

**OLDER MEN ‘WORKING IT OUT’:
A STRONG FACE OF AGEING AND DISABILITY**

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Thesis submitted in fulfillment of the requirements for the degree of
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August, 2001

STATEMENT OF DECLARATION

I certify that this thesis entitled, *Older Men 'Working it Out': A Strong Face of Ageing and Disability*, and submitted for the degree of Doctor of Philosophy, has not been submitted for a higher degree to any other university or institution.

I also certify that this thesis has been written by me and that any help I received in preparing the thesis, and all sources used, are acknowledged within the thesis.

Signed

Alfred Andrew Fleming

Date

ABSTRACT

This hermeneutical study interprets and describes the phenomena of ageing and living with disability. The lived experiences of 14 older men and the horizon of this researcher developed an understanding of what it is like for men to grow old and, for some, to live with the effects of a major disability.

The study is grounded in the philosophical hermeneutics of Gadamer and framed in the context of embodiment, masculinity, and narrative. I conducted multiple in-depth interviews with older men aged from 67 to 83 years of age. Seven of the participants had experienced a stroke and I was able to explore the phenomenon of disability with them. Through thematic and narrative analyses of the textual data interpretations were developed that identified common meanings and understandings of the phenomena of ageing and disability.

These themes and narratives reveal that the men's understandings are at odds with conventional negative views of ageing and disability. These older men are 'alive and kicking', they voice counternarratives to the dominant construction of ageing as decline and weakness, and have succeeded in remaking the lifeworld after stroke. Overall I have come to understand an overarching meaning of older men 'working it out' as illustrative of a strong face of ageing and disability.

Older men seek out opportunities to participate actively in community life and, despite the challenges of ageing and disability, lead significant and meaningful lives. These findings challenge and extend our limited understandings of men's experiences of ageing and living with disability. This interpretation offers gendered directions for policy development, clinical practice, and future research.

ACKNOWLEDGMENTS

Many people have contributed to this thesis and without their help I would not be where I am now. This journey of discovery, learning, and understanding has been at times challenging yet overwhelmingly rewarding. I offer my sincere thanks to:

My family, Dee, Lyrian, Kara, and Elliot who have endured all my years of study and in spite of this have remained at my side. Your support in so many ways has sustained me throughout the life of this thesis.

Cherry Russell who has a commitment to gerontology that inspires me. Her academic leadership, support, and guidance throughout my journey has always been of the highest quality and has enabled me to complete this project.

Rodd Rothwell for his guidance as I worked out an understanding of philosophical hermeneutics.

The late John Walters who directed me to hermeneutics as a way to understand our being-in-the-world.

My academic and nursing colleagues with whom I have discussed my emerging ideas and understandings. In particular, Lydia, Rene, Antoinette, Julie, Jenny, and Ralph.

Helen Eccles, Royal Rehabilitation Centre Sydney, Helen Ledwidge, University of Western Sydney, Nepean, and Hal Kendig, University of Sydney for their support in facilitating part-time and casual employment for me.

The Ageing and Disability Department (NSW) who through a PhD scholarship provided me with the financial support to be able to study full time and thereby complete this project.

The 14 older men who helped me to understand the nature of ageing and living with disability. These men have certainly 'tended culture' in a most significant way.

KEY TO TRANSCRIPTS

In presenting the findings of this study, particularly in relation to the excerpts from the interviews, I have used the following abbreviations and conventions:

<i>Simon</i>	All names of participants are pseudonyms
<i>AF</i>	Refers to me as interviewer
I've learnt	All dialogue from the interviews is indented.
[wife]	My comments used to describe people or places named by participants. As well, to add clarity or explanation and summarise sections of participant dialogue
(laughing)	My comments concerning incidents or behaviours that occurred during the interviews
... or	Is used to indicate dialogue from interviews or field notes that I have edited out
I WISH	Indicates words emphasised or spoken louder by participants during the interviews
(p)	Indicates a pause in the dialogue of participants of less than or equal to three seconds
(P)	Indicates a pause in the dialogue of participants of more than three seconds
]	Indicates an overlap in speech between interviewee and interviewer. For example, when the speech of interviewer has been interrupted by the interviewee
5 Well	Line numbers are provided when the location of dialogue within the interview as a whole is relevant
<i>if an</i>	Indicates a section of dialogue that is of a particular significance and form

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ULYSSES

(Verse 3)

There lies the port; the vessel puffs her sail:
There gloom the dark broad seas. My mariners,
Souls that have toil'd, and wrought, and thought with me—
That ever with a frolic welcome took
The thunder and the sunshine, and opposed
Free hearts, free foreheads—you and I are old;
Old age hath yet his honor and his toil;
Death closes all: but something ere the end,
Some work of noble note, may yet be done,
Not unbecoming men that strove with Gods.
The lights begin to twinkle from the rocks:
The long day wanes: the slow moon climbs: the deep
Moans round with many voices. Come, my friends,
'Tis not too late to seek a newer world.
Push off, and sitting well in order smite
The sounding furrows; for my purpose holds
To sail beyond the sunset, and the baths
Of all the western stars, until I die.
It may be that the gulfs will wash us down:
It may be we shall touch the Happy Isles,
And see the great Achilles, whom we knew.
Tho' much is taken, much abides; and tho'
We are not now that strength which in old days
Moved earth and heaven, that which we are, we are;
One equal temper of heroic hearts,
Made weak by time and fate, but strong in will
To strive, to seek, to find, and not to yield.

Lord Alfred Tennyson (1888)

CHAPTER ONE

INTRODUCTION

This thesis is about the experiences of older men. It examines meanings of ageing and disability in the lifeworlds of 14 older men. These meanings were developed through multiple interviews I held in 1998 and 1999 with seven older men who did not have a major disability and seven older men who had experienced a stroke.

My aim in undertaking this project was to add to our limited understanding of the experiences of ageing and disability for older men. Research into experiences of the lived body has largely focussed on younger people and on women; the lived older male body has received little attention.

This research focus initially emerged from my master's research where gender differences in caregiving families had surfaced as a matter of curiosity (Fleming, 1995). In subsequent discussions with my doctoral supervisor Cherry Russell, the relationship between ageing, disability, and gender (Arber & Ginn, 1995) was canvassed as a potential orientation for the study, especially as these were understood by older people themselves. The so-called 'ageless self' (Kaufman, 1986) was a concept that interested us. As well, our thinking was shaped by an awareness of the relative neglect within social gerontological research of an explicit focus on older men and on the lived experience of age-related disability.

Accordingly my research questions were directed towards experiences of being-in-the-world as a man who is old with or without a major disability. Being-in-the-world refers to the everyday practices of people in their worlds (Heidegger, 1962). The concept through which these phenomena were connected and consequently interpreted and understood was that of embodiment in old age. Embodiment is the site where ageing, disability, and masculinity intersect and dwell in the lives of older men.

In seeking to both understand and interpret the meanings of ageing and disability for older men I adopted the 'methodological lens' (Crotty, 1998) of philosophical hermeneutics. In particular, the philosophical hermeneutics of Hans-Georg Gadamer (1979) underpinned my approach.

Ageing is generally presented as problematic: a weak face of ageing (Gutmann, 1987). As I will show there is a strong face of ageing that challenges this public narrative of problem-filled ageing. Gendered meanings of ageing and disability were identified that show older men ‘working it out’ through activity, continuity, and change. These findings are understood as a strong face of ageing and living with disability – an understanding that is counter to the view that shrouds old age and disability in negativity.

Organisation of the Thesis

This thesis adopts an explicit and critical focus on older men. I place the lives of older men into the foreground and work out understandings of older men’s being-in-the-world. To set the scene for what follows, I begin with contextual understandings of ageing, disability, and masculinity in Chapter 2. I provide a review of the research and substantive literature pertinent to the focus of the thesis. This review encompasses demographic ageing, images and discourses displaying the weak face of ageing, feminised ageing, the alleged invisibility of older men, retirement, older men’s friendships, and disability. In this chapter are the concepts that enlarged my interpretive horizon. These include self-identity in old age (the ‘ageless self’ [Kaufman, 1986]), developmental psychological perspectives (generativity), views of the body and embodiment, masculinity, and sexuality. Another key concept – that of the ‘wounded storyteller’ (Frank, 1995) – is also described at this point. I have placed these aspects of the conceptual framework here primarily to achieve a logical flow in the presentation of the thesis, although some (notably generativity and the ‘wounded storyteller’) entered relatively late in the analytical process.

In Chapter Three I outline the methodology, research design and methods of the study. I begin with an explication of philosophical hermeneutics and its prominent place in the study. This is followed by a presentation of the design and methods. The research aims, objectives, and questions that directed my investigation are outlined before describing the processes of participant selection and recruitment, the format of the interviews, and the techniques of data analysis. I have co-located the conceptual understandings of narrative with the description of narrative analysis on the basis of their logical connection.

Many voices influenced this research product. I cannot locate and foreground all that has influenced production of the thesis. Yet, through adoption of a self-reflexive attitude, I have documented as best I can that which has reached the level of my consciousness (Koch & Harrington, 1998). My preunderstandings, my prejudices, are relevant in the context of the thesis and became part of the horizon from which I interpreted the phenomena under investigation. The prejudices from (a) my own ageing, (b) my being a male, (c) my being a nurse, (d) my encounters with older men, and (e) my interpretations of the philosophical, methodological, conceptual, and substantive literature on older men, were placed before the texts of the interview dialogue. This hermeneutic imperative of disclosure, then, directed me to provide explications of my situatedness as researcher and these are placed as relevant throughout the thesis.

The study findings are described in Chapters Four, Five, and Six. In Chapter Four I present the main themes worked out in the data as a whole. These were a priori themes of: the ‘ageless self’, problematic old age, friendship and sexuality; and emergent themes of activity and generativity. Activity was an overarching and unifying meaning of ageing in the context of continuity, change, generativity, and friendship.

The experience-as-told of ageing and disability for older men challenges the public view of ageing as weak. Rather it is characterised by activity and participation: older men told me they are ‘alive and kicking’. Activity is a unifying element in the experience of ageing for men and indicates continuity across the life-course. Keeping active in body and mind imbues later life with purpose and meaning. It is central to understanding how these men ‘worked out’ the experience of growing old and, for some, becoming disabled. Whether ageing with or without disability, living at home or in residential care, the lifeworld of older men is understood in terms of involvement and the need to be “still doing” (Koch, Annells, & Brown, 1999, p. 190). Most of them expressed identities that were ageless. These ageing identities counter negative perceptions of old age and enable the men to account for selves that are at odds with ageing-as-expected – the stereotypical view that ageing and being old will be a predominantly negative experience.

Life continuity was further seen through ongoing involvement in specific activities and activity settings. For many, activities from the past remained relevant. These included work-related, recreational, and leisure pursuits that they extended into later life. Moreover, most maintained a particular site for the realisation of an active, creative, and productive lifeworld. For some, this was an actual backyard shed where they pursued crafts and hobbies. For others, the 'shed' had been transformed to accommodate age-related change into a home office or the computer room. At the same time alternate activities were also pursued adding a dimension of change and diversity in old age.

Much of the activity of these older men revealed a desire to benefit others, to contribute to society, and to achieve some degree of immortality. I refer to this dimension of the men's activity as generativity (McAdams, 1993) or 'culture-tending' (Gutmann, 1987).

Friendship was another dominant theme in the men's accounts. In particular, they identified friendships with other men as significant in the lifeworld. The presence of wives and family did not negate the need for older men to maintain, and where necessary to cultivate, friendships with other men.

The final element to be considered here – sexuality – was something that I had been particularly exploring with these older men. I found, however, that it was generally not foregrounded in their experiences of ageing and disability. Although not entirely absent, sexuality – and particularly sexual activity – was not central to the lives of many of the men.

Chapter Five presents narrativised meanings of ageing revealing significant and active ageing identities. These meanings further extend the male interpretation of a strong face of ageing into a counternarrative of ageing. Overarching understandings were developed from the men's accounts of ageing. These were: 'ageless' and active ageing identities, an 'old' being-in-the-world, ageing in the context of disability, and male stories of generativity and friendship. In the counternarrative of ageing the men claimed identities that contradict public and stereotypical views of ageing and older men.

An ‘old’ being-in-the-world was realised in a minority of the men. Much of the time it was embodied in the physicality of ageing with bodily limitations highlighted in the narratives-as-told. For the younger men with disability there was a blurring of ageing and disability. The experience of disability for these men became difficult to separate from perceived limitations associated with being old.

In the men’s accounts of ageing, stories about generativity and friendship were prominent. There was much less space given to wives and family. The male gendered life events of war, work, sport, generativity, and mateship (friendship) dominated narrative space, leaving little for shared family concerns over the life course.

Chapter Six describes how the stroke-affected men experienced their illness and disability. I show how they responded to and ‘worked out’ their experiences of disability in narratives of activity, reconstruction, and hope. This understanding extends Frank’s (1995) framework of illness narratives (*The Wounded Storyteller*) to incorporate a male response to the catastrophe of stroke.

The overarching understanding of ‘working it out’ was interpreted in the meanings and activities associated with remaking the lifeworld after a stroke. The men talked at length about the stroke experience itself and the ‘unmade world’ of illness in the acute and unfixed phases immediately following the stroke. The participants were able, retrospectively, to describe the chaos of this period in their lives.

For these men full bodily restitution was problematic and a remaking of the lifeworld was required. For them, ‘working it out’ entailed the deployment of activities aimed at a hoped-for return to normalcy. The ‘quest’ narrative (Frank, 1995) provided a means for me to understand their responses. By extending this framework, I propose a male interpretation of living with disability.

Chapter Seven reviews the findings and considers their implications for future research and policy directions. The findings of this thesis add to our knowledge of older men’s lives. Inclusion of the body, and the foregrounding of disability have extended previous understandings explicitly to older men living today. These masculine and embodied meanings can be used to develop policy responses that recognise and address the specific needs of older men. Health care workers will be

able to apply these findings in their work and be able to design of intervention programs suited to older men's needs.

To be sure, this explication of the ageing and disability experience is limited to older men. Women, for example, grow old and experience disability yet I have only provided interpretations relating to older men.

Older men's lives, as the following chapters show, do not fit the public view of old age: the weak face of ageing. Rather, older men work out lives of substance in the face of the challenges of ageing and disability: a strong face of ageing. The key interpretation of this thesis is that older men through activity, generativity, and friendship continue to lead lives of possibility, hope, and meaning.

CHAPTER TWO

BACKGROUND: AGEING, DISABILITY, AND MASCULINITY

When gender has been 'brought in' [to studies of ageing], it has often been in terms of growing numbers of older women. Less often has there been an explicit focus on the category of 'older men'. This applies in policy debate, and in popular discussion, and indeed in sociological and other social science literature. In the case of sociological work, analyses of aging have not usually had an explicit and critical focus on older men. (Hearn, 1995, p. 98)

In this chapter I present an overview of contemporary understandings of ageing, disability, and masculinity.¹ My purpose is to take a critical stance and review the claims and images regarding older people, in particular, older men. Claims are made that older men are relatively invisible in contemporary social life. The majority of research specifically involving older men has focused on the perceived problems of ageing and the assumed difficulties that older men face. Within the burgeoning masculinity literature discussions of older men are rare, with middle-aged and younger men dominant. The weak face of ageing remains in centre stage. This critical review foregrounds the lack of research examining meanings of ageing for older men in terms of their lives as a whole.

Disability becomes more common with advancing age and is a key focus in the biomedical literature. Yet, in social gerontology, disability and the realities of biological ageing have been moved to the background by the agenda for positive and successful ageing. Disability in older men, like ageing, is given little 'air space' and is neglected in both the disability and masculinity literature.

I also set out the conceptual frame of reference that enabled me to interpret the understandings of older men with or without disability. Embodiment was a critical

¹ An earlier version of elements of this chapter appears in *Nursing Inquiry* under the title, *Older Men in Contemporary Discourses on Ageing: Absent Bodies and Invisible Lives*, (Fleming, 1999).

interpretive resource for understanding these men's lives. I use this term to refer to the lived experiences of ageing and disability. Conceptual understandings surrounding the ageless self, ageing and disabled bodies, and masculinity were also relevant in my interpretive endeavours. The significance of the concepts of generativity and the narrative quest in disability, however, emerged during my interpretive work but are outlined here to prepare the reader.

I begin this chapter with a brief review of demographic ageing. The imaging of ageing as negative and an obsession with the problems of old age depicts a weak face of ageing and is discussed in light of contemporary images and discourses. The generally limited research discourse involving older men is linked throughout the chapter to the various issues under discussion.

Critical concepts relevant to the study are introduced beginning with an overview of the ageless self (Kaufman, 1986). The ageless self is prominent in documented accounts of the ageing experience. This is followed by a review of relevant psychological perspectives on ageing. Generativity emerged as a major theme in the men's lives and I overview the claims made about generativity in older men.

Older men are then discussed vis-à-vis older women and in the context of their perceived invisibility and disadvantage. I then turn to disability in later life, in particular, older men and stroke. I include a review of stroke as it is a common cause of disability and I used the presence of stroke to sample for older men living with disability.

Ageing and disability are about the body and I discuss biomedical, dualistic, social, and lived interpretations of ageing bodies and the relationship to the concept of embodiment. Understandings of disabled bodies are presented as I expanded my interpretive horizon to incorporate known responses to disability. An overview of the emergent concept of the 'wounded storyteller' (Frank, 1995) and the narrative quest completes the section on disability.

I complete this chapter with a discussion of masculinity and sexuality. These are key elements of men's being-in-the-world and are previewed as discussion of the impact of ageing and disability was a focal point during the interviews.

Demographic Ageing

The ageing of the world's population is undeniable. People are living longer as advances in medicine and public health have pushed back the boundaries of death. The United Nations Population Fund (1993) estimates that between 1950 and 2025 the number of older people, that is those 65 years and over, will increase sixfold, from 200 million to 1.2 billion persons. This will result in an increase from 8 percent of the global population in 1950 to 14 percent in 2025. During this period, the proportion of people aged 80 or over will increase tenfold.

Population ageing in Australia, the so-called 'greying' of Australia, shows a similar pattern. Between 1996 and 2051 the proportion of older Australians will increase from 12 to 23 percent of the total population (Australian Bureau of Statistics [ABS], 1997a, p. 4). According to the Australian Institute of Health and Welfare [AIHW], "in 1976, one of six people was aged over 80; by 1996 it was one in five and by 2016 it will be one in four" (1998, p. 64). From these data, it is evident that living into old age has become, and will continue to be, a normal phenomenon in Australian (Western) society.

The "social consequences of ageing are not predetermined by demography. They are the product of historic policies and public attitudes which are changeable or at least modifiable. In this sense the consequences of ageing are 'socially constructed'" (McCallum & Geiselhart, 1997, p. 15). Therefore to understand the realities and meanings of older men's lives we must look at the images and social constructions formed of older people in general (de Beauvoir, 1972).

The Weak Face of Ageing

The discourses and imaging of old age that abound in contemporary social life combine to marginalise older people and largely present a weak face of ageing. The marginalisation of older people and obsession with the problems of old age results in this weak face of ageing. A balanced view of the realities of later life that gives equal space to the many older people who continue to fashion lives of quality is not generally evident in the discourses and imaging of old age. As Gutmann argues, older people have become victims and not heroes in our modern world (1987).

Hazan notes that language is “a reality-constructing device [which] sets boundaries for our universe of imagery and associations and fuses concepts, myths and symbols into accepted forms of communication” (1994, p. 13). The language we have available structures our thinking about older people (Blaikie, 1999). This “nomenclature of ageing” functions to perpetuate misunderstandings and negativities surrounding old age and, as a consequence, older people (Hazan, p. 13). For example, even allegedly value-free terms such as ‘the elderly’, ‘senior citizens’, and ‘old age pensioners’ carry with them negative images. A person is categorised as ‘old’, whether aged 65, healthy, active, and living independently, or aged 85, disabled and living in a nursing home (Hazan). This is the point Foucault made concerning the subject-defining effects of discourse (1976, 1979, 1980).

The discourses surrounding older people in contemporary society are shaped through the pervasive effects of ageism. Ageism refers to a stereotyping of and discrimination against people because of their age that oppresses older people and renders them powerless (Butler, 1969; Bytheway, 1995). Ageism usually manifests itself in discourses and images that create stereotypes which in turn sustain the marginality of older people (Blythe, 1981; Coleman, 1986; Coleman & Bond, 1990; Friedan, 1993; Hockey & James, 1993; Russell & Schofield, 1986; Thompson, Itzin, & Abendstern, 1990). Stereotypes operate in situations where there is little ‘real’ knowledge regarding the phenomenon in question.

Old age is a prime candidate for the ascription of stereotypes as knowledge of the experience of ageing is fundamentally limited and ambiguous. Direct experiences with older people by the non-aged are minimal, allowing the stereotypes to override perceptions “even in face-to-face situations” (Hazan, 1994, p. 28; see also Becker, 1994). It is argued that whilst there has been some shift in attitudes to older people, negative images are still deeply ingrained in contemporary society and therefore continue to fashion ageist discourses (Featherstone & Hepworth, 1990; Featherstone & Wernick, 1995; Russell & Oxley, 1990).

We, in the industrialised world, live in a youth-oriented, age-fearing society which is exemplified through the spotlight on the body beautiful (Riggs & Turner, 1997; Turner, 1994). The burgeoning ‘youth retaining’ industry of cosmetic surgery, lotions, potions, and so on attests to this emphasis on young bodies and imagery.

Consumer culture focuses on superficial appearances and older people become “reduced to their observable physical attributes” (Blaikie, 1999, p. 182). These attributes of physicality support the stereotypical images of old age as ugly and decrepit and place older people at the margins in popular culture.

These discourses and the imaging of old age, together with structural forces, for example, exclusion from work, lead to social constructions that disconnect older people from mainstream society (Elias, 1985; Esposito, 1987; Hareven, 1995). This disconnectedness results in a systematic segregation of older people from ‘normal’ society, both physically and psychically. Hazan goes so far as to say that this form of “social segregation ... defines the aged as non-humans and humans as non-aged” (1994, p. 18).

Older people are further re-positioned to the edges of contemporary Western society through the construction of old age as a problem (Hockey & James, 1993). At the social level the perceived “burden of dependency” of an ageing population has figured in “the stereotyping [and marginality] of old age for much of the twentieth century” (Blaikie, 1999, p. 58). Society at large, in the eyes of the economic rationalists, will be increasingly burdened by growing numbers of older people. This “apocalyptic demography” (Robertson, 1997, p. 425), coupled with an historical obsession with the problems of old age, has led to considerable economic, political, and health service response (Borowski & Hugo, 1997; Hazan, 1994; McCallum, 1997). Older people within these frameworks are treated as “useless dependants upon the young” (McCallum, 1997, p. 56) and “viewed through the prism of illness” (Hazan, p. 20) linking old age with ill health and dependency (Fennell et al., 1988) – the weak face.

This is what Friedan describes as “the aged-as-sick-dependent-approach: compassionate ageism” (1993, p. 16). This ‘compassion’ further exacerbates the perceived dependency of older people, a dependency that has to be ‘managed’ by the so-called ‘ageing enterprise’ (Estes, 1979, 1993/1997). This “medical-industrial complex” (Estes, 1993, p. 293) of aged care servicing is made up of political, welfare, and professional groups who, whilst compassionately caring for older people, perpetuate social constructions of illness and dependency (Friedan, 1993;

Hazan, 1994; Thompson, 1994). The health services are a major player in the ageing enterprise.

The result is a medicalised separation of adult life from old age (Blaikie, 1999). The focus here becomes one of health problems, in particular, medical problems, rather than broader aspects of health and wellness (Kaufman, 1994b). This medicalisation of older people's lives emphasises their health problems and obscures their everyday nonmedical needs (Thompson, 1994). Older people become defined in terms of their medical problems and not in relation to their lives as a whole – the part (the health problem) replaces the whole (the older person) (Hockey & James, 1993; Blaikie). Not only does this incorporate older people into the aged-as-a-problem framework, trivialising other aspects of their lives, it allows the medical-industrial complex to profit considerably.

The weak face of ageing has become a general interpretation of old age. In the following section I outline an individual understanding of old age, specifically how older people interpret self and identity. A prominent view of the self in old age is the so-called 'ageless self' (Kaufman, 1986).

The 'Ageless Self'

The concept of possessing an 'ageless self' was developed by Kaufman (1986) from her research with 60 middle-class older Americans. Kaufman reported, "when older people talk about themselves, they express a sense of self that is ageless – an identity that maintains continuity despite the physical and social changes that come with age" (p. 7). The ageless self is a non-linear, viable self-identity created out of interpretations of past experience and through the influences of current cultural contexts – a self that is created continuously across the life course.

The following dialogue from an 81-year-old man in Kaufman's study, Sam, personifies the conception of the ageless self:

SK: Do you feel differently about yourself now than when you were younger?

Sam: I can see that there are certain traits in me that have carried through from youth to now.... And, I've always been cheerful ... always been friendly. I still feel that way.

SK: Has 81 years been a long time?

Sam: No, I don't think so. I will be 82 this summer and I can't believe it.
(Kaufman, 1986, p. 11).

The ageless self, Kaufman (1986) argues, is counter to the 'old age as problem' public narrative as it reflects continuity and active involvement of older people in their social worlds. The continuity of the self across the life course is at odds with the view that older people disengage themselves from society. Rather, it suggests that older people attempt to maintain continuity of roles and activities as they age.

Other research also points to the realisation of ageless selves. Coleman, Ivani-Chalian, and Robinson (1998) studied the storied nature of lives in a group of 18 men and 25 women over the age of 80 years living in Southampton, England. These researchers found that a majority of the participants spoke favourably regarding their past and present lives. A striking feature, they considered, related to many references to contentment, pleasure, and enjoyment. Furthermore, Coleman and associates (1998, p. 401) found "positive accounts of old age" the "most striking aspect" of their research with older people.

In the recent interpretive English research of Conway and Hockey (1998) with 15 older, retired people (4 men and 11 women) the construction of narratives resisting stigmatising social identities was reported. Self identity interpreted as an 'ageless self' is evident in other personal accounts of ageing. Feeling young was reported in a study of older people living alone in sheltered housing in London (Coleman, 1986).

In another British study, Thompson and associates (1990) present a view of the ageless self as the title of their research monograph suggests: *I Don't Feel Old*. These

researchers interviewed 55 older men and women concerning grandparenthood and the experience of later life. In the study older people who considered themselves well did not feel old in themselves whereas those who felt old were ill, miserable, or both. In summary, the researchers noted in relation to the participants, “scarcely any of them thought of themselves as old. There was an apparent contradiction – a kind of disconnection, therefore, between how they looked, how they were, how they felt, and what they thought” (Thompson et al., p. 113). Explanations given by these authors included; (a) ambivalence to the ageing process by older people themselves; (b) definitions of old age based upon health and disability such that old age is understood as incapacity and ill-health; and (c) the lens through which personal ageing is viewed stays relatively the same over the years. These interpretations distinguished between wellness and disability and linked old age and disability together.

Roland Blythe gave older men and women living in an English country village the opportunity to talk about their lives (1981). A number of the older men and women who talked with Blythe offered accounts of ageing that depict the conception of an ‘ageless self’. This eighty-three year old man contended:

I’m perfectly fit but all my senses are a little bit down. I don’t think about being in my eighties – I don’t think about it ever! I might say, ‘Good God, eighty-three!’ but I don’t feel what this is supposed to mean. How do you feel eighty-three? What do they mean by ‘feeling’ your age? I feel nothing. I can do a day’s work with anybody; only all my senses are a little bit down.
(p. 270)

In a group of 21 older Australians, including ten older men, the majority reported selves that did “not *feel* old” (Deveson, 1994, p. 3, emphasis in original). For example, one of the interviewees, a 72 year old man, stated, “I don’t think I’m an old man in my mind; in fact I’m damned sure I’m not” (Deveson, p. 51). However this man goes on to say, “except that social occasions are for people to look their best, and it’s very hard for me to manage that now, in my mind. My best is past.”

Older people also stand in a social landscape that is linked to future generations. The psychological concept of generativity (Erikson, 1968) refers to the “concern for and

commitment to promoting the next generation” (McAdams & de St. Aubin, 1998, p. xx). Generativity emerged as a central element in understanding the lifeworld of the older men in my study. In the following section I discuss ego developmental stages as they have been related to middle and late adulthood. The literature points to generativity being strongest in middle adulthood.

Psychological Perspectives on Ageing

The concept of generativity has generally been linked in developmental psychology to understandings of middle adulthood. Generativity is related directly by Erikson (1968) to middle adulthood in the ego development stage of generativity versus ego stagnation. According to Erikson generativity:

is primarily the concern in establishing and guiding the next generation, although there are individuals who, through misfortune or because of genuine gifts in other directions, do not apply this drive to their own offspring. And indeed, the concept of generativity is meant to include such more popular synonyms as *productivity* and *creativity*, which, however, cannot replace it. [emphasis in original] (1968, p. 86)

In particular, McAdams and his colleagues (McAdams & de St. Aubin, 1992; McAdams, 1993; McAdams, Hart, & Maruna, 1998) have further developed the concept of generativity. Generativity is considered to be both about one’s self: the “desire to invest one’s substance in forms of life and work that will outlive the self” (Kotre, 1984, p. 10), and for others by providing for the next generation.

The ideas of Erikson have been further developed through the work of McAdams and colleagues into a model that explains this “complex psychosocial construct” (McAdams et al., 1998, p. 8). The model has seven components that are related to generative behaviour. The parts of the model include an *inner desire*, *cultural demand* and *concern* for immortality and nurturance of future generations underpinned by generative *belief*, *commitment*, and *action*. These elements are linked together and grounded in a *narration* of generativity that contributes to personal identity (McAdams et al., pp. 8-9).

Expression of generativity occurs through parenthood as well as in other life pursuits and other settings, for example, work, voluntary endeavours, religious, political, and community organisations, friendships, and leisure activities (Erikson, 1968; McAdams, 1993). The cultural demand for nurturance of the next generation results in adults adopting mentoring roles (McAdams et al., 1998). Of these many ways to be generative work is the least likely in later life. Therefore, as most men retire at or before age 65, generativity in later life is considered to be more evident in creative interests and family and community involvement (McAdams, 1993). In relation to later life ego development is viewed in a more limiting and narrow perspective.

Erikson's (1968) developmental theory of later life psychology refers to the ego development stage of late adulthood as *ego integrity versus despair*. Ego integrity is described as: an assurance of meaning and order; acceptance of one's life course; comfort with the dignity of one's own life style; a culturally developed and sanctioned "patrimony of his soul"; which results in death losing "its sting." If "accrued ego integration" is lacking then there is a fear of death, non-acceptance of one's life cycle, and despair that life is too short to "try out alternate roads to integrity" (1968, p. 87). Later life, then, is considered to be about acceptance and fear of death rather than activity directed towards the future and portrays, once again, another element of the weak face of ageing.

Gutmann (1968) also identifies developmental ego stages that he relates specifically to mature and ageing men.² Like Erikson (1968), the stages described by Gutmann locate action and achievement predominantly in middle adulthood. The stages described by Gutmann are: "alloplastic mastery" where the emphasis is on "control of outerworld affairs" to achieve and develop independence – seen in men aged 40 to 54, "autoplastic mastery" which emphasises "accommodation to the outerworld and changing the self," as opposed to the external world. Here "thought substitutes for action" and "philosophic resignation" begins to substitute for achievement and independence – seen in men 55 to 70; and "omniplastic mastery (or magical mastery)" where security and self-esteem are maintained by the defense mechanisms

² Gutmann and Huyck (1994) also identify specific developmental challenges for women, e.g. the post-empty nest period.

of “denial and projection,” as opposed to instrumental action against the external world or the self – also seen in men 55 to 70 (1968, p. 444).

Although generativity is arguably strongest in midlife, research exploring the presence of generativity across the adult lifespan displays contradictory findings. A study by McAdams and others (1998) found generativity to be strongest in middle adulthood and less in young and late adulthood. However, in a study by Keys and Ryff (1998) generativity was noted to show greater diversity in middle and often-late adulthood than young adulthood. Keys and Ryff also reported greater generativity in those with more years of education and in women.

Other research has reported evidence of generative activities performed by older men. Luborsky (1994b, p. 422) found that older men “reengaged” generative activity in their post-retirement lives. In particular, Kotre reported the presence of “cultural generativity” in later life that involves a mentoring role (1984, p. 12). Kotre reported on the mentoring role adopted by an older man he interviewed. Gutmann similarly described mentoring and culture-tending activities that are prominent, particularly in traditional communities (1987).

The notion of culture-tending incorporates the dimensions of “social stability and continuity” and whilst prominent in traditional communities, according to Gutmann (1987, p. 228) has been eroded in Western societies. This “deculturation,” Gutmann (p. 235) further argues, has resulted in the degradation of older people from a contributive and protective role to that of social and cultural insignificance. Through this limited participation in mainstream cultural life older people are apt to believe in the “weak face” of ageing (Gutmann, p. 251). Active participation, on the other hand, is likely to use the significant cultural resources of older people and engender feelings of control and less vulnerability.

Accounts of ageing have frequently ignored gender and when it has been included the focus has been on older women (Hearn, 1995). In the following section I move the focus to older women and then on to older men to show how the extant understandings of ageing neglect older men.

Older Women, Invisible Older Men

A fall in death rates has significantly lengthened life expectancy for Australians. Gains made in the first half of the century in terms of lower infant mortality and improved public health coupled with the recent effects of decreased mortality from cardiovascular disease and accidental deaths account for this phenomenon (ABS, 1997b; McCallum, 1997). By approximately the middle of this century it is argued that the relative imbalances between the different age groups will level out and most people will live into their eighties (McCallum & Geiselhart, 1996). In particular, these latter changes will increase the numbers of men surviving into old age (Job, 1994).

Yet there is a predominance of older women living in contemporary society. This phenomenon of greater numbers of older women (than men) has been described as the ‘feminisation’ of the ageing experience (Arber & Ginn, 1991; Gibson, 1998) and I discuss this as it relates to older men.

The life expectancy of an Australian male born in 1910 was 55 years, and for those born in 1995, it was 75 years. For an Australian female born in 1910 it was 59 years, and for those born in 1995 it was 81 years. When age 65 is reached, life expectancy for a woman is 19.5 years, whilst for a man who reaches 65 years it is 15.9 years (AIHW, 1998, p. 11). These gender differences in longevity have led to an imbalance in the numbers of older men and women (Coleman & Bond, 1990).

Despite these clear gender differences it has been argued that gender has been theoretically “under developed” (Ginn & Arber, 1995, p. 2; see also Gibson, 1998) in the sociology of ageing. Where gender has received attention, discussion has tended to focus on the impact of ageing on older women. The ‘feminisation’ of the older population is widely discussed in relation to its consequences for older women. For example, it is shown that older women are at higher risk than older men of experiencing poverty, loneliness, and institutionalisation (Arber & Ginn, 1991; Kendig, 1990; Walker, 1990; Zones, Estes, & Binney, 1987). The so-called double jeopardy of gender and age has led to older women receiving more attention in gerontological research (Arber & Ginn, 1991; Chappell & Havens, 1980; Fennell, Phillipson, & Evers, 1988; Ginn & Arber, 1995; Hearn, 1995; McMullin, 1995; Zones et al., 1987).

This feminisation has essentially had the effect of homogenising later life primarily as the experiences of older women (Aroni & Minichiello, 1992; Edgar, 1991). Research into the lives of older women has been, and still is, critical for better understanding of the ageing experience. However, gender imbalance and the social structuring of later life are also significant for older men.

Older men have been described as “invisible men in contemporary society” (Thompson, 1994, p. 1). This invisibility has been attributed to a number of factors: the lack of attention given to gender, the separation of older people from younger generations, stereotypical assumptions made about older men, as well as the smaller numbers of older men (Hearn, 1995). Hearn further argues that older men are “defined by virtue of their earlier death than women” and have become “constructed as predeath” (p. 101) linking the lesser numbers of older men to an image of inconsequentiality. The tendency to treat sex as equivalent to gender results in descriptions of older biological males rather than accounts of older men’s “cohort specific, gendered social lives” (Thompson, p. 7). Thus there is a failure to connect gender and ageing in the lives of older men.

Where older men have been given attention this is usually in relation not to their lives a whole but to particular health problems they encounter. This focus on older men’s biomedical needs is part of what Koch and Webb (1996, p. 958) have described as a “pathology perspective” towards older people in general. Older men, for example, are reduced to their enlarged prostates. A monograph by Wertheimer (1995) entitled *Total Health For Men: How To Prevent and Treat The Health Problems That Trouble Men The Most* typifies this problem focus.

In sociological research older men tend to be constructed as a ‘privileged minority’ (Gibson, 1998), leading relatively more comfortable lives than older women (Russell, 1997; Thompson, 1994). Certainly it is the case that older men, in comparison to older women, have fewer financial problems and more assets, experience better health, lead relatively active lives, and suffer fewer major detrimental life events such as widowhood (Thompson).

