents the essence of this theme:

A bed should be a magic carpet

Sweeping through the night

Carrying dreams

(Stanza, Session 2)

This illustrates the bed itself as the vessel in which they journey through sleep, and dream until they wake in the morning. The bed is not only the metaphorical transportation for the individual, but also the bearer of dreams, as though they reside within the bed and come to life at night when the individual lays down to sleep.

Sleep offers the opportunity to dream and explore new worlds. A *magic carpet* departs each night in dreams and returns at dawn with awakening. There was an underlying thread throughout some of the poems as sleep providing the means for an adventure in dreams, offering new experiences and a sense of excitement towards going to sleep each night:

A bed could

Be my magic carpet to worlds unknown.

Let me soar in dreams

Or burrow into my soul, my core.

(Excerpt, Session 2)

This excerpt speaks to the ability for sleep and dreams to explore new places that they may not otherwise experience in real life. There are endless possibilities within dreams outside of any physical or financial bounds a person may otherwise have. The *magic carpet* of sleep and dreaming allows them to travel wherever their mind takes them. Moreover, a bed, as represented by a *magic carpet*, is a vessel only for those who are invited onto it and is therefore tailored to only their desires. It is only their private, intimate thoughts that come alive in dreams for them to enjoy.

Sleep was not only represented in the poems as carrying the person through dreams, but through memories also, thus transporting people through time as well. In this context, their *magic carpet* is transporting them into their memories, which have a nostalgic and soothing effect. Childhood landscapes are resurrected in dreams, and the bed is a portal to these earlier selves, eliciting both comfort and bittersweetness.

Only in dreams can a person encounter childhood memories as though they are reliving them:

A bed should be a place of peace

Where dreams unfold

To travel back

To childhood days

Down gravel roads

Where dreams unfold

(Stanza, Session 2)

This stanza is prefaced with “a place of peace,” implying that the ability to re-experience their childhood in their dreams is a means to find calmness and tranquillity away from the waking world. They allude to the setting of their childhood as a cornerstone for their ideal dream journeys, including specific details that elicit important memories such as “gravel roads.”

The *magic carpet* of sleep spans across absence as well, transporting the individual to a realm where the absence of a lost loved one is temporarily undone. The partition between memory and presence is dissolved, and the possibility to reconnect with people who may have passed on is reignited. It is a reminder of the love that endures, despite the absence of the person, within a liminal space where the mind persists in its desire for reconnection. For example:

Let me welcome my absent beloveds and connect with them again.

A bed could be my dream haven

(Excerpt, Session 2)

These lines represent the desire for sleep and dreaming to transport them to a world where they can meet their lost loved ones again in a sense that feels genuine. They describe “welcoming” them as though there is a sense of longing and yearning for the reconnection. The person finds comfort in their sleep as a means for a reunion, in their own idealised setting.

A significant feature of this theme is the *magic carpet* as an escape, and many of the poems either explicitly stated or implied that they saw sleep as a form of escapism from the turmoil of their own lives, and the turmoil of the world. As a *magic carpet* hovers above the ground as a release from the heaviness of the earth, the bed represents a metaphorical release from the heaviness of the world and daily life for the sleeper. They are freed from the anxieties, responsibilities, and physical demands, and their mind and body are unbound. For example:

A place of rest

Away from a world of wars and woes

A warm and simple place

A refuge free from hate

A nest in which to snuggle down

And leave the world to its fate

(Stanza, Session 2)

This stanza is prefaced by describing their bed as “a place of rest,” implying that the escape of sleep gratifies their need for rest amongst the chaos of “a world of wars

and woes.” Their *magic carpet* transports them away from the world to a “refuge” wherein they are unencumbered by, and able to avoid the troubles and problems of their waking life. There, they can “leave the world to its fate” whilst blissfully unaware and unconcerned with real life events whilst they are asleep.

In summary, the theme of *A bed should be a magic carpet* is represented by journeys that are impossible in waking life and are manifested through sleep and dreams. When considering these experiences together, it is apparent that sleep and dreaming in later life are not passive acts, but rather emotional and imaginative ones. The metaphor revealed in the thematic findings of the bed as a magic carpet captures the duality of movement and stillness where the body rests whilst the mind can travel through landscapes of memory, loss, and love, whilst offering an escape from waking life. In this sense, memories and connections can be sustained despite the constraints of the physical and social world. The bed is a vessel on which the individual is carried through and beyond waking life to a realm of possibilities that are unbound by the typical constraints of space, time, and absence. One can revisit their childhood, experience new worlds, reconnect with loved ones, and escape from the pressures of day-to-day life. The *magic carpet* is a portal where imagination is in control, and the concept of sleep as an escape offers both respite and the opportunity for deeper introspection.

### ***Fortifying Myself for Tomorrow***

The third theme, *Fortifying myself for tomorrow*, regards the role and function of sleep as a means of physical and mental restoration, beyond the comfort and escape discussed in the second theme, for the individual to feel energised and refreshed for

waking life. Participants also used their poems to express the active, functional role of sleep in their everyday lives, beyond the attributes of their bed and the passive, opportunistic nature of sleeping. Sleep is not just an indulgence, but rather a foundation during which one can replenish for tomorrow. In this instance, sleep is not a withdrawal from daily life but rather a quiet rehearsal for it. This included sleeping to recharge, energise, and restore physical and mental health in waking life:

Calm myself for tonight.

Repair myself.

Rebuild myself.

Fortify myself for tomorrow

(Excerpt, Session 2)

This excerpt is written as if a recipe for a good night's sleep that they intend to follow in order to feel ready to face the next day. Starting at the foundations by calming themselves from the day they experienced before they go to sleep, followed by repairing within themselves any troubles from the day, then rebuilding and strengthening themselves, so they are fortified to experience it all again with a reinforced resolve for tomorrow. The role of sleep is to allow their body and mind to reset and recharge both physically and mentally.

There was explicit consideration in the poems for the mental and emotional restoration sleep can provide amongst a turbulent world. Not only can it provide a welcome interruption each night from personal, societal, and global issues, but offer an

opportunity to reflect within the privacy and comfort of their bed. An individual can think freely and clearly, wherein sleep acts as a form of emotional catharsis:

A bed should be the poor person's psycho-couch.

An enticing pile of comfort sucking you down

Down and down into blackness.

Falling into it abdicates from the daily world of lies

Into the cruel vale of honesty.

Asleep, I can no longer control the narrative.

My mind is thoughtlessly honest.

No fibs and no evasions here in the nightly womb of candour.

The day is washed clean of the unworthy.

Nuzzling nighttime revelations, unflinching and bare.

We wake up

Because we have to.

Too much sanity is not good for us.

Thank God for beds

(Full poem, Session 2)

This particular poem implies that it is only during sleep that they feel sane, can relinquish responsibilities, think clearly, and avoid the demands of waking life. It expresses gratitude towards the bed for allowing a much needed and anticipated reprieve from the world and the ability to reflect and start a new day. Within this

metaphor of the bed as a “psycho-couch,” a person is able to uncover their deepest fears and desires and bring repressed material to the subconscious in dreams. Just as a psychoanalyst may analyse and interpret their client, the brain is interpreting itself, as this poem outlines in “nuzzling nighttime revelations, unflinching and bare.” This poem uses repetition to emphasise the honesty of their mind when they lay down to sleep. Without the distractions and responsibilities of the day, the quiet invites suppressed thoughts to the surface where one can address them and wake up with a metaphorical blank slate to face tomorrow, fortified.

In summary, the theme of *Fortifying myself for tomorrow* represents how participants’ poems reflected the function of sleep in restoring, replenishing, and revitalising the body and mind to wake up ready for another day. Sleep is an active process that is necessary to physically repair the body, restore energy levels, and allow the mind to rest and rejuvenate. Sleep provides the opportunity at the end of every day to reflect, uncover repressed material in dreams, and analyse previously suppressed thoughts with resolute honesty. Then, having explored these revelations before bed and during sleep, a person can feel strengthened and renewed for tomorrow.

### ***Sleep, Where Have You Gone?***

Finally, *Sleep, where have you gone?* relates to the poetic representations of sleep not fulfilling its purpose or functioning as it should. This theme reflects how the participants used poetry to portray the struggles they face, including trying to follow sleep rules, strategies for a better sleep, and mistakes they perceive as having made. This theme considers the troubles of sleeping. Similar to the focus groups, there was mention of a rulebook associated with effective sleep, implying there are specific

guidelines to follow and therefore possibility for errors that can be perceived as self-inflicted and controllable, such as this line from a poem: “Did you sleep well? No, I made a few mistakes” (Line, Session 2). This line wryly captures the moralisation of sleep, suggesting that even rest is evaluated as a performance in which one can fail, which in itself can cause sleeplessness, creating a cycle. In turn, participants spoke of their efforts to intentionally try not to ruminate over sleeping, in the hopes it will just happen naturally. During this cycle, anxiety builds, pressure mounts, and sleep is viewed as a task to accomplish rather than a natural process: “Night after night, I try not to try to go to sleep, just so that I will go to sleep” (Line, Session 2). This line reflects the paradox of insomnia, where the effort to “not try” becomes its own form of striving, revealing a cyclical struggle in which the pressure to sleep undermines the ability to do so.

An important aspect of *Sleep, where have you gone?* is older age as a factor in sleeplessness. Whilst this is an established experience, it does not negate the associated distress of older adults. Many participants considered their sleeping woes as something that has evolved with and been exacerbated by their age, and voiced their frustration at this phenomenon. For example:

Genarians octo.

We weep for want of a real good night’s sleep

(Excerpt, Session 3)

These lines portray the pleading of this participant for a quality sleep, due to the difficulty they have experienced in older age. It expresses the frustration and

desperation they feel towards the troubles they have when just trying to sleep each night.

Within this theme, the fractured nature of sleep is considered, as participants narrated that they not only have trouble getting to sleep but also woke throughout the night for various reasons. Upon managing to get to sleep and then finding themselves awake again, the idea of *sleep, where have you gone?* is raised, as it is as though sleep keeps slipping away from them. This may be due to rumination over aspects of their life, or needing to get up throughout the night:

I toss and turn in my bed  
 Thoughts are running through my head  
 My pillow is a lumpy mess  
 I need to pee I must confess  
 I roll and stumble out of my bed  
 When I get back, I try to sleep like the dead  
 But no, I wake up again and again  
 (Stanza, Session 3)

This stanza describes the desperation of wanting to sleep among the many plights of trying to sleep, in seemingly futile attempts with no respite. They illustrate that they cannot find comfort in their bed, have ruminating thoughts, need to get out of bed for the bathroom, and then try to sleep regardless, and yet continue to experience sleep disturbances that inhibit them from achieving a fulfilling night's sleep. This poem is composed as though no matter how they may try, their difficulties compound, and the possibility of quality sleep diminishes alongside, leaving them wondering *sleep*,

*where have you gone?* This poem is composed as a cascading accumulation of small struggles, wherein each line introduces a new obstacle, creating a rhythmic sense of escalation.

A prevalent component of this theme incorporates the use of sleep aids. Participants used their poems to describe their endeavours to employ sleep remedies in desperation for a good night's sleep. Whether these remedies were to counteract their rumination, difficulty relaxing, or trouble staying asleep, many participants wrote of their willingness to receive any help if it meant they could sleep well. For example:

Sleep our necessity,  
 Often becomes a rarity,  
 Busy lives with swirling thoughts, invariably, disturbs a quality slumber,  
 Aids to try by the numbers, will they slowly, but surely, resolve this, our plunder  
 (Full poem, Session 1)

This poem speaks of the ruminating thoughts that keep them awake at night and thus often find themselves not being able to sleep. They mention the countless sleep aids they have tried in an attempt to quell the difficulties, without success, whilst not giving up hope that they will find a remedy that resolves their distress and allow them to have a good night's sleep. The poem's rhythmic couplets and consistent end-rhyming pattern create a cadence that feels both steady and chant-like in its repetition and flow, reinforcing the sense that the struggle for sleep is ongoing, habitual, and woven into the fabric of daily life. The tone is one of weary resignation mixed with faint hope. Together, the structure and wording capture the tension between the essential nature of sleep,

the modern pressures that disrupt it, and the uncertain effectiveness of attempts to restore it.

In summary, *Sleep, where have you gone?* incorporates the many difficulties older people face when trying to get to sleep and staying asleep. There is a general perception of rules that must be followed in order to elicit quality sleep, and when these are not satisfied, individuals will consider themselves to blame. These self-appointed failures can evoke ruminating thoughts that further prolong and obstruct sleep. Persistent thoughts about daily lives feed these ruminating episodes, alongside other sleep disturbances that interrupt sleep. Older age is a significant factor in sleep-related difficulties, and the use of sleep aids was explored as a means to support these issues. Throughout this theme there was an underlying desperate appeal for any solution to the many struggles of sleep, as though they were grasping for a good night's sleep whilst feeling as though it was lost.

### **Summary**

Of the four poetic themes identified, three expressed largely optimistic, imaginative, and idealised perspectives on sleep. These poems framed the bed as a site of comfort, possibility, and renewal, offering sanctuary, adventure, and preparation for the day ahead. They highlighted the emotional and symbolic value of sleep, not merely as a physiological state but as an experience imbued with pleasure, meaning, and respite. In contrast, the fourth theme centred on the struggle and unpredictability of sleep in later life, capturing the exhaustion, irritation, and grief that accompany persistent difficulties. Taken together, the poems revealed a dual landscape: for those who felt able to achieve satisfying sleep, bedtime was something to anticipate and

savour, while for those whose sleep was fragmented or elusive, the prospect of night carried a sense of apprehension, discouragement, or resignation. This juxtaposition underscores how sleep in older age can fluctuate between comfort and challenge, depending on one's bodily capacities, circumstances, and cumulative experiences.

## Chapter 6: Discussion

### *Research Objectives and Key Findings*

This research explored the experience and meaning of sleep in older age and the impact of sleep-related media messaging on older adults. This was achieved by drawing on thematic and poetic analysis to illuminate the imaginative, emotional, and embodied dimensions of rest. Three focus group and workshop sessions were held in the Wellington region with older adults. The initial focus group session facilitated discussion around how the participants perceived their own sleep and sleep practices. It also explored their exposure to and subsequent interpretation, response, and engagement with sleep-related media messages. The subsequent poetry workshop guided participants through poetry creation to illustrate their current and ideal bed and sleep experiences.

The results demonstrated that the experience of and perspective on sleep changes within older age. Quality sleep is seen not only as rejuvenating and refreshing, but as a luxury afforded to them, particularly given the freedom and flexibility of retirement. This is important when considering the increase in sleep-related challenges experienced with ageing, and the approaches employed to cultivate and entice quality sleep. Sleep and age-related media messaging were described as invasive and anxiety inducing, and the motives and messages often elicited scepticism from the audiences. Poetry illuminated the emotional terrain of these experiences, depicting the bed as a haven, a magic carpet, and a space to fortify oneself for tomorrow, whilst expressing despair for the loss of quality sleep as it once was.

This chapter considers what these focus group discussion and poetry workshop themes reveal about the broader social and emotional meanings of sleep in later life. By situating the findings of this research within existing research on ageing, wellbeing, and the sociology of sleep, this discussion argues that sleep is both a physiological necessity and an existential practice, where resilience, imagination, and vulnerability meet.

### ***Restorative Sleep in Later Life***

Restorative sleep represents one of the most fundamental physiological and psychological processes for health and functioning across the lifespan. In later adulthood this function becomes increasingly more important, as sleep serves to not only repair the body, but to fortify the self against the demands of daily life and ageing (Assefa et al., 2015; Fairholme & Manber, 2015). This is reflected not only in wider literature, but in the way in which sleep was framed within the research findings.

Within the findings of the themes, sleep was poetically portrayed and experienced as an intentional act of preparation by fortifying the mind and body for the challenges of tomorrow. Alongside the physiological necessity of sleep, participants considered it a deliberate pause where the stresses of the day could be set aside to allow for focus and energy restoration. Physiologically, restorative sleep is crucial for energy replenishment, enhanced immune function, and memory consolidation, which are essential aspects for optimised performance the following day (Assefa et al., 2015; Dijk & Landolt, 2019). Psychologically, sleep provides a pause from emotional and cognitive burdens so the mind can regulate emotions, process experiences, and recover from the tumult of daily life (Fairholme & Manber, 2015).

The thematic findings often positioned sleep as a deeply refreshing and rejuvenating practice, both emotionally and physically. Across all accounts, a “good night’s sleep” was described as the difference between feeling capable and feeling diminished, echoing a well-known understanding of sleep as a foundation of wellbeing (Steptoe et al., 2008). Physiologically, sleep restores energy for waking hours, but participants’ descriptions reached beyond biology, wherein rejuvenation was framed as a sense of emotional renewal and psychological rest, a feeling of being rebalanced after the turbulence of the day (Assefa et al., 2015). In later life, this rejuvenating quality takes on added significance. Physiological changes in older age means recovery can be slower, making sleep feel more precious given the body’s growing need for its restorative role in healing (Assefa et al., 2015).

Venn and Arber (2011) note that maintaining restorative sleep, including daytime naps, is central to sustaining participation in everyday activities and preserving wellbeing in later life. Venn and Arber’s (2011) study considered the experiences and meanings of poor sleep for older adults and the strategies they employed to maximise their sleep. Their findings suggested that older adults strived for quality sleep whilst accepting daytime sleep as important for ensuring sufficient energy for their daily activities. They signified that relinquishing control to their bodily needs was essential in ensuring their body was restored and revitalised each day. Findings of the current study echoed this, expressing how waking refreshed was not only about energy but about readiness for tomorrow, a quiet renewal of motivation and purpose. In this way, sleep becomes a form of daily re-grounding, reinforcing capability regardless of age.

Emotionally, the rejuvenating function of sleep was presented via the participants' discussions and poems as allowing for a temporary release from cognitive and affective strain for older adults. This aligns with a recent study by Zhou et al. (2024) which found that older adults who reported better subjective sleep quality experienced less worry and rumination the next day. They examined the moderative effect of sleep on perseverative thinking and posited that sleep, particularly REM sleep, served to regulate emotions and provide a buffer against stress and worry, and participants that reported better sleep were less anxious the next day than after a night of poor sleep (Zhou et al., 2024). The study also noted that on days where participants worried or ruminated more than usual, they reported shorter duration and increased sleep disturbances that night, which would often further heighten worry and rumination the following day due to the poor sleep (Zhou et al., 2024). In this way, rest is not simply passive inactivity, but an act of emotional adjustment and recalibration through which older adults could reset their mind and body for the demands of tomorrow. This was evident in their choice of subject and words within their discussions and poems.

Representations around restorative sleep as a means to reset the mind, support clarity and focus, and reduce the cognitive burden of daily life align with previous research linking sleep quality to preserved cognitive performance in older adults (Cassidy-Eagle & Siebern, 2017). It is apparent that the cognitive benefits of sleep are inseparable from its emotional and physiological effects, emphasising its multidimensional nature.

Sleep, and the moments leading into it, can provide a unique space for introspection and reflection. As the body slows and the external demands of the day

recede, older adults experience a shift from outward engagement to inward focus. This unique space was illustrated by participants' expressions on the mental and emotional release they experience during rest. During this time, thoughts, emotions, and memories rise to the surface and are reflected on and evaluated. This provided for the opportunity to mentally review the day and process interpersonal interactions as a form of self-examination. Stickgold and Walker (2013) consider the notion of sleep as a form of 'memory triage', wherein sleep plays a role in selecting and integrating memories of the day to retain, learn from, and assimilate into the brain. This is reflected in the current study by considering sleep and pre-sleep contemplation as a form of cognitive and emotional integration, such that the brain processes experiences even prior to entering sleep. Sleep is portrayed as a psychological phenomenon during which older adults can consolidate understanding, gain perspective, and engage in meaningful introspection as permitted by the privacy, stillness, and temporal separation from everyday life.

### ***Negotiating Healthism in the Pursuit of Sleep***

Contemporary discourses around sleep increasingly reflect what Crawford (1980) termed 'healthism'. This is the belief that health is primarily the result of individual discipline, lifestyle management, and moral responsibility. Within this framework, sleep is not only a restorative process but a behaviour to be optimised, monitored, and perfected. Health promotion and media narratives often reinforce this notion, framing 'good sleep' as a marker of self-control and 'poor sleep' as personal neglect (Breheny et al., 2023; Zarhin, 2021). These framings encourage older adults to internalise responsibility for their sleep quality, even when structural, psychological, or

physiological factors may restrict their ability to achieve it. While behaviours like diet and exercise can be self-regulated, sleep cannot be willed into existence, tightly scheduled, or reliably improved solely through effort, despite being frequently framed as a behaviour to be optimised (Crawford, 1980).