This ‘relative comfort’ of older men stems in part from the differences in longevity between men and women (Mathers, 1994). Older men are much less likely than older women to live alone, to lack informal caregiving support, to suffer loss, and to

become institutionalised (Bury, 1995; Russell & Schofield, 1986; Thompson, 1994; Walker, 1990). For example, in 1996 a majority of men aged 65 years and over were married and significantly fewer men than women were widowed (ABS, 1997c). Marriage is viewed as the main mechanism through which men achieve their superior access to support in later life (McCallum, 1996).

Older men are considered to be seemingly invisible in contemporary social life. Yet their lives are unique, are gendered, are diverse, and above all are real. A point that is reiterated by Thompson:

Although these [demographic] changes are imminent and will amend the past 60 years' feminization of the elder population, there is no need to wait until the baby boomers march into old age or until elderly men cast off their demographic invisibility before scholars begin to study older men's lives.... Logically, the diversity among young and middle-aged men does not disappear at age 65, 70, or 75.... Their gendered lives continue. (1994, pp. 6-7, 15)

How do older men's lives continue? "Do age and gender interact to affect older men's thoughts, feelings, behaviors, and relations with others? Do the two interact to affect men as a group?" (Thompson, 1994, p. 15). These are just some of the questions that we need to answer.

A very recent and welcome contribution to the scant literature on older men is the monograph by Koch, Annells, and Brown entitled, *Still doing: Twelve men talk about ageing*, published in 1999. These researchers asked older men to talk about their ageing experiences and reported that "time and time again in interview, the men focused upon what they had done, but more emphatically, upon what they are still doing" (p. 176). There was much evidence of activity, continuity and diversity in the lives of the older men in this study. This work offers a positive, strong face of ageing, and I noted a parallel with the fourteen men I talked with. Koch and her associates considered that the men in their study were "still doing, never done" (p. 190).

At the same time, the so-called 'advantaged' status of older men is viewed by some as problematic, open to question, and a further question I explored in the thesis. In

the following discussion I highlight some of the claims made concerning disadvantages of the male role, for example, social isolation and widowerhood, and research that has explored these perceived shortcomings.

Disadvantages of the Male Role

The male gender role is considered to result in intimacy and social network limitations for older men. Friedan claims that older men may well be shackled by their gender role:

It seems to me, now that we are emerging from rigidly defined sex roles, that men are as victimized in age by that lifetime of machismo as women by the feminine mystique. At least the women are still alive and open to new ways of intimacy, whereas the men their age, if not already dead, may still be barred by the remnants of that macho demand from any intimacy at all, except for, or even in, that narrowly defined genital role. (1993, p. 224)

Male gender socialisation is believed to result in difference and disadvantage in later life. For example, older single men through a lack of family ties and differing work and social practices are considered to have poorly developed social and family networks leaving them at a disadvantage (McCallum & Geiselhart, 1996). For instance, an Australian investigation into the time-use of older people living alone reported that men aged 75 years and over are more isolated than women of the same age range, spending 91 per cent of their time in their own homes (Encel, Kay, & Zdenkowski, 1996). Another Australian study (Russell, Hill, & Basser, 1996) also reported evidence of social isolation and loneliness in an investigation into the social health needs of disadvantaged inner city residents.

Rubinstein (1986) also focused on older men living alone based on their perceived vulnerability. In this study 47 older men living alone were interviewed to begin to address the neglect of older men in gerontological research. The older men in the sample ranged from 65 to 98 years with a mean age of 78 years and 29 (62%) of the group widowers. In the reported experiences of these older men the life transition of widowerhood was the most defining aspect in the lives of the married men and was

linked directly to subsequent loneliness and difficulty in adjustment. Friendship was found to be an ameliorating factor in adjusting to widowerhood.

In the Australian context, Riggs (1996, 1997) explored the impact of widowerhood through in-depth interviews with eight older widowerers. The findings suggested a continuation of the importance of women in their lives. The older men in their adaptation to widowerhood often continued activities previously undertaken by their wives suggesting an extended ‘presence’ of wives into widowerhood. A particularly important finding was the contention that older women have better social relationships than older men.

The separation of the generations through geographical and social mobility, according to Hearn (1995), has placed older people in the margins of social life. Therefore when older men become widowers this social distance comes into play. Further generational disadvantage occurs for older men vis-à-vis other male age groups. Life course analyses of the roles of men generally focus on younger and midlife men’s sociologies rather than those of older men (Hearn, 1995; Thompson, 1994). In a review of both the ‘lay’ and scholarly masculinity literature and media (eg. Buchbinder, 1994; Colling, 1992; Connell, 1983, 1992; Morton, 1997)³ I found that little, if any, attention was given to the intersection of ageing and masculinity.⁴ An Australian World Wide Web site on men’s issues called “Manhood Online”⁵ does not refer directly to older men in its menu of focal areas and a search of recent discussions failed to find any dialogue relating to older men.

Despite the fact that men have poorer health outcomes such as decreased life expectancy and more risky health-related behaviours, it is only recently that men have received specific attention in the policy and program domains (McCallum & Geiselhart, 1996). When men’s health is put on the agenda older men receive limited space. Connell and others (1998) recently developed a research agenda for men’s

³ The edited work of Sabo & Gordon (1995) entitled, *Men's Health and Illness: Gender, Power and the Body*, neglects age as a focal area and the experiences of men's health reported within are predominantly those of younger and middle age.

⁴ As Cameron and Bernardes (1998, p. 675) note regarding the men’s movement “much of this public attention ... centres on younger rather than older men.”

⁵ <http://www.manhood.com.au>

health that recommended just a single project or action (out of 30) specifically involving older men. Even the masculinity literature reflects the accent on youth, creating a platform for men, just as much as women, to fear ‘looking old’. David Ryback’s (1995) book entitled, *Look Ten years Younger, Live Ten Years Longer: A Man’s Guide*, reinforces ageist conceptions with the linkage of youthful images and longevity.

Rarely have older men been the focus in gerontological research and clearly more attention needs to be directed to the study of the lives of older men – the fundamental focus of my thesis. Others are also calling for more situated ageing research:

More theoretically informed research is needed (including qualitative studies of particular localities) which examines the constraints in later life (especially those of class and gender) and the individual and collective strategies people devise to deal with them. In addition, more empirical evidence is needed on how far the supposed effect of a postmodern culture influences people’s lives in different contexts. (Bury, 1995, p. 29)

Other elements of the life course have become stereotyped. For example, men have become victims (Guttman, 1987) of social constructions of retirement. The social structuring of retirement has created an expectation that this period of the life course is likely to be problematic for men – another facet of the ‘weak face’ of ageing.

Retirement

Retirement is commonly defined as the forced or voluntary (partial or total) withdrawal from the labour force usually between the ages of 55 and 70 years (Atchley, 1976; Encel, 1997). Retirement is a major transitional life event that has been considered problematic for men (Phillipson, 1990). Recent discourses on retirement, however, suggest that this image of retirement is changing within contemporary consumer culture and its emphasis on leisure (Blaikie, 1999).

Whilst retirement is a normative life event it has been often perceived as a crisis that leads to a decline in health and early death (Encel, 1997). The change from worker to retiree engenders a societal perception of negativity affording the person who is retired devalued social status. The social privileging of youthfulness and productivity

places retirees in conflict with ‘contributive’ members of society leading to resentment and reduced self-image (Phillipson, 1982; Shaw, Patterson, Semple, & Grant, 1998; Sussman, 1972). This problematising of retirement, Blaikie argues (1999, p. 63), began in the 1950s and pictured retirement “as a time of crisis and sickness.... [and] social death.” Consequently, the early literature often cast retirement as another problem of older age to be solved. An exemplar of this literature is the edited monograph by Wright (1968) entitled, *Solving the Problems of Retirement*. The title defines retirement as a problem and the chapter by Weir refers to social attitudes towards retirement under problem categories such as financial, social, and psychological (pp. 15-25).

However, there is little evidence in the recent research literature to sustain an image of retirement as a period predominantly of ‘doom and gloom’. As Russell (1996) has noted, the “prevailing stereotype of retirement for men as a generally negative period of disaffection ... is simplistic and misleading” (p. 45). A large body of research indicates that most retirees meet the challenge of retirement with no deterioration in health and adjust successfully to changes in lifestyle and social status. For example, Rubinstein noted “the transition from worker to retiree did not seem especially severe” (1986, p. 19; see also Fennell et al., 1992; Fudge, 1998; Gall, Evans, & Howard, 1997; McCallum, 1986; Reitzes, Mutran, & Ferndandez, 1996; Ross, 1977). Some older people continue in paid employment after retirement, maintaining and developing lives of substance and diversity (Encel & Studencki, 1996).

At the same time the retirement landscape is changing, particularly in Western countries. A trend towards early retirement has emerged with a dramatic decrease in the labour force participation rates of people between 55 and 64 years of age (Aroni & Minichiello, 1992; Blaikie, 1999; Encel, 1997; Fennell et al., 1988; Rosenman, 1996). It has become a socially expected final phase of the occupational life cycle. The early retirement movement has become a public narrative that reflects a social world that now emphasises consumption rather than production (Blaikie, 1999). This is noted, for example, in the growth of preretirement services and education. A recent study by Gee and Baillie (1999) reported that popular topics for preretirement education include financial management, hobbies, and health. The impact of such social change on future societies will be significant, particularly for those people moving from middle to later life. For example, the suitability of the abandonment of

productivity and the wholesale shift to ‘leisure and pleasure’ is questioned by interpretations developed in this thesis.

The last of the perceived disadvantages of the male role relates to their relationships with others. We are told that older men have to rely on the friendship and relationship resources of their wives.

Older Men’s Friendships

Friendship or mateship is an alleged defining and distinctive characteristic of men (Colling, 1992) and in this context refers to relationships with other men, particularly work-related friendships. Despite this assumed centrality of male friendship, older men’s friendship have not received much attention in the gerontological research arena (Adams, 1989, 1994; Ebersole & Hess, 1994) apart from the assumption that it is one of the ‘disadvantages’ plaguing older men. This limited research has found that older men have fewer close friendships than older women (e.g. Akiyama, Elliott, & Antonucci, 1996; Reisman, 1988) and that older men rely on the friendship networks developed by their wives and women friends (Adams, 1994; Powell, 1998; Riggs, 1997).

Two reasons for the lack of research into older men’s friendships have been offered. Firstly, there is less need to study friendship because older men are presumed to have or need fewer friends. This is based on the argument that work-related friendships are central to men and following retirement loss of work-related friends removes a significant source of male friends.

Secondly, friendship is considered more central in older women’s lives and as consequence has been studied more often. This has been compounded by the tendency in friendship research to compare older men with older women. Older women’s friendship patterns are then used to judge older men’s friendships without consideration of gender difference. Given that there is little known about older men’s friendships it is conceptually problematic to assume shared or different characteristics between older men and older women. What is needed is a “gender-informed approach to the study of friendship so that older men’s friendships can be examined on their own terms” (Adams, 1994, p. 175).

Older Men’s Relationships

Similarly, older men’s relationships, particularly in terms of family, are considered less significant in comparison to their wives. Some research has explored older men’s relationships and this research reveals contradictory findings regarding these assumptions about older men. Coleman and his associates (1998) reported that family relationships were strong in seven of the men in their study and this was considered to challenge to assumption that family relationships are more fundamental to older women. There was some unhappiness in the group and for five of the men this was related to the loss of productivity associated with work. In an American study Nouri and Helterline (1998) undertook life history interviews with 14 older men and 16 older women to identify how older people construct meanings about their life course.⁶ None of the male participants were reported by Nouri and Helterline to talk much about family. On the other hand, family was found to be central in the women’s stories.

A preunderstanding of mine that offers some explanation for the limited nature of older men’s relationships relates to community resources available to older men. Some of these resources are not attractive to older men thereby limiting opportunities for developing relationships with others. For example, I am familiar with research (see Russell, 1981, 1996; Vanclay, Selby, & Hall, 1984) that has reported the view that older men do not generally attend Senior Citizens Centres. In Rubinstein’s (1986) study the participants were asked why they did or did not attend Senior Citizens Centres. The reasons given for attending included; a need for some daily structure, instrumentality in terms of low cost meals, friendship and relationships with others, and community service activities, for example, voluntary work. Conversely, men did not attend as they were: ‘too busy’ either in actuality or possibly as a rationale for non-attendance, experiencing poor health, and limited by the nature of their own personal problems, for example depression and anxiety. As well, too many “undesirable ‘others’,” that is women, ‘old people’ (‘a somebody I

⁶ The following prime narratives or storylines were identified: “Achieving the American Dream of Success”: the American social myth of success following hard work; “Life as a Struggle”: a continual struggle throughout life; “Life is Simple”: a good life one receives more than creates; “God Determines”: the relationship with the world is determined by God; and “Life as Shared”: a storyline that always involves others, for example family members (Nouri & Helterline, 1998, pp. 43-49).

am not’), and a lack of service and activities designed specifically for men affected the desire to attend (Rubinstein, p. 244).

I now move the focus to disability and I discuss understandings offered regarding disability, and disability in later life. Like ageing, disability is generally viewed in a negative light, and older men are infrequently in the foreground.

Disability in Later Life

Social gerontologists have vigorously, and quite rightly, taken up the challenge of rectifying the stereotypes, generalisations, and discriminations of ageing, and against older people, through its positive ageing movement (Bevan & Jeeawody, 1998; Davis, 1994; McFee & Rowley, 1996). However, the realities of age-related degeneration, decline, and disability have thereby been minimised (Russell, 1997). As Turner asserts “the inevitability of biological aging presents important difficulties for the popular view that aging is simply a social construct” (1995, p. 250). Just as ageing is about the body, so too is disability. The limitations of ageism are now extended to the other extreme and we are left with either all or none.

Therefore, reliance on an ageing reference point that does not include disability, as Becker (1993) contends, marginalises significant numbers of older people whose lives are disrupted through illness and disability. Others also claim that the paradigm of positive ageing excludes many older people who don’t fit the criteria of ‘success’ yet achieve satisfying lives in differing ways (Blaikie, 1999; Scheidt, Humphreys, & Yorgason, 1999; Tornstam, 1992). The data below bears witness to this reality of an ageing population and points out the extreme marginalisation of deep old age, that is people over 85 years, in a positive ageing environment (Blaikie, 1999).

The 1993 *ABS Survey of Disability, Ageing and Carers* estimated that 18 percent of Australians had some degree of disability, defined as “limitations arising from dysfunction of mind or body” (McCallum, 1997, p. 60). Disability levels increase with advancing age. In this survey 67 percent of people aged 75 years and over reported one or more disabilities compared with 7 percent for the 0 to 14 years age group and 8.7 percent for the 15 to 34 years age group. Between 1981 and 1993 the prevalence of disability in the Australian population has increased, with age-specific

rate increases considered the dominant contributor to this phenomenon (AIHW, 1994, pp. 10-18; McCallum).

Men aged 65 and over have a higher prevalence of disability than women. The primary disabling conditions for men aged 75 and over are hearing loss (13.9%), arthritis (13.7%), and circulatory diseases (10.7%) Differences are also evident when disease patterns of men and women are examined. Men have an obvious health disadvantage with the incidence of serious and fatal illness much higher than for women. Deaths from lung cancer, suicide, and ischaemic heart disease are substantially higher in men than women (AIHW, 1994, pp. 10-13). These data challenge those who ascribe to the so-called positive ageing agenda and justify the foregrounding of disability in relevant ageing studies.

Older men and disability

Disability in older men, like ageing, receives little attention in the literature. Whilst *Older Men's Lives* (Thompson, 1994) is a much-needed addition to literature on older men there is not a specific chapter on disability. In a recent research monograph on disability, *Remaking The Body: Rehabilitation and Change* (Seymour, 1998), the oldest participant is fifty years of age. Recent national men's health conferences in Australia focused primarily on models of masculinity and health education for younger men (McCallum, 1996). Yet there clearly are older men with disability whose health and concerns are relevant.

In my work as a clinical nurse I encountered older men with disability. A group of older patients that stood out as having significant disability were those men who had experienced a stroke. On the basis of this and the knowledge that stroke is one of the primary disabling circulatory conditions for men, I chose stroke as the 'vehicle' to explore the embodied experiences of older men living with a disability. I will now describe the background of stroke including pertinent qualitative research studies involving older men.

Stroke

In stroke, the brain is deprived of its blood supply producing injury that may impair movement, speech, thinking, and the senses. It is a leading cause of death and

disability in Western countries. In Australia approximately 40,000 people each year will experience a stroke (Australian Brain Foundation, n. d., p. 1; AIHW, 1999, p. 24) and the incidence of stroke rises exponentially with age from 55 years (Matteson, McConnell, & Linton, 1997). Stroke is the leading cause of permanent disability in adults. The proportion of men experiencing a stroke is 30 percent higher than for women (AIHW, 1999, p. 24). Among older men, stroke is commonly associated with disability, accounting for 13 percent of all disabling conditions (AIHW, 1998, p. 68).

Most of research conducted on stroke is epidemiological and functional despite the fact that stroke is one of the leading causes of disability in later life. This body of research has predominantly focused on biomedical outcomes and consequences of stroke and stroke treatment (see e.g., Carr & Shepherd, 1982; Davis, Bamford, & Warlow, 1989; Mayo et al., 1999; Wade & Langton, 1987). It is only in recent times that research exploring the lived experience of disability from stroke has emerged in the literature.

This research has identified themes related to continuity and disruption, and the psychological and social effects of the stroke experience. As a whole these studies report differing outcomes ranging from loss and depression through to activity and growth in the face of the disruption of stroke.

In an existential-phenomenological study on the meaning of life after stroke Secret and Thomas (1999) highlighted both continuity and discontinuity in the lives of the seven male and seven female participants. Secret and Thomas reported themes of loss as well as effort to reduce the disabling effects of the stroke. Doolittle (1991, 1992) in a descriptive ethnography interviewed 13 stroke survivors (mixed sample) over six months reporting that loss of control over bodily movements was a major aspect of their experience that lasted throughout this period of living with stroke. Nilsson, Jansson, and Norberg (1997) interviewed recent (within 12 months) stroke survivors (9 men & 1 woman, aged 53 to 81) and also reported a continuation of crises that reached into the discharge period.

In a longitudinal program of research examining increasing dependence in the life course, Becker (1993) and Kaufman (1988) have reported on the disruption and recovery from stroke. Kaufman (1988) indicated that older people recovering from stroke re-examined and redefined themselves in the process of making sense of their

experience. Becker (1993) reported on the life course disruption of stroke in 100 cases from two studies spanning 8 years. There were 62 women and 38 men aged from 50 to 105 years in the group. An overall theme of creating “continuity in the face of disruption” (1993, p. 156) emerged from the data. In the course of the stroke experience redefinitions and reaffirmations occur as new and old activities are substituted or maintained. The point of this, according to Becker, is that “a view of continuity as encompassing discontinuous events avoids problematic terms such as ‘pathological aging’ and false dichotomies such as ‘normal’ versus ‘abnormal’ aging” (1993, p. 156). Similarly in an Australian study by Kendig, Browning, and Young (2000) older people reported activity to be important in mediating the impact of disability.

Hafsteinsdottir and Grypdonck (1997) discussed the findings of four qualitative studies pointing out that stroke patients set personal goals that are linked to past activities. The personal goals were noted to differ from the perceptions of health care professionals. The analysis identified psychological effects of the stroke having a major impact, creating stress for the person. Depression was present in a large portion of this stroke population. Social function in general was affected and considered by Hafsteinsdottir and Grypdonck to often diminish following stroke. In a phenomenological hermeneutic study of living with stroke by Haggstrom, Axellson, and Norberg (1994) involving 29 persons aged 60 to 91 years old four themes were identified. These were uncertainty; sadness and mourning; gratefulness, hope, and satisfaction; and isolation.

Driving, for men, particularly for the age cohort in this study is linked with freedom and independence. The loss of the ability to drive is reported as significant for men following a stroke. Pilkington (1999) and Hafsteinsdottir and Grypdonck (1997) reported this as noteworthy for older men. As this man pointed out in relation to driving, “it has something to do with the freedom – to be able to do what I want to do, when I want to do it” (Pilkington, p. 338).

All of the above studies involved both men and women in the samples and gender considerations were rarely highlighted in the research reports. This developing research discourse is increasing what is known about the lived experience of stroke.

However, studies are needed that explicitly consider gender as an organising element – a point this study has taken up.

Disability and disease do accompany old age yet, in the same vein as ageing studies fail to connect gender and ageing, disability has remained in the background and has consequently been theoretically under-developed (Becker, 1993; Kidder, 1993; Russell, 1997). In my comments regarding the limitations of the positive ageing agenda I pointed out the reality of disability in later life. This is not to say that disability represents the whole experience of health for older people but it is clearly not “the figment of an ageist imagination” (Russell, p. 9; see also McCallum, 1997). There is a need, as with ageing, to explore embodied disability in older men.

Older men are faced with the challenges of living with the bodily changes associated with ageing and, for some, with disability. The continuity of an ageless self appears to be challenged by the physicality of ageing. To further understand the relationship of the body and self in old age and disability I turned to the literature on bodies and embodiment.

Bodies and Embodiment

As Featherstone and Wernick maintain, “it is a truism to say that aging is about the body” (1995, p. 1). The body being referred to here is not the material body of natural science but the lived body of human praxis and experience (Lawler, 1997). Embodiment incorporates the notion of the body-self where the body and self are understood as reflexive and whole by the person (Giddens, 1991). Embodiment circumscribes for older people the historical and situated experiences of their bodies (Bytheway, 1996). It is the accretion of a lifetime of self-understanding and is the site where ageing, gender, and disability intersect and dwell in the lives of older people (Becker, 1994). Exploring embodiment with older people captures the “actual practices and experiences of being old and the ways in which the aging body works, and doesn’t work.... The struggles with bodily betrayals, stigmatization and various modes of disempowerment” (Featherstone & Wernick, p. 2). It is through embodiment that interpretation of the ways in which older people respond to and cultivate their body-selves in contemporary social life is possible. I used the concept

of embodiment to ground the thesis in the lived experiences of older men and their bodies.

The body as an organising concept has only recently gained the interest of social gerontologists (Becker, 1994; Biggs, 1997; Harper, 1997; Oberg, 1996; Turner, 1995). Although embodiment is now a prominent conceptual view of the body in sociology different approaches to the body have been adopted.

A Biomedical View: The Body as Machine

A preunderstanding of mine that became part of the conceptual framework is the notion of the 'body as machine'. The metaphor of the 'body as machine' is a prominent contemporary understanding of how the body is perceived (Balsamo, 1995; Boughton, 1997; Leder, 1984; Segal, 1997; Stibbe, 1998; Synnott, 1992). Synnott argues that the conception of the body as machine dates back to Rene Descartes who used the metaphor of a machine to explain the body. The body as a clock, as a factory, and in the twentieth century as a car, all signify mechanistic views of the body throughout history. This mechanistic conception of the body, although challenged and modified, is still evident today, for example, the biotechnological constructions of the body into systems (Synnott). In fact, many bodies of today are actually part flesh and part 'machine'.

In ageing it may well be that the body is regarded as a machine that has 'worn out'. I further understood that the concept of the body as machine could be significant particularly for the participants with disability, as the 'machine' was not functioning as normal. It was these aspects that I considered relevant in how older men with or without disability perceive their bodies.

Body and Self as Separate

Dualistic interpretations have separated the body and the mind resulting in the so-called Cartesian dualism or mind/body dichotomy (Scheper-Hughes & Lock, 1987; Lawler, 1991; Walters, 1996). The hierarchical elaboration of dualism has been the subordination of the body to the mind. Historically the mind began as the soul, the real essence of a person, and the ontological immortality of human existence. Whereas the body as a material entity is the physical earthly vehicle for the soul: at

times even a prison. The body then is always assigned a transient, secondary separateness from the superiority of the mind. The modern translation of the soul is the self, and dualistic notions still perpetuate the significance of the self over physicality in our being (Boughton, 1997; Oberg, 1996).

Western medicine epitomises a view of body-self disunity. In the domain of medicine the person is “a bounded, physical entity; personhood is coterminous with the extent of the physical body” with the self “as whole, complete unto itself” (Gaines, 1985, p. 231). It becomes difficult to view the experience of disability from an integrated body-self perspective (Scheper-Hughes & Lock, 1987). Reductionistic approaches such as the biomedicalisation of ageing also disembodiment experiences of ageing.

The ‘mask of aging’ (Featherstone & Hepworth, 1991; Featherstone, 1995; Featherstone & Wernick, 1995) also reflects disconnectedness and has been offered as an understanding of the relationship between the body and self in ageing. In the situation of an older person experiencing “severe bodily decline ... the outer body is seen as misrepresenting and imprisoning the inner self” (Featherstone, p. 227). The ageing process is considered to ‘mask’ the real person – an ‘ageless self’ trapped in a betraying body. The body acts a prison in which the real self is unable to escape.

The tension between external appearance and function and a youthful inner self is likely to increase as one grows older. The “vocabulary of aging” continues the separation of body and self by limiting the potential for self-expression outside of the stereotypical frames of reference (Featherstone & Hepworth, 1991, p. 382). How else does one feel but ageless, or concealed by a mask of ageing, if other interpretations are not available?

Important in understanding how body-selves are conceived is to consider social elements. The ‘body as social’ describes a conception of the body and the self that connects physical, cultural, and social understandings.

The Body as Social

In terms of embodiment, I practice in, on and through my body, a body that is “fundamentally social, since my ontology is necessarily social” (Turner, 1984, p.

233). Just as understanding and interpreting the experiences of ageing must include both natural (biological) and cultural viewpoints so must human embodiment be seen as incorporating ‘the social’ (de Beauvoir, 1972; Turner, 1984, 1995). The body is both a natural phenomenon and a social product: humans both have and are bodies. In the sense of ‘having’ a body, my body is a biological existent that I have some control over and which I can see, feel, and smell. At the same time, this ‘body of mine’ exercises control over me, for example my own bodily ageing, and I need it to do this seeing, feeling, and smelling (Kirmayer, 1992; Turner, 1984).

The body as social reflects the intersubjective nature of embodiment. Body-selves are there for the self just as much as for others: what Sartre describes as being-for-itself and being-for-others (1956). “Being-for-others,” argues Sartre, “is a constant fact of my human reality” (p. 280).

Therefore, embodiment is necessarily about situated body-selves that are shaped in and through culture. Whether it is the development of masculinity, or bodily ageing, cultural forces play a central role. Turner emphasises that “personal experience of embodiment is highly mediated by social training, language and social context” (1984, p. 246).⁷ Language is the medium through which we relate to our bodies and therefore our social practices. Moreover, language constitutes the mode of our total being (Gadamer, 1979; Heidegger, 1962). Through dialogue, understandings of ageing, gender, and disability will be realised.

The function of language, in a sociology of the body, is to shape being, the development of our body-selves (Kleinman, 1988). The body-self emerges in the context of intentional “endless practical actions” in everyday social spaces (Riggs & Turner, 1997, p. 229). Giddens (1991) extends this with recognition of the temporal and reflexive nature of the body-self. Self-identity “is not something that is just given, as a result of the continuities of the individual’s action-system, but something that has to be routinely created and sustained in the reflexive activities of the individual” (Giddens, p. 52).

⁷ The influence of culture or the social is also relevant to the so-called ‘biological’. What has been considered biological is determined not by nature, but by culture. For example, diseases are ‘humanised’ by classification systems that arise out of ‘culture’ not ‘nature’ (Turner, 1984).

It is important in relation to this thesis to acknowledge that the character of the body-self is “reflexively understood by the person in terms of his or her biography” (Giddens, 1991, p. 53). Such an interpretive dimension is relevant for me as a means of access to the experiences of body-selves.

The body has become central in our contemporary consumer culture (Blaikie, 1999; Frank, 1990, 1991; Riggs & Turner, 1997; Shilling, 1993). This has led Bryan Turner to describe contemporary society as a “somatic society” (1995, p. 258). Feminism and, only in more recent times, the so-called ‘men’s movement’ both have also directed attention to bodies (Davis, 1997; Morgan & Scott, 1993; Seymour, 1998; Turner, 1991). Medicine has changed the demographic face of human populations through increases in longevity and a concomitant rise in levels of disability. In this environment the influence of consumer culture has led to the body becoming a project of modification and commodification as one attempts to control ageing and maintain a youthful ‘normal’ body (Featherstone & Wernick, 1995; Lupton, 1994; Riggs & Turner, 1997).

A key element in this ‘somatic society’ is control of the body-self to keep the desired self-identity going (Giddens, 1991): in particular, an identity based on bodies that are “young, thin, sexual and successful” (Davis, 1997, p. 2). A related aspect in the concept of the body as social is the influence of discourses on views of the body.

Michel Foucault (1976, 1979, 1980) has been instrumental in directing attention to the body, in particular, the social construction and regulation of the body by discursive practices (Davis, 1997; Lawler, 1991; Lupton, 1994; Peerson, 1995; Peterson, 1994; Turner, 1984). The body within this conception becomes an inscribed text ‘written on’ by regimes of knowledge and power (Anderson, 1995; Parker, 1997). Government of the body, argues Foucault, is at the heart of political, and therefore social, control of human populations (1980).

Giddens (1991), applying the work of Goffman (1963) on bodily self-management, describes threats to ontological security when normal appearances are compromised. Ontological security relates to stable feelings of self-identity and biographical continuity. The body-self in ageing and in disability has the potential for anxiety and ontological insecurity through a disruption in the desired narrative (Giddens, 1991; Lupton, 1994). Ageing and disability, then, bring body-selves into relief in different

though related ways creating difficulties for biographical continuity. It was these focal points that directed the choice of men in this study – men who were ageing and men who were disabled.

Negativity surrounding old age can produce existential anxiety not only through actuality but also through fear of becoming old. In other words, what you despise you will become. It becomes “no longer acceptable to allow one’s body to age gracefully, for age has become a negative cultural value” (Lupton, 1994, p. 38). Control of populations is brought about through the biomedical discourses of health and medicine, a point that is highly relevant for older people given the problematising and subsequent medicalisation of old age. The discursive nature of discourses on ageing is understood to be pivotal in the social construction of bodies.

However, an exclusive focus on the impact of discursive practice limits our understanding of the nature of body-selves. Turner in a critique of what he calls the “discourse determinism” of structuralism argues that this approach, whilst highlighting the significance of social control, does not present an adequate phenomenology of the body. There is a neglect of the “sensuous potentiality” of human embodiment (1984, p. 250; see also Seymour, 1998; Shilling, 1993). In particular, it is noted that in Foucault’s writings the contribution of bodies “to their own experience within the milieu of power ... remains an under-developed theme” (Anderson, 1995, p. 72). Embodiment, as the lived experience of my body, allows for an effect of human agency, the expression of individuality, and above all the shared horizon of my world.

The Body as Lived

The body “is the vehicle of being in the world, and having a body is, for a living creature, to be involved in a definite environment, to identify oneself with certain objects and to be continually committed to them” (Merleau-Ponty, 1962, p. 82). As embodied beings, “all that we are, and can be, is bound up” (Geanellos, 1998b, p. 240) in our being-in-the-world. Moreover, the experience of the lived body is fundamentally linguistic, historical, social (intersubjective), and ever changing, acknowledging the collective “bodily inheritance” (Geanellos, p. 240; see also Turner, 1984) that we are. The body as lived offers an expanded horizon of

philosophical hermeneutics and provided me with a conceptual lens through which I explored and interpreted the embodied experiences of the participants.

A phenomenological understanding of the body explains the relationship between self and body in the context of everydayness (Gadow, 1980). In everydayness or “primary immediacy,” the body and self are in unity and “the immediacy of the lived body is the immediacy of being-in-the-world, of feeling able to affect one’s world and be affected by it” (p. 174). Furthermore, “the lived body is not the instrument with which I act: it is my acting” (p. 174). When the unity of self and body is disrupted there is a self–body distinction.

The body-self relationship in ageing is interpreted not as self and object but rather as “aesthetic immediacy: the subject body” (Gadow, 1980, p. 172). The body as subject allows inclusion of the body as part of the self, granting the body a being-in-world. The body-self becomes “capable of those activities which distinguish a self from an object. It can formulate and enact aims, purposes, value, meaning” (p. 180).

In the experience of ageing the body is typically cast in negative terms with the body becoming “an obstacle of the self to the point of appearing no longer passively resistant but actively hostile” (Gadow, 1980, p. 179). The self becomes oppressed and body and self remain in opposition. The objectification of the body in this sense is often conceptualised in terms of the mind–body dichotomy.

Significantly, for ageing body-selves that are limited in some ways, new capacities are possible with this “intrasubjectivity” of body-self relationship. This is a relation where “the self recognizes the body as another manifestation of selfness – moreover, the one that is the most difficult to understand, if it is not until aging that the subject body is fully acknowledged” (Gadow, 1980, p. 181). The aesthetic immediacy of ageing body-selves, then, is “a complex balance of form and freedom, in which both subject and object reciprocally affect and develop one another” (p. 183). This expanded view of the body as social and as lived enabled me to interpret aspects of the ageing body-selves of the men in the study.

In the following section I review research that has investigated meanings of the body and embodiment in relation to ageing. Although there is minimal research involving older men some research relevant for this thesis has been published.

Embodiment Research

There are few reported studies explicitly examining embodiment in older men. What little exists is based on studies with mixed samples of men and women in which there are usually more women than men and gender differences tend to be blurred. However, these research findings do provide evidence of disembodied and dualistic interpretations of the ageing experience. The study by Oberg (1996), which investigated meanings ascribed to old age by 37 older Finnish men and women aged between 73 and 83 years, exemplifies this theme. Through in-depth interviews meanings of old age in the past, present, and towards the future were explored. Oberg argued that the body often remains absent, or is expressed in dualistic attitudes, in life narratives and biographical data. To overcome the potential lack of inclusion of the body, a mirror was used to facilitate inclusion of the body in the self-perceptions of the participants. The participants were asked to comment on their image in a full-length mirror. Through analytic induction two dualistic ‘ways of life’ were identified - ‘The Bitter Life’ or problem-filled, dysfunctional ageing, and ‘The Sweet Life’ or successful ageing (p. 711).

According to Oberg (1996) the notion of the ‘mask of ageing’ is prominent in problem-filled ageing. It is used as a coping strategy to distance self from a dysfunctional, betraying body. A body betrayed through loss of control (incontinence) or a body that doesn’t work as it used to (reduced mobility) isolates the ‘real’ person. Hence, the true self of the person becomes trapped in a ‘broken body’. The comments by an 83-year-old man in this study were used to present the interpretation of ‘problem filled ageing’. He said, “when you see yourself in a photograph ... you are usually surprised that you look so miserable when you are old.... *You hardly want to recognize yourself in a photograph*” (p. 712, emphasis in original).

In ‘the sweet life’ Oberg (1996) suggested there is adaptation to bodily changes associated with ageing, the so-called ‘experienced body’ and an inclusion of the body in self-expression. This is similar to the aesthetic body-self in which there is a balance between self and body (Gadow, 1980). A man (76 years old) from the study reported, “I see an ageing man [in the mirror].... I can see, of course, that it is a tired, elderly face, but it has 70 years behind it (Oberg, p. 714, bracketed text in original). At the same time, Oberg noted a presence of dualism even in ‘the sweet life’ with

differences between the experienced body and the perception of an ageless self on the inside.

In conclusion Oberg (1996) maintained that meanings of ageing are socially constructed through practices that perpetuate dualism and continuity, that is, the ageless self in an experienced or betraying body. Oberg recommended the promotion of an alternative paradigm: one of development and change allowing older people to view themselves positively as a whole, integrated in self and body. This view has significant implications in the development and imaging of body-selves in ageing, gender, and disability.

Ageing in relation to intimacy, identity, and embodiment was investigated in an Australian study involving in-depth interviews with a group of 37 women and 14 men aged between 55 and 90 years (Riggs & Turner, 1997). Self-identity was reported to be a continuous process across the life course and the participants expressed predominantly positive appraisals of old age. Differences in expectations of old age were noted with increased control over life and an interest in the wider society maintained into later life. Intimacy was considered by these participants to be vital in sustaining a positive self-identity, as one grows old.

In the United States the notion of the lived body was used in a comparative study of meanings of frailty and autonomy in a group of 16 women and 12 men aged 80 years or older (Becker, 1994). Corresponding evaluations were obtained from attending health care professionals. There was a discrepancy noted between the health care professionals' and the participants' interpretations with frailty only considered a part, and not the whole, of the participants' identity (see also Kaufman, 1994b; Becker & Kaufman, 1995).

Findings from the limited research applying the concept of embodiment suggest that the physical body is significant in how the sense of self is interpreted in later life. Becker (1994) concludes that the concept of the lived body needs to be utilised further in interpreting the ageing experience.

Disability

In this section I extend the discussion on the body as machine, social, and lived bodies to the context of disability. I complete this discussion with a review of the body and illness conceptual framework of Arthur Frank (1995). These ideas provided me with a background for interpreting the experiences of the men with disability.