This framework of healthism was reflected in the thematic findings through the notion of needing to cultivate sleep, while sleep was described as unpredictable or fragile. There was also a strong sense of agency conveyed in managing and fostering sleep. Rather than passively enduring sleeplessness, older adults actively developed coping strategies and remedies to improve the likelihood of rest. These practices were not only functional responses to disrupted sleep but also expressions of self-care, discipline, and adaptation in later life. Such findings echo research suggesting that older adults often compensate for biological and psychosocial sleep disruptions by developing individualised behavioural strategies. Participants in the current study expressed that they would often prioritise exercise during the day to increase their likelihood of a good night's sleep. This aligns with the findings of Yu et al. (2025), who suggest that exercise-based interventions are particularly effective in enhancing sleep quality in older adults, whilst also promoting mental health and reducing the risk of chronic disease, which are both risk factors for poor sleep quality.

Engaging in pre-sleep routines that aimed to create a mental and physical environment conducive to rest was frequently mentioned by participants. These included lowering lights, drinking tea, or reading. Similar findings by Gencarelli et al. (2021) suggest that these practices align with stimulus control therapy, wherein the specific practices and routines employed each night at bedtime act as behavioural

conditioning cues critical for optimising restorative sleep. By associating specific practices with pre-sleep routines, the act of engaging in them reminds the body and mind it is time to rest. Furthermore, low light in the bedroom before sleep signals sleepiness primarily through its crucial role in regulating circadian rhythms, which govern the sleep-wake cycle. The dim light decreases alerting signals from the brain, promotes melatonin secretion, and prepares the body for sleep (Harrington & Lee-Chiong, 2012). Beyond habit formation, such rituals also held emotional and symbolic meaning, offering a sense of control amid bodily unpredictability (Yin et al., 2022). This sense of intentionality reframes bedtime not as a passive descent into sleep, but as an active process of cultivation. Coping strategies also extended into the night, reflected through descriptions of lying awake for prolonged periods but developing ways to mitigate frustration or anxiety, such as rising from the bed to make tea or reading until sleep returned.

The findings of the research demonstrated that many older adults feel the need to follow rigid 'sleep rules', and yet even with disciplined adherence, did not always yield restorative rest, thereby intensifying frustration and self-criticism. Katmeh et al. (2024) discussed behavioural change techniques for insomnia such as behavioural self-monitoring, stimulus substitution like switching sleeping pills for journal writing, and limiting distractions, which mirror the sleep rules reported in the current study. With the implementation of these techniques, Katmeh et al. (2024) reported the difficulties in sustaining these interventions when considering the social, emotional, and cognitive demands associated. Frustration was the emotional consequence when these interventions could not be implemented or did not yield the anticipated results. Their findings and the current findings demonstrate this frustration through the feeling

of being let down when promises of sleep improvements did not materialise. Given the narratives fed through media messages positing that people have complete control over their health outcomes, many older adults would attribute the failure of these behavioural change techniques as self-imposed.

Previous research has identified how self-blame can initiate a rumination cycle that paradoxically worsens the problem of sleep loss. This cognitive loop has a bidirectional effect on sleep, wherein the more a person focuses on their failure to sleep, the more the physiological arousal, mental tension, emotional distress, and hypervigilance increases, thus interfering with the natural onset of sleep and creating an anticipatory cycle of wakefulness (Lund et al., 2010; Tighe et al., 2022). Sleep, and the attempt to achieve it, becomes a psychologically loaded experience, as the struggle for sleep becomes inseparable from one's agency, competence, and self-worth. Associated interventions for older adults' sleep emphasise reducing cognitive stimulation and arousal, addressing sleep-related maladaptive thoughts, and allowing for self-compassion to break the rumination cycle (Butz & Stahlberg, 2018; Morin & Espie, 2004). In this way, failure to achieve quality sleep emerges as both a biological and existential challenge. The body's declining capacity for restoration collides with long-standing expectations of sleep for replenishment, healing, and preparation for tomorrow, perpetuating anxiety and emotional strain. This paradox is amplified by the rise of sleep-tracking technologies and digital health metrics, which promise objective clarity yet often heighten self-surveillance and worry, further complicating older adults' attempts to find ease, trust, and rest in their own bodies (Lupton, 2014).

Adaptive responses often coexisted with the resignation that sleep may not always come easily. This balance of acceptance and effort parallels mindfulness-based approaches to insomnia, which emphasise non-striving and psychological flexibility. Ong et al. (2014) conducted a study implementing mindfulness for insomnia, which found their participants responded positively to mindfulness interventions for reducing insomnia symptoms. The thematic findings in the current study resonate with broader evidence that cultivating a calm, accepting attitude toward wakefulness can reduce arousal and improve sleep outcomes (Ong et al., 2014). However, unlike formalised mindfulness interventions, sleep strategies in the current study were organically developed, emerging from lived experience rather than clinical training and emphasise the experiential wisdom of older adults embedded in everyday sleep management.

Cultivating sleep in later life represents an active, embodied practice. Efforts illustrated in these findings to entice sleep reflect both resilience and vulnerability by recognising the body's limits and determination to work within them. These findings foregrounded the agency, creativity, and experiential knowledge that older adults employ in shaping rest, revealing the cultivation of sleep as a practice of everyday care. However, the practice of cultivating sleep, in terms of the requirements imposed upon older adults by healthism and the obligation for personal responsibility and management, is comparatively difficult. Controlling and regulating sleep is more complex than the ease of which media messages present them as. Therefore, it was unsurprising that the sleep-related media messages evoked anxiety and scepticism. This was due to their directive narratives and positioning of sleep as individually controllable, thereby attributing difficulties to personal failure and implying that such failures may have serious health consequences. The omnipresence of these messages

created a sense of intrusion into the private and embodied domain of rest. Rather than offering reassurance or understanding, the tone of media discourse was often perceived as prescriptive and moralising, emphasising what people “should do” to achieve a “good sleep”. Within the themes were expressions of frustration that these messages positioned sleep as a form of self-discipline and health maintenance, rather than acknowledging the physiological changes and experiential realities of ageing. These perceptions echo a growing body of work critiquing the ‘sleep performance’ discourse. Wolf-Meyer (2011) discusses how society demands efficient sleep to maximise productivity, positioning sleep as a regulated and marketable commodity that one must perform successfully, rather than a natural restorative process. Therefore, Wolf-Meyer (2011) argues that rest becomes a moral obligation and a consumer pursuit.

Moral obligations around sleep were identifiable in the present participants’ reports of feeling confronted by a barrage of advice, warnings, products, and corrective narratives as messages that not only failed to comfort but actively produced a sense of unease and inadequacy. This is further explored by Hågvar and Alnæs (2020) who note the paradoxical effect of media messaging, such as articles that offer steps on how to ‘avoid’ dementia that purport to help older adults worry less about ageing and dementia by providing them with a set of rules to worry about. This pairs with the findings of the current study that illustrated the irony of the messages claiming to help, that instead only evoked further anxiety.

While age-related changes explain why sleep can become more fragmented, they do not capture how older adults experience and interpret this disruption. Beyond

physiology, the current findings articulated a deep emotional and existential weight to these disruptions as sleeplessness became fraught with worry, frustration, and a dread of the night. The emotional burden of sleeplessness was a recurring concept. Within the themes were expressions of anxiety about the consequences of inadequate and insufficient sleep, fearing fatigue, irritability, and cognitive decline the next day. This anticipatory worry often intensified at bedtime, leading to a self-perpetuating cycle of insomnia. These experiences reflect what Harvey (2002) argues, in that pre-sleep worry and rumination trigger arousal and selective monitoring of threats to quality sleep, a cycle that in turn maintains wakefulness and chronic insomnia. This was illustrated in the findings of the current study and similar to those of Lund et al. (2010) and Tighe et al. (2022) regarding how self-blame can trigger a rumination cycle that worsens sleep loss as discussed earlier. Similarly, Yeh et al. (2015) suggests the dwelling on negative subjective perceptions of sleep and engaging in pre-sleep worry predicted higher pre-sleep arousal, which was in turn a predictor for poorer sleep quality.

Sleep-related worries were reportedly compounded by media messaging as the constant stream of sleep advice generated a form of anticipatory anxiety as participants worried about the consequences of not meeting the prescribed sleep ideals. The present study's participants reported feeling as though they are bombarded by a stream of advice and warnings that portrayed inadequate sleep as triggering serious health risks. In line with what Breheny et al. (2025) observed in their analysis of audience reactions, many readers who struggled with sleep often responded with fear or fatalism when confronted with media reports linking disrupted sleep to cognitive decline or Alzheimer's disease, treating these warnings as near-inevitable verdicts rather than prompts for gradual behaviour change. Messages warning of links between

poor sleep and cognitive decline or mortality were especially distressing, reinforcing a sense of vulnerability. Rather than motivating better sleep, this content often led to hyper-awareness and stress, mirroring findings by Kalmbach et al. (2018), who showed that excessive focus on sleep can heighten arousal and insomnia symptoms.

The current findings discussed expressions of anxiety-related guilt when advice did not translate into results. This guilt was compounded by the tone of certainty in much of the media messaging, in their promises that simple lifestyle changes would solve complex sleep problems. Breheny et al. (2023) discussed the simplistic approaches of media messages for remedying the complexities of sleep in older adults, and the potential futility and fatigue for pursuing these claims amidst the inevitable decline of quality sleep. When these strategies failed, individuals often blamed themselves rather than questioning the message's relevance. This reflects what Hågvar and Alnæs (2020) consider, wherein media articles persistently promote stories such as symptoms to watch for, habits to engage in or avoid, and diets to follow that claim to decrease the risk of certain diseases to an extent where the reader feels a personal sense of health governance. Readers are led to feel as though they have complete control over their physical health and risk of disease, and are therefore culpable for any health decline, as it must be a result of their own actions. Media messages leave the impression that if one were to get sick, it was due to them somehow making the wrong choices, eliciting self-reproach to their medical problems rather than improvement, and causing healthy people to worry needlessly (Hågvar & Alnæs, 2020). Vincent (2006) also argues that the medicalisation of ageing makes people feel as though they are the cause of their own ageing by not actively taking steps to combat it. Therein, the

individualisation of health responsibility is evoked, where failure to meet normative expectations is internalised as personal inadequacy.

Findings in this research extend previous studies on ageing and health media by highlighting the affective burden of advice saturation. While some research has documented the spread of health messaging (Crawford, 2006; Hågvær & Alnæs, 2020; Lupton, 2014), fewer have explored how these messages are received and interpreted, particularly by older adults navigating sleep changes. Accounts in the current findings demonstrate that even well-intentioned public health communication can inadvertently exacerbate anxiety, guilt, and fatigue, undermining the very wellbeing it seeks to promote.