The Body as Machine in Disability

In disability, the body is viewed as a machine that has broken down (Cameron & Bernardes, 1998). The functionality of the body is perceived in terms its mechanics and work needs to be done to ‘fix’ the broken body (machine). In the case of stroke, for example, the broken malfunctioning body becomes a project to be worked on so as to fix the body machine and return functionality to the body.

The Social Body in Disability

In disability the potential to disrupt biographical continuity and produce ontological insecurity is realised through disturbances in bodily appearance and action. Self-identity is challenged through the impact of the disabling condition. Discourses of disability then continue to ‘construct’ bodies in a similar fashion to ageing bodies.

The Lived Body in Disability

The lived body in disability is considered to be in a state of “disrupted immediacy” (Gadow, 1980, p. 174). In disability there is an opposition of body and self. The taken-for-granted place of the body is no longer and the body becomes an “object body” (p. 175). In this sense the “body and self are experienced as acting upon one another” leading to a relationship of conflict between self and body (p. 174). In disability the lived body-unity is absent and the body is recognised as an existential otherness in relation to the self. For example, a person with paralysis as a result of stroke “experiences the existential object body in using the arms to lift a paralyzed leg” (p. 176).

A return to body-self unity in the experience of disability involves a “cultivated immediacy: harmony of the lived body” (Gadow, 1980, p. 177). The limitations of

the body are overcome through bodywork that enables a recovery of body-self unity. The struggle “between self and body ... [is] essential for ... mastery to be achieved and the limitation transcended” (p. 178).

How people respond to illness and deal with the associated disabilities has received further attention in the literature. The bodywork to overcome the limitations of disability is incorporated in the following conceptualisation of illness narratives.

Wounded Storytellers

Arthur Frank (1995) in his monograph entitled, *The wounded storyteller: Body, illness, and ethics*, outlines a conceptualisation of responses to illness and disability. This approach to understanding illness and disability incorporates the body as a central theme.

A quartet of problems of embodiment is described, these being; “control, body-relatedness, other-relatedness, and desire” (Frank, 1995, p. 29; see also Frank, 1991). All of these problems require body-selves to ‘work them out’ and the ways in which this is achieved produces a typology of “ideal typical bodies” (1995, p. 29). These ideal typical body forms are; disciplined, mirroring, dominating, and communicative. It is important to note that real body-selves are always fusions of these body types without ever maintaining the idealised form. However, these ideal types do, argues Frank (1995), provide a language for interpreting the responses of real people.

Control

Control as a body problem is about the capacity for people predicting and therefore controlling body function. In disability the everydayness of body control is disrupted and there is a loss of predictability (Frank, 1995). The question of body control ranges along a continuum from predictability to contingency, with contingency reflecting the disturbed control associated with disability. Responses to issues of control vary from striving to regain predictability to acceptance of contingency.

Body and Other-relatedness

In respect to body-relatedness there is a continuum where, in my case, if I were associated with my body then I would believe I am my body. At the other end of the

continuum if I am dissociated from my body I would believe that I only have a body. Through disability the association with one's body is brought into relief and challenged (Frank, 1995). The notion of disrupted immediacy (Gadow, 1980) is understood as a similar understanding of the body and self in the case of disability. For some men the body is best managed in a dissociated way and becomes an object to be worked on: the so-called body as project (Cameron & Bernardes, 1998).

In our shared worlds we are brought in relation with other bodies and therefore what Frank (1995, p. 35) calls “other-relatedness.” The relations with other bodies range from being monadic and “existentially separate and alone” through to being dyadic and therefore accepting of others (Frank, p. 36).

Desire

Desire, the “quality of *more*” is challenged, particularly in situations of illness and disability (Frank, 1995, p. 37, emphasis in original). Given that desire incorporates at one extreme bodies productive of desire, at the other bodies lacking in desire, then illness places into question the capability of desire. However, chronic illness and disability hold certain social expectations that shape the interpretation of desire. Moreover, attitudes surrounding the ability for productiveness by older people also contribute to the problem of desire.

Body Types

The idealised body types that take shape from these problems of the body in illness can be summarised as follows: the disciplined body reflects action in the form of self-regimentation; the mirroring body attempts to recreate the body in the images of other bodies - more stylish and healthier bodies; and the communicative body is associated with itself and accepting of the contingency of its illness. Moreover, the communicative body is ethical and exists for others (Adapted from Frank 1995).⁸

⁸ Another ideal body type identified by Frank is the dominating body (1995). This body is dyadic in its relation to others thereby dominating others. The dominating body-self is unlikely to narrate how they dominate others rather it is others who will talk of this domination.

The choices acted out by body-selves reflect the reciprocity of our relationship with our bodies and within the constraints of particular social contexts. There is not a definitive ordered and stable typology of body-selves. Rather there is always a continuum of particular responses contingent on meanings derived in context (Frank, 1995). Therefore at varying times a particular body type will emerge as central or may well overlap with others. Applying the platform above Frank outlines a series of particular illness narratives that describe responses to illness and disability.

Chaos Narratives

The illness event precipitates an unmaking of the person's world (Scarry, 1985) and produces chaos. The person in the midst of this chaos:

is, preeminently, the wounded storyteller, but those who are truly *living* the chaos cannot tell in words. To turn the chaos into a verbal story is to have some reflective grasp of it. The chaos that can be told in story is already taking place at a distance and is being reflected on retrospectively. (Frank, 1995, p. 98, emphasis in original)

Restitution Narratives

This general type of illness narrative is underpinned through talk of restoring oneself to health again. However, chronically ill people are not prominent tellers of restitution narratives. In illness of a chronic nature, for example a person with a significant disability, the hope of a restored body has generally been relinquished. The restitution narrative, argues Frank (1995), is normalised in popular culture and, in particular, by medicine with its cure ethos. It is the expected story line 'out there' and alternative narratives such as those of illness are excluded from the discourse of medicine.

Quest Narratives

Quest narratives tell of the search for "alternative ways of being ill" (Frank, 1995, p. 117). It is essentially a journey that begins with a departure from 'health'. This then leads into an initiation into the world of illness often with what Campbell (1972, as cited in Frank, p. 118) notes as an initiation "road of trials." The 'road of trials'

signifies the discomforts, problems, and losses encountered. The end of this journey involves a return to a state of relative stability in body-self yet still remaining marked by the illness. The genre of quest narratives includes: *the memoir storyline* where the illness narrative is combined with other life events: an interrupted autobiography; *the manifesto storyline* where the person learns a ‘truth’ about the illness and disability experience that others must hear; and *the automythology narrative* surfaces when restitution does not happen and other stories have to be constructed otherwise the narrative wreckage will become real (Adapted from Frank, 1995).

I listened to the illness narratives of the men in this study and found that notion of a quest had relevance as an interpretation of how they reconstructed their lives in the wake of the wreckage of stroke.

In the next section I explicitly discuss conceptions of male gender expression – masculinity. Gender and masculinity are significant in the structuring of social life and how these elements are conceived in relation to men was an important part of my interpretive horizon.

Gender and Masculinity

Gender is considered central to understanding men and I use the construct of masculinity (or masculinities) to refer to dimensions of maleness. However, older men’s masculinities are relatively absent in the literature and this raises the question as to whether older men are really considered to be genderless (Thompson, 1994).

Characteristics of maleness have been broadly ascribed under the umbrella of hegemonic masculinity (Buchbinder, 1994; Bulbeck, 1998; Connell, 1987, 1995; Gerschick & Miller, 1995). Hegemonic masculinity embodies the ideals of physical ability, independence and self-reliance, and the dominance of doing rather than being, activity rather than passivity (Gerschick & Miller, 1995; Sabo & Gordon, 1995). This broad form of masculinity is constructed in relation to “various subordinated masculinities [eg. homosexuality] as well as in relation to women” (Connell, 1987, p. 182). It is considered by male gender theorists as fundamental in gender identity, is the dominant form of masculinity, and is promoted as a cultural ideal for men (Connell, 1987; Seymour, 1998).

Another concept of the male body is offered in the literature – the male ‘body as machine’. The ‘body as machine’ metaphor is considered to be particularly relevant to how men perceive their bodies. Sport, for example, is considered a defining element of masculinity and “male athletes learn to regard their bodies mechanistically” (White, Young, & McTeer, 1995, p. 162). In this mechanistic view, “men tend to deal with the mechanics of their bodies – inputs, outputs and effects” (Cameron & Bernardes, 1998, p. 682).

The influence of the contemporary men’s movement has led to more research on men. Despite this increasing interest in men and masculinities, and the acknowledgment by male gender theorists that it is through embodiment that masculinity is expressed, male embodiment has been given little attention in masculinity studies generally, and even less research has directly explored embodiment in older people (Newman, 1997; Turner, 1995). Embodiment research has been generally oriented towards younger people and women. Morgan (1993) argues that construction of men as rational and less emotional therefore less embodied (than women); and the ‘problematizing’ of women’s bodies therefore more embodied (than men) has led to more research with women.

Whilst most of the literature and research on masculinity neglects older men and therefore does not offer any real conceptions of masculinity in later life, hegemonic masculinity did provide me with a starting point. How older men ‘do gender’ (Thompson, 1994) became a focal point in this thesis.

On the other hand sexuality has received considerable attention in the literature albeit limited in its scope. I begin with a brief overview and then discuss sexuality in relation to older people, older men and research discourse.

Sexuality

Sexuality is multidimensional, that is, physical, relational, inscriptional (masculinity, femininity), and is a fundamental life domain (Bulbeck, 1998; Lupton, 1994; Marsiglio & Greer, 1995). Recent theorising of sexuality by Connell and Dowsett incorporates and extends postmodern and poststructuralist viewpoints to argue that “society does not simply construct sexuality, society is constructed sexually ... [and] we must think of sexuality in terms of historically dynamic patternings of practice

and relationship, which have considerable scope and power” (1992, p. 70). As Keat (1990, p. 295, after Foucault, 1976) points out, bodies too become “sexualised.”

Sexuality is considered a defining constituent of masculinity (Lawler, 1991; Marsiglio & Greer, 1994; Miles, 1991). Similar to the public narrative of hegemonic masculinity, culture provides a social script for structuring and experiencing male sexuality (Buchbinder, 1994; Foucault, 1976; Gagnon & Parker, 1995; Gagnon & Simon, 1974).

Sexual patterning and imaging of old age is predominantly negative in the public arena. Older people are deemed asexual and neither capable of, nor inclined to seek sexual satisfaction (Blaikie, 1999; Hockey & James, 1993; Russell & Schofield, 1986). Older bodies are constructed as unattractive and therefore undesirable. These stereotypes are now under challenge from the positive ageing movement which contests the stereotypical and negative views of older people and old age (Matteson et al., 1996), arguing, for example, that sexual expression remains significant in the lives of many older people (Davis, 1994).

Much of the research discourse on sexual performance and attitudes to sexuality (e.g. Bortz, Wallace, & Wiley, 1999; Mulligan & Moss, 1991; Segraves & Segraves, 1995; Steinke, 1988) has aimed to challenge the ageist, stereotypical asexuality of ageing through systematic study. Literature from the seminal work of Masters and Johnson (1966) to now (e.g. Butler & Lewis, 1993; Meston, 1997; Schiavi, 1996) has reported findings that challenge these stereotypes of ageing sexuality.

In relation to discourse on sexuality in the ageing of older men themes of sexual performance, negative attitudes to sexuality, and the nature of sexual change are evident. To be sure, the ageing process does affect older men’s sexuality, for example, altered function such as erectile problems, and research in this sphere is warranted (Ebersole & Hess, 1994; Marsiglio & Greer, 1994; Weiss & Mellinger, 1990). However, most research has either focused on the frequency and impact of impotency or the documentation of sexual activity in older people (e.g. Bretschneider & McCoy, 1988; Johnson, 1996; Martin, 1981; Weiss & Mellinger, 1990). Other factors such as sexual stereotypes (Hayslip & Panek, 1989), quality of previous relationships, and health status (Marsiglio & Greer, 1994) are proposed as relevant in older men’s sexuality yet given less attention. Scant research has addressed older

men's embodied interpretations of their changing sexualities, a point I have taken up in this thesis.

Gutmann (1987) and Gutmann and Huyck (1994) have investigated the nature of later life sexuality in older men and have described a developmental understanding of this process. These authors apply the notion of 'androgyny' to understanding sexuality in older men. Androgyny is described as the process whereby "older men leave behind the sexual and role masculinity ... to experience a broadened gender style.... [and] reclaim some of their blunted 'feminine' component.... Own[ing] as part of themselves the accommodative qualities of sensuality, affiliation, and nurturance" (Gutmann & Huyck, p. 66). They argue that through such a developmental change there is less reliance on masculine ideals such as physicality (sexuality) and independence.

Recent qualitative research appears to support this view. In a study of men's lived experiences of prostate surgery, Pateman and Johnson noted, "it was perhaps surprising, given the nature of the operation [transurethral prostatectomy], that only three respondents mentioned sexual issues" (2000, pp. 55-56). These researchers further concluded from an interview with a couple "that loss of a sex life would not be a major issue" (p. 56).

The formulations of hegemonic masculinity, the body as machine, and androgyny offer potential horizons for interpreting older men's gender expression. Certainly in relation to gender and sexuality normative dogma prescribes gender expression (Buchbinder, 1994). Yet, meaning is always mediated and older men stand in a changing socio-political landscape. Therefore how older men respond in contemporary culture can be captured through their participation in interpretive endeavours such as this thesis.

Chapter Two Summary

The imaging of, and much of the discourse related to older men in contemporary society are stereotyped, problem-focused, and encumbered with negativity. Research into the nature of older men's lives is consequently restricted in its scope and direction. It is the weak face of ageing that is given centre stage. The masculinities of older men are conspicuously absent in much of the men's literature

with the dominant discourses of youth and middle age combining to ‘white-out’ the presences of older men (Thompson, 1994). These ‘pre-death’ older men who have already lost out in the ageing stakes are stereotyped as ‘amasculine’ and even “not men at all” (Thompson, p. 13). In sum, older men in contemporary society are forgotten and have become “relatively redundant, even invisible ... in terms of life itself” (Hearn, 1995, p. 101; see also Rubinstein, 1986).

Yet men are living into late old age, and in increasing numbers (Job, 1994; McCallum & Geiselhart, 1996). It is time to connect gender and ageing in studies of older men. Demographic projections propose that in the next century there will be larger proportions of older men than currently and the gender ratio may well close considerably as the trend of more gender role-equality continues (Job, 1994). Social gerontologists have predominantly studied the problems faced by old men rather than their lives as a whole.

The romantic construction of later life by the positive ageing activists creates an injustice for older men akin to the pessimistic economic rationalist views of ‘gloom and doom’ (McCallum, 1997). Either of these sides adopted ‘en bloc’ misrepresents the actualities of ageing for men (Scheidt et al., 1999). As Rentsch (1997, p. 266) reminds us, “we should not forget normality, universality, and the continuity of the fragility of being human in the reflection of the peculiarity of aging: problems, crises, conflicts, fear, and dangers are just as characteristic ... as the chance for happiness.” What we need are images of old age that do justice to the experiences of ageing, ‘warts and all’, what Russell (1997) suggests, where appropriate, as a ‘foregrounding’ of the disabilities of later life in ageing studies. In totality then, and for my purposes in this thesis, ageing, gender, and disability are connected to develop embodied understandings of older men’s lives.

The concepts discussed in relation to ageing, disability, and gender formed elements of the interpretive horizon I set in operation in my encounters with the data. I also noted that relatively little interpretive research has directly explored embodiment, masculinity, and disability with older men. What has been reported is predominantly research with mixed samples of men and women. In the Australian context there are no reported studies exclusively examining embodiment in older men.

More interpretive research is needed in ageing research and “reflexive aging must become much more central to sociological inquiry and sociological theory” (Turner, 1995, p. 258; see also Murphy & Longino, 1992). Embodiment as a central theme in ageing research may well “effectively reorient gerontology and geriatrics away from a reductionistic, segmentalized, and biomedicalized approach to aging, to a holistic approach that values the embodied knowledge and experience of those who are old” (Becker, 1994, p. 72).

Social gerontologists have predominantly studied the problems faced by old people rather than their lives as a whole. This has led to the general view of the weak face of ageing. In the words of Simone de Beauvoir “old age can only be understood as a whole” (1972, p. 13). Therefore, it is time in studies of older men to connect gender and ageing (Ginn & Arber, 1995). Older men living in our community will age in gendered ways, giving rise to the need for enhanced understandings of their experiences of ageing. Ageing is part of the human experience and as such questions of this nature fundamentally explore what it is like to be human.

The focus of the next chapter is to outline the research methodology, design, and methods I applied in this study. Philosophical hermeneutics and an interpretive research design incorporating narrative enabled me to develop understandings of the lifeworld of a group of older men living today.

CHAPTER THREE

METHODOLOGY, DESIGN, AND METHODS

This chapter describes how the study came into being, the choice of methodology, the research design and methods, and the analytical procedures I used to investigate the phenomena of ageing and disability. Hermeneutics provided me with the philosophical orientation that both informed the study and underpinned the methods used to design and carry out this investigation. The chapter begins with philosophical hermeneutics then describes the research design and the methods I applied in this study.

The Place of Philosophical Hermeneutics in This Study

In this section I explicate the hermeneutical philosophy of Hans-Georg Gadamer (1900—) and its appropriateness for developing understandings of ageing and disability. Hermeneutics as a philosophy is interested in “the everyday life-world of social actors” (Rundell, 1995, p. 11). This interest includes the contextual everyday interpretations and understandings that make up this lifeworld. “The real question,” asserts Gadamer, “is not in what way being can be understood but in what way understanding *is* being” (1962/1976, p. 49, emphasis in original). Philosophical hermeneutics is grounded in the view that human beings through this understanding are first and foremost interpreters.⁹

Hermeneutics provided me with a philosophical orientation that enabled the phenomena in question to be investigated and understood. I begin by outlining how and why I came to use philosophical hermeneutics. I move on to describe the origins and tenets of philosophical hermeneutics including its phenomenological roots, the relevance of philosophical hermeneutics in facilitating understanding of our social world, and the linguistic nature of all understanding.

⁹ Crusius regards philosophical hermeneutics as “a general philosophy of human existence, which holds that interpreting is not so much what human beings or some class of human beings do, but rather what all human beings are, namely, interpreters” (1991, p. 5).

I then highlight the historical character of our being-in-the-world, the significance of prejudices in realising horizons of understanding through the hermeneutic circle and the awareness of one's position in the event of understanding. The dialectic of question and answer as the way to open up meaning and the limited nature of all understanding are discussed.

I became sensitised to phenomenology through discussions with colleagues and my background in qualitative research. Phenomenology as a methodology¹⁰ investigates 'lived experience' and it was the lived experiences of older men that I wanted to explore. I then went to the published literature to appraise potential phenomenological approaches and became exposed to the hermeneutic phenomenology of Heidegger and in particular, the philosophical hermeneutics of Gadamer. The assumptions of philosophical hermeneutics provided me a view of the world that guided the study and a context for the interpretation of ageing and disability (Crotty, 1998).

The philosophical hermeneutics of Gadamer has increasingly gained attention in research praxis as a means to investigate phenomena relevant to qualitative researchers. A number of authors, particularly from the discipline of nursing, support its usefulness and potentiality in investigating phenomena of concern to their discipline (see Allen, 1995; Annells, 1996; Pascoe, 1996; Walsh, 1996). Others, including many nurses like myself, have used philosophical hermeneutics to underpin methodology in contemporary interpretive research in a range of health-related topics.¹¹

¹⁰ Methodology refers to the processes I used to underpin the "choice and use of particular methods ... [and] linking [this] to the desired outcomes" of the study (Crotty, 1998, p. 3).

¹¹ The following researchers have applied Gadamerian hermeneutic philosophy; Geanellos (1998b) investigated adolescent mental health nursing; Taylor (1991) explicated the phenomenon of ordinariness in nursing; Draper (1996) examined quality of life of older people in nursing homes; Ferguson (1996) uncovered meanings in the experiences of clinical educators; Walsh (1996) explored the experience of the nurse-patient encounter in psychiatric nursing; Orne (1992) studied the aftermath of near-death experiences; and Gallison (1992) researched the experiences of gay men with HIV and AIDS as they negotiated their health care.

Origins of Hermeneutics

The Greek verb *hermeneuein* is generally translated as ‘to interpret’ and the Greek noun *hermeneia* as ‘interpretation’. Both have their root in *hermeios*, which is derived from Hermes, the messenger-god in Ancient Greece. The function of Hermes was to transmute “what is beyond human understanding into a form that human intelligence can grasp” (Palmer, 1969, p. 13). In its modern usage, hermeneutics refers to “the process of ‘bringing to understanding’” (Palmer, p. 13).

Since the seventeenth century hermeneutics has denoted the science or art of interpretation. Contemporary hermeneutics developed out of the work of Schleiermacher, Droysen, and Dilthey (see Grondin, 1994b; Palmer, 1969). Over time hermeneutics developed from a technical theory of biblical exegesis through to its radicalisation under Gadamer (Allen & Jensen, 1990; Grondin; Palmer). Gadamer (1979) grounded his philosophical hermeneutics in phenomenology and I continue my discussion with an overview of these foundations.

Phenomenological Foundations of Philosophical Hermeneutics

Philosophical hermeneutics as set out by Gadamer originates in and preserves significant philosophical elements of phenomenology (Gadamer, 1979; Gortner, 1993).¹² Gadamer (p. xxiv) himself notes in the foreword to *Truth and Method*, “it is true that my book is phenomenological in its method”¹³. In this section I discuss phenomenology in general and follow a path from Husserl through Heidegger to Gadamer. Whilst I have provided a separate section here on phenomenology I integrate many of the Heideggarian elements in the discussion of Gadamer’s philosophical hermeneutics.

Phenomenology as a philosophical movement began with the work of Edmund Husserl, the so-called father of phenomenology (Cohen, 1987; Oler Boyd, 1993;

¹² As Ricoeur declares, “phenomenology remains the unsurpassable presupposition of hermeneutics” (1991, p. 26).

¹³ Gadamer further notes his debt to Heideggarian phenomenology: “Heidegger’s temporal analytics of human existence (*Dasein*) has, I think, shown convincingly that understanding is not just one of the various behaviours of the subject, but the mode of being of There-being [*Dasein*] itself” (1979, p. xviii).

Omery, 1983; Pivcevic, 1970). Husserl's aim was to develop phenomenology as a rigorous science based on a return to things that are "first in themselves" (1977, p. 16). The main domain of phenomenology became the study of experiences "with the view to bringing out their 'essences', their underlying 'reason'" (Pivcevic, p. 1). Phenomenology focuses on the lived experience of everyday life, or what Husserl describes as *Lebenswelt*, the lifeworld, a world "we always live in" (p. 379, 1954/1970).

A central element of Husserlian phenomenology is the concept of reduction, which is achieved by the process of bracketing or putting to one side our beliefs of how the world is. This bracketing (transcending) of objective reality then will allow the essential essences of experience to be identified (Omery, 1983; Pivcevic, 1970). Therefore the locus of Husserlian transcendental phenomenology is knowledge and epistemological questions of how we know through consciousness. Husserl believed that to examine consciousness one had to eliminate all assumptions about the external causes and results of consciousness.

Heidegger was a pupil of Husserl, and Gadamer subsequently studied under Heidegger. Insofar as Husserl provided the impetus for the phenomenological movement, both Heidegger and subsequently Gadamer developed ontological and hermeneutical foundations for their phenomenologies (Thompson, 1990). Ontology refers to an interest in the nature of human existence and the study of being (Crotty, 1998). Heidegger (and Gadamer) cast off transcendental phenomenology in favour of what Ricoeur has labeled "hermeneutic phenomenology" (1991, p. 38): in essence an ontological hermeneutics.

Heidegger describes a clear hermeneutical theme in his understanding of what the concerns of phenomenology are: "phenomenology means letting things become manifest as what they are, without forcing our own categories on them.... It is not we who point to things; rather, things show themselves to us" (Palmer, 1969, p. 128). The implications for hermeneutics, therefore, are that interpretation is located in what is revealed in the 'thing' encountered, "the reality that comes to meet us" (Palmer, pp. 128-129), and not located in human consciousness. This provides the break with

Husserlian phenomenology and develops the ontological theme central in Heideggerian phenomenology and in turn Gadamerian hermeneutics.¹⁴

The ontology of Heidegger is grounded in his explanation of human existence. The way to understand being-in-the-world (human existence) is through hermeneutics, an assertion Heidegger makes in *Being and Time*: the “phenomenology of *Dasein* [human-being-in-the-world] is hermeneutics ... [or hermeneutics is] interpretation of the being of *Dasein*” (1962, p. 37).¹⁵

Hermeneutics becomes the path to “render visible the invisible structure of being-in-the-world” (Palmer, 1969, p. 129). This acknowledges the key place of hermeneutics in bringing about understanding of our world. Gadamer, after Heidegger, developed an ontological hermeneutics with understanding and language as the essences of such a hermeneutics (Grondin, 1994b; Rundell, 1995).

Gadamer’s Philosophical Hermeneutics

Whilst Gadamer himself acknowledges the influence of Heidegger, it is also Heidegger (1973, as cited in Grondin, 1994b, p. 2) who notes, “‘hermeneutic philosophy’ – that’s Gadamer’s business,” pointing to the prominence of Gadamer’s philosophical hermeneutics in contemporary hermeneutic thought.

Philosophical hermeneutics, therefore, is ontological and in my case it is about how older men interpret their being-in-the-world with or without disability. As Gadamer puts it, hermeneutics is about “understanding the mystery of the inwardness of the other person” (1984, p. 57). Understanding then is a primary constituent of being-in-the-world and gives us the power to comprehend our own being. It underpins all interpretations, and forms the basis of human existence.

¹⁴ Warnke elaborates: “the importance of Heidegger’s philosophy for Gadamer begins with its insistence on historicity, on a situatedness or ‘thrownness’ in the world ... Heidegger suspends the search for ultimate cognitive foundations below the lifeworld ... [replacing] Husserl’s transcendental ego with being-in-the-world” (1987, pp. 37-38).

¹⁵ Gadamer in his interpretation of Heidegger notes understanding “is itself a mode of the event of being” (1962/1976, p. 50)

Linguisticity of Understanding

Hermeneutics has as its primary concerns interpretation and understanding within the context of linguisticity (Mueller-Vollmer, 1986; Palmer, 1969; Pascoe, 1996; Rundell, 1995). As Grondin notes, “we are situated in a history articulated in linguistic tradition” (1994b, p. 106). Language is the key medium through which this hermeneutic of understanding occurs. The central role of language goes beyond the basic use of words as “language is the fundamental mode of operation of our being-in-the world and the all-embracing form of the constitution of the world” (Gadamer, 1966/1976, p. 3). Language as an element of human being-in-the-world is comprehensive because:

Human existence as we know it does in fact always involve language, and thus any theory of human interpreting must deal with the phenomenon of language.... Language shapes man’s seeing and his thought – both his conception of himself and his world.... His very vision of reality is shaped by language.... If the matter is considered deeply, it becomes apparent that language is the ‘medium’ in which we live, and move, and have our being.... We see through its eyes. (Palmer, 1969, pp. 9, 27)

Language is our being-in-the-world: we are “beings immersed in language dwelling in a world both made and revealed in language” (Crusius, 1991, p. 9). As Gadamer tells us, “being that can be understood is language” (1979, p. 432). It is language, and only language, that brings meanings into the interpretive situation to be heard and understood. For Gadamer (p. 340) understanding is the “conversation that we ourselves are.”¹⁶ Language is the platform for Gadamer to ground hermeneutics in intersubjectivity. The interviews I held with the older men became the ground for this to take place. Human existence is necessarily social and language is the medium through which humans relate to each other and constitute their worlds (Palmer, 1969; Rundell, 1995).

¹⁶ Similarly, Hekman argues, “all understanding is linguistic and that understanding in the human sciences is therefore to be examined through the medium of language” (1986, p. 94). And Thompson points out that; “language and cultural practices are inextricably linked ... [and] we only have a world through language” (1990, p. 240).

At the same time it is through our being-in-the-world that we know what we know and this knowledge happens in our “shared world of history, culture and language” (Geanellos, 1998b, p. 240). Interpretation, then, is participation in a world of shared experience and language and not a private, subjective, and individuated process (Gadamer, 1984, 1988). Because of this intersubjective being-in-the-world, understandings emerge as always dynamic, shared, and pluralistic (Geanellos).

In terms of methodology, I explored the lived reality of older men through participation in interpretive events (interviews) that created a common language, in and through dialogue. This dialogue enabled their language to be documented thus producing texts of their lifeworlds that I used to develop interpretations and understandings of their being-in-the-world. I use the term ‘text’ to refer to the transcribed dialogue, in the form of textual data, from the interviews held with the older men.

Historicality of Understanding

However, understanding is not an ahistorical, independent fact of human existence, rather “it always operates within a set of already interpreted relationships, a relational whole” (Palmer, 1969, p. 131). Our understandings are historically formed and mediated in our experiences of the phenomena we encounter. Just as Gadamer has noted the fundamental role of language in philosophical hermeneutics, so too is historicality constitutive of human existence:

We do not simply live out our lives *in* time and *through* language; *rather*, we are our history. The fact that language and history are both the condition and limit of understanding is what makes the process of meaning construction hermeneutical. (Schwandt, 1994, p. 120, emphasis in original).

The core of historicality is that *Dasein* is a continuous dialogue that involves many voices, a “collective inheritance” (Crusius, 1991, p. 36), voices that emerge from the language “reservoir of tradition” (Gadamer, 1967/1976, p. 29). This collective history shapes our understanding through the pre-understandings we bring to every situation. In this thesis both the participants and I entered into the interview context with a common horizon of understanding that came to bear on our interpretive

endeavours. This is what Gadamer means when he notes, “in fact history does not belong to us, but we belong to it” (1979, p. 245). Palmer comments that our collective history or tradition is “something in which we stand and through which we exist” (1969, p. 177). In broader terms language, history, and being-in-the-world are inextricably linked and interfuse each other (Palmer, 1969). It is through historicity and linguisticity that reality itself “becomes knowable” (Wachterhauser, 1994, p. 155).

Prejudices and Hermeneutics as Anti-foundational

The preunderstandings of our situatedness are culturally and socially determined and represent what Gadamer calls “prejudice” (1979, p. 240): “the prejudices of the individual, far more than his judgments, constitute the historical reality of his being” (p. 245). Prejudice represents judgments that are considered before all of the elements that make up a situation have been examined. In this sense the usual negative connotations ascribed to prejudice are absent (Gadamer, 1979; Howard, 1982; Walsh, 1996). This provides a further break with Husserlian phenomenology (Ferguson, 1996; Weinsheimer, 1985). Gadamer (1979, 1994) rejects the notion of the phenomenological reduction and the method of bracketing as artificial and argues for a rehabilitation of tradition. In other words, these preunderstandings or presuppositions are the basis for being able to comprehend history in the first place. It is tradition – the shared linguistic, historical, and cultural lifeworld in which we participate – that is part of all understanding.¹⁷ The prejudices I brought with me to the interpretive process enabled me to begin to understand meanings of ageing and disability. Without any prejudices I would not have been able to work anything out at all.

Gadamer’s concept of prejudice is described as his anti-foundational approach and attack on the Enlightenment notion of knowledge (Allen, 1995; Hekman, 1986;

¹⁷ Gadamer further argues:

The historicity of our existence entails that prejudices ... constitute the initial directedness of our whole ability to experience. Prejudices are biases of our openness to the world. They are simply conditions whereby we experience something – whereby what we encounter says something to us. (1966/1976, p. 9)

Walters, 1996).¹⁸ Within a foundationalist frame of reference Enlightenment philosophers, in seeking a methodology for the human (social) sciences, adopted the methods of the natural sciences as the way to ‘objective’ truth (Mueller-Vollmer, 1986).¹⁹ Meaning became anchored outside of the situation and often in non-human explanations.

The human sciences became obsessed with method and seeking the ‘truth’ or ‘correct’ meanings, both within positivist and interpretivist traditions (Allen, 1995; Grondin, 1994b). In the positivist perspective the role of the researcher is excluded in the interpretation event. From the interpretivist viewpoint the subjectivity of the interpreted (research participant) is given primacy, thus denying the interactive nature of interpretation (Allen; Walters, 1996). In this hermeneutic study both positivism and interpretivism are rejected and the intersubjective nature of interpretation is recognised as fundamental in the research approach.

Gadamer challenged the ‘methodologizing’ of the human sciences and the privileging of empiricist approaches in the *Geisteswissenschaften* [human sciences] (Howard, 1982). The literature on old men is consistent with this privileging of empiricist research methods. At the same time Gadamer is not anti-methodological in the sense that methodology has no place, rather he sets out in *Truth and Method* the thesis that truth “comes to light not simply as the result of technique” (Howard, p. 122). As Gadamer notes in the foreword to the second edition of *Truth and Method*, “I did not remotely intend to deny the necessity of methodical work within the human sciences” (1979, p. xvii). The philosophical issue for Gadamer is that truth (understanding) “happens to us over and above our wanting and doing” (p. xvi). Prejudices are fundamental in informing our language and therefore making meaning possible.

¹⁸ Under foundationalism it is claimed “there is a way to anchor knowledge [truth] statements by referring to ahistorical, nonsocial, non-contextual criteria” (Allen, 1995, p. 175).

¹⁹ As Hekman argues, the foundationalists believed a “social scientific methodology based on the eternal truths of human nature, purged of historical and cultural prejudices ... follow[ing] the nomological-deductive method of the natural sciences” would provide the path to ‘true’ knowledge of human beings (1986, p. 5).

Gadamerian prejudice is related to the Heideggarian concept of ready-at-hand (Warnke, 1987). The world for us, according to Heidegger, is available primarily as ready-at-hand. The ready-at-hand world is there as part of pre-understandings we are not conscious of. Heidegger uses the well-known example of the craftsman who, when reaching for his hammer, has already ‘understood’ its purpose and function. The hammer is not an idle object but functions transparently in his activity as a craftsman (Benner & Wrubel, 1989; Heidegger, 1962). In contrast Heidegger refers to a present-at-hand world made up of things that are independent of their function.

The present-at-hand world is the view of the world where things are “understood scientifically, in their physical or chemical structure for instance, [and] reflects a derivative form of understanding that involves abstracting from the ready-at-hand” (Warnke, 1987, p. 40). For Gadamer, understanding is primarily of the practical ready-at-hand form and prejudice is fundamental in the process of understanding (Warnke).

Prejudices have a positive part to play in understanding and therefore are not necessarily an obstacle to knowledge. Given that prejudice, as Gadamer sees it, is a primary characteristic of knowledge and foundationalism denies a place for prejudice then scientific knowledge cannot be the model for all knowledge (Hekman, 1995). In this sense the issue at hand is not to set aside one’s prejudices, but rather, to acknowledge their critical presence and “work them out interpretively” (Grondin, 1994b, p. 111).²⁰

The Hermeneutic Circle

The prejudices that we bring to bear in every interpretive encounter – those prejudices that make understanding possible at all – are made operative in the so-called hermeneutic circle (Gadamer, 1979; Geanellos, 1998a).²¹ It is through these

²⁰ Ricoeur agrees with this position and argues that hermeneutics “wishes to withdraw from the objectifications and explanations of historical science and sociology to the artistic, historical, and lingual experience that precedes and supports these objectifications” (1991, p. 43).

²¹ While I am using the term ‘prejudices’ (after Gadamer, 1979) to refer to pre-understandings, other terms have been used to refer to the same concept and these include Heidegger’s (1962, p. 193) “fore-having, fore-sight, fore-conception”; collectively identified as “fore-structures.”

elements of the ready-at-hand world operative within the hermeneutic circle that we know what we know.

Gadamer (1979) acknowledges Heidegger's "phenomenological conception" (Gallagher, 1992, p. 58) and, more importantly, the fundamental significance of the hermeneutic circle in philosophical hermeneutics.²² Here Gadamer elevates the notion of historicity of understanding in and through the hermeneutic circle to that of "ontologically positive significance" (p. 236). The nature of the hermeneutic circle is that of the relationship between the whole and the parts. This circularity of understanding (in the context of understanding the text) is dynamic and involves constant revision of the emergent understanding (the whole) in light of other meanings or interpretations (the parts) (Gadamer; Gallagher; Howard, 1982). In my interpretive work throughout this thesis I constantly worked out and discarded those meanings that were "not borne out by the things themselves" (Gadamer, p. 236). The hermeneutic circle fosters openness to the meanings of the other, be it person or text.

All meanings then become open to question and must be worked out in relation to the things themselves. In the end the hermeneutic circle operates to prevent all that impedes us from understanding the phenomenon in view. As Gadamer argues, "methodologically conscious understanding will be concerned not merely to form anticipatory ideas, but to make them conscious, so as to check them and thus acquire right understanding from the things themselves" (1979, p. 239). The reflection on the legitimacy of pre-understandings is an ongoing and ultimately endless process (Geanellos, 1998b).

The application of this principle involves adopting a 'hermeneutic attitude' that comes into the hermeneutic circle in the "right way" (Heidegger, 1962, p. 195). The 'right way' is to open up authentic dialogue between the emergent fore-projections and other meanings, insofar as this possible, so as to secure a horizon of understanding. The hermeneutic circle then will facilitate the development of new

²² On the constant task of understanding through the hermeneutic circle Heidegger noted that we should "never allow our fore-having, fore-sight, and fore-conception to be presented to us by fancies and popular conceptions, but rather to make the scientific theme secure by working out these fore-structures in terms of the things themselves (1962, p. 195)."

meanings by allowing these meanings to assert their own truth against the horizon of the interpreter (Gadamer, 1979).

To explain how one enters and conducts oneself within the event of understanding, Gadamer uses the analogy of playing the game. In this thesis the interviews mirrored the 'playing of a game'. When we understand, we are drawn into meaning events: we become players in a game (Gadamer, 1979; Gallagher, 1992; Walsh, 1996). The nature of the game precludes both "subjectivist" and "objectivist" positionality (Walsh, 1996, p. 236). Those who are truly in the game are "being-played" (Gadamer, p. 95) by the game itself. The game is not a detached object against which the player asserts him or herself. Rather, when one is drawn in and 'being-played', subjectivity is transcended. As Gadamer (pp. 95-96) explains, "the real subject of the game ... is not the player, but instead the game itself. The game [the event of understanding] is what holds the player in its spell, draws him into play, and keeps him there." Moreover, the "to-and-fro motion of play" is likened to the movement between the whole and the parts in the hermeneutic circle (Gadamer, p. 94). It reflects what happens both in an applied manner through interpretive endeavours, and over and above our own wanting and doing.

In the interview setting through the dialogue between the participants and me there was a development of self-understanding for both of us. This self-understanding contributed to the emergent understandings of ageing and disability. The involvement in meaning-events of understanding transforms self-understanding through a process of transcendence and appropriation (Gadamer, 1979; Gallagher, 1992; Geanellos, 1998a). In other words we continuously, through play (interpretation), learn about ourselves in relation to experience. During the interviews the participants and I learned more (transcended) about the nature of ageing and disability and applied this (appropriated) to our self-understandings of these things. The transcendence through interpretation as a way of knowing is epistemological and the appropriation of a transformed self-understanding as a way of being is ontological. Thus, the interplay of transcendence and appropriation through the concept of play (dialogue) and in the movement of the hermeneutic circle transforms self-understanding (Gallagher; Geanellos). In this study then the participants and I developed our self-understandings of ageing and disability.

Effective-historical Consciousness and Horizons of Understanding

Gadamer further develops the recognition of the role of prejudices in understanding within the concept of *wirkungsgesch bewusstsein* or “effective-historical consciousness” (1979, p. 268). This concept was central in this thesis and refers to an awareness of my situatedness so that I monitored how I worked with the texts I encountered (Grondin, 1994b). In Gadamer’s words, “understanding proves to be a kind of effect and knows itself as such” (p. 305). Effective-historical consciousness is a fundamental element in the act of understanding that, in my situation as a researcher, was always operative. It governed the questions I chose to ask and the prejudices I brought to every encounter with the text, and was central to my vision of the world. For example, I held a view that sexuality would be significant for the participants and I explored this during the interviews.

Yet at the same time effective-historical consciousness as a guiding factor in understanding is never complete. Gadamer reminds us that acquiring “an awareness of a situation is ... always a task of particular difficulty ... [because] we are always within the situation [not standing outside of it], and to throw light on it is a task that is never entirely completed” (1979, pp. 268-269). In the end our understandings will never be the final word, however definitive these understandings seem to be. Therefore the hermeneutic circle of understanding can never be collapsed (Gallagher, 1992; Weinsheimer, 1985).

This vision, or more aptly, horizon “includes everything that can be seen from a particular vantage point” (Gadamer, 1979, p. 269). Applying this to the hermeneutical situation of understanding ageing and disability means to work out the correct horizon of inquiry from my encounters with tradition, the literature, and the interview texts. Additionally, our horizons are never actually closed as we move into them and they move with us for we “always already have a horizon to be able to place ourselves within a situation” (Gadamer, p. 271). Our present-day horizons are constituted by tradition through the historicity of our existence but also such horizons are always to be finalised. Ultimately, *wirkungsgesch bewusstsein* “knows about the absolute openness of the meaning-event in which it shares” (Gadamer, p. 430).

This has two critical meanings for philosophical hermeneutics: first, the need to explicate our historicity in defining our own hermeneutical situation; and secondly, to recognise that understanding will always be limited and never complete. This is not a limitation in the process of understanding; rather it creates the ground for accurate interpretations of reality to be developed.²³

The implications are that one's historical-effective consciousness will enable a broad horizon of the hermeneutical situation to be developed and the influence of preunderstandings during the interpretive process will be monitored. Gadamer describes it in this way:

A person trying to understand a text is prepared for it to tell him something. That is why a hermeneutically trained mind must be, from the start, sensitive to the text's quality of newness. But his kind of sensitivity involves neither "neutrality" in the matter of the object nor the extinctions of one's self, but the conscious assimilation of one's own fore-meanings and prejudices. The important thing is to be aware of one's own bias, so that the text may present itself in all its newness and thus be able to assert its own truth against one's own fore-meanings. (1979, p. 238)

Within the context of historically mediated horizons the process of understanding takes place. This is a dialectical process and I now discuss Gadamer's use of the model of question and answer to explain how we understand.

The Dialectical Process of Understanding

The central task of hermeneutics is to understand the text and not the author (Palmer, 1969). The text reveals the lived reality to be understood and not the subjective intentions of the speaker. In the context of this thesis it was the texts, the language from the dialogue with research participants, that revealed understandings of the lived realities of older men.

²³ On this point Grondin notes that the "recognition of human limits ... does not paralyse reflection [but allows] ... heightening of reflection" (1994b, p. 115).

Here the text was produced out of a participation in the subject matter at hand, which is the experience of being-in-the-world with ageing and disability. This is what Gadamer (1979, p. 258) has in mind when he said, “understanding is not to be thought of so much as an action of one’s subjectivity, but as the placing of oneself within a process of tradition, in which past and present are constantly fused.”

Gadamer uses the model of the dialectic of question and answer to explain how understanding occurs.²⁴ Here the process of interpreting in hermeneutics is likened to that of a conversation with the text (Gadamer, 1979). The process of understanding a text mirrors the understanding that occurs in conversation as Gadamer explains:

The dialectic of question and answer ... makes understanding [of a text] appear as a reciprocal relationship of the same kind as conversation... [As] both are concerned with an object placed before them. Just as one person speaks to reach agreement with his partner concerning an object, so the interpreter understands the object of which the text speaks. This understanding of the object must take place in a linguistic form ... [and] – whether in the case of a text or a conversation with another person who presents us with the object – lies the coming-into-language of the thing itself. (pp. 340-341)

This dialectical process involves seeking to understand the question to which the text is an answer. It means to question what lies behind what is said (Gadamer, 1979 after Collingwood, 1970). The nature of this questioning is to place meaning itself at stake and create opportunities for the undetermined possibilities of meaning to emerge. This is a productive element of hermeneutic questioning and is directed by the nature of the subject matter in which the dialogical partners are oriented (Gadamer, 1979; Gallagher, 1992). The process of interpretation effectively becomes a working out of meanings in the text (Geanellos, 1998a). The dialectic of this working out becomes a “building up” of a “common language” that reveals the “givenness” of the text (Gadamer, 1984, p. 63).

²⁴ Palmer clarifies Gadamer’s position regarding the critical stance of the interpreter: “Gadamer does not mean that one should be uncritically given over to the claim of the text in denial of the present; rather, the claim of the text must be allowed to show itself as what it is” (1969, p. 189).

The structure of the question opens up the interpretive encounter and allows the pre-understandings of the interpreter to be placed at risk (Gadamer, 1979; Gallagher, 1992; Geanellos, 1998b). Critically the understanding developed from the ‘conversations’ with the texts is not a mere reconstruction of the author’s meaning. The asking of questions of the text opens up the potentiality of meaning and what becomes meaningful enters into the horizon of the interpreter, consequently extending beyond the so-called author’s meaning.

The combination of one’s effective historical consciousness, the dialectic of question and answer, and the concomitant fusion of horizons preclude any form of one-sided reconstruction of meaning. Understanding reached through this hermeneutical working out is a “coming-into-language” (Gadamer, 1979, p. 341) of the truth of the object. To understand then, “is not a question of imposing upon the text our finite capacity for understanding, but of exposing ourselves to the text and receiving from it an enlarged self.... [A] self [that] is constituted by the ‘matter’ of the text” (Ricoeur, 1991, p. 88).

This understanding that is reached can be seen as an interpretation of reality. In the following section I discuss this in relation to the belongingness of word and reality.

Belongingness of Word and Reality

In Gadamerian hermeneutics there is a coherence of language as it reveals reality (truth). Reality and truth thus are interwoven (Howard, 1982). This is what Wachterhauser argues is “Gadamer’s realism ... [and] the ‘belongingness’ of word and reality” (1994, p. 148). In other words, “reality comes to us in language [and] language gives us the world” (Wachterhauser, p. 153). It is these historically and linguistically mediated understandings that disclose the nature of the lifeworld (Wachterhauser).

In the bringing into understanding of growing old and living with disability, the nature of the experience itself directed the language used by the men to tell me what it is like. This language is what discloses our being-in-the-world, our lifeworld (Howard, 1982). In line with this position Gadamer (1979, p. 377) notes that:

The ideality of the meaning lies in the word itself. It is meaningful already. But that does not imply ... that the word precedes all experience and simply joins up with an experience in an external way, by subjecting itself to it. The experience is not wordless to begin with.... Rather, it is part of experience itself that it seeks and finds words that express it.

Therefore it is the text that discloses the world under interpretation.²⁵ This belongingness of word and reality always occurs in context, context that Wachterhauser describes as “perspectival realism” (1994, p. 154). The perspectives through which every interpreter operates are language and history. These conditions of human knowing shape and mediate reality for us, a reality that is both open and limited. And whilst this limitation may be interpreted as perhaps misunderstanding or even untruth, it is in fact the further opening up of the ‘thing’ itself.²⁶

However as I have already pointed out, understanding is not only always to be finalised. It will only ever approximate and will never exhaust all meaning. Whilst Gadamer does claim in principle universality in terms of the linguistic constitution of the world, this does not mean that everything that can be understood is able to be articulated (Grondin, 1994a, 1994b). As Gadamer points out, “it is certainly the case that our experience of the world is not only accomplished in the apprenticeship and use of language” (1979, p. 496). So in this sense, hermeneutics as a process of understanding is not the last word or, for that matter, every word.

Moreover, our understandings are never to be considered ultimate versions of the truth, or more aptly, reality. Charles Taylor reminds us that “what is interpreted is itself an interpretation: a self interpretation embedded in a stream of action. It is an interpretation of experiential meaning which contributes to the constitution of this

²⁵ As Ricoeur further explains, “the text speaks of a possible world and a possible way of orientating oneself within it. The dimensions of this world are properly opened up by, disclosed by, the text” (1971, p. 558).

²⁶ See Gadamer (1979, pp. 265-266) for a detailed discussion on the provisional nature of all understanding.

meaning” (1971/1979, p. 37). What I can only ever hope to achieve is a coherent understanding of the reality I meet.²⁷

Nevertheless, as Grondin argues, “language embodies the only medium for the (inner) dialogue that we are for ourselves and for each other” (1994a, p. 147). It is through language that we search for the words to express our interpretations and understandings of the worlds in which we live. In this dialogue that we are, and in which meanings are carried, lie interpretations of reality.

The process of understanding I have explicated acknowledges that diversity and difference are to be expected in interpretation (Connolly & Keutner, 1988). Because the interpretive horizons that enter into understanding are not fixed and are contextual, historical and perspectival, then consensus as a measure of validity is problematic. Gadamer, as Geanellos (1998a) argues, offers dialogue as the way to work out difference in understanding. This acknowledges that dialogue is an “ongoing process of approximation and overcoming error by dialectically moving toward truth” (Gadamer, 1984, p. 64). I interviewed most of the men on two occasions in the attempt to work out differences in understanding.

Evaluation of validity in interpretation is further realised through application of the hermeneutic circle. On the other hand, while diversity in interpretation “is inevitable it is also desirable if dialogue about understanding is to continue rather than perish through the pursuit of interpretive agreement” (Geanellos, 1998a, p. 159).

Discussion of Methodology

Philosophical hermeneutics proved to be both relevant and useful for investigating the lived experiences of the older men in this study. The principles of philosophical hermeneutics provided me with the elements to develop the research methods used in this study. I have used the perspectives of Gadamer’s philosophical hermeneutics to (a) view the world as it is experienced by the participants and myself, (b) identify research questions within this orientation, (c) decide the form of data needed and

²⁷ Ricoeur also notes, “if it is true that there is always more than one way of construing a text, it is not true that all interpretations are equal” (1971, p. 550).

how to obtain such data, and (d) determine in what way the findings are to be analysed and interpreted (Blumer, 1969).

Through the application of philosophical hermeneutics in this study I have secured an understanding of the phenomenon under investigation. My horizon of understanding developed against a backdrop of prejudice and through my effective-historical consciousness. This hermeneutical process was approached with a necessary openness to other possible horizons of meaning and enabled me to develop understandings of the lived reality of older men.

Adopting the principles of philosophical hermeneutics gave the nature of older men's lives its "greatest opportunity to reveal itself" (Geanellos, 1998b, p. 240). The surfacing of pre-understandings and the constant working out of these prejudices across the duration of this project led to the development of a reasoned interpretation of the nature of growing old and living with disability. Here Taylor adds, "a hermeneutic science cannot but rely on insight. It requires that one have the sensibility and understanding necessary to be able to make and comprehend the readings by which we can explain the reality concerned" (1971/1979, p. 66). As to the validity of such an understanding, it will be the engagement of those interpreters who follow me in their circles of understanding that will reveal and expand the reality under interpretation.

In the next section I outline the research design, objectives, and questions, and the methods and procedures used to develop the understandings of ageing and disability worked out in this study. I provide a detailed account of what happened in my application of the proposed research design and its associated methods. I also include commentary on my self-reflections as researcher and interpreter – self-reflections that were vital in maintaining an open and critical stance throughout the study.

I begin with the research design and methods. This is followed by a description of the processes of participant recruitment and data collection. Throughout I describe the reflexive activities adopted to work out understandings of the data encountered. I then describe and illustrate how I conducted the thematic and narrative analyses of the data.

Research Design and Methods

The design was exploratory in nature as my primary aim in the study was to gain in-depth understanding and greater clarity of the phenomena in question. Interpretive research methods are particularly suited to exploring and disclosing more information about little known research topics (Leininger, 1985; Marshall & Rossman, 1995; Minichiello, Fulton, & Sullivan, 1999; Sarantakos, 1998). Hermeneutics focuses on the experiences of interpretation and understanding in human life and influenced the research design. I adopted the approach of two interviews with the participants to further develop understandings in these subsequent interpretive events.

The methods were the procedures I used to gather and make sense of data emanating from the research questions (Crotty, 1998). Narrative has an important sense-making role in everyday life and enables us to tell others about meanings interpreted in the lifeworld. The focus of both hermeneutics and narrative facilitated the application of methods that developed understandings of ageing and disability.

Research Aims, Objectives, and Questions

In this project I aimed to:

1. Uncover meanings of growing old and living as older men in contemporary society;
2. Explore men's experiences of change in the later years;
3. Expand the gendered approach to ageing studies that is recommended in the literature (see Arber & Ginn, 1995; Hearn, 1995);
4. Further describe meanings for older men living after the catastrophe of stroke;
5. Contribute to the emerging body of literature on the lived experience of disability. As a nurse I was particularly interested in knowledge that can be used by health care workers to better understand their male clients; and

6. Further add to our understanding of the “process of becoming oneself in old age” (Rentsch, 1997, p. 265) be it with or without disability.

The objectives of this study were to:

1. Disclose meanings in the lifeworlds of older men;
2. Identify aspects associated with bodily ageing, changing sexuality, and relationships with others; and
3. Uncover responses of older men to the loss of bodily function through stroke.

Research Questions

To meet these objectives I sought to answer the following questions: how do older men interpret their own being-in-this-world? How do older men respond to change associated with bodily ageing? How do older men interpret their changing sexuality? What are the relationship patterns of older men? How do older men respond to bodily change and loss associated with stroke?

Research Design

Seeking to understand the phenomena of ageing and disability means turning to those who experience and are able to tell about them (van Manen, 1990; Sandelowski, 1999). So it was older men living with and without disability to whom I turned. In-depth interviews were the means by which these older men told me of their understandings of ageing and disability.

Ethical Considerations

Before entry into the field, I undertook to protect the rights and well-being of the research participants (House, 1990; Munhall, 1993; Punch, 1994; Ramos, 1989). Protection of the participants began with sanction of the proposed research by both the University of Sydney Human Ethics Committee and the Stroke Recovery Association. To communicate fully the objectives and processes of the research an information sheet (Appendix A) and an informed consent form (Appendix B) were developed and used. I provided all potential participants with a detailed explanation

of the study and its procedures before I sought consent for interview. To protect confidentiality I allocated fictitious names to all the participants and any places identified in the interviews. Throughout the study I kept the interview tapes and transcripts secure in a locked filing cabinet. Only Cherry Russell and I have had access to these forms of data during the thesis. I will keep these data secure for a further five years and then they will be destroyed.

I hope (and believe) that the participants in the study gained from the research experience (Spradley, 1980). For example, through the conversations we held self-understandings were developed and lives acknowledged in what was an “enriching experience” for these participants (Kvale, 1996, p. 36). The opportunity to have an interested dialogical partner was not missed by many of the participants who engaged me in their generative culture-tending activity.

Sampling Procedures and Participant Recruitment

The participants were selected on the basis of age and disability. I defined and applied these selection criteria as follows: The period of old age is typically considered to commence from 65 years. However, I wanted to move clearly beyond the blurred edges of middle age and set the target age for the participants to be 70 years or older.

Disability has been defined as a functional limitation resulting from disease, illness or trauma (Fralely, 1992). Stroke is a common later life illness event that frequently results in disability (AIHW, 1998; Matteson et al., 1997) and older men who had experienced a stroke were sought to comprise the group with a disability.

Initially I planned to recruit 15 men with disability and 15 without, a sample size of 30. As data collection proceeded this number of participants proved to be both ambitious and unnecessary. At the point where I had recruited and interviewed seven men with disability and three men without disability, a review of the projected sample size was undertaken. The following considerations were noted: the interviews thus far had produced much rich data; and the emergent analysis of the texts interpreting the experience of disability had taken shape. With this in mind, both Cherry and I agreed to balance the samples and recruit another four men without disability, then review. When we did this a degree of saturation was achieved and we

considered an increase in the sample size beyond this number would be unmanageable within my time constraints and perhaps excessive. In total, 14 men aged between 67 and 83 years were recruited, 7 men with disability and 7 men without disability.²⁸ I conducted a total of 26 interviews, with all but two of the participants interviewed twice. A review of similar interpretive research indicated that the number of interviews was certainly within the general scope for producing adequate data for analysis in this type of study.²⁹

Participants were recruited from two sources. Community-based support groups associated with a stroke recovery organisation provided men with disability. Men attending a retired men's club became the source of men without disability.

I began recruitment of these participants after ethical clearance and approval from the management of the stroke recovery organisation. The latter supplied me with a list of support group locations and the names of respective group coordinators. I contacted each coordinator and obtained permission to attend a meeting where I explained the project and invited the participation of group members. In all, I attended five different support groups and recruited most (5) of the men with disability at group meetings. The other two were contacted by telephone at the suggestion of one of the coordinators.

Two men younger than 70 were recruited, John 67 and Paul 68. Rather than reject these two men I included them in the sample on the belief that they were 'good' participants (Morse, 1990). A 'good' participant is an older man who is willing to talk about his experience of living with stroke. Only one prospective research participant in the disability group declined after initially agreeing to be interviewed. His wife contacted me and declined on his behalf, stating that he was 'too polite' to say no. All other men who agreed to interview followed through.

²⁸ I provide a biographical 'snapshot' of each participant and this is located as each man emerges, either as an exemplar in the methods, or in explication of the findings. A summary table of the participants is placed at the beginning of Chapter Three.

²⁹ See for example, Gallison, 1992; Macleod, 1994; Morse, 1994; Orne, 1992; Walshe, 1995; Walters, 1994.

My original plan to recruit men without disability³⁰ was to use the family and friends of the participants with disability, that is, a ‘snowball’ or network sampling technique (Burns & Grove, 1993). In practice this failed to yield potential recruits, so I began to canvass other options for recruiting men without disability. One potential recruitment site I visited was a community-based support group for older men called OM:NI [Older Men: New Ideas].

As it turned out, the fourth participant with disability, Paul³¹, was a member of a retired men’s club and he suggested this group as a source of men without disability. The retired men’s club became the source for all of the men without disability. All but one of these men was recruited through Bill, an organiser of the club, who also became a research participant. The only man not directly recruited through Bill was Peter, whom I met at a stroke club meeting that he attended with his wife, who herself was disabled. It so happened that Peter is also a member of the retired men’s club.

The first three men without disability I interviewed were all married. During the preliminary thematic analysis I noted that they devoted little talk to their wives and family. I wondered whether the wives and family were taken-for-granted parts of their everyday worlds and therefore de-centred in their talk. Widowerhood is a significant event creating a breach in the everydayness of life of men (Hayslip & Panek, 1989; Riggs, 1996; Rubinstein, 1986). On the basis that widowerhood may bring wives and family more into view, I made a sampling decision to recruit two widowers (Michael & Tom).

The following section describes what went on during my encounters with the study participants. These encounters both met my expectations, and at times, produced some unexpected experiences.

³⁰ By ‘without disability’, I simply mean men who did not have a major disabling condition. Several of these men did report minor disabilities, such as, ‘stiff joints’ or a ‘crook back’.

³¹ All names of participants are pseudonyms.

Data Collection Processes and Techniques

The data are predominantly accounts of the experiences and interpretations of the research participants and me collected through audiotaped in-depth interviews (Kaufman, 1994a). During these encounters the process of hermeneutical interviewing occurred. In hermeneutical interviewing the “phenomenon under investigation” directs the flow of conversation between those engaged in the conversation. This illustrates the intersubjective nature of hermeneutics as “meaning is co-created” in the context of dialogical engagement (Geanellos, 1999, p. 40; see also Koch & Harrington, 1998).

Although I use the term interview, for significant parts of the time the dialogue was conversational rather than question and answer. As a matter of course, I provided the narrative space for the participants to talk about living as older men. Consequently, long stretches of participant dialogue occurred in the conversations. In other words, the participants did not have to compete with me for conversational space (Riessman, 1991).

In these situations the older men ‘took control’ of the interview, becoming “interpretively active participants” rather than passive interviewees (Russell, 1999, p. 415; see also Holstein & Gubrium, 1995; Purkis, 1994). There was however, at times, an expectation of a hierarchical relationship between researcher and participant (Kvale, 1996; Lee, 1993). A minority of participants expected a ‘question and answer’ format, with me actively directing the flow of conversation. In these situations I encouraged the participant to add to the topic of conversation and when needed I introduced further discussion points. Some participants questioned me as to the value of their story-as-told suggesting that their lives were possibly plain and uninteresting.

One set of interviews, however, involved the participant and his spouse. The speech of the participant, Stan, was unintelligible except for the very occasional word. I felt reluctant to interview him on this basis. Nonetheless his wife, Betty, urged me to talk with him and suggested that with her interpretive help we could make some sense of what he meant. I agreed to interview him and these became co-productions of Stan’s experiences. Stan would speak (garbled language) and Betty interpreted as best she could what he meant. In the end, the interviews proved to be of value, which

suggests that this kind of co-productivity is useful as a means of access to experience of people with severe disability. I suspect that people like Stan would usually be considered incompetent and dismissed as potential interview participants (Holstein & Gubrium, 1995). This then denies the very people living with severe disability the chance to contribute to our understandings.

I did not actively encourage the participants to recount stories, however stories were abundant in the experience-as-told. The participants used narratives, both directly and indirectly, to convey their understandings. Directly, participants linked narrative to the focus of the conversation to make or amplify a point. For example, John said: “As a matter of fact [proceeds to tell a story to make his point].” Indirectly, stories emerged in the flow of conversation to concretise meaning in the experience-as-told. Either way stories for these men were a vehicle for the transformation of knowing into telling.

As well, at times the participants and I became dialogically engaged in ‘working out’ the nature of the reality between us (Palmer, 1969). In a number of conversations, we further explored meaning through interpretation, comment, clarification, and so on. The clarification sought was not the meaning for the participant, rather it was to disclose its meaning in the language event of conversation (Geanellos, 1999; Palmer, 1969). However, my ‘narrative imperative’ to ensure that I did not thwart the free speech of the participants did limit my engagement in hermeneutic interviewing.

The Interviews

The focus of the interviews was to explore the lifeworld of older men and the experience of growing old, and living in a body that is ageing, disabled or both (Kvale, 1983; Minichiello, Aroni, Timewell, & Alexander, 1995). I used an interview approach similar to the “biographical-interpretative method” described by Hollway and Jefferson (1997, p. 59). I began with a request for the participant to talk briefly about his life. For example, I asked Jack, “to briefly give me an overview of your life.” From there, I followed the flow of content as meanings and events of interest were disclosed. This starting question identified the background to the current life situation of each participant. As well, I used it as a neutral topic of conversation to build rapport with the participants.

I also brought certain pre-designated conversational topics to the interview context. These were the broad themes of ageing, disability, and embodiment; and the specific focal points of retirement, sexuality, and male friendships. However, these were only used as starting and not end points in the interpretive process.

I used these topics to open up the reality under investigation and bring it into the foreground of interpretation. These topics were introduced as discussion points either as the issue emerged in dialogue or when the participant had ended his ‘turn’ and beckoned me to lead the conversation. Examples of the questions I asked were: of Bob, “Could you tell me more about growing old and being an old man?,” of Don, “One of the things that changes for men over time is sexuality. How has that change been for you as you have aged?,” of Eric, “From the point of view of now living in a body that doesn’t work like it used to, how’s that?,” and of Sam, “How was retirement?”

I was aware that there might be a reluctance or difficulty for the participants to address their ageing physicality. This came from preunderstandings that: the influence of an ageless self and dualistic self-perceptions may preclude introspection on physical appearance and age-related change (Oberg, 1996); and men generally have less concern regarding their personal appearance and do not spontaneously talk about it. To encourage a confrontation with their embodied ageing experiences I used a variation of the full-length mirror strategy used by Oberg. I asked every participant except Bob (who has a visual impairment) to reflect on their physical image. The request was, for example:

AF: When you look in the mirror, what do you see now?³²

I was also wary of the possibility that disclosure by the older men on their sexuality may be difficult given the ‘private’ nature of sexuality and a general view that men do not openly discuss personal and intimate subjects (Cdling, 1992; Connell, 1983,

³² The idea for this question came from the autobiographical work of Kamler and Feldman (1996) with older women. These researchers asked older women to write about what they saw when they looked at themselves in the mirror.

1987, 1995; Lawler, 1991). As it so happened none of the participants initiated any talk on their sexuality. I had to introduce it as a topic for discussion.

Other points of discussion emerged during analysis and I followed these up with later participants. For example, in the first interview with Bob (the first participant), he devoted almost half of the talk to his wartime experiences and I raised war as a topic for the rest of the men. Similarly, Eric (the second participant) spoke of the work he did in his shed and how he missed not being able to return to his shed and the shed became a subsequent discussion point.

Towards the end of every interview, I afforded each participant the opportunity to add anything to our discussion. The request generally went as follows:

AF: Ok that's probably most of the things to explore today other than to give you an opportunity to add anything in relation to what you think I ought to know in relation to ageing today for men. Anything else that is relevant for me to hear about?

All of the men took up this offer to varying degrees. Participants elaborated or reiterated earlier understandings and a majority of the men used this to engage with me in culture-tending activity (see pp. 148-150). For example, I was offered advice and counsel regarding my own ageing and what should be done to improve the situation of future generations of older people. During this part of the interview I listened and offered some of my own ideas for social change. In a sense it was a particular part of the interview where we 'chewed the fat' so to speak.

I held a second interview with 12 of the 14 participants. The second interview was intended to follow up any elements identified during and after the initial interview (Hollway & Jefferson, 1997). I negotiated the second interview at the end of the first interview and generally it took place two weeks later. During the intervening period, I reviewed the content of the first interview, noting the elements to explore in the subsequent encounter. It was also clear that many of the men had thought about aspects of the first interview or prepared for some of their own interpretive work during this period. For example, Peter jotted down in his notebook a few points for consideration before I returned. Before leaving the final interview setting I left the

“door open” (Ely, 1991, p. 92) for further contact with the participants by obtaining permission for another potential interview or perhaps a telephone call.

The two participants whom I interviewed only once were Sam and Fred. Sam was the only participant who was uncomfortable with recording of the interview. In fact, he requested the recording be stopped. Sam has some mental confusion and memory loss that causes him anxiety. I felt that involving him in another interview would create unnecessary hardship. Fred was in the process of moving house and requested I wait until he settled into his new abode for any subsequent contact. I followed up with Bill to obtain his new details but Bill had not heard from Fred since his move.

The location for the interviews was at the discretion of each participant. Ten of the men were interviewed exclusively in their homes. Eric was interviewed twice in the nursing home where he resided. Stan was interviewed first at his nursing home and on the second occasion at home. John was interviewed at the stroke club venue, and Jack in an office at the university. Jack requested a location away from home, and his wife, where he felt more comfortable to talk.

The duration of the 26 interviews ranged from, in the case of interview 1, 40 minutes (Don & Sam) to 90 minutes (Paul), with an average duration of 60 minutes. Interview 2 ranged from 25 minutes (Don) to 120 minutes (Bob), with an average duration of 53 minutes. I transcribed all the interviews in full and I returned to the tapes on numerous occasions during the research process. In the transcription process I used the guidelines suggested by Riessman (1993, pp. 56-60) and have provided an editorial key to the transcripts (see p. vi). I used a computer software program, ‘QSR NUD.IST’ (Qualitative Solutions & Research, 1997), to manage and retrieve the large amount of textual data.

Reflexive Activities

Clearly, I did bring with me pre-understandings into each interview language event. And of course so did each of the participants. These formed the horizons of understanding that co-created meanings of ageing and disability. As the study proceeded, I attempted to surface and address my preunderstandings through hermeneutic attitude and “reflexive engagement” (Marcus, 1994, p. 573). Whilst it is impossible to remove all traces of my influence, I was conscious of my

preunderstandings throughout all interviews and adopted as much as possible a non-directional and open stance.

It can also be argued there is clearly researcher imposition at work here (Schwartz & Jacobs, 1979). Yet, the “dialectics of interpretation” applied within a hermeneutic attitude that encompasses a “speculative, undogmatic openness and a willingness to be instructed to another point of view; to another horizon” can allow truth to be revealed (Geanellos, 1999, p. 41; see also Addison, 1992; Gadamer, 1979). In practice I directed my attention to what was spoken as “truth [meaning] lies in what is said in them [words]; and not in a meaning locked in the impotence of subjective particularity” (Gadamer, p. 445).

Throughout the process of this research I kept two reflexive research journals, namely, a personal log and an analytical log (Koch & Harrington, 1998; Minichiello et al., 1995). These journals, as part of my “reflexive stance” (Webb, 1992, p. 752), were constant companions and I used them to document insights and quandaries, work out my preunderstandings, the highs and lows, and leads and dead ends (Koch, 1994; Rodgers & Cowles, 1993). As Pierre Bourdieu asks, “how can we claim to engage in scientific investigation of presuppositions if we do not work to gain knowledge [*science*] of our own presuppositions?” (1996, p. 18, italics in original).

The personal log was used to record, on a day-to-day basis, field notes and my personal experiences and reflections on the study (Minichiello et al., 1995). The field notes were written during and directly after each interview. I specifically allocated time to record field notes when the interview event was fresh in my mind. The field notes recorded: the setting and context of each interview; notes on the participants’ appearance; non-verbal communication during the interaction; noteworthy points of the interview event; and my impressions of how the interview went, as well as preliminary interpretations of the data.

The analytical log documented my theoretical, substantive, and methodical working out throughout the life of the study. My positionality as researcher, my preunderstandings, emergent interpretations and co-created meanings have been recorded in this log for entry into the circularity of understanding. It has been a pivotal element in the interpretive process.

In the next section I describe the procedures used to make sense of the data collected. It was through thematic and narrative analysis that I arrived at understandings of ageing and disability.

Analytical Procedures

Analysis of data is not an isolated and separate activity. Rather, the linguistic and intersubjective nature of human understanding suggests it is fundamental and therefore an ongoing practical activity in our engagement in the world. Analysis (interpretation) of data began from within tradition (my horizon) and then in my turning of this horizon to the phenomena of ageing and disability (Gadamer, 1979; van Manen, 1990). The horizons of the participants also turned to these phenomena as we worked out meanings evident in the reality between us. My interpretive activities, therefore, began when I first turned my attention to the topics of this thesis and will continue whenever I return.

I began data analysis within an interpretive horizon that had already turned to the phenomena of ageing and disability through my appraisal of what was understood about these phenomena. Next, I identified my horizon of understanding (outlined as a preface to the next chapter) recognising that this was necessarily limited yet fundamental to challenging my preunderstandings. I then became involved in conversations with older men in which we attempted to work out understandings of ageing and disability. These dialogical interpretive events were interspersed with my listening and transcription of these conversations. Data analysis, then, was very much a circular process than ebbed and flowed in line with my encounters with the data and the research participants (Minichiello et al., 1995).

In the formal sense I turned to the texts-as-data to further work out understandings of ageing and disability. The texts-as-data included the interview transcripts and my field and working analytic notes. The texts revealed meanings of ageing and disability freed from their original contexts and therefore free for interpretation from other vantage points (Gadamer, 1979; Geanellos, 2000; Ricoeur, 1991). I describe how this process transpired in the following section.

Thematic Analysis

To continue the interpretive process, the data were subjected to thematic content analysis. Thematic analysis has been defined as the process through which meanings inherent in the textual data are identified and described (Luborsky, 1994a). Through thematic analysis I recovered recurrent themes that were “embodied and dramatized in the evolving meanings and imagery of the work” (van Manen, 1990, p. 78). I used the term theme (Coffey & Atkinson, 1996) to describe the dominant overarching meanings of the ageing and disability experience worked out in the data (Luborsky). Although I have acknowledged the interrelated and essential nature of the interpretive event, I did follow a systematic path (van Manen; Luborsky) to identify the recurrent themes.

I repeatedly read and engaged all the texts (substantive understandings, interview transcripts, field, and analytical notes) in the interpretive process. This took the form of reading the interview transcripts and noting all significant content relevant to the phenomena of ageing and disability. I recorded the context in which this dialogue occurred and wrote analytical notes describing emergent meanings in the data. These significant data were labeled for grouping together and further interpretive work. I developed these labels into themes as the analysis continued and further evidence emerged that supported their continued presence in the data. I also returned to the original tape recordings to check pauses, tone of voice, silences, and clarify sections of the text-as-data. The purpose of this was to maintain a close link with the interview data during the analytical process.

Although analysis was an ongoing process I did undertake two global analyses where I deliberately looked at the data as a whole. The first of these was after I had interviewed ten men and then after completion of all the interviews. The purpose of the first global analysis was to develop some sense of where I was in terms of understanding and where I needed to go in relation to subsequent data collection. The latter began an intense period of examining the content of all data.

During the thematic content analysis I identified themes that were used in a comparative way to link particular experiences with the emergent whole. I examined all the identified themes and examined these for similarity and difference and subsequent clustering into more global or overarching themes (Coffey & Atkinson,

1996). For example, early reading and interpretation of the texts suggested that activity was a central theme in the “structure of lived experience” (van Manen, 1990, p. 87) for older men. I developed this theme through further reflection and interaction with the parts (other textual content) and the whole of the data. Chapter Four describes the theme of activity in detail.

Through analysis of the content of the text-as-data I identified and developed themes describing the phenomena of ageing and disability. To be sure these themes are a result of my intense analytical work, however, the interpretive work of the participants must also be recognised. The immediate and embodied horizons of the participants were further enlarged and joined with my horizon of understanding (van Manen, 1990). This horizon of mine, therefore, was created out of this intersubjectivity and culminated in my understandings of what it like to live in-the-world-as-an-older-man-with-or-without-disability.

In the end through working out meanings in the data I produced interpretations of the phenomena of ageing and disability that are constituted in the body of this thesis. Whilst I acknowledge that it is not the definitive interpretation, I believe it is a reasoned and coherent account of the phenomena under study.

To exemplify the process of thematic content analysis I will illustrate how the dominant meaning of activity in the lifeworld of older men emerged in the data. Bob, the first man I interviewed, told me that:

Bob: Well I know that I can't do a lot that I used to do but I still feel that there is a lot that I can do.