Throughout the findings were descriptions of noticing sleep advice everywhere, not only through newspaper, radio, or other media articles, but through advertisements for sleep trackers, supplements, and other sleep-related products. This saturation was experienced as invasive, not merely due to the frequency but due to the tone and timing, and how messages arrived uninvited or embedded within other content, rendering them psychologically inescapable. This aligns with Lupton's (2014) analysis of digital health surveillance, which suggests that contemporary health messaging extends into intimate spaces and moments once considered private. In the context of ageing, such invasiveness takes on an added dimension wherein older adults described feeling targeted by problem-oriented narratives that equated ageing to dysfunction. In this sense, the media's intrusion was not only spatial but existential, a constant reminder of bodily decline and self-responsibility. Unlike health campaigns that emphasise empowerment, these messages were experienced as confrontational and

condescending, reinforcing a sense of being managed rather than supported. The moral undertone of “not doing sleep right” amplified self-doubt and anxiety, particularly for those already struggling with sleep-related challenges. These experiences resonate with Crawford’s (1980) concept of ‘healthism’, where individuals are compelled to pursue health as a form of moral virtue, often under impossible standards.

In addition to media messages as intrusive and anxiety-provoking, there were also reports of scepticism toward the content, sources, and motives behind contemporary sleep advice. This scepticism was both cognitive and emotional, as participants questioned the credibility of media narratives and authors, noted inconsistencies across sources, and resisted claims that failed to reflect the realities of ageing. These responses illustrate that older adults are often not passive recipients of health messaging, but active evaluators of information due to experience, expertise, and personal judgement.

Throughout the themes were frequent comments on the commercialised and sensationalised tone of media messages. Headlines promising sleep cures and emphasising dire consequences for insufficient sleep were met with scepticism, especially when contrasted with personal experiences of adequate rest despite deviations from prescribed behaviours and the claims of what sleep must be in older age. This aligns with the analysis of Nurmi et al. (2025), who reported that media discourse that blends signs of dementia with normal physiological age-related changes can induce scepticism towards seeking early diagnosis, as public perceptions question the authenticity of these messages relaying early warning signs of dementia, as instead pathologising ageing and fearmongering. Furthermore, a study conducted by Haber et

al. (2018) analysed health-related media articles and found that almost half of them overstated the strength of the evidence described in the study they were reporting on. This demonstrates how news headlines and stories often exaggerate and sensationalise language to heighten perceived risk and intrigue, framing sleep as an immediate and serious threat to cognitive health (Breheny et al. 2025). Breheny et al. (2025) found that such reporting often prioritises marketable intrigue over nuanced information, framing disrupted sleep as a dramatic threat to cognitive health. This can elicit strong emotional responses including anxiety, concern, and scepticism among audiences. Participants' critique of the language and tone of the media messages highlights their awareness of these motives and an ability to filter information critically, rejecting advice perceived as opportunistic and alarming.

Scepticism was reinforced by the contradictions inherent in media content. The thematic findings established how multiple sources offered divergent recommendations that often elicited confusion or apathy towards the messages. Such contradictions prompted reflection and caution, fostering an evaluative stance toward the reliability of information. Nagler et al. (2022) note how the increasingly conflicting public health information undermines the effectiveness of broader public health messaging strategies. The 'carryover effect' of prior exposure to these contradictory messages results in reduced receptivity to other media health messaging (Nagler et al., 2022; Wallace et al., 2020). Nagler et al. (2023) found that even audiences who were predisposed to distrust news media, or who had higher research literacy, were not protected against the carryover effects of conflicting health messaging. They suggested that regardless of trust or literacy, audiences would often engage with and respond

negatively, both cognitively and affectively, toward health messaging, as a result of persistent contradicting information.

Oversaturation of often-conflicting messages that claim a broad expanse of causes for a variety of illnesses and diseases in older age can also elicit scepticism due to the 'wellness fatigue'. This is often elicited from a bombardment of supposed advice in the media promising new ways to improve sleep, slow ageing, or prevent disease. This constant exposure blurred the line between genuine health information and marketing, generating informational exhaustion. Rather than fostering engagement, such oversaturation would dull receptivity, eliciting irritation and distrust (Nagler et al., 2022). Message fatigue, due to prolonged exposure to these health messages, meant that media audiences would be motivated to restore their freedom of choice when this was perceived as being infringed upon. Encountering further unwanted messages would elicit opposition or resistance to these messages (Kim & So, 2018). Resistance could either be active through arguing against the message, or passive by simply withdrawing their attention from the message (Kim & So, 2018). The prescriptive tone of the sleep-related media messages emboldened participants to push back against the rhetoric by resisting the invasive and demeaning tone or by simply not believing the claims.

Scepticism may serve as a protective function. Within a media environment that endlessly circulates advice, resistance allows older adults to reassert agency and autonomy in deciding which messages are relevant, trustworthy, or instead worth ignoring (Vivion et al., 2024). Scepticism may be a form of boundary-setting to preserve autonomy amongst an over-abundance of information and media messages that

relentlessly demand attention. Older adults do not always simply absorb information, they evaluate the source, identify inconsistencies and contradictions, and selectively integrate advice that aligns with their lived experience, knowledge, and priorities (Vivion et al., 2024). This engagement suggests that scepticism is an adaptive strategy to maintain agency and autonomy despite the frequent pervasive, contradictory, anxiety-inducing, and invasive media messaging, and illuminates the complex interplay between exposure, trust, and experience older adults employ in later life sleep practices. Sleep in later life is not a passive physiological process, but one that is actively managed alongside social expectations and subjective interpretation.

Despite the pervasive notion of healthism disseminated in contemporary media, cultivating sleep in later life is complicated by biological and social realities such as age-related changes in sleep regulation, increased prevalence of sleep disorders, and shifting circadian rhythms, which make achieving consistently restorative sleep more difficult (Crowley, 2011; Gulia & Kumar, 2018; Pires et al., 2009). This combination of heightened sleep difficulty and pressure to comply with expectations renders the pursuit of restorative sleep particularly fraught. This highlights the tension between individual responsibility and the multifaceted constraints that shape sleep experiences in later life.

### ***Challenges of Sleep***

Within the thematic findings, sleep was framed as not only precious but significantly challenging. For many it was a nightly negotiation marked by difficulty falling asleep, staying asleep, and managing the emotional consequences of disrupted sleep. Rather than an automatic or effortless process, sleep was described as

uncertain, effortful, and anxiety-inducing. This is reflected by both the biological changes associated with ageing, and the growing psychological importance of sleep in later life. These experiences echo broader findings that advancing age is associated with lighter, more fragmented sleep and reduced sleep efficiency. Cooke and Ancoli-Israel (2006) report that older adults wake more often during the night, take more naps, and take longer to fall asleep than younger adults. They posit that older adults are often not able to obtain adequate sleep each night, indicated by increased daytime sleepiness compared to younger adults (Cooke & Ancoli-Israel, 2006). From a biological standpoint, these findings are well-documented consequences of ageing and can lead to a greater susceptibility of insomnia symptoms, amplifying the unpredictability and fragility of sleep (Ancoli-Israel & Ayalon, 2006).

The thematic findings also established a growing dread of bedtime itself, reflecting the gradual loss of what was once a comforting routine. Instead of being associated with restoration, the bed became a site of vigilance, frustration, and waiting. This emotional inversion of sleep where the prospect of rest evokes anxiety rather than calm has been identified in previous studies of chronic insomnia in older adults. Leblanc et al. (2015) explored the maladaptive sleep-related cognitions amongst older adults, which suggested that pre-existing perceptions as to the requirements of sleep would often trigger performance anxiety and lead to insomnia, especially amongst already anxious participants. Whilst the current study did not screen for the prevalence of mental disorders, the results indicating that pre-sleep anxiety caused sleep disturbances align with those of Leblanc et al. (2015). These findings support the view that in later life, sleep is increasingly psychologised, infused with self-monitoring and

internalised societal messages about the importance of “good sleep” for healthy ageing.

The current findings uncovered that for some older adults, sleep does not always reliably provide rest or restoration. Difficulty falling asleep, frequent awakenings, or shallow and unrefreshing sleep can all be commonly reported and experienced in older age. These experiences, especially if experienced collectively, can take an emotional toll when the body fails to meet expectations. Crowley (2011) reports that as many as half of older adults experience difficulty initiating or maintaining sleep due to the significant disruption to the sleep-wake cycle with age. These disruptions are more than simply uncomfortable, they can challenge sleep expectations of rejuvenation for the mind and body. Accordingly, many older adults perceive a mismatch between how well they should sleep, and how well they do sleep. This perception can illustrate restorative sleep as lost, particularly if reminiscing on memories of more restful nights in younger adulthood.

### ***Reframing Sleep as a Site of Meaning and Restoration in Later Life***

In later life, sleep can take on meanings that extend beyond its physiological functions, emerging as a site of luxury, existential reflection, and escape. As older adults navigate shifting identities, changing routines, and new bodily challenges, sleep becomes reshaped not only through biological ageing, but also by the symbolic and emotional landscapes of later life. Sleep therein becomes more than a health behaviour, and represents a coveted resource, a form of retreat, or a space for quiet contemplation in which the transitions of ageing can be negotiated. Within the thematic findings of both the focus group discussions and poetry workshops, the bed was

presented as a place of sanctuary where the demands of the day could fall away, and one could rest from the effort of holding themselves together. Amid the unpredictability of ageing, the bed represented stability and familiarity, and carried an emotional and sensory meaning of warmth, release, safety, and enclosure. This framing echoes Ley and Rowles' (1978) withstanding observation that, for older adults, the home begins to take on meanings that reach beyond its physical form, instead serving as a deeply personal landmark where routines, memories, and experiences weave together to create and sustain a sense of identity. The notion of the bed as a haven explores the security and familiarity a bed provides, especially when sleep is often viewed as a state of vulnerability in psychological research.

The comfort of the bed was described as existential rather than purely physical and offered an area of control especially given the unpredictability of ageing. The freedom to cultivate a bedroom environment and implement rituals that affirmed autonomy. This sense of agency within enclosure aligns with Wahl and Oswald's (2010) notion of 'place attachment' in older age, where familiar environments serve as a sense of stability amongst the uncertainties of ageing such as social transitions and physical decline. They discuss the emotional meaning of the home as providing safety, privacy, and pleasure alongside the cognitive meaning attributed through the bonding to the home given the secure familiarity. The metaphor of the bed as a haven also intersects with sleep literature describing the bed as a symbolic border between the self and the outside world. Valtonen and Närvänen (2016) discuss how the bed works to organise, articulate, and reinforce personal connections, and is important in allowing for emotional experience and manifestation. In the context of the current findings, the bed was not only where sleep occurred, but where self-care was prioritised and restored,

where one could quietly self-reflect, and where the physical stillness allowed for psychological repair.

For many, the bed was illustrated as an earned reward from the culmination of the day's emotional and physical labour. The act of lying down was an intentional surrender and a representation of agency. Aubert and White (1959) describes how sleep can be viewed as a reward for conduct, and the right to enter sleep is a privilege. This is reflected in the current study through descriptions of having worked for and earned sleep throughout the day. Older adults reconceptualise sleep as deserved rest, as an act of care and validation. Sleep becomes both restitution and resistance by claiming back time and space from the demands of responsibility and productivity.

The notion of the bed not merely as a place of sleep, but as a portal, was a key element of the 'A bed should be a magic carpet' theme. In this sense, the bed acted as the threshold between waking life and other worlds. Dreams gave way to vivid scenes from memory, imagination, and longing on the magic carpet that is the bed. This place of stillness paradoxically enabled movement, carrying them to worlds no longer accessible in waking life. For some, these night journeys offered reconnection with lost loved ones. Dreams became emotional encounters and moments of presence that, though fleeting, felt deeply real. This resonates with Klass et al. (1996) call 'continuing bonds', which represent the ongoing and adaptive relationships people maintain with those who have died. They posit that the ability to reconnect with loved ones in dreams is a source of 'wish fulfilment'. Through dreams, participants found a means of maintaining emotional proximity and working through loss, which are experiences that are known to contribute to meaning-making and psychological adjustment in later life

(Steffen & Coyle, 2010). Haami et al. (2025) considered how Māori consider sleep as the connection between the physical and spiritual realms. For some, it provided the opportunity to share knowledge and ideas with ancestors and deceased family members, and these experiences and connections shaped waking life. This represents the importance and relevance of sleep for waking life, especially considering the Western notion that wakefulness is the superior state (Haami et al., 2025). In this way, sleep became not only physiological recovery, but a means of relational restoration in a nocturnal space where loved ones were momentarily present. This dynamic may unfold quite differently for older Māori, given their cultural and spiritual understandings of sleep, suggesting a valuable direction for future research to explore how the current themes would manifest within Māori worldviews and experiences.

For others, the magic carpet transported them to cherished memories of their childhood. These nocturnal journeys were not only nostalgic, but restorative, reflecting what Sales et al. (2022) illustrates through their analysis of dreams and childhood memories. Sales et al. (2022) posits that adult dreams can symbolically revisit earlier developmental states and allow for associated positive or negative emotions to be re-evoked and integrated into the present, thus allowing for unresolved childhood tensions to be re-experienced and worked through. Older adults are therefore able to renegotiate associated aspects of their identity with the added benefit of an adult perspective, eliciting new meaning and coherence for experiences in later life. In this sense, the bed becomes a vessel for temporal and emotional movement where imagination and memory intertwine. This aligns with the theory of ego integrity in later life, where one weaves together all previous life experiences to find coherence and acceptance (Gilleard, 2020).

Within the themes of this study, the notion of the bed as an escape was established, where imagination could wander freely. Sleep offered a temporary release from the routines, obligations, and pressures of daily life (Littlewood et al., 2016). In these moments, the mind could travel to other landscapes that offered freedom and possibility, providing temporary reprieve from the demands of responsibilities and social expectations often deemed unavoidable in day-to-day life. This highlights the enduring human capacity for agency and renewal, resonating with Carstensen's (2006) notion of selective optimisation, wherein despite the constraints of ageing, older adults attach greater importance to finding emotional meaning and satisfaction by reclaiming mental space and time for themselves amongst an onerous world.

The current findings described sleep as a precious and occasionally elusive resource, where it is framed as a luxury rather than a guaranteed aspect of daily life. For older adults, changes in sleep patterns, including lighter and more fragmented sleep, make restorative rest less predictable, thereby intensifying its perceived value (Gulia & Kumar, 2018; Stanley, 2005). Within this context, sleep is experienced as a desirable, sought-after practice rather than a given aspect of daily life, and retirement emerges as a unique lens through which to interpret sleep, as the flexibility and freedom afforded by retirement can allow older adults to better align sleep with their personal needs and rhythms, potentially enhancing restorative opportunities (Venn & Arber, 2011).

From a physiological perspective, the notion of sleep as a luxury is linked to the increased difficulty of achieving restorative rest in older age. When restorative sleep occurs, it is experienced as highly rewarding, reflecting both its functional importance for daily performance, and the scarcity created by age-related sleep changes.

Fragmented and reduced slow-wave sleep make achieving the benefits of restorative sleep more challenging in later life, but retirement can provide temporal freedom to accommodate personal sleep patterns and naps (Myllyntausta & Stenholm, 2018). This flexibility allows older adults to optimise and capitalise on opportunities for restorative sleep, turning the act of resting into a consciously and intentionally cultivated and valued experience rather than a passive necessity. Crestani et al. (2024) explored the attitudes of older adults regarding sleep in later life, and their findings suggested that while their sleep had changed, some participants adopted a flexible attitude towards sleep and the ability to catch up on lost sleep given the freedom of retirement. They noted the reduction in responsibilities in retirement, and how whilst some people may feel anxious about their sleep quality decline, their newfound flexibility meant they could stay in bed and rest to meet their own needs, and alleviate their concerns (Crestani et al., 2024).

The absence of sleep is acutely felt when it is disrupted, reinforcing its perceived scarcity and value. Retirement and flexible routines may provide opportunities to maximise rest. However, the effort required, and the intermittent nature of sleep ensures that it remains highly prized and sought after. It is the very fragility of sleep that gives it meaning, and the luxury lies not just in sleeping well, but in knowing the value of doing so.

### ***Strengths***

The use of poetry within this study helped illuminate the emotional, existential, and social dimensions of participants' sleep experiences, that may have otherwise remained silent in conventional methodological and analytic approaches. Poetry

enabled an enriched illustration of meaning through metaphor, symbolism, and evocative language, offering a way to represent the subjectivity of ageing, sleep, and nighttime experiences in ways that exceed purely descriptive summaries (Glesne, 1997; Miller et al., 2015; Richardson, 2000). By using a creative method, the participants' poetic outputs allowed for greater interpretation of affect and introspection, that elicited a more extensive and nuanced understanding of sleep as an embodied and symbolic phenomenon in later life. Leggo (2007) notes that all parts of a poem can have significance, thus encouraging the reader to consider not only the poem as a whole, but all of its linguistic and poetic features. For example, analysis of the use of repetition in one poem emphasised the specific point the participant was articulating by drawing attention to the words they elected to repeat. In this way, poetry functioned not only as a means to represent experiences, but as an analytic tool that allowed for deeper insight into how older adults navigated the meanings, struggles, and possibilities of sleep. Poetry also gave the participants the opportunity to creatively rewrite and reframe their experiences of sleep and ageing, allowing them to express personal meanings, negotiate challenges, and explore their own narratives in ways that extended beyond conventional discussion formats.

Another strength of using poetry is that it provided participants with a private space to articulate thoughts and feelings that may not have come up in an interview setting. Spoken disclosure, especially in an unfamiliar environment, can be shaped by concerns for social desirability, emotional vulnerability, or the discomfort associated with revealing intimate experiences aloud (Bispo Júnior, 2022). The participants were given the resources and time to independently and privately write their poems based solely on their own perspectives and experiences and were reminded that they were not

required to share their poems aloud, alleviating pressure for spoken disclosure in a social setting, and allowing them to divulge at their own discretion. This is exhibited when comparing the findings of the group discussion themes and poetry themes. While the group discussions emphasised broader patterns of physiological challenges of sleep, the enjoyment and benefits of sleep, and needing to actively cultivate it, the poetry offered a more nuanced and emotionally rich perspective. For instance, while the group discussion captured sleep as restorative and functional, the poetry revealed the bed as a deeply intimate refuge. This highlighted the emotional safety, privacy, and comfort of rest that were less visible in the group discussions. Similarly, the idea of sleep as a luxury was present in the group discussions, but the notion of the bed as a magic carpet transformed this into an imaginative and symbolic terrain, illustrating how sleep allowed participants to revisit childhood, connect with memories and loved ones, or escape daily pressures.

The practical benefits of sleep, such as fortifying oneself for the next day, were noted in the group discussions about rejuvenation, but the poetic themes centred around this explicitly connected physical restoration with psychological resilience and intentional preparation, providing a more existential meaning. Finally, while challenges and frustrations with sleep were described in the group discussion, the poetic theme of sleep evading participants captured the emotional weight, longing, and existential distress caused by disrupted rest, portraying not just difficulty but also reflection, self-questioning, and the symbolic loss of rest. In this way, poetry extended and enriched the group discussion findings, illuminating the subjective, imaginative, and reflective dimensions of sleep that group discussions alone were less able to capture (Glesne, 1997; Miller et al., 2015; Richardson, 2000).

A key strength of this study lies in its championing of participant voices, ensuring that older adults' experiences and perspectives are central rather than filtered through researcher assumptions. By foregrounding participants' own words and creative pieces, this research captures the complexity, nuance, and emotional landscape of sleep in later life, highlighting meanings and priorities that conventional qualitative methods or purely quantitative methods may have missed (Glesne, 1997; Holland-Batt & Miller, 2023; Richardson, 2000). This approach also aligns with participatory research methods, which emphasise the co-construction of knowledge and respect for experience, giving participants agency in how their stories are represented (Clarke, 2023). By using authentic participant quotes and excerpts through the research findings and therefore privileging their voices, this study not only enhances credibility and authenticity but also ensures that findings are grounded in the realities of older adults.

Another strength of this study is the way in which it offers insight into how older adults live the intertwined physiological and existential dimensions of sleep as they moved through the world. Gerontological research shows that ageing is not only a biological process but an ongoing negotiation of embodiment, identity, and meaning (Katz, 2000; Laz, 2003). By championing participants' own accounts, this study captures how sleep becomes a site where these negotiations unfold. This aligns with research emphasising that later life involves an active process of meaning-making in relation to the body, adaptability, and changing social worlds (Steptoe et al., 2015; Waddell et al., 2025).

### ***Limitations***

While this study offered valuable insight into the perspectives and experiences of sleep in later life, and older adults' responses to and interactions with sleep-related media messaging, several limitations must be considered. Firstly, the participants were predominantly NZ/European, female, well-connected and seemingly socially advantaged older adults who were actively engaged in their communities, which may have shaped their experiences of sleep and wellbeing in ways that are not representative of more isolated or socioeconomically disadvantaged older populations (Cattan et al., 2005; Victor et al., 2000). These findings may have differed if a broader recruitment strategy was employed, which included older adults experiencing chronic pain or illness, or those living in residential care, as these groups often face distinct physiological, psychological, and environmental challenges that can profoundly shape sleep patterns, daytime functioning, and perceptions of rest (Hwang, 2021; Lunde et al., 2010; Zaidel et al., 2021).