I labeled this initially as ‘keeping active’. I made an analytical comment that despite his disability he felt that he would remain active and be able to do things. During subsequent analysis I became sensitised to the emergent theme of generativity, the need to remain productive, and I linked activity with the category of generativity.

Later, Eric the third participant, said to me:

Eric: ... you know, I am perfectly mobile and I intend keeping that way.

AF: That's important for you?

Eric: Yes because I don't want to have to be leaning on anybody's shoulders at all. (p) That's the basis on which I work. (p) Pull the socks on and get on with the job.

This dialogue from Eric I labeled as 'physical activity' as well as 'masculine ideals'. The analytical comments noted how physical activity was important to Eric and this was couched in the ideals of activity and independence.

As the analysis proceeded other elements emerged and broadened the scope of 'activity' as a major unifying element. This, in turn, underpinned the centrality of activity in the phenomenon of 'oldness'. Peter, participant number eight, reflected on activity in old age:

Peter: I'm just as busy now that I'm retired as what I was [working] and I suppose that'll always happen. I don't know where all the activity comes from but there seems to be something to do all the time. It's probably like, you know, how much money you've got, like I mean the more time you've got the more you seem to fit things into it.

AF: Mm.

Peter: So the more money you got, the more you spend and you still want more kind of thing. But I don't feel that old Andrew.

I noted how Peter 'theorised' (Gubrium & Holstein, 1994; Gubrium & Wallace, 1990) about activity in his life and how the extra time following retirement is filled in. My further interpretive work developed Peter's understanding and related this continued activity to the perception of activity as not expected in old age, hence the statement by Peter, 'I don't feel old'.

Other similar and additional elements came to be included as the analysis proceeded reinforcing Peter's 'theory' of activity in old age. In sum, I interpreted activity as central in the experience of ageing and disability. All of the participants reflected elements of activity and the last participant, Don, reinforced the fundamental structure of activity in the lifeworld when he said:

Don: Look after yourself in old age but keep yourself active. That's all there is in it, keep yourself active and keep your mind active.

I made the analytical note that Don exemplifies the place of activity in the lifeworld of older men. For him, keeping active will result in a 'good life' in old age.

Activity was a unifying theme in the experience of ageing for men and indicates continuity across the life-course. Keeping active in body and mind in personal and social contexts is important for older men with or without disability – hence the notion of older men who are '**alive and kicking.**' Other themes worked out in the data included both a priori and emergent themes. Most of the participants experienced themselves as '**ageless**' (Kaufman, 1986) – a theme reported in the literature. An 'ageless self' counters negative perceptions of old age and is a means to account for a self that is not what was expected in old age.

Problematic old age was evident in a minority of men. Their experience of growing old was negative. These men, and others at times, reported the embodied (physical and mental) problems often related to old age. I deliberately explored **male friendships** with the men and found, contrary to my preunderstandings, that male friendships remain significant. **Sexuality** was another focus of mine and the data revealed it to be less central than I had expected. For a minority of participants change in their sexuality was a significant issue. For most, their later life sexuality was acceptable to them.

Activity in the lifeworld of these men further emerged in the context of the site for activity, '**the shed**', and in the expression of **generativity**. Sheds are sites where the active, creative, and productive lifeworlds of older men are often realised. The shed, in older age, continues to assume relevance and often becomes transformed to accommodate for changes in life circumstances.

The men maintained a desire to benefit others, and to contribute to and continue society. **Generativity** emerged as a prominent theme in the strong face of ageing presented by these men. The context of the interview provided an opportunity for the men to further express their generative desire and **tend my culture** .

The data were also subjected to narrative analysis as much of the data were produced in narrative form and I treated these data as a whole. I found that the narrative analysis built upon and expanded the themes identified during thematic analysis. I will now outline my use of narrative analytical techniques.

Narrative Analysis

An essential means by which understandings of ageing and disability entered into the interpretive process was through narrative. It was in narrative that many participants grounded their interpretations of ageing and disability. Through examining the content and form of this narrativity I was able to further understand the phenomena at hand.

In this section I discuss narrative as a concept, as a practice, and as an analytical method. I then describe how I applied narrative to further understand meanings of ageing and disability. To complete the section I provide two exemplars from the data describing my use of the evaluation model of simple narrative, and the practices used by the participants to construct their stories.

Narrative

The stories people tell about themselves are interesting not only for the events and characters they describe but also for something in the construction of the stories themselves. How individuals recount their histories – what they emphasize and omit, their stance as protagonists or victims, the relationship the story establishes between teller and audience – all shape what individuals can claim of their own lives. Personal stories are not merely a way of telling someone (or oneself) about one's life; they are the means by which identities may be fashioned. (Rosenwald & Ochberg, 1992, p. 1)

I use the term narrative to refer to “first-person accounts by respondents of their experience” (after Riessman, 1993, p. 1).³³ These accounts are used as one makes sense of the unfolding of life’s events (Brown, 1987). Narratives are either discrete events involving storylines with a beginning, middle, and end or narrativised experience linked with other events to form broader life-story themes (Brown, 1987; Riessman, 1993). In this thesis I recognise both the particular and the general in terms of narrative form.

Narrative as a form for understanding people’s lives has a history in interpretive sociology that dates back to the late 1920s with the Chicago School (Riessman, 1993, p. 4; Vidich & Lyman, 1994). However, there has been a recent “narrative turn” and an upsurge in interest in narrative approaches (Riessman, 1993, p. 5; see also Atkinson, 1997; Coffey & Atkinson, 1996; Gubrium, 1993; Gubrium & Holstein, 1998; Reason & Hawkins, 1988; Somers & Gibson, 1994). This has now reached into the domain of social gerontology (Gearing & Dant, 1990).³⁴

Narratives “do not simply describe the self; they are the self’s medium of being” (Frank, 1995, p. 53). Stories are a telling which is not only for an audience but also for the self. Through narrative, identities are constructed and lives claimed (Mathieson & Barrie, 1998; Polkinghorne, 1988; Riessman, 1993; Somers & Gibson, 1994). The process of narration becomes a vehicle for understanding the nature of the self.

Narrative and Self-identity

In the discussion on the ‘ageless self’ I noted how older people fashion an identity that does not use age as a referent. The narratives reported by Kaufman (1986) and Deveson (1994), for example, indicated ageless self-identities. The ageless self was

³³ In the thesis I do not make a distinction between narratives and story but use the terms interchangeably. As Coffey and Atkinson (after Riessman, 1993) note “there are many definitions and discriminations in the research literature.... [that] defy summary definition” (1996, p. 54).

³⁴ The following studies point to this growth of narrative in social gerontology: Handel (1987) probed the narratives of middle-aged and older people to understand life-span development; Gubrium (1993) used life stories to uncover meanings in the nursing home experience as it related to the resident’s whole life; and Ruth, Birren, and Polkinghorne (1996) described a typology of life projects developed from analysis of autobiographies from ten older men and ten older women.

contrasted with self-identity that is trapped in a betraying body (Featherstone & Hepworth, 1991; Oberg, 1996). These self-identities do not emerge in isolation from the social world; they are influenced by the social context from which they emerge.

This socially constituted identity reflects the influence of the social through “public narratives” (Somers & Gibson, 1994, p. 62; see also Freeman, 1998; Nouri & Helterline, 1994; Riessman, 1993; Rosenwald & Ochberg, 1992). Public narratives, such as the weak face of ageing, ageing as problematic, “are those narratives attached to cultural and institutional formations larger than the single individual, to intersubjective networks or institutions, however local or grand, micro or macro” (Somers & Gibson, p. 62). Social identities and actions are narratively constituted in context, intersubjectively and historically, through both ontological and public narratives (Bruner, 1990; Freeman, 1998; Somers & Gibson). As the narrated self always emerges from within a social landscape, narratives also provide understandings of social life (Wallace, 1994). In other words, “culture ‘speaks itself’ through an individual’s story” (Riessman, 1993, p. 5; see also Ribbens, 1993).

Narratives or stories are a common means for recounting experience – “we are forever telling stories about ourselves” (Schafer, 1981, p. 31). Storytelling is, therefore, a natural and fundamental means by which we express understandings of our world to others. It is also about how we fashion narratives that define and develop our personal identity (McAdams, 1993; McAdams et al., 1998). In this way, narrative has an “everyday sense-making role” in our lives (Mattingly, 1991, p. 235).

Through narrative, the participants in this study generated interpretations of their experience and personal knowledge within the context of their lives (Coffey & Atkinson, 1996; Somers & Gibson, 1994). Narrative was a way for the men to transform what they knew into a telling (White, 1987) and provided understandings of their lifeworld.

The emphasis on narrative within this study arose from my realisation that people often use stories to tell about their lives (Fleming, 1995). I recalled only afterwards that in a previous study of mine the participants used extended periods of dialogue to recount their experience and to make particular points. In the data analysis I did not treat these as narratives and fractured the data into codified sections in line with the method of grounded theory (Riessman, 1993). Renewed with my ‘narrative

sensitivity’ I revisited the interview transcripts to note much of the text was in narrative form. I now expected the older men to narrativise much of their experiences of ageing and disability.

Through narrative, I developed contextual understandings of the lived experience that challenged the general view of ageing as weak and problematic. These understandings reflected both the local and social nature of narratively constructed ageing identities and provided the opportunity to interpret the experiences of older men. Adopting a narrative approach to identity recognises “that people are guided to act by the relationships in which they are embedded and by the stories with which they identify – and rarely because of the interests we impute to them” (Somers & Gibson, 1994, p. 67). A clear implication of this is for the social scientist to adopt an empirical imperative and directly investigate the lived experiences of social actors. These older men, given the opportunity, provided “counternarratives” of ageing that resisted, and were at odds with the “dominant public ones” (Somers & Gibson, p. 75; see also Gubrium & Holstein, 1994). Identities revealing a strong face of ageing were told irrespective of age or disability.

Narrative is “more than a recital of events. It is an organization of experience. In relating the elements of experience to each other and to the present telling, the teller asserts their meanings” (Rosenwald & Ochberg, 1992, p. 8). Life itself “bears meaning within it” and narrativisation of experience becomes a way of configuring and ordering these meanings (Freeman, 1998, p. 39). Furthermore, stories “wrest meaning” from experience (Mattingly, 1991, p. 237) and connect otherwise isolated events in social life as one makes sense of one’s life course (Nouri & Helterline, 1998). These “ontological narratives” indicate experience that is configured into meaningful wholes and “make identity and the self something that one *becomes*” (Somers & Gibson, 1994, p. 61, emphasis in original).

Narrative, then, provided me with a means to further explore meanings developed from the thematic analysis. The themes from the thematic content analysis were to a certain extent de-contextualised. By examining these themes within their narrative form I was able to grasp broader and more complete understandings.

In the configuration of stories human temporal experience is not necessarily linear. It is “rather more like a circle or spiral, embodying a dialectical movement from

present to past and past to present, at once. This movement is in turn conditioned by the future as well” (Freeman, 1998, pp. 42-43). This hermeneutic understanding of the construction of narratives gives an interpretive dimension to the self-understanding projected in narratives. As Freeman argues:

In coming to terms with my past, I can only do so from the present, through my act of interpretation; I seek to ‘read’ the events of my life as episodes in an evolving narrative, the parts shaping the whole and the whole shaping the parts, in an undivided movement of the creation of meaning. (p. 42)

Somers and Gibson use the term “causal emplotment” to denote this signification of events into narrativised wholes (1994, p. 59). Emplotment allows us to construct narratives that weave these significant episodes into understandable and plausible stories.

As well, our narrativity possesses evaluative criteria that we use to selectively appropriate certain experiences in our narrative construction. Our values and fundamental life principles constitute this evaluative framework. These evaluative criteria determine how events are prioritised and given meaning, thus facilitating the arrangement of a seemingly “infinite variety of events” into narratives-as-told (Somers & Gibson, 1994, p. 60). In the thesis the participants frequently evaluated their lives and presented this in narrative form.

The Use of Narrative in Everyday Life

People frequently use narrative to relay meaning in experience when the everydayness of their world is ruptured. This occurs “where there has been a breach between the ideal and the real, self and society” (Riessman, 1993, p. 3) and taken-for-granted meanings are called into question. These oppositions or tensions within our social worlds can act as frames through which we tell stories (Nouri & Helderline, 1998). For example, in a study of the experience of divorce by Riessman (1990) the research participants frequently used narrative to explain how their marriages came to break down. These oppositions need solutions and provide the substance for narrative production (Nouri & Helderline, 1998). Consequently, examining the dialogue-as-text, the dialogue between the participants and me and

transformed into text, for these so-called breaches and oppositions assisted me in the identification of narrative.

In narrative practice storytellers aim to construct identities of substance. Self-images are constructed that endeavour to persuade listeners that they are good people (Riessman, 1993). Our sense of self is, in part, constructed and maintained in relation to others. Therefore, identity is realised, “reaffirmed or even altered” in the telling of stories (Rosenwald & Ochberg, 1992, p. 9). To achieve this narrators frequently use ‘contrastive rhetoric.’ Contrastive rhetoric refers to “accounts in which the speaker and his or her practices or values are legitimated or justified by means of comparisons with what goes on elsewhere, what has been done in the past, or what others do” (Coffey & Atkinson, 1996, p. 104; see also Hargreaves, 1984). The men in this study frequently used the contrast of self with others to construct identities that were normative and socially acceptable. In this example Don contrasted his good health with a man who was ‘old’ and weak:

Don: I feel good, you know, I know a person, now he was in hospital the other day. As soon as he stepped out of bed he’s going, “Oh gee,” he got giddy, you know. But I get up 2 or 3 times a night and I’ll sling me feet straight out of bed and get up and walk out, you know, but I don’t have any giddiness...

I also noted that the participants frequently used what I have defined as ‘affiliative rhetoric.’ I did not find a similar term in the literature and hence coined this term. On occasion, the men aligned themselves with significant other people to make claims on their identity. These were usually people deemed to have achieved noteworthy social status. For example, Bob frequently associated himself with men who had achieved much in their lives as the following excerpt shows:

Bob: [talking about men from his squadron during World War II] a number of others, you know, sort of, one finished up as managing director of Hawker de Havilland in Australia.

AF: That’s an important position.

Bob: Yes, he's well and truly a millionaire.... Well those that did survive usually finished up pretty well.

A number of the men used both contrastive and affiliative rhetoric to make claims on the significance of their lives. Affiliative rhetoric, in concert with contrastive rhetoric, assisted in maintenance of “ontological security” (Giddens, 1991, p. 55).

In sum, narrativity is a means “through which the lifeworld is given meaning” (Gubrium, Holstein, & Buckholdt, 1994, p. 183). Through narrative I was able to grasp a sense of who older men believe they are. And through the collective voices of narrative I was able to develop understandings of the lifeworlds of older men.

I was aware that within the context of the interviews and in my interpretations of the text-as-narrative certain aspects necessarily shaped these activities. I elaborate on these in the next section before moving on to describe how I identified narratives in the texts.

Reflexivity and Narrative

Narrative is ubiquitous in everyday life and also in research interviews when participants are given the ‘narrative space’ to do so. Even if the interviewer is following a structured format, interviewees will frequently attempt to claim space for their narrative (Mathieson & Barrie, 1998; Riessman, 1991). My awareness of this preunderstanding led me to provide all the participants in this study with the space to recount their narratives. As it so happened much of their dialogue took on narrative form.

I did not have direct access to the experiences of the older men and their telling of experience was always a situated interpretation. The social context of the interview and its interactive nature shaped the production of dialogue (Freeman, 1998; Gubrium & Holstein, 1995; Mathieson & Barrie, 1998; Mishler, 1979, 1986; Riessman, 1993). For example, my gender, on the one hand, enabled ‘bloke-to-bloke’ talk on sexuality that may not have occurred with a female interviewer. On the

other hand, my gender could have limited dialogue on topics considered of more interest to a female interviewer, for example, marriage and children.³⁵

My framework for narrative analysis and any subsequent readings of the older men's experience was perspectival and contingent (Geanellos, 1998a; Riessman, 1993). As analyst my role was not as a "servant" to the text but as "its partisan maker" (Rosenwald & Ochberg, 1992, p. 3). Narrativised experience is always meaning in context, is always incomplete and fluid (Gadamer, 1979; Mishler, 1986; Riessman). This does not mean that either any or no interpretation will do. Rather, it meant allowing meanings to emerge through "dialogical relation" and critical reflection (Reason & Hawkins, 1988, p. 98; see also Honey, 1987). My application of a hermeneutic attitude and engagement in interpreting the narratives of the older men disclosed coherent understandings of the lived experiences of ageing and disability.

There is more to storytelling than the content of what is told (Atkinson, 1997; Atkinson & Silverman, 1997; Gubrium & Holstein, 1998; Riessman, 1993). Attention is required on when and how narratives are used and constructed. In the next section I will outline, firstly, how I determined what was narrative, and secondly, the process I used to examine how the men constructed their stories.

Identification of Narrative

Simple Narratives

Investigators seeking to identify narratives within dialogue-as-text often adopt the evaluation model for simple narratives proposed by Labov (1972) (e.g., Coffey & Atkinson, 1996; Cortazzi, 1993; Riessman, 1993; Toolan, 1988). Labov describes "narratives of personal experience" that recount past events in a typical structure that includes a beginning, middle and end (p. 354). Narratives evaluate experience and convey the meanings that this experience has for the narrator (Cortazzi; Labov).

The evaluation model of Labov (1972) was useful for me as a means of identifying simple narratives within the dialogue-as-text. I also used it as a necessary initial part

³⁵ Stephenson, Wolfe, Coughlin, and Koehn (1999) report that gender has an influence on the weighting of topics of conversation raised by interviewees.

of my narrative analysis (Coffey & Atkinson, 1996; Riessman, 1993). The structure of a fully-formed story includes: an abstract which is optional and summarises the point of the narrative; an orientation that contains background information relevant for understanding the narrative; complicating action that provides the content and sequence of events in the narrative; evaluation which exemplifies why the narrative was told and the point of the story; a result or resolution that describes the outcome or what finally occurred; and a coda which is also optional and when evident provides closure and returns the listener to the present (adapted from Coffey & Atkinson; Cortazzi, 1993; Labov).

In the context of the research interview, the question of the interviewer often prompts the elicitation of narrative. Thus, the interviewer's question negates the need for an abstract, as the point of the narrative is established (Coffey & Atkinson, 1996). Following is an exemplar demonstrating how I applied the evaluation model to identify narrative:

AF: Is there anything more you could tell me about living in a body that doesn't work as well, for example, with your vision or being older?

Bob: [Bob tells me more about experience of being old and then refers to the following event]

Abstract

Bob: (p) Well (P) I've learnt a little bit

just lately, you know, if I fall over it's such a hell of a job to get up. Now I've learnt a little bit on how to get up now.

Bob is 75 years old, married with a son and daughter, and lives in his own home with his wife. He served in the air force during World War II and then worked in management, and just before retirement worked as a repairman. At the age of 71, Bob had a stroke during a heart bypass operation. Bob was left with a vision disability after the stroke and this, for him, is a major concern. He regularly attends a rehabilitation workshop where he is involved in woodwork. Financially he and his wife are secure.

Orientation

(p) Well when we went to Darling Harbour a few weeks ago on a Saturday

Complication

and I caught my heel on one of these door tracks of the sliding door

AF: mm, mm

Bob: and I went for a good sort of a tumble onto the terrazzo steps outside one of the pavilions there.

Result

And my son had to pull, haul me to my feet and such forth.

Evaluation

Well I think it's, well you feel a bit of a goat

AF: mm

Bob: and well you feel a bit of a goat falling down for a start and you feel even more of a goat where it takes, you know, two or three people to drag you to your feet.

Coda

(P) No, I didn't enjoy that and I think well in much the same way that Alice [wife] [links his situation with that of his wife who at present has a broken arm].

The genre of narratives includes: hypothetical narratives – describing events that did not occur (e.g. p. 204); habitual narratives – referring to events that have recurred repeatedly (e.g. p. 100); and topic-centred narratives – that relate to the linkage of events along thematic lines (e.g. Bob's narrative above) (adapted from Riessman, 1993, p. 18). Within the context of the interviews the participants frequently used these different types of narrative to tell me about their lived experiences (Riessman). According to Frank “people tell their own unique stories, but they compose these stories by adapting and combining narrative type” (1995, p. 75).

Narratives as Broad Understandings

Other analysts adopt a broader, thematic view of narrative and seek to identify overarching themes or understandings constructed through the linkage of narrative episodes.^{36,37} In combination with the approach of identifying specific narratives I also examined the dialogue-as-text for broader understandings that were inclusive of specific narrative episodes. I examined the narratives-as-data and identified a prime narrative (Mathieson & Barrie, 1998) or overarching understanding of the story-to-be-told. Any number of sub-narratives or narrativised life-events can substantiate such an understanding. I probed and developed these understandings by identifying the parts of the interview or text that revealed the story-to-be-told of the participant (Mathieson & Barrie, 1998). In Chapters Five and Six I present in detail the broad understandings interpreted in the textual data.

In my analysis of the narratives-as-text I further examined the practices used by the participants to tell their stories. This was useful as it provided a framework that enabled me to see how the participants put their stories together to convey meanings in their lifeworlds.

The Hows and Whats of Narrative Practice

Narrative practices “characterize simultaneously the activities of storytelling, the resources used to tell stories, and the auspices under which stories are told” (Gubrium & Holstein, 1998, p. 164). Examining the narrative practices of the participants in the study shed light on both the constructive and constraining nature of their storytelling. It involved investigating the “relation between ... [the] ‘hows’ and ‘whats’” of the storytelling (Gubrium & Holstein, p. 164). The men used these practices to construct coherent accounts of their lived experience. I used the analytical framework offered by Gubrium and Holstein to analyse the narrative practices of the participants in this study.

³⁶ For example, see Brock & Kleiber, 1994; Coleman et al., 1998; Frank, 1995; Nouri & Heltterline, 1998; Mathieson & Barrie, 1998; Ruth et al., 1996.

³⁷ Some analysts, for example, Riessman (1990, 1993) use a combination of specific and broad approaches to narrative analysis.

This framework includes aspects of narrative practice, composition, and control and involved me identifying the ‘whats’: *narrative resources* – these included any and all potentially relevant experiences and *discursive formations* such as social cultural norms and understandings (public narratives), and everyday theories; and *narrative auspices* – which incorporated those discursive mandates and constraints particular to the setting and group that conditioned and mediated narrative production.

I also sought the ‘hows’: *narrative linkages* used by the participants to *assemble* the parts and particulars of events and interpretations into broader understandings of the lifeworld. I noted the *narrative footings* used by the participants to establish and change positionality in their stories. I identified occasions of *narrative slippage* – the differential application of culturally shared meanings in constructing narratives (adapted from Gubrium & Holstein, 1998, pp. 164-177).

Other ‘hows’ used by the participants included *narrative editing* and *substantive monitoring* to monitor, manage, modify, and revise their stories as well as keep them ‘on track.’ This was done so that the *subject matter* at hand was both relevant and acceptable in the interview context. Finally, there was *formal narrative control* that extended the *substantive monitoring* to include contextual and interactional mandates present in the formalised context of the research interviews (adapted from Gubrium & Holstein, 1998, pp. 164-177).

Process of Narrative Analysis

As a starting point I read the interview transcripts and identified all narratives as well as the narrative practices used by the participants (Gubrium & Holstein, 1998). To aid in my identification of narrative I searched for ‘signposts’ such as evaluations of particular events, oppositions and breaches, narrative genres, contrastive and affiliative rhetoric (Coffey & Atkinson, 1996; Cortazzi, 1993; Labov, 1972; Nouri & Heltterline, 1998).

Narratives are constructed in context and I applied this analytical framework in the process of developing understandings of ageing and disability. What follows is part of the interview I conducted with Fred and I use it to demonstrate how I applied this framework. In this explication I identify the relevant practical aspects of Fred's storytelling.

This exemplar also shows how I interpreted broader understandings in the data. Fred began by using **narrative resources** from his early life to tell me about his life:

AF: Thanks very much Fred for allowing me to come and talk and what I'd like to do is start with you briefly telling me about your life.

Fred: Well to start it off, I was born at Kempsey, the north coast, and at the age of five I went out with me father sleeper cuttin', then as the years went on and the family grew. There were seven boys and three girls, and goin' through depression

AF: mm

Fred: and he took on share farming, dairy farming and as the family grew he kept changing from place to place, takin' on bigger farms

AF: right

Fred: til finally the last one we were milking 147 cows by hand and at that stage I was like the stockman, done all the horse riding, get thrown and broken ribs and what have ya and we used to bail up [securing the cows for milking] in the early stage. And then from there the war broke out and as the family decreased, we had to give the farm away

Fred is 73 years old, married with three sons, and lives on a small semi-rural property with his wife. Born and bred in the country, Fred served in the army during World War II and then worked at various times as a dairy farmer, in manufacturing, and construction. At present Fred is helping his son manage a small dairy farm. However the property has been sold and Fred will be moving shortly to a retirement village. Fred leads an active life, regularly rides a pushbike and keeps himself occupied by making things for the house and friends as well as helping his other sons from time to time. Fred did not express any financial concerns.

and I came down to Sydney and got a job with what they called the [oil company].

AF: Right.

Fred then changed **narrative footing** to **link** the war and his health with a view on physical decline in old age. Fred through **narrative slippage** pointed out a discrepancy with a **discursive formation** of the meaning of old age and finishes with the **coda**, “that’s how life goes.” Fred throughout the interview used forms of this statement to return to the present and hand **narrative control** back to me:

Fred: And from there I went away to the war but at that stage I was agile and jumped gates and rode buckin’ horses, anything. And then when I went away to war, well that is critical to your health. You’re living on iron rations, got malaria and all these things and you’re pulled down and as for these people saying the older you get the more interesting the life you are, I think it’s you’re seizing up. I reckon when they modelled us they should have put grease nipples in (laughing) to keep ‘em going.

AF: Right (laughing).

Fred: Now that I’m 73 and at this stage I’m going stiff everywhere but where I want to really (laughing). That’s how life goes.

Fred, through **narrative editing** and changes in **narrative footing**, provided me a version of his life, including his work, marriage, family and health, leading up to his current situation. His use of **narrative resources** included an **everyday understanding** of smoking and health, and life after work. At the end of this section he provided a **coda** and returned **narrative control** of the interview to me:

Fred: and I’ve had five bypasses done.

AF: Mm.

Fred: I did smoke but very light, 15 cigarettes was maximum a day but it was enough to cause me five bypasses. For some people it affects more than what it does others. Me grandfather smoked a pipe and all

that from when he was about 12 and he died at 78 a healthy man, it didn't affect him in any way, nor me dad but as I say it affects different ones different ways but then when I come back from the war I was very unsettled. My girlfriend let me down. I went from job to job, and ah heaps of jobs, if I stayed three months at one job it was a long time.

AF: Mm.

Fred: Three years and one day I think was the longest I ever stayed at a job. Then when I got married, I got married up in Queensland, Brisbane and came back and worked at the [factory] then [factory] and as the boys grew up. I had a sister on a farm at [country town] and we used to always go up there for holidays. And of course our kids got interested in farming, "Dad take a farm on." So from there I got a job at [farm].

AF: Right.

Fred: I milked 53 cows I think at a time and then from there I went to a dairy farm over at [country town] and from there I got this job and this is where I thought I'd go out feet first and it doesn't happen that way (laughing). So that's how the life went. Is there anything else you'd like to fill in on?

I then asked Fred to tell me more about the war. He spoke further of the hardship of his wartime experience finished with the following **coda** and returned **narrative control** to me:

Fred: That [the war] was quite an experience there, yeah, any more?

I then asked Fred about friendship and he talked at length about his mates, work, dairy farming, and retirement. When he talked about retirement Fred described what he did after he stopped work, **assembling** related experiences that he **evaluated** as making him "busier" than before he was retired:

Fred: The owner of the property, he gave me about a twenty foot square in the machine shed up there as me little hobby shop. And of course I had a circular saw and a band saw and all these things to make different things. Like that thing (pointing to a small book stand).

AF: Yeah.

Fred: I made that for Jenny [wife] to put her recipe book in when she has flour and dough all over her hands, see.

AF: Yeah.

Fred: Little things like that and so I filled me time in like that. And then I have a son a concreter, another son a fence contractor and a son-in-law a tree lopper, and between running messages to save John [son] managin' the farm time, I go and get machine parts and that, and the others lost their licences through grog and I'd have to go out, I'd go out drivin' the trucks (laughing), helpin' them out, go out helpin' me other son fencing, and I was busier than before I retired.

Fred continued to describe his activities and then told me of his love of country and western music, linking this to a **habitual narrative** that included **affiliative rhetoric**. Again Fred finished by returning **narrative control** to me:

Fred: I'm a country and western fan; they're all country and western (showing me his vast country and western music collection).

AF: Wow.

Fred: That's only some of 'em. There's more in there (showing me more country and western music).

AF: Yeah.

Fred: They go back to 1933 and these disk jockeys and that ring me up, "Have you got this, have you got that?" (laughing) I surprise 'em by saying, "Yes." Yeah, what's the next question?

I then moved the focus to Fred's experiences of growing old. Fred replied that he hates it (old age) and linked it to his poor health. He then **linked** his wife's accident and the enforced change of car to the experience of old age. As his response continued he used **contrastive rhetoric** to compare himself with a "city bloke." This part of the interview revealed how Fred **monitored** his story to include relevant subject matter according to the **auspices** of the interview situation. These **auspices** included the focus of the interview, Fred's experiences of ageing, his background as a 'man from the land', and **constraints** of the interview situation in which he expected me to direct the discussion:

Fred: Yeah what's the next question?

AF: Well, ok, probably the thing to move on to now is to ask you what's it been like for you to grow old?

Fred: Oh right, well, I hate it, but first of all the heart problem come up then prostate. I had to have that operated on and things happen to you like rheumatism, and arthritis is starting to set in on my shoulders and hands and the wife had an accident a long time ago and crushed her knees and they doctored 'em up then but now they're coming against her, in fact she's goin' to the doctor this afternoon about them. But as I say you're seizing up and we had to sell our manual car and buy an automatic with power steering. The other one didn't have either and it was gettin' hard work for us. Beautiful car too, but anyway we've sold it and we've got this little automatic Toyota now and Jenny [wife] is in love with it, she can handle it with her crook knees and that.

AF: Mm.

Fred: So (p) that's ah, you're getting' pulled down, things you'd like to do you can't do and whereas a city bloke they, like for me mate in there, he's another member of that club too and he plays golf and that to occupy him but as he's getting older he's getting confined whereas it's worse for me than him because I'm used to the bush.

AF: Mm, mm.

Fred: Going out around cattle and lookin' at the paddocks to see what they need and all that but that's all gone by the way and finally I'm getting used to it.

As the interview went on Fred **selected** other experiences to convey his meanings of ageing. He recounted how he had worked hard throughout his life from a very early age, **linking** this again to his interpretation of 'stiffening up in old age.' Fred grounded this with a **linkage** to the following **episodic narrative**:

Fred: We [i.e. aged pensioner] get two free trips in the train a year and me dream was to go to [tourist destination], the furthest part we could go [from Sydney]. So we got in it and went and up the top there's a rack where you can put the little bag that you can get things out of like, and I found that was a hell of a job to put something up there. Whereas before I could throw a bag of wheat up there...

As the interview continued Fred changed **narrative footing** to once again **compare** himself with other men, "I'm still pretty active [compared] to some of 'em." Fred identified some of the men in the retired men's club; men he considered were younger than him yet "on walkin' frames and walkin' sticks." At this point Fred assumed **narrative control** by asking me, "if you switch that off [recorder] I'll tell you a funny little story." I did so and he told me a story about a man from the retired men's club. On resumption of recording I introduced the topic of sexuality and Fred used his "stiff everywhere but where you want" saying to begin an interpretation of his changed sexual activity. He also adds in a **discursive formation** related to the masculine ideal of keeping his wife satisfied:

AF: An aspect to touch on in relation to men is changes in sexuality. I think you mentioned it briefly before. How have your sexuality and your sexual relations changed, as you've grown older?

Fred: As I said, tell people you go stiff everywhere but where you want to. Well this does happen and I suppose if I went to the doctor I could get something done about that but I've never worried about it because as

you grow older you have less desire and the wife's not interested as much so you just let it be

AF: mm

Fred: but if the wife were raw naked naturally I'd go and try to do something about it because otherwise they stray off to other men but in this case I haven't got to worry about that so I just let it be.

Fred then **changed footing** to relate how his interest in sport faded and he became interested in other things that, as he called it, "suit your age better." After returning **narrative control** to me we went on to discuss the interpretation that men don't often like to talk about personal things. Fred said, "well with me being a bushman I could talk about anything and everything, and listen to anything." He used this to again **compare** the 'man on the land' with city folk and **linked** this to a relevant experience to make his point:

Fred: It's like when we went for holidays down at [holiday town]. Me mate was a railway worker and he took us down as guests and our kids was there and they'd go up there and help us pull calves from cows and all that sort of business.

AF: Mm.

Fred: They were down there and the kangaroo, female, had a little Joey with the head out in the pouch, next thing they yelled out, "She's about to have it." (laughing)

AF: (laughing)

Fred: All the city kids come with their eyes agog. Ah yeah we had a lot of explaining to do (laughing).

The interview continued on and Fred further described aspects of his experience, particularly in relation to differences in the way country folk interpret the world. He included **selected** experiences, for example, banning firearms on farms, to make his points and **manage** his story-as-told. I then returned to the topic of friendship and Fred spoke of friends that were "very close, terrific" and related **selected** experiences

that conveyed meanings of their significance. For example, Fred told a **habitual narrative** of his local friendships:

Fred: ...when I go down for the paper too, they crowd around, “How you going?,” “What’s doing?,” and that. That’s gone on through the years cause I got to know so many through being a farm manager and learning so much about veterinary work, anyone with house cows and that, I’d be the first one to ring up and that’s how I got to know so many around here.

In the last part of the interview I gave Fred the opportunity to add anything else to his interpretation of living as an older man. Fred replied that it is important to “get an interest in SOMETHING, to do something” and not “sit and do nothin” or you will “die quick.” Again Fred **linked** this to the **narrative resource** of ‘life on the land’ as a means to **manage** his story and interpret meanings. Fred began with this **habitual narrative**:

Fred: It’s the same when they’d call me out looking at sick calves, and I’d say straight away bung in multivitamins, because I said they’re lacking something, and it’s not fighting off the wogs [i.e. germs], if they get into the multivitamins well it gives them that something to build up the, to fight it off. And this is why when you grow old you should have an interest to keep going and you don’t get, ah sit down and just fade out.

AF: Yeah, yeah.

Fred: Being active is like, is as good as taking a multivitamin tablet, because it’s keeping them active, going, and that’s why I still like to stick to me old pushbike. They all laugh at me (laughing). I go up to the shed and back on it and I’ll keep that going as long as I can and when we go in there [retirement village], if it’s close to the shop, I said to the wife I said I’d even try and get a three wheeler just so’s I could go down and get a loaf of bread or whatever rather than take the car and that, cause it still keeps the old blood percolating through you, don’t it?

AF: Absolutely.

Fred finished his response by returning **narrative control** to me. I gave Fred a further opportunity to add anything, which he declined, and I then finished the interview proper.

The identification and analysis of narrative structure, type, form and practice enabled me to ‘work out’ broader aspects of theme and function within the data at hand (Coffey & Atkinson, 1996). For example, in the narratives-as-text created during my encounter with Fred recurring elements were interpreted to form an overarching **understanding** of ‘life as hard yet rewarding’ for the man on the land. Although life was hard for Fred, the central element of activity was interpreted as a resource throughout life, particularly in relation to old age.

I used this broad approach to narrative analysis, in combination with thematic analysis, to develop contextual, relational, and cultural understandings of the experiences of ageing and disability. Further narrative analysis involved reflecting on the parts (particular stories) as they related to the whole (complete interviews). Then moving this into “dialectical interaction” between expanded parts (complete interviews) and the expanded whole (overarching understandings) (Koch & Harrington, 1998, p. 887).

The broader understandings developed from the narrative analysis built upon and extended the identified themes. Through examining how the men constructed their stories and what resources they drew upon enabled me to work out these broader meanings in the data. The activity, generativity, and friendship themes came to indicate **a strong of face ageing**. This overarching understanding was **counter** to the ageing-as-problematic public view. These men constructed and linked together narratives to claim ‘**ageless**’ and **active ageing identities** and show how they had worked out the challenges of ageing.

The problems of old age came to be understood as an ‘**old**’ **being-in-the-world** and through narrative two men conveyed their understandings of being old. **Ageing in the context of disability** for younger men was hard to articulate and analysis of their narratives revealed this difficulty.

The ‘whats’ of the men’s narrative practices, for the most part, uncovered traditional male storytelling – stories about their activities and achievements. In these stories women did not figure prominently. Examination of the **non-traditional stories** of three men revealed the breaches to their traditional male-being-in-the-world and enabled me to work out an understanding of the basis for the relatively limited inclusion of women in the men’s talk.