There is substantial evidence that sleep in later life is considerably altered by chronic pain and long-term illness, with research showing that they are strongly associated with fragmented sleep, prolonged nocturnal wakefulness, and reduced sleep efficiency (Finan et al., 2013; Smith & Haythornthwaite, 2004). Chronic pain and illness often disrupt sleep, and poor sleep exacerbates pain sensitivity and functional impairment, creating an experience of rest that differs notably from that of relatively healthy older adults (Finan et al., 2013; Smith & Haythornthwaite, 2004). Given that the participants in the present study were generally fit, independent, and actively engaged in their communities, their reflections on rest, rejuvenation, and the meanings of sleep

cannot be assumed to represent the experiences of older people living with significant pain, illness, or disability. For example, the themes of *sleep is rejuvenating* and *my bed is a haven* may not have resonated in the same way for those whose nights are dominated by discomfort and disruptions, or for those whom the bed is associated with confinement, dependence, or physical suffering. Including these populations could provide a more comprehensive understanding of the diverse sleep experiences across later life and may have revealed different narratives shaped by body unpredictability, fatigue, and the labour of symptom management. This may have highlighted that sleep in later life is not a uniform experience but is heavily mediated by health status. The lack of diversity in participants was likely due to the convenience sampling recruitment strategy. However, application of this strategy allowed for assessment on its application in potential future research on more diverse or underrepresented populations.

Another consideration is the lack of ethnic diversity among participants, who were almost exclusively Caucasian. This homogeneity restricts the cultural breadth of the findings, particularly given that experiences of ageing, wellbeing, and bodily rhythms differ substantially across cultural groups. Research by Gibson et al. (2024) shows that for many Māori, sleep is understood not only in physical terms, but also in spiritual and communal ways, such as involving shared whānau sleeping, environmental connections, and wairua (spiritual) dimensions. Furthermore, research comparing Māori and non-Māori older adults found different prevalence and reporting patterns of sleep problems, suggesting that how sleep is experienced, discussed, and normalised may differ significantly by ethnicity (Gibson et al., 2020). These studies indicate that the themes identified in the present research might look very different or

carry alternative meanings in a more ethnically diverse sample, and that any conclusions about sleep in older age should be contextualised with attention to cultural diversity and Indigenous perspectives.

All participants in this study were recruited from a single Aotearoa New Zealand city, which restricts the geographical and sociocultural diversity of the sample. Sleep practices, housing conditions, neighbourhood environments, access to healthcare, and community resources can vary considerably across different regions. Research in Aotearoa New Zealand has shown that contextual factors such as living conditions and social connectedness influence both sleep experiences and sleep-related wellbeing in older adults (Crestani et al., 2024). As the current study reflects the experiences of older adults living in one specific locality, its findings may not capture the broader variability in sleep meanings, challenges, and supports present across Aotearoa New Zealand. Future work involving rural, intercity or nationally representative recruitment would allow for a more comprehensive understanding of how place shapes sleep in later life. However, the convenience sampling recruitment at community centres and in well-established community groups naturally tended to attract well-connected, socially active, and relatively healthy older adults. At the same time, recruiting from these community centres and groups acted as a practical test of the methodology, demonstrating that focus groups combined with poetry-based elicitation could successfully engage older adults and generate rich, reflective data in this context.

Finally, the knowledge that participants' poems could be read aloud may have influenced what they chose to write. Some participants may have self-censored or omitted personal reflections they would have otherwise included if their work had

remained entirely private. Attempts to mitigate this were made via clear reiteration that sharing was entirely voluntary, allowing participants to withhold any material they preferred. Hearing other participants share their poems may have encouraged participants to feel safer in expressing their own experiences, potentially enriching the data rather than constraining it. It is also possible that had the data been collected through more private or individual methods, such as one-on-one interviews or anonymous online forums, participants may have expressed a broader range of experiences, including more negative or ambivalent themes, whereas the group-based poetic workshops appeared to support the emergence of predominantly positive, idealised, or light-hearted depictions of sleep.

### ***Future Research***

This study contributes to a wider research project, “Sensationalising Sleep,” which encompasses several studies focusing on social discourses of sleep and media messaging across the lifespan (Gibson, 2025). While this study focused on older adults, other work in this wider project focus on the implications for Māori, adolescents, expectant mothers, and shift-workers. Each of these studies implement methodologies and practices that were deemed appropriate for each population. These include Māori-led discussion forums (wānanga) for Māori participants, brief focus groups with high school students, and one-on-one video interviews with expectant mothers. The findings from this study emphasise several important considerations for future research. Following the conclusion of this study, a summary of the research findings will be given back to participants through community organisations that supported recruitments. While this research has provided invaluable insight into how older adults perceive,

experience, and navigate sleep and its challenges, as well as how they respond to and interact with sleep-related media messages, further exploration is necessary to enrich and expand our understanding of these influences and impacts.

Future research should include older adults from more diverse ethnic, cultural, and socioeconomic backgrounds, as sleep is shaped not only by physiology, but by lived experiences, environments, social resources, and cultural norms. Evidence consistently shows that sleep disparities occur along social and structural lines, with ethnic minorities and socioeconomically disadvantaged groups experiencing poorer sleep quality, higher rates of sleep disorders, and greater barriers to care (Grandner, 2017; Hale et al., 2020; Jackson et al., 2020). In Aotearoa New Zealand specifically, studies have highlighted that cultural identity, intergenerational living arrangements, material hardship, and experiences of structural inequality contribute to distinct sleep experiences among Māori compared with non-Māori older adults (Gibson et al., 2024; Paine & Gander, 2016; Paine et al., 2019). Including a more diverse participants base would therefore generate findings that better reflect the range of ageing trajectories in the population and ensure that understandings of sleep in later life do not inadvertently centre already advantaged groups.

Future research should also strategically include older adults living with diagnosed sleep disorders, as their experiences, needs, and constraints differ markedly from those of relatively healthy older adults. Sleep disorders such as insomnia, obstructive sleep apnoea, restless legs syndrome, and REM sleep behaviour disorders become substantially more prevalent with age, and are closely intertwined with physical comorbidities, medication use, cognitive impairment, and reduced quality of

life (Ancoli-Israel & Ayalon, 2006; Crowley, 2011; Stanley, 2005). These conditions fundamentally alter sleep architecture, circadian stability, daytime alertness, and subjective experiences of rest. Including older adults with sleep disorders would therefore enable a more valid and relevant understanding of sleep in later life, deepen insights into coping strategies and unmet needs, and ensure that future sleep health recommendations reflect the full spectrum of ageing experiences, rather than solely the perspectives of predominantly healthy, high-functioning older adults.

Finally, future research would benefit from adapting the poetry workshops to allow for greater privacy and anonymity, such as enabling participants to submit poems confidentially and anonymously rather than reading them aloud. Written methods are known to facilitate deeper emotional disclosure when individuals feel free from immediate social evaluation (Radcliffe et al., 2010). Greater anonymity may therefore reduce self-censorship, particularly around sensitive or intimate aspects of sleep, ageing, and vulnerability. At the same time, creative and arts-based methodologies continue to offer rich access to meaning-making processes in later life, suggesting that a more private format could preserve the benefits of poetic expression while further enhancing depth, honesty, and emotional safety (Miller et al., 2015).

### ***Conclusion***

This study set out to explore how older adults make sense of their sleep in later life, examining the emotional, social, and societal meanings they attach to sleep through both group discussion and poetic expression, and how they interpret, navigate, and respond to prevailing media discourses on sleep. Taken together, the findings illustrate that sleep in older age is not simply a physiological process but a complex

interplay of embodied ageing, everyday social worlds, and societal narratives about health, responsibility, and self-management. Sleep was constructed as something older adults strive to protect, interpret, and make sense of, at times restorative and at times elusive, yet consistently shaped by contemporary health discourses that frame sleep as both a moral expectation and a personal project.

By using a creative methodology, the study highlighted how older adults negotiate tensions between the realities of ageing bodies and the prescriptive messages circulated in public and media domains. Participants revealed the emotional labour involved in trying to “get sleep right,” the existential weight placed on nightly rest, and the ways sleep becomes tied to identity, autonomy, and imagined futures. Poetry, in particular, illuminated the intimate, affective, and private dimensions of sleep that conventional methods may have missed, showing how older adults use metaphor, reflection, and sensory imagery to articulate the deeper meanings and struggles embedded in their nightly routines.

Overall, this study underscores that sleep in later life is shaped as much by societal expectations and social positioning as by biological change. Understanding sleep through this broader lens moves beyond deficit-based accounts of ageing and instead recognises older adults as active interpreters of their bodies and environments. These insights point toward the need for public health messaging, clinical practice, and future research to adopt more nuanced, compassionate, and context-aware perspectives on sleep that honour the diversity of ageing experiences and the everyday wisdom older adults bring to navigating their nights.

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## Appendices

### **Appendix A – Original Recruitment Email**

#### **Draft Email Recruitment Script**

Kia ora,

I hope this email finds you well.

My name is Rosie Gibson. I am a Senior Lecturer in the School of Psychology at Massey University where I lead research projects concerning sleep across the lifespan.

I am reaching out to you as I will be hosting workshops in the coming weeks and seeking older adults to participate.

This project involves focus groups to explore the type of sleep messages in the media about sleep and ageing and how people respond to these messages. Followed by a poetry workshop to construct more meaningful, accessible messages around sleep experiences with ageing.

These are planned to be fun interactive events. Participants will be guided to produce collective and individual poems to share with the group as well as keep. We will also provide a catered lunch and supermarket vouchers to acknowledge participant's contributions.

We are looking for people aged 75 years of over to take part (with or without sleep issues).

Events have been planned in Wellington Central, Porirua and Kāpiti in April 2025. We can accommodate 8-12 people at each event.

Please could share the attached advert with your members in case they are interested in participating?

If you feel there is enough interest within your community group and would perhaps like to host an event, please contact me to discuss options.