The men with disability through their narrative practices told of their **quests to work out** significant identities in the face of catastrophic illness (stroke). Through narrative these men constructed accounts of living with disability that show an extension of the **strong face** to disability.

How the men told of living through the initial stroke event highlighted the **chaos** experienced at this time. In their narratives the men told of the **hope of restitution**. When this couldn’t be realised the men told of the **remaking of their lifeworld**. The preunderstanding of the quest narrative (Frank, 1995) became relevant as a means to understand the men’s journey from chaos to solidarity. Themes of **activity** and **generativity** were woven into their accounts of being-in-the-world with disability. What the men said and how they said it reinforced the overarching understanding of men **working it out**.

Whilst narrative is considered to be a dominant form of the interpretation of experience it is not to be given a privileged status. Narrative must be examined with the same “methodological skepticism” as applied to any other acts or social forms (Atkinson, 1997, p. 341; see also Atkinson & Silverman, 1997; Spicer, 1998). The application of philosophical hermeneutics in this study enabled me to achieve a balance between skepticism and coherent interpretations of reality.

Furthermore, experience may not always be cast in narrative form as chronicles or annals are also evidentiary ways to report experience (Polkinghorne, 1988; Spicer, 1998; White, 1987). Chronicles are discourse that “use temporal order as its logical protocol and manifest itself as a list of sentences in which the referent is an event or action” (Polkinghorne, p. 61). An exclusive focus on narrative may result in significant dialogue-as-text being disregarded or even trivialised (Spicer). Therefore, I maintained a hermeneutic attitude and granted all text the opportunity to enter the circle of understanding.

Chapter Three Summary

Hermeneutical research processes enable a “knowing about something” (Gadamer, 1963/1987, p. 135). In this thesis it was a productive knowing about the phenomena of ageing and disability. To achieve this I used an exploratory research design. I turned to older men to assist me to know about these phenomena. Language is “the universal medium in which understanding itself is realised” (Gadamer, 1979, p. 350). Accordingly, the data in this study comprised language forms; the transcribed texts of the conversations I had with older men; my analytical commentary recorded in a reflexive research journal; and my developing horizon of understanding.

I systematically applied thematic and narrative analytical processes to achieve coherent interpretations of the phenomena encountered. This was very much a dialectical relationship that ultimately produced broader understandings of men’s experiences of ageing and disability.

In the following chapters I present my background as an interpreter. The purpose of this explication is to place my interpretive horizon clearly into view. In the working out of the data some of my preunderstandings were challenged and others were further developed.

The next three chapters present the findings from the thematic and narrative analysis – findings that indicate a strong face of ageing and disability. The overarching theme I interpreted was older men ‘working out’ lives of substance in the face of ageing and disability. Chapter Four presents the major themes related to the experience of ageing. Chapter Five describes these themes in their narrative forms. It was in narrative that the men embedded much of their experience of ageing.

Chapter Six describes the men’s responses to disability. Disability was generally not foregrounded by the men; rather it was primarily through narrative analysis that I was able to understand meanings of disability. I have deliberately located the thematic and narrative findings related to disability together as this was how I best came to understand. I found thematic understandings identified in relation to ageing were also applicable to disability. The disability narratives in Chapter Six describe how older men ‘work out’ their lives in the face of disability.

CHAPTER FOUR

THE LIFEWORLD OF OLDER MEN: 'ALIVE AND KICKING'

In this chapter I present findings from the thematic analysis. The focus is on essential themes that underpin the lived experiences of the older men in this study. I describe what it is like for men, with or without disability, to grow old and live as older men. Themes consistent with the literature were present. At the same time themes emerged from the data that expand our understandings of the lifeworld of older men. These themes were evident irrespective of the presence of disability. Disability was not generally foregrounded and the men with disability interpreted their lifeworld in similar terms to the other men.

The experiences of ageing that form this horizon of understanding emerged from two discrete periods of thematic analysis. Although separated in time by an intense stage of narrative analysis of the experience of disability, the thematic analysis has been concomitant and continuous. It would be naive to think otherwise as the initial interpretations along with everything else have been placed in the circle of understanding to earn their primacy or fall into disfavour.

I begin with an overview and summary of the characteristics of the participants in the study. This is followed by a description of my background as an interpreter and participant. My positionality is co-located with the men's interpretations where relevant throughout the chapter.

The first part deals with the a priori themes identified from the literature and my preunderstandings. I begin with a description of the 'ageless self' as it appeared in the men's interpretations. The men frequently contrasted their own selves with others to explain their understandings of ageing. Friendship and sexuality are relevant aspects in the lifeworld of the men. These were two themes that I set out to explore with the men. Meanings of friendship and the men's friendships networks are described. To complete this section changing sexuality for older men is interpreted and understood.

The remainder of the chapter, for the most part, describes the themes that emerged during analysis that were generally not part of my preunderstandings. I use the term

‘generally’ as activity was both an a priori and emergent theme. I was aware of the place of activity and doing in the lifeworld of men. However, the prominence placed on activity by the men and its linkage to the ‘shed’ emerged as an important finding in the thesis. ‘The shed’ becomes broadened in its location and range of activities in later life. The activities of older men are also inextricably linked to the significant element of generativity: an element that conveys meanings of individual growth and social worth. The interviews provided the participants with an opportunity for culture-tending and I describe how this is related to the concept of generativity.

Lastly I briefly note that ‘death talk’ was not a common part of the men’s interpretation of ageing. I had expected more talk by the men about death and the end of life.

The Participants

The participants are all aged over 65 years with seven men classified as nondisabled and seven as disabled (Table 1.). The men without disability ranged in age from 70 to 83 years, with the majority in their seventies. The ages of the men with disability ranged from 67 to 79 years, with two men in their sixties and the remainder in their seventies.

Eleven of the men are married, two are widowers, and one man is divorced. Eight of the men had worked in middle class occupations, and the other six came from working class backgrounds.³⁸ The middle and working class men are evenly distributed amongst both groups.

Of the men with disability, three have one-sided bodily weakness. Bob has visual impairment and Sam memory problems. Two of the men (John and Jack) have overcome most of their initial disabilities although John still experiences problems with his emotions.

³⁸Socioeconomic status was determined on the basis of the occupation of the participants (Bulbeck, 1998). Men who had significant control over their working conditions, for example, professionals and managers, were deemed middle class. Those participants who had less control, for example, salesmen and tradesmen, were categorised as working class.

All of the participants, except for Eric and Stan who reside in a nursing home, live independently and mostly in suburban dwellings. Tom lives in an independent living unit in a retirement village, and Jack and his wife live in a self-contained part of his daughter-in-law's house.

Table 1 **Participant Information**

<i>Pseudonym</i>	<i>Age</i>	<i>Marital Status</i>	<i>Living Situation</i>	<i>Health Status</i>	<i>Socioeconomic Status</i>	<i>No. interviews</i>
Simon	70	Married	Own home	Nondisabled	Middle class	2
Fred	73	Married	Own home	Nondisabled	Working class	1
Michael	74	Widower	Own home	Nondisabled	Middle class	2
Peter	76	Married	Own home	Nondisabled	Working class	2
Tom	79	Widower	Own unit	Nondisabled	Middle class	2
Bill	82	Married	Own home	Nondisabled	Middle class	2
Don	83	Married	Own home	Nondisabled	Working class	2
John	67	Married	Own home	Disabled	Middle class	2
Paul	68	Married	Own home	Disabled	Middle class	2
Eric	72	Married	Nursing home	Disabled	Middle class	2
Bob	75	Married	Own home	Disabled	Middle class	2
Jack	75	Married	'Granny flat'	Disabled	Working class	2
Stan	76	Married	Nursing home	Disabled	Working class	2
Sam	79	Divorced	Own home	Disabled	Working class	1

AF as Participant and Interpreter

I am a 41-year-old Australian man who is married with three children. I have two daughters (18 and 16) and a son aged 13. I grew up as one of four boys, the second oldest. I played sport and I consider myself a typical Australian male in terms of an interest in sport and the outdoors. At school I was not a good student and was more interested in playing sport (rugby union), girls and going to the beach (truancy). I did complete my final year of school after an ultimatum from the headmaster that I would not be able to sit the HSC (leaving certificate) unless my attendance improved. I duly improved my attendance and sat the HSC. However, I hadn't put much effort into my schoolwork and as a result did not matriculate (qualify for

university). Hence, I needed to secure a job. My mother was a nurse and she suggested that I become a registered nurse. I had always had an interest in things medical but had not considered nursing.

People have always asked me if I was a frustrated doctor but I don't think so. The other reason for my reluctance about nursing was that it was traditionally a female occupation and the 'word around' was that men who did nursing were gay. My mother assured me that she worked with plenty of 'straight' men. I signed up at the hospital where my mother worked and have been involved, one way or another, in nursing ever since. I found the initial training academically easy and did well.

In my early years as a qualified nurse my superiors saw me as a worker with management potential. Consequently, I was asked to become the nurse manager of an acute geriatric assessment unit at a major referral hospital. This was my first real foray into gerontological nursing. I say 'real' although I had already nursed many older people in different wards in this and other hospitals. I did enjoy working with older people and liked much more the 'person to person' side of nursing than high technology environments such as intensive care or operating theatre. This set the ball rolling, so to speak, for a lifelong involvement with gerontology both clinically and academically. From there I moved through various positions and upgraded and extended my academic qualifications both at a general and specialist level.

On reflection, I believe I was not mature enough in high school and matured later in life. If some of my school teachers could see me now, a PhD student, I think they would be quite surprised!

My interest in gerontological nursing came from the 'people' side of nursing and I have always enjoyed the so-called patient-nurse contact. Older people have always given me a sense of satisfaction. I don't believe I've ever had the negativity often associated with aged care.

My continued academic and work involvement with gerontology led me to complete a master's research degree in social gerontology, an experience that I thoroughly enjoyed. I was a lecturer in nursing at the time and without a PhD chances of senior positions are slim. This, coupled with the fact that a PhD would enable me to work in a research position, led me to undertake this thesis.

My Views on Older Men

I have always enjoyed dialogue with older people, both men and women, and have not found them to be stereotypical (in ageist terms). I suppose this reflects my genuine regard for older people and a commitment to improve the status of older people and gerontology in mainstream society as well as in the health care system. Where did this regard come from? I suppose it has been from good role models, for example, gerontological colleagues and the positive vibes I have received from working with older people over the years. I suppose I see myself somewhat as an advocate for older people and I often say that part of this is the fact that I have a vested interest in this because I too will become old.

I have also been involved on a voluntary basis in charity work and my personal philosophy has always been to work towards what is best for the older people for whom I have some responsibility. This relates back, I believe, to my personal philosophy: that if each of us does something about an issue or problem then all the individual actions will add up and create significant change. So if we do nothing, or say nothing, then there is no hope. Therefore, I believe I can make a difference.

There are and have been other older men in my life. My father (aged 69) is still quite active, for example, he plays golf, maintains his home, goes fishing, and I see him as a good role model. His philosophy is one of activity and competitiveness. He notes the desire to compete is still there at his age, for example, golf and fishing. My father has spoken of how he welcomed the ‘cut and thrust’ of business life and competitiveness is important to him in retirement. Maybe this is also part of my reflection that I do not fear ageing (as opposed to disability), that is, because I have a father who is quite active and functional.

My paternal grandfather died (aged 80s) when I was in my middle teens and I remember him as somewhat frail. He did have a good sense of humour and he liked to tease and ‘stir up’ the grandchildren. As an older man, I remember him as frail and weak but with a willing and active mind. I did not have a lot of contact with him.

My maternal grandfather died (aged 80s) when I was in my late 20s and was active and productive up until he became disabled with osteoarthritis and was placed in a nursing home. I saw more of him and think of him as a very hard worker and a quiet achiever. His wife was the dominant one in their relationship and grandfather just got

on and did. He cared for his wife through Alzheimer's disease for many years at home and in an independent living unit in a retirement village. My sense of him is as a hard working devoted husband. I do not really think of him as frail and it was sad to see him wheelchair-bound in a nursing home.

I believe old age is not a period of despair but it is also not all 'wine and roses.' The reality of old age is one of change and adjustment and the increased potential of disability. However, I believe that also it is what you make of it and there is always opportunity for development, pleasure, and lives of quality.

My Ageing Self

I considered my own ageing self and whether I feel old. As a man in his 40s, I don't think of myself as middle-aged. I don't feel young either. I feel about the same as I have for the last 20 years. I cannot really pinpoint any particular time of change. Certainly my body, when I do physical activity, reminds me I am no longer 20. On the other hand, the same sort of desire to be active remains significant in my life. I do participate in a range of physical activities that are essentially the same as I have done since I was 18 years old. Therefore, the mind seems to be at a different place than the body. Or is it – as interpreted in many of the lives of the older men in this study – that embodiment across the life span does not necessarily include age as a referent until there is bodily change.

Over the years I have always tried with varying degrees of success to keep fit, for example, jogging, bike riding, squash, swimming, aerobics, weight lifting, and bush walking. For many years I hadn't played any regular competitive sport. This changed last year when I played baseball for the first time since I was sixteen. I thoroughly enjoyed playing baseball last year and have vowed to continue to play until I can no longer physically 'cut it.' The competitive aspect of playing baseball has been a real buzz for me.

When I reflect on the idea of being 41 it is only sometimes that I think of not being young and I wonder whether I am a little ageist by denying my real age. I know up until I reached 40 I used to joke about my age with my children and say that I was only 37 (when I was really 38 and so on). I thought I did it just for the fun of the reaction to it when the children would say, "Wait a minute dad, you're 38," but

maybe there is a fear of growing old. It has only been since I commenced the PhD that I have really thought deeply about old age. The ideas I have encountered have developed my self-reflections concerning my own ageing, for example, my ageless self, physical change, and embodiment.

I now turn to the men and their descriptions of their ageing identities. The men used a number of points of reference to interpret their ageing selves. These included the social view of the weak face of ageing, their younger selves, and at times their own age cohort. The a priori themes identified from the thematic analysis were: the ageless self, old age as a problem, friendship, and changing sexuality. The emergent themes were activity, the critical place of the men's sheds, generativity, and culture-tending.

The 'Ageless Self'

In making sense of their own ageing 12 of the 14 men referred to not feeling old or, in Kaufman's (1986) terms, an experience of the self as 'ageless.' The experience of not feeling old was often contrasted with what the men considered to be 'real' old age, that is, problematic old age. Six of the men without disability thought that 'feeling old' was associated with poor health or disability. For example:

Peter: No I don't feel old, no I don't, no I don't even feel old at all. I suppose if I had arthritis and all the things that suddenly develop in people sometimes then I might.

Simon: I don't say I really feel as though I'm old. I've got no restrictions on what I can do, generally I can do most things, probably a little slower.... But I can still do most things.... If your health is good and physically you're all right, there's no reason to feel old.

<p>Peter is 76 years old, married with one son, and lives in his own home with his wife. He worked in a variety of capacities during his life and did not spend more than a few years in each job. At present Peter is active and reported no major health concerns. He spends much of his time supporting his wife who has experienced a stroke. He did not express any financial concerns.</p>
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Some of the men expressed ageless selves that were based on a view of ‘mind over matter.’ In their eyes if you think and act young then you will be young. Bill, for example, described feeling old as a state of mind, what he called the “Old Age

Simon is 70 years old, married with two daughters and a son, and lives with his wife in his own home. He worked as an electrician for many years before becoming an electrical engineer. Simon retired as a senior electrical design consultant when he was 58. Although he has some physical limitations associated with a ‘crook’ back and knees, Simon claims no major disabilities. Simon has been active in his retirement years particularly in management positions in a variety of sporting and social clubs. He spoke of no financial difficulties.

Syndrome.” We explored this idea in the following dialogue:

Bill: I’ve got a brother-in-law who’s just 74 and he’s an old, old man. All he wants to do is lie on his bed. He does go for a walk occasionally, there’s nothing wrong with him, he had an aorta operation before me. There’s nothing

Bill is 82 years old, married with two sons, and lives with his wife in his own home. He was initially involved in the war but contracted TB and spent the remaining war years in confinement. Bill recovered completely from the TB and worked for many years as a travelling salesman. He then sold life insurance until his retirement. Bill still manages the financial affairs of his son’s company and is active as an organiser of a retired men’s club. He reported no significant physical problems and spoke of no financial difficulties.

wrong with him but he’s got the OLD AGE SYNDROME. If you can get away from having the Old Age Syndrome you’re pretty right.

AF: And what is that?

Bill: The Old Age Syndrome is saying, “Oh, I can’t do that. I’m too old now, too old for that.”

Later on in the interview Bill described his counter to the ‘Old Age Syndrome’:

Bill: As far as my growing old is concerned I have not done it gracefully. I’ve rebelled against it all the time.

Six of the men with disability also expressed ageless selves. For John it is about ‘mind over matter.’ His belief is that if you “think young” you will stay young and not become ‘old.’ John also linked his ‘thinking young’ to activity – staying young is to ‘keep doing’:

John: I still think young and I think that is a very big problem. If you can think young I think you’ll still stay young and I try to do as much as possible.... I don’t feel old. No, I don’t feel old.

John is 67 years old, married with two children, and lives in his own home with his wife. He trained and worked as an electrician, then moved into sales before ending up as branch manager of an electrical supply firm at the time of his stroke. John was 61 at that time and following three months of rehabilitation was given light work duties before being retrenched. John has some residual disability from the stroke including problems with balance and control of his emotions. He undertakes regular casual work although he does not consider this a real job. Financially the last six years have been stressful for John.

In the following dialogue Paul and I considered the idea of the ageless self. Paul described a view of himself as young. Although he ‘knows’ that he is “NOT YOUNG” Paul explains that he feels “comparatively” young:

AF: I wonder about the images that we have of oldness or old age and that is perhaps part of why we don’t want to think of ourselves as old.

Paul: I don’t think it’s quite like that. I think it’s just that (P) it’s an interesting point, you know they sometimes have a competition for such and such an essay and so on, and

Paul is 68 years old, married with two children, and lives with his second wife in a three-bedroom house. His first wife died from cancer 13 years ago and he remarried 6 years ago. Paul is university educated and worked as an engineer until his stroke in 1982, some 16 years ago. Following rehabilitation Paul went back to work in a limited capacity for a year before retrenchment and has not worked since. He has been active as a singer and with his hobbies throughout the years since his stroke. Financially Paul is secure.

they say this is limited to young people or something like that and I think well that’s a good idea I’m young, and then you think I’M NOT

YOUNG (laughing)... You yourself are comparatively not in your teenage [years] or anything like that, perhaps you feel about the same.

Eric, even though he is disabled and living in a nursing home, described a sense of self that was not old. The only 'marker' for Eric is chronological age:

Eric is 72 years old, married with no children, and lives in a nursing home. He served in the navy in World War Two and then owned several small businesses. At the age of 60, still at work, Eric had his first stroke from which he recovered well enough to live independently. He had a second 'massive' stroke at age 70. Eric is able to go home overnight on occasions and he is hopeful for a permanent return home. Financially he and his wife are secure.
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Eric: To be honest with you I don't feel that I'm growing old.... The only thing is the date of birth, that's the only thing that says you're getting old.

AF: And yet you look older, why do you think you don't feel old?

Eric: (p) Well I've got so many interests in so many things that you're churning over new ideas all the time.... That's true; I take a keen interest in the stock market and on a daily basis.... And yeah but I've got no feeling of age at all.

In keeping with the 'mind over matter' theme, the men referred to the mind in contrast to problematic older bodies (matter). Peter (76, nondisabled) theorised about his dualistic self-interpretation. He also hypothesised about the impact of a problematic older body on his self-identity:

AF: I was asking you to reflect on having an older body.

Peter: Older body, yeah, well I don't look upon myself as a body, I look at myself as a mind, and I keep my mind off my body. You'd almost say I haven't got a body, forget about your body. I know I've got a body, and fortunately I don't have much happen to it, so I can afford not to worry about it but I imagine if I suddenly found I was diabetic or that I had to be careful with my heart and things like that, I would start to think about my body wouldn't I?

In a similar fashion, Simon (70, nondisabled) placed his mind over his body in the context of body problems:

Simon: Sometimes I wish I was an older body living in a younger man, (laughing), purely and simply because with crook knees I can't run at all. I have great difficulty if I try to move quickly, my legs just won't go.... Quite honestly I think I could cope with a younger body (chuckle) but I'm quite happy with my mind you know, it's not getting any older.

In other words, the men primarily related feelings of oldness to bodily decline and associated problems. In the next section I describe the situations when they did report feeling old.

Problematic Old Age

Two of the men, Jack and Fred, responded to my question, "Do you feel old?," with an unequivocal, "Yes." Both these men related their oldness to physicality and referred to old age in predominantly negative terms. Jack below linked old age and physical decline:

Jack is 75 years, has a stepdaughter, and lives with his wife in a 'granny flat' in the stepdaughter's house. He was born and reared on a sheep farm. Work became difficult to obtain so Jack moved to the work in the city. He worked primarily in manual jobs and was a school janitor before retiring at the age of 65. Jack has chronic airways limitation and also experienced a stroke at the age of 70. He has recovered most function over the years since the stroke and at present the airways limitation is his major disability. Jack has a strained relationship with his wife and he reported no financial concerns.

Jack: I think that when you're getting, age starts to slow you down ... I could be wrong. I'm no medical man but I just FEEL and the way I felt that it was, I was getting worse physically.

And Fred (73, nondisabled) said this about his own ageing:

Fred: ... that's like the film actors and they say at 45 life begins, but well can't see that I reckon at 45 you're startin' to go the opposite way, stiffen up and what have you.... As for these people saying the older

you get the more interesting the life you are, I think you're seizing up. I reckon when they modelled us they should have put grease nipples in (laughing) to keep 'em going ... now that I'm 73 now and at this stage I'm going stiff everywhere but where I want to really (laughing).

The other men, however, pointed out that some of the time, a minority of the time, they did feel old. This was generally related to physical problems such as tiredness or illness. Ten of these twelve men, both nondisabled and disabled, spoke of this 'physical' oldness. For example, Michael reported that on occasions he did feel old after a hard day's work:

Michael: I don't feel old except when I've had a good day out in my workshop or working with things. The next day I generally don't feel like going out and doing that and I sit down and do some crossword puzzles or reading or something like that.

Michael is 74 years old, widowed with two daughters, and lives by himself in his own home. His wife died 12 months ago following a long period of illness with Alzheimer's disease. Michael cared for her at home and subsequently in a nursing home. He worked as a teacher and lastly as a school principal through to retirement. In his retirement Michael has been active making things for his family and for sale. In recent years he has made many things for his grandson. He reported no financial concerns.

Bob (75 years, disabled) related only 'feeling old' when he was very tired or unwell:

Bob: It's only when you're physically very tired and you really feel, and you're feeling old, and I think well possibly on the rare occasion when you don't feel well, well you feel every year of your age.

Two of the men, Bill and Tom, also reported occasionally feeling old in a 'mental' sense. Bill told me of an episode of (mental) disorientation:

AF: Do you feel old?

Bill: (p) I did the other day. I wandered in behind the wrong side of the counter at [haberdashery store] and I was in behind the cash register

with the other people at the side (chuckle) selling. “Well, excuse me sir, you’re on the wrong side of the counter,” one of the girls said. I said, “Oh am I? I’m sorry.” (chuckle) I felt REALLY old that day.

The experience of being-old-in-the-world for these men is not what was expected. To them to be old is to be inactive and/or to be physically or mentally infirm – a being-in-the-world that they did not generally experience. A number of the men reinforced this interpretation by recounting occasions when other people had expressed surprise at their age. Don (83 years, nondisabled), for example, told me of this experience:

AF: Mm, so you don’t feel old?

Don: NO, no I don’t, I don’t feel old. As I said and I don’t want to skite, this woman that done the x-rays, she looked up at me as much to say, “Tell me the truth Mr. H,” you know when I said, “1916,” when I was born but she said, “You’re not that age,” she said, “You’ve no, lots of wrinkles and all that.”

Don is 83 years old, married with two daughters and a son, and lives in his own home. He was born and worked in the country until he served in the army during World War Two. On return Don worked in a meat processing company for 33 years before retiring. Don is very active both physically and socially and reports no major disabilities. He and his wife are regularly involved in community work and they often travel around the country visiting their friends. Don reported no financial constraints.

In these older men their ‘ageless selves’ were interpreted against a social view that old age will be of a time of infirmity, inactivity, and negativity. Within this social framework the men understood their being-in-the-world as ageless – a self that is not old and not necessarily young. So the answer to the question, “Do you feel old?,” was, “No I don’t feel what I expected to feel as somebody who is 70 because I am active in mind and body, therefore I cannot be ‘old’.” These men saw themselves as atypical of the public view of old age as a problem.

Simon pointed out this social view of old age as weak when he told me about a man who had slowed down when he reached sixty because “he’d been brought up” that way:

Simon: ...this bloke kept saying, “Oh I’m retired, I’m sixty,” you know, and he kept wanting to sit down because he was tired and he had accepted the fact that he was an old man and he was only sixty and that was because of the ways in which he’s been brought up I suppose to believe that sixty is old.

Yet intellectually there is a realisation that the men are chronologically ‘old.’ This is something Sam explicitly noted:

Sam: I don’t feel that I’ve grown old but I should be. I mean when you’re 80 or nearly 80, I’ll put it that way, you don’t recognise it, or at least I don’t.

Sam is 79 years, has two daughters and a son. He lives alone in a two-bedroom house and has been divorced for many years. Sam served in the army during World War Two. He worked as a salesman in a variety of businesses before becoming a travelling salesman. Sam worked until he was 76 when he had a stroke. The effects of the stroke, together with some memory problems, have made his life chaotic. Despite this Sam is still involved in social and creative pursuits. Financially he is ‘just managing’.

For these men feeling ‘old’ occurred when there were bodily limitations that limited their accustomed activities. Paradoxically, when Bob (75, disabled) ‘theorised’ about his ageless self, he identified a physical component to his old self even though he noted it is “more mental than physical.” I asked him to tell me more about his “feeling old”:

AF: Right, yeah. The last thing that I wanted to at least raise with you, you talked last time about not feeling old.

Bob: Yeah.

AF: Could you tell me a bit more about that?

Bob: Well I think it’s probably more mental than physical.... For example, say by the time I go to bed at night the physical effort of lying down in bed is, you know, sort of you realise that while though the rest of you might be 75, your back feels as though it’s 150 (chuckle) but I think it’s a mental attitude much as anything else, and I really don’t feel all that old.

Only when the body comes into view is ‘oldness’ generally realised. Ageing for these men is about the body. In the next section I outline how the men interpreted their current body images.

Mirror, Mirror – Interpretations of Body Image

The literature had suggested that men from this age cohort do not focus on their body image (Oberg & Tornstam, 1999). With this preunderstanding in mind I believed that I would have to introduce the issue of body image myself. I did this by asking the men to reflect on their image in the mirror. The purpose of the question was to confront the men with their ageing body image and elicit a response.

My Self-image

First of all I explored my own self-image. In the mirror I see a different man to say 20 years ago, but not much different, in other words I don’t see a middle-aged man, just me. I do see a face that has changed a little around the eyes (wrinkles), some thinning of the hair, some greying of the hair, none of which worries me. I suppose I look older but not significantly. I have always looked on the young side, possessing a ‘baby face’, and the thought of looking older has been a positive one.

My body is a little more ‘flabby’ around the middle these days and I do keep a closer eye on my weight. For example, if I do put on some weight I control my diet and increase exercise to ‘burn it off.’ I have not developed the so-called middle-aged spread yet and I am quite determined not to.

The Men’s Self-Images

The attempt to confront the men with their embodied ageing did not necessarily produce an incorporation of ‘oldness’ into their perceived self. In fact eight of the men described an ageless or non-old self in their reply. Even though the image in the mirror revealed age-related change, such as hair loss, this was not always acknowledged as such.

These men illustrate a lack of an ‘old’ self-image. Peter (76, nondisabled) pragmatically noted his hair needs a comb:

AF: Peter when you look at yourself in the mirror, what do you see?

Peter: No I don't look in the mirror and see an old bloke. As a matter of fact I just look what I'm doing. Like I mean if I look in the mirror and I see my hair's not combed, I comb it.

Michael (74, nondisabled) related an ageless self-image:

AF: Ok, what do you see when you look in the mirror now?

Michael: (p) Just the same person I've always been

Eric (72, disabled) referred only to his welcomed weight loss:

Eric: Three stone gone [42 lbs] gone, beauty (smiling).

Other men used the reference point of other older men to claim a 'younger' self-image. Fred (73, nondisabled), for example, compared himself with 'old-looking' 73 year olds:

Fred: I look in at that much shaving and (laughter) doesn't seem to vary but I know for my age at 73 I still look younger than a lot do at 73.

Simon (70, nondisabled) typified this common lack of concern about body image. In the first interview I asked him, "What do you see when you look in the mirror now?" He replied:

Simon: A face that needs a shave or doesn't need a shave, that's about all. I've never been a vain person in that regard, I've never had a lot of hair, so I've never been one to worry about how me hair looks and all that type of thing.

The question about his self-image triggered a self-reassessment and the following dialogue in the second interview:

Simon: I have looked in the mirror since you were here last (laughing)...

AF: And what did you see?

Simon: I believe it was an old bloke (laughing), yeah; you put my ego down completely (chuckle).

Four men did directly incorporate their oldness. These men acknowledged an older self-image. For example, Bill (82, nondisabled) and Jack (75, disabled) spoke of ‘old’ self-images. Bill described a negative self-image, an image he was not pleased with:

Bill: I’m not looking as good as I should do. I’m a crinkly old cow now.

Jack even though he likened himself to other old blokes still downplayed the significance of any change:

Jack: (laughing) Bloody old bloke that should have been dead long ago.... I don’t sort of analyse myself that way at all. You just look at yourself and say oh yeah this is different to that or something but it never worries me.

However, for Paul (68, disabled) and John, the youngest of the men living after a stroke, there is uncertainty about which had the greater impact on their body image – ageing or disability. Paul told me:

Paul: Well it’s difficult to distinguish what’s due to the stroke and what’s due to getting older.

John (67, disabled) pointed out that he doesn’t know which has the greater effect on his body. However, like many of the other men, in his face he sees “the same guy”:

John (p) I see a person who has lost his body (p) whether that’s age or whether that’s caused by the stroke I don’t know but any muscles that I have are now gone, ah strength gone. I look in the mirror and see a different guy to what I had, facially I see the same guy but body I’ve seen a lot different.

Friendships

From the literature I expected that there would be change in friendship patterns after retirement, with friendship becoming less significant in the lives of the men. My preunderstanding was that older men's friendship networks were minimal and of less substance (than women's), and that older men typically relied on their wives for companionship and intimacy, and hence network maintenance. This was largely in accord with my own experience of friendship.

My Friendships

I do not have a wide circle of friends. For that matter I don't have a close mate and have not had one at all since late adolescence. My work as a nurse, shift work and so on, and financial constraints, has limited my friendship opportunities. My wife is a nurse and worked shift work (night duty) for many years. Therefore, sharing the family care of my children has further limited my 'extra-curricular' activities. I have had work mates (males) whom I have seen mainly associated with work-related social activities. In addition, my brother-in-law is a bloke whose company I enjoy but only infrequently as he lives interstate.

I am not close to my siblings (two brothers). My closest friends over the years have been women and mainly work-related. I do have a work mate whose family has a lot in common with mine and we do talk a lot about family life, work and life in general. I also have a male friend with whom I play baseball and on occasions have talked with him but this has been usually only at formal occasions such as birthdays and the like. My non-traditional male work (nursing) has, I believe, accounted for my atypical friendship patterns.

However, the older men described a consistent presence of male friendships in their lifeworld. This next section describes the nature of the men's friendships.

The Men's Friendships

Talk by the men on their friendships centred on their relationships with other men rather than their wives and children. This was no surprise as I had deliberately asked the men about the male friendships.³⁹ All the men maintained and, at times, sought out friendships with other men. This mateship⁴⁰ usually involved the men engaging in various activities. Mateship was expressed in community work, leisure activities, and in other settings with other men.

When I explored mateship with Bill (82, nondisabled), he described a network of male friends. Bill noted that some of these relationships were more 'intimate' than others:

AF: In relation to mateship, do you have any long term mates or men that you've kept in contact with over time?

Bill: (p) Mainly from the club cause most of them I met through, were in the club, came into the club. I had one that I classed as my best friend for a long while but best friends drift apart, he died 5 months ago. Ah Jock is a mate, I've got so many mates. Some I'm more intimate with than others ... many of them I've known for 30 years, 40 years.

Other men also maintained relationships that spanned many years. For example, Stan (76, disabled) has had regular contact with his 'war mates' as Betty, his wife, explained:

³⁹ In the interviews I explicitly explored friendship with other men rather than women. I was most interested in whether my preunderstanding related to older men's friendship was supported. Presumably, I would have encountered more talk on women if the question had included them.

⁴⁰ The Australian masculine archetype for friendship between men is commonly referred to as 'mateship'.

Betty: I think he's saying among the fellows there was quite a comradeship and friendship that will never be forgotten or released. We meet together with the fellows from the ship every two years and it's quite an emotional time for them.

Eric (72, disabled) has also continued a relationship with a school and war mate:

Eric: The day I joined the Navy one of my prep school mates also

joined and he has been a good mate from that time we commenced at school.... He still visits me here [nursing home].

Stan is 76 years old, married with two sons and a daughter, and lives in a nursing home. He served in the navy in World War Two and then worked as a mechanic until he retired at the age of 60. Stan experienced his stroke at 72 and was not expected to survive. He now can walk independently with a quadstick however Stan has a severe speech disability with most of his talk unintelligible. He visits his home most weekends and spends one night a month overnight. According to his wife it is unlikely that he will return home on a permanent basis. Stan's wife did not mention any financial concerns.

Whilst Stan and Eric have maintained long term friendships with regular face-to-face contact, Paul (68, disabled) has used letter writing as the primary means of contact. Like Bill, he contrasted this mateship with others he has had over the years. In my first interview with Paul he mentioned one particular long-term relationship and in the second interview I asked him to elaborate:

Paul: Yes, we write to each other, as I said before about once a month or so ... I always visit him when I went home, he's never come and visited me oddly enough. He was right on the point of doing so, he'd actually booked the tickets and so on when my first wife was diagnosed with cancer and perhaps he thought it was not a good idea.

AF: Mm

Paul: Perhaps he thinks Jenny might be diagnosed with cancer if he [comes].... He was a great person in Scottish country dancing ... which I suppose is equivalent to singing.... But he is one of the few

friends I have really had and held, other people I have been quite friendly with but not in the same way as I was with him.

Simon (70, nondisabled) also provided an interpretive commentary on his friendship pattern. He pointed out that many of his “acquaintances” came from sporting teams that he played in over the years; noting that these are ‘blokes’ he has a lot “in common” with:

Simon: I’ve got a lot of social contact, yeah with blokes, I mean there are quite a few I went to school with who are still around [suburb] and, you know, you’re not in direct contact with them all the time but when you see them and you’re back to the old days. Anyway, I mean, that’s what never changes ... you’ve got a lot of close acquaintances that know the things that you know and know you from way back sort of thing, have played in cricket, football teams with you and that type of thing. See you’ve got a lot more in common probably with people in that situation even though it’s been 30, 40 years since you did that, you’ve still got that memory, that doesn’t change and now I play bowls with quite a few blokes.

As this last remark suggests, clubs and groups of varying types are not only significant for older men as a site for generativity but are also an important source of social contact, particularly with other men. John (67, disabled) made this point about the place of the stroke club when he noted that:

John: One has to realise that coming to a stroke club you’ve got a bit of sociability.

Jack (75, disabled), who is unsatisfied with the companionship of his wife, talked about his need for male companionship. Jack’s search for sociability has not always been successful as he notes about a Senior Citizens Club he attended:

Jack: See the wife reads all the time. I can’t talk to her much because she’s not really interested in what you talk about, she’s got a mind on her book and that sort of thing. So I’ve got nobody in the house that I can

sit down and talk to.... And I kept saying to myself, now, you know, and making inquiries and that and to see whether I could find another place.... There's another place I could go out at [suburb] where all the senior citizens and that are, but they can be a bit sticky those sort of things, they're not quite what you want, you know. Down at [suburb] the people there, a lot of them are really too old for what I want, see I'm 75 and I want somebody around about my age say from 60 to 75. See that's the sort of people that I want.

Bob (75, disabled), like Jack, commented that his relationship with his wife is limited. He told me how he enjoys his rehabilitation activities with other men:

Bob: We'll have been married 53 years, now after 53 years I reckon I know what she's gonna say to me (laughing) and she knows what I'm going to say, sort of thing, well we've just about run out of things, of new things to say to one another and it's nice to be able to go along and meet a few other people and to have a bit of a talk to them.

Tom (79, nondisabled), a widower, talked about his social activities in the retirement village where he lives. He commented on the value of friendship in his adjustment to single life. To maintain sociability Tom regularly attends a local club with a mate as well as to partake in a meal:

Tom: Around the village I join with other fellows occasionally, with some regularity now, in playing things like snooker

Tom is 79 years old, widowed with a daughter and son, and lives in an independent living unit in a retirement village. Much of his retirement was spent as a carer for his wife, who died 30 months ago from cancer. Prior to the cancer Tom's wife experienced a stroke and Tom cared for her at home through both illnesses. He worked as an office manager until retirement and has been involved in the village management. He still plays golf on a regular basis and involves himself in social activities at the local club.

and cards.... There are rare occasions when here on my own I think for some reason or other, yeah I've just got to get out of the place and apart from going for a walk or something like that, I might wander in to [club] there and just mooch around the place, get a free cup of

coffee and look at people and be part of an activity, a crowd, warms me a little, and I come back home again quite happy, quite resigned to my situation.

AF: Although you do go and have a meal there most days don't you?

Tom: Not over there no, we usually go to the RSL club [elaborates on the fact that he has been unable for a couple of weeks due to dental work] but I am looking forward to going back to that and a chappy I knock around with a bit in the village here, we used to go up there together.

Mates, to these men, are highly significant in their lives. They tend their friendship networks and, if necessary, seek out new male friends. The significance of this domain was an unexpected finding.

In a more general sense there was comparatively little talk about wives across the interviews. This is a point I take up in the Chapter Five in relation to typical male storytelling.

Sexuality

Another preunderstanding that was challenged by my data was in relation to sexuality. I had expected sexuality to be more central to the men.

A healthy and active sex life has been important to me ever since adolescence and I do wonder about what old age will bring in relation to my sexuality. It is an important part of my life now and the prospect of it remaining so for many years is a positive thing for me. The discourse from my gerontological studies that maintains a healthy sex life is possible well into old age is reassuring for me. Therefore, I assumed that sexuality would still be central in the lives of older men. However, this was not borne out in the interpretation.

The Men's Sexuality

None of the men initiated talk about sexuality. Talk on sexuality ensued only after I asked the men about it directly. For five of the men it appeared to be a difficult subject to talk with me about. I noted an increase in the number of pauses and

hesitations in the talk of these men. Paul (68, disabled), for example, was considerably more stilted during our dialogue about sexuality:

AF: One of the aspects that I have been exploring with the men has been the impact of the stroke and ageing on your sexuality and your sexual relations and those aspects of a man. How's it been for you?

Paul: Mmm, well, I don't really assume that I'm a terribly sexual man firstly, um (p) um, you know, (P) I, I don't seem to think about sex more than about half the time, in fact if we, we (p) most men apparently think about it all the time, ah (p).

AF: Or so they say.

Paul: Um (P) so they say. Again I can't say what might come from the stroke and what might come from ageing which is very difficult to say, (p) um, I suffered from a considerable drop in potency so to speak ah, rather just before I married again so (p) um (p) and (P) and both my current life with my current wife and my previous life with (p) my previous wife um (P) wasn't based on sexuality very much. In (P) the sex is rather (p) coupled with how you (p) I mean sex for us is with (p) very much depending on how easily one could do it and you couldn't do it particularly well after the stroke

Eric (72, disabled) not only became hesitant but he changed the topic to avoid any direct discussion of his changed sexuality:

AF: One of the changes is in relation to sexuality; certainly as we age and also I suppose after experiencing a stroke. How has your sexuality changed in relation to your relationships and so on?

Eric: (p) Well (p) we, when Edith [wife] and I were very unfortunate, that we did our damndest to have children, after our marriage, but we were not blessed with that (p) and as a result, we've just (p) I had the best of both worlds because I'm, Sue actually deserves a medal for having put up with me for 47 years (smiling) (P)

AF: After the stroke?

Eric: Even after the stroke she is riding along (unclear) along at the moment to the bar for the cross (laughing) so, you know, as I said to you, I've got so many, so much to be grateful for and I think you appreciate that.

Don spoke quietly and briefly on the nature of his ageing sexuality:

Don: (spoken softly) Yes, I haven't had sex for years and it don't worry me, you know. I've told the doctor, you know, no those sort of things don't worry me now. I haven't had sex for 10 years (P) but ah, and I wouldn't go to a doctor to get all these things to try and improve it because there's no need for it, you know, we're enjoying life as it is and we've got a family and good family and that. So why worry, yeah.

Other men, by contrast, talked extensively and openly about their sexuality. Tom made the point that he was talking frankly to me, and Peter talked to me 'man to man.' Both men took the opportunity to theorise about sexuality in later life. Tom (79, nondisabled) explained the place of his wife's illness and his erectile dysfunction in his later life sexual experience:

Tom: Well, quite bluntly and frankly I'm no longer capable. But then at 79 I suppose that's understandable really, I don't know. You hear of people 90 years old being, [be]coming fathers and that sort of thing. Possibly the reason is that once my wife became terribly sick she was quite incapable. So for a considerable number of years we had no sexual contact whatsoever and (p) I suppose you could say I suffered because of it. Whether it's suffering or not I don't know but I tried. I can no longer get it up as the expression is (chuckling). I'm being quite frank about this. I don't really have any des[ire], that's the funny thing. Although I can't, I have no desire to now, again initially with that, oh well for several years now I've been quite incapable and (p) the inclination still works in that direction but it doesn't have any physical effect. I can thoroughly enjoy looking at a naked woman on the TV or something but that's as far as it goes has no physical effect on me at all.

AF: Is it a big issue for you now?

Tom: No, not now. It was initially (p) but no not any more (p) and (p) this is one of the unfortunate effects of her illness of course.

Peter (76, nondisabled) provided an extended interpretation of his changing sexuality. He said to me:

Peter: Well sexuality to me kept going pretty (p) much into my older age, like to 70. Of course it's a private thing how I went about it but it still carried on and a personal thing. But then I'd say that after 70 it sort of didn't matter and then to a point that, as I am now, I can still understand sexuality but I'm not excited about anything at all, about anything sexual, as a matter of fact a lot of it seems to me absolutely ridiculous (laughing) and so that's what's happened to me in old age. Like I mean sexuality goes but still and all sexuality's with you longer than what you think.... But as I say like I mean without going into the personal side of it, sexuality is there VERY STRONG up to 70 I reckon, it was with me anyway.

Peter then provided his understanding of how some men manage their sexual needs when the wife is disabled.

Peter: It was a bit of a bloody nuisance because I mean if you got a sick wife and you're unable to, it's a thing of the past years ago well you see you have men that are sticking to their wives and their wives are invalids, in invalid chairs and that, well I'm sure they have their personal side arrangements [elaborates more on the circumstances of such arrangements] but it does happen and I don't think any older bloke if he's like that should be ashamed of it. That's the way I look at it. It's a conventional or traditional way of thinking of things; it's sin and all that sort of thing

AF: The dirty old man

Peter: Yeah all that, that's ridiculous, but I mean to say he might be a dirty old man if he's, that's what he'd get like if he didn't exercise himself in a healthy way, and that's probably why you get paedophiles, things like that, which is ridiculous but a healthy sexual man that does something about it in an adult sort of a way is not a dirty old man, he's simply a natural old man and there's not many people look at it like that because they turn it into a dirty old thing because they feel guilty. See in France they have mistresses don't they? and that seems to work, that seems to be the idea as far as I'm concerned but don't tell my wife (laughing). It's man-to-man I'm saying.

Peter then offered me counsel suggesting that I might interpret my ageing sexuality in a similar fashion:

Peter: So you might know what I'm talking about when you get a bit older and you think to yourself well, bugger it's alright [to seek sexual satisfaction], it's an important part of a man's life.

Generally, the interpretations concerning changing sexuality of these men related to physicality, in particular, loss of ability or opportunity for sexual intercourse. At no time were any intimate details disclosed regarding their sexual activity. All but one of the twelve men with whom I explored this did not have active sex lives. Ten of the men had total or partial impotence and all but John and Bill experienced significant regret. A loss of interest and/or ill health in their spouses was often associated with the change in the men. However, it was not a significant issue as far as most of the men were concerned:

Fred: Yeah because as I said, tell people you go stiff everywhere but where you want to. Well this does happen and I suppose if I went to the doctor I could get something done about that but I've never worried about it because as you grow older you less desire and the wife's not interested as much. So you just let it be.

Michael: After I retired (p) um I found it pretty hard to maintain erections and my wife got sick then anyway so it didn't really matter very much.

Simon: I think most Australian men accept the fact that after about 55, 60, that's about the end of it, and really it's not only the men it's the women too. So I mean what's the point of being a randy old man with a wife at 60. I mean there are other alternatives to fulfil life than sex.... When you're young your whole life's based on it, when you're older it doesn't mean anything ... see that's what the difference is, when you're young it makes a difference, when you're old it doesn't make a difference.

Bob: I think most people of my age; well those that brag the most only kid themselves anyway. But I suppose it's not so much that you lose interest but ... [as] the story has it that, you know, the mind makes demands that the body can't meet sort of thing.

Jack: I reckon my sexual life would be no different to anybody else. We grow up with this sexual desire, we go through that, when you go through this sexual desire, then you began to approach the days where you don't want it so often and then you don't miss it and that's the way it goes, you know.

But for two of the men there was a sense of regret. In the time between interviews Bill expressed concern that I might consider him deviant because he is still sexually oriented at age 82. Bill offered this understanding of his changed later life sexuality:

AF: One of the things that I've been talking with the men about has been change in sexuality over a man's life. How

[

Bill: Sexuality? No, I'm still very interested. We do not (p) have sex at all unfortunately. Irene [wife] is not well enough. I'm impotent unfortunately and have been for a few years but I'm still very (p) sexually orientated. I still appreciate young women. I'm afraid I don't do what I should do; I don't mind looking at adult types of pictures. I shouldn't do, I try not to but I do occasionally and it worries me a bit.

AF: Mm.

Bill: But then I think to myself well that's probably only making up for what you're not getting. But see I like to still appreciate, and I like to talking to people and I like talking to young men, young women, mainly women I meet at checkouts, just saying, "Good day, how are you?," not flirting, just being friendly.

John's experience of change in sexuality after his stroke was clearly significant, however like other men the change in his partner alleviated the impact of the loss somewhat. Whilst this change in sexual drive and inclination by his partner assisted in his adjustment, he also referred to the difference an active partner may make, that is 'Monica Lewinsky' could force him to try Viagra despite the exorbitant cost. Three other men, Jack, Peter, and Simon, also made some comment about Viagra that at the time of the interviews was a newsworthy item. All these men were not interested and, as with John, did not have sexually interested partners. John explained his experience of the change in his sexuality:

John: IT'S GONE.

AF: Gone?

John: It's gone, completely gone, any sexuality's gone.

I further explored with John the nature of his loss of sexuality:

AF: What about the impact on you from a man's point of view about having this loss?

John: You just live with it. You just can't do anything about it, fortunately I have a wife who is not inclined that way, doesn't worry her so it doesn't matter, just doesn't exist.... I've often wondered how I'd go with it [Viagra] but I'm not paying no \$70 for four bloody tablets. To me it's just not important. I mean if I had somebody like Monica Lewinsky it'd probably be important.

Although most of the discussion in terms of sexuality revolved around the change in sexual activity there was limited reference to broader issues. Bill (82, nondisabled)

above noted his enjoyment of contact with younger people. Tom (79, nondisabled) commented on the lack of intimacy associated with widowerhood and told me of his need for a “hug,” something he enjoyed when his sister-in-law visited him:

Tom: It was WONDERFUL having her here, having somebody close to me, somebody to talk to, somebody to, TO HUG IN FACT. That’s one of the things I miss terribly, a hug.

Michael (74, nondisabled) interpreted a change in sexual expectation in later life relationships. He linked this to an example of his relationship with the women he is involved with through his voluntary work:

Michael: I think that as an older man relationships with women (p) are (p) easier. There’s less (p) as a younger man (p) in relationships with women there’s been a tendency of women to think that it might get to be sexual whereas with the older women I know differently. (p) The Alzheimer’s ladies are just there. On Saturday, for instance, I took 4 of them to afternoon tea over at the Alzheimer’s place (p) and I don’t know that there’s anything much there (P) and certainly it’s not with me anyway.

Simon reinforced this point (70, nondisabled) by noting that the centrality of sex “when you’re young” is replaced with “other alternatives to fulfil life ... when you’re older”:

Simon: When you’re young that is something that’s very important but as you get older there are so many other diversities and other factors in your life that it doesn’t count, it doesn’t matter.... I mean there are other alternatives to fulfil life than sex.... When you’re young your whole life’s based on it, when you’re older it doesn’t mean anything.

For most of the men, then, sexuality has become less important in their lives and their changed sexuality is not of any real concern. They have adjusted to sexuality change over the life course, and are comfortable with their ageing selves.

That completes the explication of the a priori themes. Thematic analysis of the data produced a number of emergent themes. These themes were either unexpected or, in the case of activity, emerged in a much greater scope than I had anticipated. Keeping oneself active in one way or another was a prominent part of these older men's lives, whether disabled or not. Time and again the men linked activity into telling of their lived experiences.

Activity

Activity was central to these men's being-in-the-world. Whether the men were disabled or not, all emphasised the importance of keeping active in some way. The men told me about a wide range of physical, intellectual, and social pursuits such as golf, walking, painting, singing, teaching, book-keeping, writing, handicraft, and community aid. Through activity the older men aimed to: remain 'young'; avoid becoming 'old'; maintain control of life; avoid illness; work out life's problems; and contribute to self, family and society. Activity was realised in and through a 'doing' that encompasses the sub-themes of continuity, creativity, and productivity. Don (83, nondisabled) typified this with his manifesto of hard work and activity:

Don: As I'm saying don't be afraid to do a bit of work and work hard and it'll never hurt you and keep your mind active and keep your body active and you'll be looked after. If you go along and just do the right things and all that. Keep your mind active and keep your body active and that, well you won't grow old. You'll get older but you won't, your body'll stay as it is.

Activity as a unifying element of men's experience of old age often displayed a life continuity. Many of the men continued similar activities from their work, hobbies or both. Simon (70, nondisabled), who had been a senior manager, took on a number of leadership positions in various organisations including a bridge club, golf club, and a men's club. John (67, disabled), an electrician, continued to do electrical odd jobs, even after his stroke. Paul (68, disabled) continued his lifelong interests in model trams and singing.

Stan, a mechanic, had continued to repair cars in his retirement years until his stroke. Many men continued to pursue sporting and leisure activities, for example, five of the men play golf. Bob (75, disabled) and Stan (76, disabled) have maintained contact with war mates through correspondence and reunions.

At the same time nine of the men have pursued new and differing activities. A number (Simon, Michael, Tom, Bill, & Paul) had embraced new technology and become active users of computers. Tom (79, nondisabled), who had only recently obtained a computer at the insistence of his son, spoke enthusiastically of his new 'toy' and skill acquisition:

Tom: I had no basic experience of them. Anyway eventually I agreed to take this thing over, well I'd better get to know something more about it so at the moment I'm just in the final stages of a course called 'Cyberpower for Grey Power.'... Today is the eighth week so there is one more to go. Yeah, it's been interesting and it has familiarised me more with the concept of computers and how to play around with them. So it's been useful for that sort of thing and it's relatively cheap.

Other men took on new creative interests. Bill (82, nondisabled) and Simon (70, nondisabled) took up painting for the first time; Sam (79, disabled) became involved in needlework with tapestries. Two other men became actively involved in the work of their children. For example, Fred (73, nondisabled) told me how he helped his sons out after he had to 'slow down' under doctor's orders:

Fred: I have a son a concreter, another son a fence contractor and a son-in-law a tree lopper, and between running messages to save John [son] managin' the farm time, I go and get machine parts and that, and the others lost their licences through grog and I'd have to go out, I'd go out drivin' the trucks (laughing), helpin' them out, go out helpin' me other son fencing, and I was busier than before I retired.

For some men, the new activities were a direct result of a change in life circumstance. Michael (74, nondisabled) became active in an Alzheimer's disease support group during his wife's dementing illness and continued to do so after her

death. John (67, disabled) became a volunteer worker with a stroke support group after rehabilitation from his own stroke. Bob (75, disabled) began carpentry during his post-stroke rehabilitation, proudly showing me the finished products in his house:

Bob: See that table there (pointing out a table near the window) and there's a twin to it over there (pointing out a similar table near the other window).

AF: Yep

Bob: I made those. I made those up at the hospital in the woodworking class at the rehabilitation centre.

Although I had been aware of the importance of the 'shed' in men's lives it had not occurred to me until my first interview that the shed would be a relevant topic for discussion.⁴¹ The shed, in various forms, became a particular conversational point when I explored activity with the participants and emerged as a focal point for interpreting the male experience of later life.

Older Men and Their Sheds

Apart from actual sheds 'out the back' and garage workshops, other locations fulfilled the same purpose. For example, the computer and its associated physical space became a site for the activity of some of the men. Hence I am classifying as 'sheds' the following: a garage workshop or backyard shed (five men); a kitchen table (Sam); a spare room (Peter, Paul, Simon); a 'tram' room (Paul); a home office (Bill, Peter); a whole backyard (Don); a back verandah (Michael); a communal meeting place (OM:NI)⁴²; and a rehabilitation workshop (Bob).

Activity in the shed allowed the men to remain productive and provided opportunities for creativity. The nature of the activity undertaken in the shed

⁴¹ The work shed has been noted as an important domain for men, particularly in this cohort (see Thomson, 1995).

⁴² The venue for the OM:NI meetings resembled a typical garage workshop or backyard shed – a familiar setting for older men.

included: building; repairing; relating (writing); creating (art, music, tapestry, building projects); managing; and thinking.

Simon (70, nondisabled), when I asked about his shed, took the opportunity to theorise about the relationship of men and their sheds:

Simon: When I first retired I used to go and get in the garage and fiddle around because I felt as though I had to work. I had to do something, but then I outgrew that after about 12 months and I don't worry about it now. I've got no interest in, oh I say I've got no interest but see I've got a computer now and I go and sit and fiddle away on the computer or go and paint so I've got something else rather than physical tools and things like that and I think you'll find, I may be wrong but I think you'll find the ones with sheds are the ones who were involved in tools and used the tools all the time rather than the ones that got away from the tools like I did.

The productive and creative activities undertaken in the shed were given considerable space in the interviews, highlighting their significance for the men. Peter (76, nondisabled) explained that a “workshop is a very, very important part of a man” and the work undertaken is satisfying:

Peter: I do think the workshop is a very, very important part of man, makes him feel as though he's in charge of something.... It's my domain, nobody ever goes in there.... And sometimes you get the kids [explains how he helped his grand-daughter build a school project] She took it to school they reckoned it was marvelous and they kept it so I got satisfaction out of that

Fred (73, nondisabled) noted his need for continuity and activity in anticipation of his impending change of residence:

AF: So it sounds like the little hobby space or your little hobby shed is an important thing for you?

Fred: Oh yes, hell yeah and I'm hoping against hope that when we get this housing commission [house] I can have a little shed somewhere to do something or I'll go crazy.

For some men the site of the shed had changed. Bill's (82, nondisabled) 'real' shed out the back was replaced by his home office and studio. This was partly because of his reduced capacity for physical work and partly because the nature of the 'work' he did there had changed:

Bill: Well I have my office and I spend a whole lot of time in there because I do work in there. I've got an old shed down the back that you can't, a dill wouldn't get into. I can get into but you wouldn't get into it because there's too much rubbish (chuckling) but I don't, only odds and ends but mainly the stuff is done in the office and the studio in there and I don't do much in the yard now....

AF: The office, is that important to you?

Bill: Oh yes that's most important, I like to go in there at any time, Irene [wife] says, "Come out of there, it's too late at night to be in there," but I've got books in there and I'm trying to do a lot of stuff on the [word] processor. I'm trying to write a history for the club.

Activity in the shed was also relevant in the lifeworld of the men with disability. John, Fred, and Paul spoke of the relevance of a shed and, of course, the associated activity. John (67, disabled) highlighted how activity in his workshop had been significant in his recovery from stroke:

John: Bit-by-bit I got into the workshop and I was able to do things, repair things, use different tools. It was so important to get back YOUR OLD LIFE.

Paul (68, disabled) told me about a model tram that he began to build before and completed after his stroke. The model had become a symbol of his ability to remain creative and productive despite the disability of his stroke:

Paul: I have one particular model which I started building just before I had the stroke and finished building afterwards and I don't try and do it up nowadays because it is the thing that was actually partly before and partly after the stroke.

In the context of disability the site of the shed also changed. In Sam's (79, disabled) case his shed was now the kitchen table:

AF: Do you have sort of a shed or an area where you dabble or work in, something like that?

Sam: No, I'm too tired to work, my working is what's on that table there, I just, and I love THAT. Come in and have a look at it [shows me his tapestry work].

A number of the men considered that some available community sites for men's activity were not to their liking. In telling me about what they did and where they did it, three of the men viewed the Senior Citizens Club as an unsuitable site for them (see also Jack, p. 128). In particular, Fred (73, nondisabled) and Michael (74, nondisabled) explained why they did not go. Fred believed the sort of activities provided would not suit him and Michael believed this type of club was restrictive and is for those people who apparently have nothing to do after retirement:

Fred: No I'm not in any of them [Senior Citizens] and I think when it does come a time that if I want to, if I get in there and it's too much [referring to his move to a retirement village], I might join, learn how to play bowls or something like that to occupy me but other than [that] I'd sooner tinker along in a little workshop making something.

Michael spoke in general terms about organised activities for older men and theorised about which men need these types of activities – men who are lonely and have nothing to do.

Michael: I've become a bit of a free agent and don't like to tie myself down doing things. I like fiddling around with the woodwork out the back that sort of thing and I don't want to interfere with that. So I suppose

that's one of the reasons why a lot of people go is the loneliness that they don't have any handwork or anything to do other than, well if they did their work, they worked and then when they retired they had nothing and there's apparently a great lot of people like that and I'm not even one for joining the Senior Citizens or anything like that. I seem to think it'll tie me down too much.

Activity in its various forms, then, is a unifying theme in the experiences of these men. The activities of the men became further understood in relation to others in their lifeworld. The focus of their activity is more than at the personal level. At the heart of the men's activity is the desire to contribute not only to self, but also to family and society at large. This emergent concept of generativity became important in understanding the nature of the men's activities.

Generativity

The men frequently talked about what they were doing and had done for others. I am interpreting this talk about doing for others as representative of generativity. It became clear to me that much of the men's activity was underpinned by a generative desire to do for others. I subsequently categorised similar talk as generativity. Generativity became highly relevant as a meaning for men's activity. This finding was unexpected, as the literature had pointed to a lessening of generativity in later life.

Michael (74, nondisabled) talked extensively about how his activities helped others. These included his building projects, his investments in his daughters and grandson, and his voluntary work for the Alzheimer's Association. Michael began by narratively linking the death of his wife with the birth of his grandson. He made this point on two occasions and the activity related to his grandson, a member of a future generation, was given prominence in his talk:

Michael: I go over to my daughter's and have tea over there on Thursday nights and she has a son. He was born the day after Julie [wife] died. She died on the Monday and he was born on the Tuesday morning.

Michael then described his projects and returned to his grandson:

Michael: I repaired bits of a furniture around the place when people needed em repaired.... I'm making toys at the moment [tells of the other toys he's made] I've got Noah's Ark out there that's 28 inches long, 11 inches wide and I'm fiddling around.... So, you know, all those things keep me busy.... I've had a great deal of fun with my grandson. He's the only one and even before he was born I bought books for him, Dr Suess books.... And bought some shares for him and that sort of thing.

I asked Michael what was important to him and he noted that making things for his daughter was important as he “want[s] to see that they are alright”:

AF: What is important in your life now?

Michael: (p) Oh I suppose my two daughters ... I want to see that they are alright.... I make some things for them.

In the second interview Michael emphasised the social and contributive nature of his work with the Alzheimer's disease support group:

Michael: I've taken a great deal of interest in the work of the Alzheimer's Association. I go to the support group at [suburb] and [suburb] not because I feel any need for it but because the people there are good friends and I go with them and help them run the stalls and do some of the, you know, contact with people.... I think that I've got something that I can contribute to stabilising the thoughts of people about Alzheimer's.

Peter (76, nondisabled) told me how he helped a young neighbour learn to drive:

Peter: I'm even helping other people to drive cars, like younger people, you know, I go with them while they're getting driving experience, and put them on the right track.

Bill (82, nondisabled) told me about how his work in the family company has helped his sons save “hundreds and hundreds of dollars”:

Bill: I earn a small wage from the company ... and what I do saves hundreds and hundreds of dollars worth of accountancy fees and the boys don't look after the company, they don't know what's going on.

The men with disability also talked often about what they still had to offer. Despite an awareness of some memory problems, Bob (75, disabled) still believes he has something to give. He said to me:

Bob: I feel that whilst my memory is not always all that good. In other words I feel that I still have something to contribute towards life.

Similarly Eric (72, disabled), despite living in a nursing home, identified a desire to help others:

Eric: It gives me a lot of pleasure to do what I can to help others who are nowhere near as fortunate as I am. I feel that's a reasonable aim.

Three of the men theorised about the meaning of what they and other men did. Simon (70, nondisabled) and I worked out a generative understanding of the contributive nature of life activities. He began with some life review:

Simon: I just feel the same, there's a lot of things that I've done or had done to me in my life time that on reflection I would change or could change if I could change, you know, I would change, there's a lot of my life I would never change. I've got no desires to start again if you like, you know, go back and start all over, I've been quite happy with what I've done

Simon then began to grapple with the notion of the 'meaning of life':

Simon: I was only reading in the paper today ... [about] Nostradamus, his birthday was today, he died in 1590 or something. I thought to myself, you know, that is virtually 400 years ago and they're still talking

about him today so that bloke never died, really, I mean he never will die. While ever people talk about you you're never going to die, there's always somebody around that will remember.... I mean what good is that? What did that do for them, nothing, somebody come along afterwards and got the benefit of what they did, you know, so it makes you wonder why?

AF: Yeah, interesting.

Simon: I often wonder about things like that.... I've looked at history books and I've read about somebody and I've thought to meself, you know, why did such a bloke like that die and virtually with nothing and then all of a sudden he became world famous after he'd passed away, why?

AF: There's a chance for all of us.

Simon: Yes there is, there is, yeah.

Peter (76, nondisabled) directly referred to the contributive nature of what people do – “you're working to keep the community going.” On the basis of his understanding of the negative impact of retirement, “it's really not good at all,” he makes a call for a review of retirement practices. Finally he noted the benefit for older people in continuing their activities:

Peter: I was thinking about when a person's working and they're part of what's going on in the community, like I mean you're not only working for to get money, you're working to keep the community going. You're providing somebody with something, whether you're a shopkeeper, a hairdresser, a doctor, or whoever you are you're providing something and all of a sudden plonk, you're finished. “Oh I'm retired,” people look forward to it.

AF: Mm.

Peter: But it's really not good at all. If they could turn round and say, “Well I'm not going to give up work completely, I'm going to work part time,” or something connected with what they do, or even something

different, but something that's got to do with keeping the wheels going, they'd be happier people. Do you agree with that?

Paul (68, disabled) regretted that his stroke meant he would be limited in reaching his generative potential:

Paul: Sometimes I used to think that because I have various fixed ideas about things and I thought that I should leave a thing behind of some of the ideas I have are good and so on. But I'm afraid that I'm not going to manage to do that so

AF: Mm.

Paul: it's a pity.

These men continue to act towards others and their generativity continues well into later life. To them what they do for others is still very much part of their lives. In fact, eleven men used the interview as an opportunity to engage in a form of generativity that I calling, following Gutmann (1987), 'culture-tending' (see Chapter 2, p. 17). This kind of talk typically occurred towards the end of the interview when I gave each man the chance to add to his interpretation of the experience of living as an older man.

Culture-tending

A broad range of issues about contemporary social life surfaced in response to this open-ended invitation. These included loss of chivalry; the changing work ethic; modern day language expression; erosion of Christianity; disillusionment with Christianity; graffiti; drugs; and violence, among others. Social institutions (such as the law; politics and medicine) were also topics for an individual's commentary and retirement was raised by six of the men.⁴³

⁴³ Retirement was a general topic explored early in the interviews in relation to life after work. These six men returned to the topic of retirement when given this opportunity.

I had initially categorized these data under the heading of ‘social commentary.’ However on further analysis, I noted that many of the men explicitly involved me as a dialogical partner. I was, to the men, a younger member of society and a member of the next generation. This was an opportunity for these men to take on a mentoring role with me as the ‘student’. It became clear to me that the men’s commentaries were, either directly or indirectly, about my research.

Peter (76, nondisabled) scripted me into a critique of compulsory retirement. He argued for continued active participation in social life. In fact, Peter noted that when I reach 65 I ‘won’t really be finished’:

Peter: See it can happen to you Andrew, see your mind’s active. Now you’ll go home and sort all these things out, not with me so much but you’re thinking about things and what you’ve read and what you’ve studied, your mind’s just bursting with how you’re going to arrange these things. And you probably work out improvements and what you’d do if you had control of the situation and even when you get to the stage where they’ll say to you, “You’re 65 now you’re finished,” you won’t really be finished.

Peter went on to suggest that the post-retirement ‘leisure society’ is “not the answer at all.” He suggested it would be cultural participation that will be my key to a longer life:

Peter: You can’t cut your mind off and, see there’s an axiom – man seeks to satisfy his desires with the least exertion – and you see evidence of it everywhere you want. A lot of people think that leisure’s the thing, you know, I can sit down, I won’t have to do anything. That’s not the answer at all. That’s deterioration once you start to put that into operation and you think if you’ve got plenty of money it’s worse because you can go and eat what you like and you can buy cigars and you can do all sorts of things (laughing). That’s the wrong path, but if you can still be part of things I think it helps you to live a bit longer.

Other men voiced concern about my future and they used the interview context as a means to ‘tend culture’ through me:

AF: Anything else you want to add otherwise we might wind it up?

Don: No I don’t think so Andrew. Just that (p) I’m pleased that you come along because I enjoyed your talk at the meeting and I knew that you were at university and you were doing these sort of things and I was very interested then and I’m pleased that you came along today and asked me these questions and I can tell you as much as I can.

AF: Mm.

Don: But as I’m saying, don’t be afraid to do a bit of work, work hard and it’ll never hurt you and keep your mind active and keep your body active and you’ll be looked after.

Jack (75, disabled) referred directly to the value of my thesis work in terms of my life ‘as it goes on’. What I am doing now, in Jack’s eyes, will be “valuable” through my old age:

Jack: Like as I say, this’ll be very interesting to you as life goes on. See if you keep a lot of these interviews, which I don’t doubt that you will, when you get to retiring age then you’ll be able to say well, “Oh that’s whatsiname, now how did so and so go,” and when you go and get your tape and sit down to listen to it, play ‘em back, you know, and say, “Oh yeah well that resembles me, doesn’t it,” and all these sort of things, you know. So it’ll be valuable to you through your old age.

Death was not a prominent topic of conversation and is the last of the emergent findings to consider. I had expected more talk about death by the men yet it was noteworthy by its absence.

Death

There was little despair expressed by these men and they did not dwell on death at all. Only two men briefly referred to a need to ‘get their house in order’. For example:

Bill: I’m gradually again divesting myself of responsibilities and we will probably end up closing the business down or selling it out or something, getting right out of it before my departure time comes.

Similarly, Michael talked of re-organising his messy shed and indicated some generative concern by giving some of his “stuff” to his daughters so “they can use it”:

Michael: I’m getting rid of some of the stuff that I’ve got. I’m giving it to my daughters and they can use it. I sometimes look at the mess I’ve got out in my shed and think I’ll have to get these things out there and get that re-organised one of these days because there’d be a terrible mess if I retired, or if I died and the girls had to clear up the place.

Discussion of Themes

The lifeworlds worked out by these older men reveal a strong face of ageing that is vibrant and meaningful in similar and yet different ways to their previous lives. There are certainly indications that the masculine face of ageing is a strong face.

When I asked these older men, “Do you feel old?,” most of them answered, “No,” as the perceived self is not anchored in the ‘here and now’ but incorporates elements from the whole lifespan. The men related the feeling of an ageless self to activity and participation in life and identified inactivity and non-participation or withdrawal as manifestations of oldness. To them old age, because of its perceived negativity, is incongruent with how their lives are. Ageing only came into view when there was bodily change and decline in function.

Social relationships remain pivotal in the lives of older men, whether married or not. Male friendships were fundamental in the lives of the participants and the presence of wives did not preclude the need for male company.

Generativity emerged as a significant theme to explain the activity, productivity, and creativity present in the lifeworlds of these men. It emerged as a unifying element that suggests older men are engaged in active pursuits that aim to contribute to self, family and society at large. Whether living with or without a disability, the men believe that they still have much to offer the community at a personal and collective level. The experience of ageing in men aged from 67 to 83 years indicated generativity that is ‘alive and well’. There is a continuation and extension of generative desire into late adulthood.

To achieve this the men argued that you must not sit back but rather keep active and interested in mind, or mind and body. Keeping active, physically, intellectually, and socially was significant for all of the participants, disabled or not. Activity is central in these men’s lives. The form of activity revealed continuity with lifelong pursuits as well as change and development of new interests. The shed and its transformations emerged as an important site for activity and its associated generativity, continuity, productivity, and creativity.

My presence as a member of the next generation gave them the chance to tell me what was wrong and importantly what could be done to improve the future. The interview provided them with the opportunity to ‘tend my culture’. Interestingly, this included my own ageing.

The experience for these men of growing old, with or without a significant disability, is marked by generative concerns and activity with little despair with life. Even later life sexuality accommodates to physical and relational change. This interpretation challenges the public view of old age. Rather than older people being deemed incapable of “developing new capacities or of seeking out new challenges, by their own choice (and even for the sheer hell of it)” (Gutmann, 1987, p. 5), these older men are more than capable, are working out new directions and are actively engaged in life. In the words of Peter (76, nondisabled):

Peter: I live in the now and that’s what I’m thinking of most, more than anything.

In the following chapter I present the interpretations developed during narrative analysis of the ageing experience. The narrative analysis expands upon and further

grounds the themes indicative of a strong face of ageing. This enlarging horizon further reveals the working out of able body-selves by older men living today.

CHAPTER FIVE

A STRONG FACE: OLDER MEN'S COUNTERNARRATIVES OF AGEING

People are forever composing impressions of themselves, projecting a definition of who they are, and making claims about themselves and the world that they test and negotiate in social interaction (Riessman, 1990, p. 74).

The men used narrative to construct accounts of how it was for them to grow old. These narratives extend understandings of the ageless self, activity, generativity, and friendship. In these stories of ageing the men claimed personal identities of substance and created images indicating a strong face of ageing.

This chapter describes how the men used narrative to convey to me their interpretations of growing old. Through particular forms of narrative the men constructed meanings of ageing. These narratives show how the men worked out and responded to the experience of growing old. Through examining the 'hows' of the men's narrative practice I was able to further understand the ageing experience. To present these narrative accounts of ageing I use extended narrative excerpts from seven men. Short narrative extracts from other men are included to display breadth to this form of sense-making.

The men's definitions of their ageing experience were created in a social context that generally images old age as weak and problematic. For many of the men their ageing experience began as a breach of their ageless being-in-the-world. I begin with how many men grounded their interpretations of ageing in stories about events that confronted their ageless selves. A small number of the men included oldness as a prominent element of their experience. I describe how these men linked life experiences and 'theories' of ageing to explain their being-old-in-the-world. The two participants under seventy years of age had difficulty separating perceived ageing and disability effects. Their narratives show the blurring of ageing and disability in their lives.

The narratives the men told about their sheds and their friendships revealed the continued generative and affiliative nature of older men's lives. The focus of male storytelling on work, activity, and mateship offers an explanation for the limited narrative space afforded to wives and family. I show, through examination of atypical male narratives, how this aspect of male narrativity limited the inclusion of wives and family.

'Ageless' and Active Ageing Identities

For most of the men age was not a referent in their everyday lifeworld. Age as relevant to experience only occurred when their actual age or image was brought into view as a breach or opposition. To show this the men recounted particular experiences that confronted their ageless identity with the reality of being an older man. It was at these times that the men realised they were actually 'old'. This oldness, the men made clear, related to 'looking' old but not 'being' old in terms of the social view of old age as weak and problem-filled.

In describing their ageing experiences the men time and again included activity as an organising element in their stories. Activity, as seen in Chapter Four, was a significant theme as the men constructed narratives about growing old.

Simon recounted a pivotal life experience to explain how his ageless self was breached. This narrative came after Simon had re-assessed his self-image between interviews. Simon described the activities he has been involved in to explain why he still feels reasonably young. This was directly linked to a self-reassessment triggered by my question about his self-image in the first interview. He had not considered that he was 'old' until the time his self-image was breached and he became a "grey headed bloke." This episode is embedded in an extended explanation of how Simon came to realise he looked old. Simon's point is that whilst one might physically look 'old' this does not mean that one feels 'old'. To reinforce this, he contrasted himself with a younger, sixty-year-old man who thinks and acts 'old'. The oldness Simon refers to is the public weak face of ageing. Simon began with an understanding of feeling young that is underpinned by keeping oneself active and involved in life:

Simon: [Summarising his work-related and recreational activities up to retirement] and I've been into bridge, you know, bridge director and

all that and the bowling club and the men's club. So I think all those things all add up and I feel that's probably why I'm still reasonably young today, well feel reasonably young, put it that way. I have looked in the mirror since you were here last (laughing).