Thank you for considering my request. I look forward to hearing from you

Ngā mihi

**Dr Rosie Gibson**

**Te Kura Hinengaro Tangata | School of Psychology**

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[Health and Ageing Research Team](#)

[Sleep/Wake Research Centre](#)

[New Zealand Association of Gerontology](#)

## Appendix B – Recruitment Advertisement

# WORDS ON SLEEP

## PARTICIPANTS INVITED FOR CREATIVE WORKSHOPS ON SLEEP AND AGEING



This Massey University project aims to understand and better represent experiences of sleep with ageing. People aged 75 years or over are invited to take part in a FREE workshop. These will involve **GROUP DISCUSSIONS** about sleep with ageing, particularly in response to media messaging. This will be followed by a **CATERED LUNCH** then a **POETRY WORKSHOP**.

### We are hosting three events to choose from:

- 19<sup>th</sup> May: Brooklyn Community Centre, 11am – 2pm
- 21<sup>st</sup> May: Island Bay Community Centre, 11am – 2pm
- 26<sup>th</sup> May: North Porirua Baptist Church, 11am – 2pm

### SPACES ARE FREE BUT LIMITED, SO REGISTRATION IS REQUIRED

For more information and registration please contact Dr Rosie Gibson: 04 979 3258 or [r.gibson@massey.ac.nz](mailto:r.gibson@massey.ac.nz)



This project has been reviewed and approved by the Massey University Human Ethics Committee (OM1 24/68). If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email [humanethics1@massey.ac.nz](mailto:humanethics1@massey.ac.nz).



## Appendix C – Participant Information Sheet



### Words on Sleep: Creative Research Groups on Sleep and Ageing

Kia ora, my name is Rosie Gibson. I am an Associate Professor in the School of Psychology at Massey University. This document is to help you decide if you'd like to take part in a project I am leading about sleep across the lifespan.

Sleep is a vital aspect of wellbeing and important for healthy ageing. The media produce a lot of content about the importance of sleep, implications for poor sleep, and guidance on how to sleep well. However, we don't know much about how people respond to these messages and whether they match the reality of everyday life.

This project involves focus groups to understand the type of messages in the media about sleep and ageing and how people respond to these messages.

We then aim to reconstruct more meaningful, accessible messages around sleep experiences through poetry workshops guiding participants to produce collective and individual poems.

#### Three events are being organised across the Greater Wellington region.

- 19th May: Brooklyn Community Centre, 11am – 2pm
- 21st May: Island Bay Community Centre, 11am – 2pm
- 26th May: North Porirua Baptist Church, 11am – 2pm

**If you are interested in taking part, please consider the information below.**

#### Who can take part?

- People aged 75 years or older, who are fluent speakers of English, have the capacity to provide written consent, and able to participate in a group discussion and creative workshop.
- Those with or without sleep problems are welcome to participate.

#### What will happen if I take part?

- **The event will last approximately three hours**, which will include time for introductions, group discussions, a catered lunch, and the poetry workshop. Sessions will be audio recorded.
- **During the focus group** you will be asked to share your knowledge about key sleep-health messages for older people. We will have some example media content for discussion and a list of general questions to prompt discussion. You do not have to answer everything. You are also welcome to bring examples you have seen of news about sleep.

- **The poetry workshop** will involve some easy creative writing exercises. Some example poems will set the scene. With plenty of support, you'll produce poems about your own experiences of sleep as you age. The workshop will finish with the production of a group poem drawing on key words and phrases noted during the discussions.

#### **Considerations for taking part**

Taking part is voluntary. If you decide to participate, you will be part of creating a better understanding of sleep with ageing. You may also develop your own learning and hopefully enjoy a relaxed, creative poetry workshop.

To facilitate attendance and acknowledge your time, we will provide you with a catered lunch between the focus group and workshop and a \$40 gift voucher. We may also be able to help with transport if required.

I, Rosie Gibson, will conduct the focus groups with the support of my colleague, Mary Breheny. We have many years of experience conducting research concerning the psychology of ageing and sleep. We will be joined for this project by Rachel McAlpine who is a prolific poet and playwright and will facilitate the poetry workshops. Our team also includes Deanna Haami (a Māori researcher associated with these works and available to provide cultural support as required) and Georgia Knowles (a Master of Psychology Student whose thesis will be informed by this project).

#### **If you decide to participate you have the right to:**

- decline to answer any question
- leave the workshop at any time
- ask questions about the study at any time during participation
- provide information on the understanding that your name will not be used in the outputs
- Claim authorship of any poetry you create individually during the workshop if you wish
- be given access to a summary of the project findings when it is concluded

#### **What would happen to your information?**

Participant information will be kept strictly confidential and any identifying information will be removed from the transcripts. Focus groups will be digitally recorded and audio recordings will be transcribed. A summary of the findings from the study will be made available to you. All digital information will be stored under password protection only accessible by the researchers managing and analysing the data. All paper information will be stored in a locked filing cabinet at Massey University. The consent forms will be stored separately from the other data in order to preserve confidentiality and protect identity. All data will be destroyed five years after the study is completed.

Poems will be collated using photography and/or audio recordings. A selection will be published via digital stories, in journal articles, an academic thesis, and (potentially) a short book. An overview of the process and example poems may also feature in Rachel McAlpine's podcast "Learning how to be old". You can choose to disclose your name as the author of your poem or remain anonymous. Alternatively, you have the right to opt for your individual poems to be excluded from publishing in full.

**Considering being involved in this research.**

Please take time to consider this research. You may want to talk about the study with other people, such as family, whānau, or friends. You can also contact me to talk about the project before agreeing to take part.

If you are interested in participating, please contact me to find out more information about the event in your area.

Kind regards,

**Rosie Gibson:** Health and Ageing Research Team, School of Psychology,  
Massey University.  
Phone: 4979 3258 Email: [r.gibson@massey.ac.nz](mailto:r.gibson@massey.ac.nz)



**And colleagues:**

**Mary Breheny:** Health and Ageing Research Team, School of Psychology,  
Massey University  
Email: [M.R.Breheny@massey.ac.nz](mailto:M.R.Breheny@massey.ac.nz)



**Rachel McAlpine:** Independent poet, playwright, blogger and podcaster  
<https://writeintolife.com/> Email: [rachel@writing.co.nz](mailto:rachel@writing.co.nz)



**Deanna Haami:** Māori Research Officer, Centre for Indigenous Psychologies  
Massey University  
Email [d.haami@massey.ac.nz](mailto:d.haami@massey.ac.nz)



**Georgia Knowles:** Masters student, School of Psychology,  
Massey University  
Email [georgia.knowles.1@uni.massey.ac.nz](mailto:georgia.knowles.1@uni.massey.ac.nz)



This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 24/68. If you have any concerns about the conduct of this research, please contact the Chairperson, Massey University Human Ethics Ohu Matatika 1, email [humanethics1@massey.ac.nz](mailto:humanethics1@massey.ac.nz).

This project is part of a larger programme of research: *Sensationalising sleep: Discourses and practices of sleep in Aotearoa*, funded by a Royal Society of New Zealand Marsden Fast Start grant. These workshops are also supported by the Australasian Sleep Association (Via the Nick Antic Career development award).

**Note – this event is not designed as a sleep coaching session.**

**If you are interested in further information regarding sleep tips or supporting your sleep or wellbeing, some options are below. If you think you might require a clinical assessment, please make an appointment with your General Practitioner.**

**Age Concern New Zealand Resources -**

[https://www.ageconcern.org.nz/Public/Public/Info/Store/Download\\_Tabs/Resources.aspx?hkey=4277cad8-2521-4998-9ab9-55f11a91f99f](https://www.ageconcern.org.nz/Public/Public/Info/Store/Download_Tabs/Resources.aspx?hkey=4277cad8-2521-4998-9ab9-55f11a91f99f)

**Australian Sleep Foundation have many factsheets and resources including on:**

Common sleep disorders <https://www.sleephealthfoundation.org.au/sleep-disorders/common-sleep-disorders>

And sleep and ageing <https://www.sleephealthfoundation.org.au/sleep-topics/ageing-sleep>

## Appendix D – Consent Form



### Participant Consent Form

#### Words on Sleep: Creative Research Groups on Sleep and Ageing

I have read the Information Sheet or have had it read to me. I understand the Information Sheet provided (Dated 14/03/2025). All my questions have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary.

**I agree to participate in this study under the conditions set out in the Information Sheet including an understanding that:**

Yes      No

- 1) The focus group will be sound recorded
- 2) That participation in this study is confidential. This means that direct quotes and group poems will be used for research outputs, but no material which could identify you or your family will be used.
- 3) That any poems you produce during this workshop may be reproduced for scientific outputs
- 4) That you will have a 30-day opportunity to refine, edit, or withdraw your individual poem/s from the research outputs
- 5) That you will have the opportunity claim the authorship of any poems you create during the workshop prior to any publications (this option means that you would become identifiable as a participant in this study).
- 6) That you will receive a summary of the results from the study
- 7) In the event that any outputs make a profit, these would be donated to Age Concern New Zealand.

#### Declaration by Participant

I \_\_\_\_\_ hereby consent to take part in this study.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Appendix E – Session Event Schedule**

### **Words on Sleep: Creative Research Groups on Sleep and Ageing**

#### **Focus group and poetry workshop guide**

##### **Focus group (approx. 80 minutes)**

- **Briefing**
  - cups of tea/coffee
  - acknowledgements, and introductions to the research team
  - orientation to the facilities, bathrooms, emergency exits etc.
  - ground rules (around privacy, turn taking, respect) – see appendix
- **Aims**
  - To share your knowledge around sleep health for your age group
  - To explore where and how you access sleep-related information
  - To understand how these messages influence your sleep
  - To gather initial words and phrases on sleep to carry across into our poetry workshop (participants will be encouraged to jot down key thoughts, emotions, words or phrases to help inform their poetry creation. The research team will also make notes throughout)

##### **Ice breaker/opening questions**

- **How much sleep do we need?**
  - Quiz - How long do these animals sleep and why? – (horse, sheep, cat, bat, dolphin, human/ 2-3 hours, 3-4 hours, 8 hours, 12-13 hours, 19-20 hours)
  - Guidelines for recommended sleep durations across the lifespan – how do these guidelines align with your experience?
- **How did you sleep last night?**
  - hands up - very well/fairly well/fairly badly/very badly?
  - What makes for a good night's sleep? (prompts – getting to sleep, staying asleep, feeling in the morning...anything that happens during the night?)

**Focused discussion**

- **Messaging around sleep with ageing (refer to shared documents)**
  - Are you familiar with information like this around sleep for [looking and feeling young?](#)
  - Are you familiar with information like this around [sleep tips and tricks?](#)
  - Are you familiar with information like this around [sleep problems and dementia risk?](#)
  
  - Where have you come across this information?
  - Does anyone have other examples (they can speak to our brought with them)?
  - Do you think this kind of information had influenced the way you feel about sleep, or behaviours around sleeping?
  
- **Is there anything we have missed?**
  - Is there anything else you want to share before we break?

**Debrief and prep for poetry workshop****Lunchbreak (approx. 45 minutes)****Poetry workshop (approx. 60 mins)**

- **Introduction – Rachel McAlpine**
  - **Structure of session – example poems, individual poem/s, group poem/s**
- **Presentation of how sleep has featured in poems**  
using examples such as *Sleep* (John Bannister Tabb):

When he is a little chap,

We call him Nap.

When he somewhat older grows,

We call him Doze.

When his age by hours we number,

We call him Slumber.

- **Individual opportunities to create poem/s** representing experience and knowledge around sleep with ageing. Participants will be encouraged to free write (5-10 minutes) using prompts of:
  - keywords (including objects, concepts, or emotions) they experienced or discussed during the focus group
  - their individual response to the media articles used during the focus groups
  - those provided by Rachel McAlpine for structural guidance
  
- **Group co-create a poem** focused on response to media content on sleep and ageing
  - Key words and phrases noted by the participants and team during the focus group will be shared (using whiteboard or slideshow and spoken).
  - These will be reworked into a collaborative poem to aid production of the first piece and demonstrate one technique of constructing poetry.
  
- **Sharing of poems**
  - Option of reading to the group
  - Option of recording their spoken poem in their own voice (to include in digital stories and/or podcast)
  - Through the research team photographing their document to file (as part of the research outputs)
  - Through continuing to work on their poem after the event and reshare with the research team the following week (by email, phone conversation, or post)

**Close, debrief and thanks and provisions of koha (and transport assistance where required)**

### **Appendix - Ground rules for focus group and workshop**

By following these ground rules, the research focus group can be a productive and engaging environment where participants feel comfortable sharing their views, and the research team can gather valuable insights.

1. **Have fun!** – this is an informal workshop where we aim to have a positive time, sharing information and experiences
2. **Confidentiality** - Everything discussed in the focus group should stay within the group. Participants should respect the confidentiality of the conversation to create a safe space for sharing. This encourages openness and honesty, ensuring participants feel comfortable sharing their true opinions.
3. **Respect for others' opinions** - All opinions are valid, and everyone should have the opportunity to share their thoughts without judgment. This promotes a respectful environment where all participants feel their perspectives are valued.
4. **Turn taking** - Only one person should speak at a time to avoid confusion and ensure clarity. This ensures that everyone has an opportunity to be heard.
5. **Not compulsory to answer everything** – contribute where you feel comfortable
6. **Try and stay on topic** – Try to keep your responses clear and concise to give everyone the chance to contribute.
7. **No right or wrong answers** - The purpose is to gather diverse perspectives and insights so please share honest opinions.
8. **Timekeeping** - consider the time allocated for the discussion. We will help facilitate to keep on track and all activities covered

## Appendix F – Interactive Presentation

**WORDS ON SLEEP:  
CREATIVE RESEARCH GROUPS ON  
SLEEP AND AGEING**

Rosie Gibson, Mary Breheny, & Rachel McAlpine

UNIVERSITY OF AUCKLAND  
TE KŪKUNOA MASSEY  
UNIVERSITY OF NEW ZEALAND

### Format for the day

#### Introductions

#### Focus group

- Sleep with ageing
- Messaging about sleep

#### Lunch

#### Poetry workshop

- Individual poem/s
- Group poem/s

### He Karakia Timatanga

<i>Kia hora te marino</i>	<i>May peace be widespread</i>
<i>Kia whakapapa pounamu te moana</i>	<i>May the seas be like greenstone</i>
<i>Hei huarahi mā tātou i te rangi nei</i>	<i>A pathway for us all this day</i>
<i>Aroha atu</i>	<i>Let us show respect for each other</i>
<i>Aroha mai</i>	<i>For one another</i>
<i>Tātou i ā tātou katoa</i>	<i>Bind us all together!</i>
<i>Hui ē! Tāiki ē!</i>	

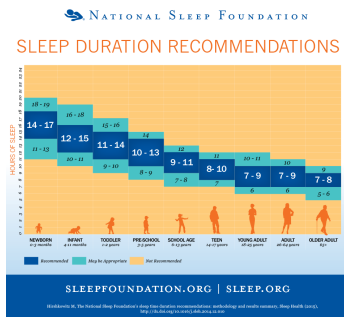
### Ground Rules

- Have fun!** – Informal workshop where we aim to have a positive time, sharing information and experiences
- Confidentiality** - Everything discussed in the focus group should stay within the group.
- Respect for others' opinions** - All are valid, everyone should have the opportunity to share their thoughts without judgment.
- Turn taking** - Only one person should speak at a time to avoid confusion and ensure clarity.
- Not compulsory to answer everything** – participation is encouraged but stay in your comfort area
- Try and stay on topic** – keep responses clear and concise to maintain a focused discussion
- No Right or Wrong Answers** - The purpose is to gather diverse perspectives and insights so please share honest opinions.
- Timekeeping** - consider the time allocated for the discussion. We will help facilitate to keep on track and all activities covered

### How long do these animals sleep...? Why..?

2-3 hours?  
3-4 hours?  
12-13 hours?  
19-20 hours?

### How about these..?

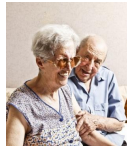


### How did you sleep last night?

1. Very well?
2. Fairly well?
3. Fairly badly?
4. Very badly?

### Sleep with Ageing

- By age 65 most of us have spent about 22 years asleep!
- Sleep has been coined as the a “pillar of health” Importance is still largely overlooked in healthy ageing
- Sleep physiologically deteriorates with ageing
- Over a quarter of us will have experienced sleep problems
- Increased prescription/use of sleeping medications with ageing



### Examples of sleep and ageing in the media

- [looking and feeling young](#)
- [sleep tips and tricks](#)
- [sleep problems and dementia risk](#)
- Are you familiar with these kinds of message?
- Where have you come across this information?
- Other examples?
- Influenced how you feel or behave about sleep?

**Does Sleep Help You Look Younger?**  
Great sleep is like getting the full works at the spa.  
Posted November 22, 2020 | Reviewed by Erick Higgins

A good night of sleep is the ultimate pampering for your skin, your hair, and your nails. Great sleep is like getting the “full works” at the spa—a facial, a deep conditioning treatment, a mani-pedi.

Why? Sleep is the prime time for the body to restore and repair itself at the cellular level. It's during sleep that a fleet of hormones that support cellular health and a youthful appearance go to work.

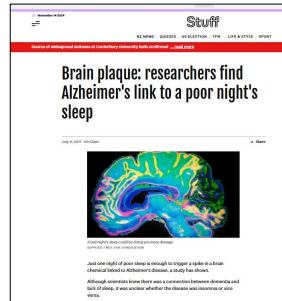
Poor sleep, on the other hand, accelerates biological aging and contributes to the signs of aging—wrinkles, dull skin, puffy, tired eyes, unhealthy hair—

**Five ways to get a better night's sleep**

Trying to fall asleep can be a tricky, especially when you're in bed.

We devote around seven to eight hours to sleep each night in adulthood and less to 12 hours in childhood. This amounts to around 200,000 hours in our first 60 years of life.

Not getting enough sleep does a disservice to our brain and physical health. But there are ways we can improve our chances of getting a good night's rest?



## Other sources of sleep information

- How else do you see or find sleep-related information?
- Do you think this kind of information had influenced the way you sleep or behaviours around sleeping?
- Anything else we have missed?



## Poetry workshop

- **Introduction** and examples of sleep featuring in poetry
- **Opportunity to create poem/s** (representing own experience and knowledge around sleep with ageing).
- **Group co-create a poem** (focused on response to media content on sleep and ageing)
- **Sharing of poems**

## Sleep (John Bannister Tabb):

When he is a little chap,  
 We call him Nap.  
 When he somewhat older grows,  
 We call him Doze.  
 When his age by hours we number,  
 We call him Slumber.

## Key words/phrases from today's focus groups

**He Karakia Whakakapi**

*Ka whakairia te tapu*

*Kia wātea ai te ara*

*Kia turuki whakataha ai*

*Kia turuki whakataha ai*

*Hui e. Tāiki e!*

*Restrictions are moved aside*

*So the pathway is clear*

*To return to everyday activities*

*Enriched, unified and blessed*

## Appendix G – Ethical Approval

 Outlook

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### [HE014] - Human Ethics Application OM1 24/68 Approved

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**From** humanethics@massey.ac.nz <humanethics@massey.ac.nz>

**Date** Tue 25/03/2025 3:53 PM

**To** Rosemary Gibson <R.Gibson@massey.ac.nz>; Deanna.Haami.1@uni.massey.ac.nz  
<Deanna.Haami.1@uni.massey.ac.nz>

**Cc** Human Ethics <gmhumeth@massey.ac.nz>

[Link to the application](#)

HoU Review Group:

ReviewerGroup:

Researcher: Dr Rosie Gibson

Project Title: Words on Sleep: Creative Research Groups on Sleep and Ageing

Dear Rosie,

Thank you for the above application that was considered by the Massey University Ohu Matatika 1 at their meeting held on 25/03/2025.

On behalf of the Committee I am pleased to advise you that ethical approval has been granted for your research.

Approval is valid for three years. If this project has not been completed within three years from the date of this letter, an amendment to extend the approval must be requested by contacting the Research Ethics Office at [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz).

If the nature, content, location, procedures or personnel of your approved application change, please contact the Research Ethics Office at [humanethics@massey.ac.nz](mailto:humanethics@massey.ac.nz) to request an amendment form.

If you wish to print an official copy of this letter:

1. Please login to the RIMS system (<https://rme.massey.ac.nz>).
2. In the Ethics menu, select Ethics Applications.
3. Using the Advanced option, select Ethics Applications (Area), Application ID (Search On), enter the ethics notification number in the Value area and select Find on the toolbar.
4. With the application the Results Tab, tick the empty box on the far left of the application and select Reports from the toolbar.
5. Select the "Human Ethics - Full Application Notification Letter" link, this will open the report viewer.
6. Select the application code from the Report Parameters dropdown and submit. You can then select an export option from the top toolbar (Print, Save).

Yours sincerely

Professor Tracy Riley  
Acting Chair, Research Ethics Chairs' Committee

Massey University Human Ethics Committees

**Ohu Matatika 1** (formerly Human Ethics Southern A Committee)

**Ohu Matatika 2** (formerly Human Ethics Northern Committee)

**Ohu Matatika 3** (formerly Human Ethics Southern B Committee)