AF: Oh yes, I'm interested in

[

Simon: Yeah.

AF: and what did you see?

Simon: I believe it was an old bloke (laughing), yeah, you put my ego down completely (chuckle).

Through the use of simple narrative Simon then explained how he came to realise he does look old. He provided an abstract of the breach of his ageless self – “different things ... in [the] latter years” – followed by a specific incident where he was confronted with his old-looking image:

Simon: But no I think you know, I've found different things have come to mind over the years, in latter years. Ah we went and got a few bus trips around different things and that and quite frankly I've always thought, all these other people, all this grey hair and bald headed, and I've never been able to see the back of me so I didn't know see, but then I've had it pointed out to me that I've got a bald patch and I'm grey headed too see so yeah, well I've often thought, you know, I met a bloke one day, I was supposed to meet him down in [the city], in the Pitt Street Mall near the corner of AMP, and he said, “Oh I'm a bit old,” he said, “I've nearly turned grey,” and I stood there on the corner waiting for him and I'm looking for this grey headed bloke and I looked across in the [department store] window and I saw this grey headed bloke there see and I thought gee where did he go? It was me (laughing). Yeah, I mean that was a shock that was, that's quite a few years ago now. To think that I was looking for someone who was this

old bloke and I saw this person that was me that I recognised straight away as being an old bloke.

Simon concluded with an evaluative statement of the point of the narrative – although physically he might look old he doesn't feel old:

AF: Mm.

Simon: So yes, sure physically you've got to get old but mentally I don't think it makes any difference

AF: mm

Simon: how old you are really. It's how long you've got to go that counts rather than how old you are.

This understanding is consistent with the understanding of the ageless self. On the basis of this understanding, I took the opportunity to explore the notion of the ageless self with Simon. He considered the ageless self “just one of those facts of life” and could not offer a causal explanation. However, he subsequently used narrative to return to his point that ‘you are only as young as you feel’. Simon linked in a short narrative about a man he had recently talked to who believes he is old because, in Simon's view, he has accepted the public view of the weak face of ageing. The placement of the two counter views of old age is used effectively by Simon to make his point and make a claim for his own strong ageing identity:

AF: A lot of the men that I've talked to and also the literature does talk about this so-called ‘ageless self’

Simon: mm

AF: and that view of oneself as continually feeling younger than the actual chronological or the physical age

Simon: Yeah, I mean that's pretty true I think. The fact that you see yourself as being younger than what you really are and you always look and see the other bloke and he's older than you are, and yet he's probably

years younger, you know (chuckling) and that's just one of the those facts of life I suppose but what causes that I don't know.

Simon: I was talking to a bloke recently

AF: mm

Simon: and he went to see this fellow and this bloke kept saying, "Oh I'm retired, I'm sixty," you know, and he kept wanting to sit down because he was tired and he had accepted the fact that he was an old man and he was only sixty and that was because of the ways in which he's been brought up I suppose to believe that sixty is old.

Often in their narratives the men used this form of contrastive rhetoric and the discursive formation of old age as 'problem-filled' and weak to make their claims about the lifeworld of older men.

Bob, a man with disability, explained his ageless identity by describing an incident where others had constructed him and his wife as "THE ELDERLY COUPLE." Bob raised his voice in parts of the story to make the contrast between his and the neighbours' perception of his self-identity. The knowledge that others believed him to be "ELDERLY" challenged him and prompted the response, "I'M DAMNED IF I FEEL ELDERLY." In response to my question Bob began with an abstract that he did not complete before telling the story:

AF: Could you tell me more about growing old and being an old man?

Bob: Well (P) (took a bite of a biscuit) as far as my attitude to age I only very recently, although I've joked about, you know, sort of growing old and such forth. It was (p) well about 12 months ago there was a bit of a dispute amongst the neighbours here over a very noisy party (laugh) that they had up there. Anyway they had a pretty noisy party they were young kids ooh sort of more or less, I suppose, more or less round about school leaving age [comments that kids of today are not as mature as in his day]. The kids were drinking beer out of bottles down in their backyard and throwing the bottles over and breaking them against the walls of the house. Ah and there was a bit

of shindig amongst the neighbours and such forth about it. Well I'm afraid I didn't take it terribly seriously [notes that he probably would have done the same thing].

AF: Mm.

Bob: But (p) the lass who lives up here is next door to them where the party was, ah (p) complained bitterly and complained to the mother about THE ELDERLY COUPLE who were (laughing) subjected to, "Is she talking about us?," is what I thought of (unclear) (laughing). I don't feel elderly (laughing). I'M DAMMED IF I FEEL ELDERLY.

Both Simon and Bob explained their ageing identities through the use of selected narrative resources and contrastive rhetoric. Through the contrast with other reference points (discursive formations of old age, other men, younger people) these men claimed identities of substance: identities indicative of a strong face of ageing.

The men used other narrative means to construct strong ageing identities. Don supplied an abstracted version of his life at the beginning of the first interview. This 'life abstract' briefly chronicled pre-retirement years (lines 11-34) with the remainder an abstracted version of his life as an older man. The abstract is essentially a condensed version of what he told me in greater detail during the two interviews. Don's organising theme for living well is activity and the 'life abstract' ends with his motto concerning how to manage later life – "Go out and make yourself active."

- 1 *AF:* Ok Don, we might begin
- 2 and I'd like to thank you for allowing me
- 3 the opportunity to come and talk with you.
- 4 Could we begin
- 5 by just asking you to tell me briefly about your life.
- 6 *Don:* From the beginning like?
- 7 *AF:* Wherever you want to start.
- 8 *Don:* Yeah, well, what?
- 9 Where I grew up and all that sort of thing?

10 *AF:* Yep.

11 *Don:* Yeah. I grew up,

12 I was born in [country town] moved to [country town]

13 and I finally got a job on the sugar plantation.

14 *AF:* Yeah

15 *Don:* Grew up there.

16 I went to [name] school until I was 14,

17 *AF:* mm

18 *Don:* got a job and went away bullock droving,

19 came back and I didn't like that job so much,

20 got a job in a sugar mill.

21 Ah studied and became a loco driver.

22 *AF:* Ok yeah

23 *Don:* That sort of stuff?

24 *AF:* Yep

25 *Don:* And then the war started

26 whilst I was a loco driver.

27 I went away to the war for 4 ½ years.

28 Came back and I came down here for a holiday

29 but got a job

30 and I worked at the [abattoirs] for 33 years,

31 retired there

32 *AF:* mm

33 *Don:* and moved over here

34 and now I'm retired over 'ere.

After this brief life review to retirement Don told me that he is 83 and enjoying life. At no point did Don use the term ‘old’ and throughout he downplayed the significance of any health problems. Don made further claims on his identity through reference to the many activities he is currently engaged in. He made the point that his active lifestyle is the reason why he “can carry on.”

35 I’m 83 years of age at present,
36 I’m enjoying life.
37 I have had angina attack (cough), pardon me,
38 *AF:* yep
39 *Don:* and I’ve been through an angiogram
40 and they found blocked arteries in my heart
41 but the doctors have said
42 that I haven’t had a heart attack,
43 I’ve had an angina attack, they’ve just
44 *AF:* mm
45 *Don:* really said that on the paper.
46 I have not had a heart attack
47 but it’s still with the heart
48 and I’m taking tablets for it
49 and taking life reasonably,
50 I do little odd jobs around the house and that,
51 I’ve no trouble.
52 I can do me gardening.
53 I can go for a walk a mile and that every day
54 and me mind’s clear
55 *AF:* mm
56 *Don:* and I have no troubles with hearing or anything.

57 But I've got a crook back
58 but I do exercise every day for that back as a doctor told me
59 *AF:* yep
60 *Don:* and I don't have any back pains.
61 I sleep well,
62 I can get out of bed without any trouble,
63 without any giddiness and all that.
64 I can bend over and pull weeds out of the garden
65 and I don't get any giddiness
66 and I feel that I'm lucky that at 83
67 I can do these things.
68 *AF:* Yeah.
69 *Don:* But as I'm saying I know that at 83
70 you've got to take things easy and I do.
71 I belong to clubs
72 and I participate in them.
73 We do trips away
74 and I take part in the club
75 and (p) do activities in the club
76 and that and, you know,
77 that is why I think I can carry on, you know.
78 *AF:* Mm.

Don implicitly compared himself to those other older people who presumably just sit around and end up worrying and not enjoying life. Once again activity is linked to this contrast:

79 *Don:* I don't sit at home

80 and look at television.
81 *AF:* Yeah.
82 *Don:* I go out even if I go out into the workshop
83 and sharpen a saw or anything like that
84 but just don't sit down
85 and look at television or,
86 because I feel that if you sit down
87 and you're 83 you'll start worrying about things,
88 you know. (chuckling)
89 *AF:* Yeah.
90 *Don:* Which you will.
91 *AF:* Yeah.
92 [
93 *Don:* You'll start thinking of all the silly things under the sun.

Don concluded the 'life abstract' by returning to the theme of activity and its relationship to life enjoyment.

94 Go out and make yourself active
95 and that and I'm really enjoying life.

This 'life abstract', as it turned out, contained references to narratives that Don introduced later in the interviews. For example, in the first interview Don responded to my question about his living as an older man by contrasting himself with a person he depicted as frail, and to seventy-year-olds already in nursing homes. In the life abstract Don noted he can get out of bed "without any giddiness" (lines 62-65). Don told me:

Don: ...I know a person, now he was in hospital the other day. As soon as he stepped out of bed he's going, "Oh gee," he got giddy, you know. But I get up 2 or 3 times a night and I'll sling me feet straight out of

bed and get up and walk out, you know, but I don't have any giddiness or anything [notes that he knows he should sit up slowly but doesn't]. As I'm saying the doctors have asked me to fill in these papers to, at my age why I'm carrying on like this and enjoying life and others are 70 and they're in nursing homes and all that.

In the second interview Don referred to the 'crook back' he had mentioned in the earlier interview (see lines 57-60 of the life abstract). The narrative device of contrastive rhetoric is used again to reinforce his theme of activity. Through exercise and activity Don emphasised that you can do away with tablets and be able to "walk MILES":

Don: I'm not suffering from loss of mind or anything and I'm enjoying life.

AF: Good.

Don: Yeah, so and I'm going on for 84 so I can't growl, no I'm happy (P) but you'll see a lot of people, you know, that are much younger than me and that and, but as I'm saying see, like if I hadn't of, like as I told you before, with the crook back, I thought I'd end up in a wheelchair, you know

AF: yeah, yeah

Don: and that, I couldn't walk very far, living on Brufen tablets, and I do these exercises, I do them every mornin', and it was explained to me what they do for me, you know.

AF: Mm.

Don: Well I can walk MILES and I don't get back ache and that.

To further ground his point Don directly linked this talk to a short narrative about a woman who relied on tablets. At the same time Don introduced another reference point – workmates who were on tablets and drank alcohol. Don used these contrasts to convey to me his strong active identity – an identity that has not relied on weakness (tablets or alcohol) to manage the challenges in his life:

Don: But I know me back's no good, you know, so if you look after yourself but like I was in the club at a meeting there once and this was a mixed meeting, and I saw a lady who'd had a stroke and she was on walkin sticks and she said to her husband, "Oh I've got to take a tablet," and he went and got her a glass of beer to take her tablet with. Now isn't that ridiculous, you know, takin tablets, and, you know, I know, fellas I worked with, they used to take tablets and they'd live at the club and they'd drink and that. No, I'd never have alcohol and that if I was taking tablets, that's why I don't have it, you know

AF: mm

Don: and you can live without it, without alcohol and that.

Peter also offered a 'life abstract' towards the end of the second interview. This abstract was about Peter now as "an old bloke" and portrayed a content ageing identity. Peter's organising theme is about managing his ageing and not worrying about it. Peter, like Don, contrasted himself with other older people who are worse. Peter constructs these other older people as indicative of the weak, unhappy face of ageing. In contrast, Peter is an old bloke who is "very happy" because he is "managing":

AF: Is there anything that you want to add particularly in relation to growing older or we might finish up then?

Peter: [Tells me he's enjoyed the interview and I've been a good listener]
You might say well here's a bloke that's not whingeing about being an old bloke

AF: yeah

Peter: and he's a fella that is just accepting old age and not worrying about it. That's who I think I am because I am managing.

AF: Yes.

Peter: But as I say, I'm not in the situation that some people are in. I'm physically as good enough for an old bloke and I'm mentally able to

work things out and I can drive a car and I've got a house and I'm living in the times where you can go down to the bloomin' doctors and afford to pay for the, well I'm a pensioner, I'm in the pension but still and all I'm a pretty well off pensioner, you know. I don't really need or want for anything, I'm quite happy, I'm very happy, very happy.

As noted in Chapter Four, there were times when the men did describe feeling old. For most of the men, with or without disability, this was only in certain situations and was related to physical or mental problems. However old age, defined in terms of problems and decline, was central in the lifeworld of two men.

An 'Old' Being-In-The-World

For Jack old age was clearly a referent for interpreting his lifeworld. Jack's response to my enquiry concerning embodied ageing consistently indicated an 'old' being-in-the-world. This version of the question, framed in terms of body change, called for, and initiated 'body' talk. To explain his understanding of growing old Jack used two linked habitual narratives. The first narrative included the reference point of his younger body to contrast young and old bodies and the habitual way in which bodies change over the life course. Jack theorised that hard physical work as a younger man had adversely affected his physical functioning in later life. He began by noting that bodily change was to be expected:

AF: The other thing that is of interest to me is the changes that have happened as you've grown older from a man's point of view. The fact that your body isn't as strong and doesn't do those things. What that's like from a man's perspective?

Jack: I think it's just something that you expect in life, you know. See you wake up and your old body's not like, see when I was your age, to go out and do a hard day's work, now you wake up and the arms are sore or your leg's a bit sore or something like that, that's next day but then back into work again and you work that out, that's gone see and like you get over things quick, in other words.

Jack then used the discursive formation of old age as a problem to describe older bodies:

Jack: But when you're old and you get something that starts to set in, it's more or less arthritis or some of those group that start to affect you and everybody's, "Oh that's old age," and all this sort of thing and that's one thing, people give you a hand to live with what you've got see.

Jack concluded by telling me that it is also something that he has adjusted to, just like he has coped with other things in his life. Despite many challenges in his life including age-related limitations, Jack claimed a strong personal identity:

Jack: And then you accept it as it comes along, you accept it, really I've never had anything that I could say that I couldn't live with.

In the second habitual narrative, which followed directly on, Jack structured his storytelling in a form I have interpreted as poetic voice (Coffey & Atkinson, 1996; Glesne, 1997; Hones, 1998). Jack spoke in poetic voice to portray his understanding of being-old-in-the-world. I have parsed the text into narrative clauses to highlight the poetic nature of Jack's talk. He used the metaphor of 'an injured animal' to make his point regarding embodied ageing. Once again the contrast between young and old age is made. The point for Jack is that young bodies repair themselves whereas old bodies do not. For Jack, old age is something that "you learn to live with":

Jack: *Because I think you,
you hear the same thing of an animal.
If an animal gets injured,
all he wants is to get away
in a dark corner somewhere,
somewhere in the dark
and lay down until his body mends itself*

*and then he's out and he's gone.
So we're pretty well the same
but of course when you get old,
you can't go away in a dark corner
until you're feeling [better],
but then you come out
and you start off where you left [off].
But that's definitely the other bit,
you learn to live with it.*

Like Jack, Fred used the reference point of his old and younger body to structure his response and theorised about the effect of hard physical work. Fred had many years of such work behind him.⁴⁴ Fred related his experience of embodied ageing to his younger more active days. He defined his bodily change in terms of physical problems through the story of a recent train trip:

AF: The other thing to get you to comment on is that you're now living in an older body, a body that you've said isn't working the way it used to, anything you can add to having a body that has changed?

Fred: Yeah, through this arthritis and that. We get two we get two free trips in the train a year and me dream was to go to [tourist destination], the furthest part we could go. So we got in it and went and up the top there's a rack where you can put the little bag that you can get things out of like, and I found that was a hell of a job to put something up there. Whereas before I could throw a bag of wheat up there but ...

⁴⁴ This is suggestive of a broader 'class effect' in the lives of these two men. Class differentials produce inequalities that in turn affect such human concerns as health and lifestyle (Bulbeck, 1998; Russell & Schofield; 1986).

well then as you go on you've got to realise these things and then allow for it which sometimes it's a dread or a drag.

However, Fred went on to ameliorate this negativity through contrast with men who were 'younger' yet less able. Even though Fred has these problems he claimed an identity that was strong compared to other men. As for most of the men, activity for was a fundamental element in his lifeworld:

Fred: And I can see as we go on that I've got to prepare for it to get worse too because I can't see it getting' better but I reckon at 73 I'm still pretty active to some of 'em.

AF: Yeah, absolutely.

Fred: Yeah because the retired men's club I'm in there you see them younger than me and they're on walkin' frames and walkin' sticks and all that.

The men over seventy understood the experience of ageing in its own right. However, the two younger men with disability had difficulty interpreting ageing and disability as discrete life experiences. Through their narratives they conveyed this blurring of ageing and disability.

Ageing in the Context of Disability

The men over seventy who experienced a stroke were able to differentiate between ageing and disability and told distinct ageing narratives. For these five men the temporal distance between the phenomena of ageing and disability enabled discrete interpretations.

In contrast, John (67) used the reference point of old age and disability as similar to try and interpret his ageing experience. John was younger than sixty-five when he had his stroke. When I asked John to talk about his ageing he used the discursive formation of old age as a problem to construct an account of his ageing experience. To John the physical problems associated with his stroke were likened to what he

expected from old age. This made it difficult for him to separate the effects of ageing and disability:

AF: What's it been like to grow old?

John: (P) To grow old (p) I can't really answer that. Unfortunately I had the stroke and I believe age affects you physically and I can't tell you how old it is because I've been affected by the stroke. So therefore I've got two things that affect me in that question.

AF: Mm.

The perceived effects of ageing provided John with a departure point to introduce his belief in "thinking young." This approach of 'mind over matter' is an organising theme for much of John's talk:

John: One is the age itself I don't know what I'd do if I didn't have a stroke but I've had a stroke and (p) there are a few things in life that I know longer can do. I still think young and I think that is a very big problem if you can think young I think you'll still stay young.

John's narrative linking of ageing and disability began when I entered into hermeneutic dialogue with him to further work out the notion of oldness:

AF: In a related way you talked about thinking young [in the first interview], could you talk a bit more about thinking young?

John: [Talks about his belief in thinking young and how he applied this during his recovery from stroke] No, I believe in thinking young.

AF: So what is it about thinking old that's a real problem? I think you mentioned the fact that you may tend to stop doing things. Is that part of this thing about oldness?

John: Well yeah, lot of people they say they're getting old and they don't try things.

John repeatedly changed narrative footing to juxtapose ageing with disability, in particular his own disability experience. He began with an ageing example, arthritis, and then with a change in footing pointed out that stroke is the same. A ‘body as machine’ example of the brain like a computer is used to explain the effect of stroke. John then moved back to ageing to point out his ‘thinking young’ theme. Throughout this section of dialogue John took the opportunity to link another of his beliefs – the importance of activity and doing – to overcoming disability and presumably the effects of ageing:

John: I often think a lot of arthritis patients, they feel their wrist is sore so they don’t use it, instead of using it more. I think they’d get better results and I think with a stroke [its] the same way. Your brain’s been wiped clean, your computer disk has been wiped clean, you’ve now got to put it back. And one of the things that you have trouble with is you say to yourself you can’t do it, a lot of people say, “Can’t do it, I’m too old.” I believe if they forget that word ‘too old’ and they say, “I can do it, I’m gonna try.” Sure it might take ‘em weeks to do it

AF: yeah, yeah

John returned to his disability experience and told a habitual narrative of how he, through practice, regained the skill of using a hammer. Within this narrative John used the reference point, the child learning to use a spoon, to explain the relearning of the skill of using a hammer. Through another reference point, the public view of ‘thinking old’, John once again linked disability with ageing:

John: but the thing is, I know when I started, like hitting the hammer that – didn’t come over a minute, that didn’t come over an hour that comes after weeks.

AF: Mm.

John: First of all I had to hold the nail properly and hold it square from wobblin’, that was a problem, and then at the same time I had to pick the hammer up and then bring it down, but I had to use me wrists and

use me fingers, and it all takes time and it's like a little kid when they learning a spoon, they've got to learn to use their fingers

AF: yeah

John: and turn it up the right way and, it's just a case of practice makes perfect and you've just got to keep up, but if people come along and they say I can't do use the hammer I'm too old (p) they've intermittently lost it.

AF: Mm.

John: Their brain says no, you can't do it and they're not gonna do it, they're not gonna try.

John then moved back to disability and drew on a particular life experience to make the point that he didn't give up trying things and he succeeded. He changed narrative footing ("but") and orientated me to the context of the story:

John: But the first day I was at my son's place and I had an extension ladder up and I wanted to put a light fitting at the top of his ceiling, at the top of his archway of his house, right at the apex and he was supposed to go up and just as he was about to go up, put the light up, 'cause I'm directing how to do it from the bottom and he's trying to do the job.

AF: Mm.

John: Anyhow just then friends turned up and of course he had to break and talk to his friends. Ok, but that meant that the light wasn't goin' up, it was gettin' dark, gettin' towards nighttime, we had to get it finished. Anyhow I just went up the ladder and I got up the ladder and they spotted me up the ladder but if I hadn't a tried I probably would never have climbed a ladder but I handled that quite ok and it gave me encouragement.

AF: Yep.

John then summarised the point of the narrative with an evaluative statement that once again brings ageing back into view and reintroduced his theme of ‘thinking young’:

John: And it’s no use saying, “You’re old,” you’re not too old, I can get up there but once I say, “I’m old,” and I don’t want that and the idea is to keep thinking young and trying to stay young.

Paul (68) responded to my question regarding his ageing experience with the interpretation that he is ageing “faster” because of his stroke. This suggests that Paul distinguishes ‘normal ageing’ from disability. However through the use of a qualifying phrase (“mind you”) he goes on to note that it is difficult to differentiate between “ordinary ageing” and disability. The blurring of ageing and disability emerged in Paul’s lifeworld, and his difficulty in articulating the impact of the two is evidenced by the long pauses in the latter part of this excerpt:

AF: Just moving along a bit, how about your experience of growing older, I think you touched a bit on it before?

Paul: Well I think I’m growing older faster than I would normally do ... I’m much more held back by the fact that I’ve had a stroke than by the age, by ordinary ageing.

AF: Yes, yes

Paul: Mind you I do have, well it’s difficult to distinguish what’s due to the stroke and what’s due to getting older but I get puffed more, well I get exhausted, oh not exactly exhausted very much quicker than I used to. (P) But there’s nothing much more than that. (P) I’ve never been an athlete or anything like that.

These two younger men equated disability with ‘ordinary ageing’. The blurring of disability and ageing is evident in their interpretations and in their explanatory narratives. Like other men in the study, activity and a positive attitude are believed to counteract the actual and expected problems of old age (and disability). The centrality of activity in the lifeworld of these men was further played out in the

stories they told about what they did, why they did it, and with whom they did it. Through examining these narratives the themes of generativity and friendship became clearer in the context of the men's lives.

Male Stories of Generativity and Friendship

These are men's lives and this is relevant in the narrative practices of the participants. The men drew on narrative resources that typified maleness. For example, the masculine ideals of 'work and play' and the traditional male site of 'the shed' occupied considerable narrative space.

Sport, for example, emerged in many of the interviews as a common talking point. Seven of the men included talk on sporting activities and conquests. It was the men, not I, who raised these topics during the interviews. This is shown in the following section of the interview with Simon. I asked Simon to elaborate on a comment he made about physical problems acquired earlier in life. He related the following sporting story to illustrate how physical change in later life could come from earlier activities:

AF: One of the things that you talked a bit about towards the end of the last interview was in relation to the physical problems that you pick up over your life, and they seem to catch up with you when you get older.

Simon: [Describes how sporting injuries can lead to problems] I can remember playing football. I played football, I was about twenty, but I can remember playing in one game and I played in the centres and I just had a play and went back in our positions and I bent down and put me hand down and me knee [it] was about that (showing an enlarged size) size, and I hadn't even felt it, you know, and it was just one of those things. The doctor said, "Oh there's fluid on the knee," and this that and the other. So you just wrapped it up and went through, and a few more years later, like twenty years later, I had a cartilage out because it was (laughing) bugged.

Talk by the men about their sheds revealed much about the meaning of their activities. These 'shed stories' gave the men the opportunity to make strong claims

about their past and present lives. The men used their ‘shed stories’ to construct images revealing significant ageing identities. The following excerpt shows how Tom, through narrative, highlighted the place of ‘the shed’ and its associated activity over his life course:

AF: One thing that I’ve talked with some of the men has been about having a shed, ‘the old man and his shed’ or garage or some area of work. Have you had something like that in your life, or in recent times?

Tom: Yes indeed. My father was a mechanical man, and my son is a mechanical man, and I enjoyed a certain amount of that impetus from my father. He got it from his father and (p) during some of our formative years, during the war when materials were or any hobbies really, you know, were amazingly scarce.

AF: Yes.

Tom: We came to TREASURE any materials that could be put to good use and I suppose from that stemmed the idea somewhere to keep them, somewhere to put them.

Tom then explained his handiwork and the different locations of his shed. He then emphasised that the loss of his traditional shed is not an issue for him now:

Tom: I’ve been fairly handy with my hands and I’ve always had somewhere to make a cupboard or build some shelves or do some repairs to something or other and thoroughly enjoyed it. When we moved here I was told there was a bench at the back of the garage so that I could do any odd jobs in there and possibly use it as a creative measure for something or other

AF: mm

Tom: that has never developed. Oh I’ve done the odd jobs but nothing needs doing now. I’m not going to alter the place. I’m not going to build something here and then something there just because my wife likes it better or something like this. I’m CONTENT with what I’ve GOT and

I don't use the workbench at all now. There maybe a small job on the car that has to be done and that's about it. So I thoroughly enjoyed the workshop.

After a brief "aside" (his word) in which he told a story about tools being stolen from his original shed, Tom introduced the contemporary site for his activity and generativity: the computer room.

Tom told the story of how he, rather reluctantly, became a computer user at the insistence of his son. Tom's narrative of the new site for his shed is more than an account of what happened. He used it to show me he how worked out this new challenge in his life. The narrative makes a strong claim for his identity as a strong, capable older man:

Tom: My son said after my wife died, "Dad, what are you going to do with yourself?" I said, "Oh gosh, I don't know yet." He said, "Well, why not get yourself a computer?" [Tells me about his son's extensive background in computers] And I said, "What the hell do I want a computer for," I said, "I've got no records to keep."

AF: Mm.

Tom: I don't want to go on the internet and sort of (p) contact other people and other things just for the hell of doing something. But he went on and on about this over a couple of years and eventually earlier this year I said, "Oh what the heck." [Describes the computer system that his son organised for him] Well it finished up that he finally persuaded me. Now I have a computer in there (pointing to another room), I have an encyclopaedia and I have a golf game [describes the golf game in detail, e.g. the courses and features]. Anyway when eventually I agreed to take this thing over [the computer], well I'd better get to know something more about it so at the moment I'm just in the final stages of a course called 'Cyberpower for Grey Power' [describes the course and its benefits for him]. Yeah, it's been interesting and it has familiarised me more with the concept of computers and how to play around with them. So it's been useful for that sort of thing and it's

relatively cheap so there we are. So it it's too wet to go out and play golf I just sit down and play golf (chuckling). [Tom and I then discuss the merits of playing computer golf] and a fellow came in here one day and he says, "Tom you know a lot, what's the capital of South Africa?" So I thought I'm not absolutely sure. I said, "Wait a minute, let's have a look at the encyclopaedia."

The men's talk about their friendships revealed its significant place in the life course. Fred constructed this account that highlights activity, generativity, and friendship as lifelong threads:

AF: Just moving on to friendship and mates. Have you had mates or friends that you've maintained over your life?

Fred: Oh yes, very close too, terrific. So like now we're moving, the phone rings, they're wanting to help and all that business and (p) one chap came here to get pocket money to pay for his way through college. Well we've become very close. I've only got to ring him up and he rings up me too, can he help and that, terrific, got very close and in the old days, pullin' out of depression and that, I've helped [many] that didn't have any money but I've helped 'em manually.

AF: Mm.

Fred: Like we had an old A model Ford and we used to put a rack on the top and cart wardrobes and that, helping 'em shift because they was in dire circumstances and then one of Jenny's [wife] girlfriends husband won a lottery and shouted her a boat trip to go on this boat trip for company and they said, "Why don't you go?," and I said, "Well I'd be lucky enough to have enough money to get to see her off on the boat without," and then they started chirping up, the different ones, well you helped me when I was down and out, we'll give you \$50, \$100. Next thing they lobbed out down here with a return ticket, with about \$200 to spend, and then I went over to the boss, I hadn't been here long and the agreement was that I couldn't take a week off, more than a week off at a time

AF: mm

Fred: and I said, “Here’s the ticket,” I said, “21 day boat trip,” and I said, “Oh an agreement’s an agreement and I’ll have to cancel it.” He said, “No you won’t,” he said, “I’ll come out and manage the farm while you’re away.”

AF: Mm, mm.

Fred: So that’s good too, but that shows you how loyal, when you find out who your mates are and that.

AF: Yeah.

Fred: They’ve been terrific, never had any trouble that way, probably talk too much, (laughing) but (p) oh no when I go down for the paper too, they crowd around, “How you going?,” “What’s doing?” and that. That’s gone on for through the years cause I got to know so many through being manager and learning so much about veterinary work, anyone with house cows and that, I’d be the first one to ring up and that’s how I got to know so many around here.

AF: Mm.

Fred: So I had no trouble with friends.

This predominance of activity, generativity, and male friendship in the men’s narrativity has implications for the relative lack of ‘shared talk’ (Nouri & Helterline, 1998) identified in the data. Most of the men told traditional male stories and I noted the predominance of stories about their activities and achievements. The minority of men who included more shared talk provided me with the key to understanding this phenomenon. In the next section I provide an understanding of why this occurred that is linked to the breach of the traditional male story.

Men With Non-traditional Stories

The storytelling by the men generally allocated little space to the women in their lives. The men only infrequently narrated shared lives, with women being excluded

from the key male domains of sport, ‘the shed’, and friendship. Don did not mention his marriage or his children in the two interviews. Bob mentioned his wife, but only in passing during an extensive narrative regarding his war experience:

Bob: Eventually (p) finished on a tour of [his Flying] Squadron and I was sent to a place, where I met Alice [wife] and just before they dropped the atom bomb on Japan we had by that time established a base at Cocos Island.

Fred briefly noted his marriage in his early life chronicle:

43 *Fred:* ... I got married up in Queensland, Brisbane
44 and came back and worked at the [factory]
45 and then [factory]...

At the end of the first period of thematic analysis I noted the lack of inclusion of wives in a majority of the men. As I explained in Chapter Three I then deliberately selected two widowers to determine if the loss of their wives directed more shared talk. In other words I sought to work out if the lack of shared narrative by a majority of the men could be understood in terms of the wives just being ‘taken for granted’. As the old adage states, ‘you don’t know what you’ve got till it’s gone’.

In the following section I focus on the four men (including the two widowers) who included relatively more talk about women. In the narratives of these men my original understanding has been supported. Illness or death created an opposition to the telling of traditional male stories about work and activity. Breach of the traditional male role through illness (caregiver) and loss (widower) facilitated the inclusion of women in the men’s talk.

In the interviews with the two widowers their wives were included almost from the beginning of the interviews. Michael began almost immediately with his retirement and the story of his wife’s illness and death. It was at this time that his wife was very much central in his life. His use of the words “bound up” suggests a sense of obligation and duty that also breached his expectations about retirement:

AF: Well Michael thanks very much for letting me come and talk with you about your experiences. I'd like to begin by asking you to tell me briefly about your life.

Michael: What part of my life?

AF: You choose, just briefly about your life, wherever you want to start.

Michael: Well I was a school principal and retired in January 1988. So this is the twelfth year that I've been retired. My wife and I went to Tasmania, we've been to New Zealand, we've been virtually around the eastern part of Australia by bus and that and she got Alzheimer's.

AF: Right.

Michael: And I looked after her at home here for quite a few years and then she had to be put into a nursing home and she was in the nursing home for two years and she died last October.

AF: Right.

Michael: So that was my life for about, oh well seven years was bound up with helping her and that sort of thing.

Bill, the participant who most frequently included shared talk, also introduced his wife early in the first interview. He was required to take on a caring role early in his married life. His story about marriage not only highlights shared talk; it was also used by Bill to make an identity claim and convey to me his morally responsible behaviour:

25 *Bill:* I married my wife in 1944,
26 10th of June 1944
27 but we'd been keeping company for 6 years.

[Tells of the time he spent recovering from TB]

46 When we decided to get married

47 I had a little bit of a job

48 getting work at that time.
49 I took time off after I was discharged
50 to make sure I was all right
51 and I wouldn't get married
52 until I was sure that I had no diseases in me.

In a later part of the interview Bill linked three life experiences together to describe his caregiving role and make the identity claim that he has been and still is the strong partner in the marriage. He moved between the past and the present to convey the sense that he has been supporting his wife for many years. In the first brief event Bill became the primary carer and he included both his wife and children in his talk.

Bill explicitly flagged that the second life event was important and provided a more detailed account. His point for introducing the second narrative was made with the evaluative statement that their lives have been quite disrupted by his wife's illness. Bill then linked this to another incident to reinforce his point about being the primary caregiver. He ends with a re-statement of the disruption caused by the illness.

Bill: I enjoyed [that job] until Irene [wife] got very, very ill and I nearly lost her with thyroid trouble, big thyroid operation and I had to rear the children. In the meantime my work has been (p) looking after Irene. Irene, oh we went to Expo, but that's a story there. We went to Expo, I took 2 bus loads from the club to Expo and their wives

AF: mm

Bill: in July and September and Irene and I got ill on the second trip going up but Irene didn't recover and she ended up with chronic fatigue syndrome.

AF: Ok.

Bill: Which she's got now

AF: right

Bill: and it's played hell with our lives. We've never been away since then. Oh only, we've been to Canberra once overnight with my son. Took us all of our time to get down and get back. But that upset our lives.

In summary the men did not generally include their wives and family in their stories. The main protagonists in these men's stories were themselves, and they told stories about their achievements, their activities, and their mates. The exceptions were when there had been a breach of the traditional male role.

Discussion of Narratives

The narrative practices of these older men show ageless selves confronted from time to time by an 'old' being-in-the-world. Stories were told to explain how 'oldness' becomes foregrounded in experience. It was in these stories that ageing became embodied in physical and mental bodily limitations. The two younger men with disability interpreted an overlap between limitations related to disability and those attributed to ageing.

In their narratives the older men constructed an active, generative, and social being-in-the-world. Through narrative practice the men claimed active and significant ageing identities. The men through stories of activity, generativity, and friendship 'worked out' satisfying body-selves. Whether ageless or 'old', with or without disability, the men expressed a strong face of ageing. And this was, for the most part, a conventionally 'masculine' face.

This 'masculine' face of ageing does not typically produce stories inclusive of women. It is only when there is a breach or disruption to the everyday lifeworld that women tend to be included. As noted elsewhere this is characteristic of male narrativity (e.g. Kotre, 1984; Nouri & Helterline, 1998; Stephenson et al., 1999).

The limited shared talk by many men may also be indicative of my relationship with them. In the context of these interviews the men and I engaged in 'man to man' talk. The choices they exercised in what and how they talked with me may well have been dictated by our gender equality (Gubrium, 1993; Gubrium et al., 1994; Minichiello et al., 1995). It is possible that, as Stephenson and his associates (1999) found, more shared talk would have emerged in the context of interviewer-participant gender

disparity. Therefore this finding could well be a product of “interviewer gender bias” (Stephenson et al., p. 398). Yet, gender disparity was present in the research of Nouri and Helterline (1998) and these researchers identified no shared stories from their male participants.

By foregrounding the men’s narrative practices I was able to interpret their understandings of ageing in ways that both extend what we know and challenge assumptions about older men. The men used a variety of such practices to illustrate how their being-in-the-world was counter to the public view of old age. Contrastive rhetoric and multiple reference points enabled the men to claim strong ageing identities. These narrative understandings of ageing reinforce the thematic findings that the contemporary lifeworld of older men is characterized by vitality, optimism, and desire.

In the following chapter I present the experience of living with disability. The embodied experiences of ageing and disability are inevitably intertwined and there will always be overlap. I understood the older men’s response to disability as an extension of the notion of ‘working it out’. To overcome or minimise the disability of stroke the men used the lifelong male pattern of activity and ‘doing’. The older men living with disability after stroke worked out ways to create and maintain satisfying body-selves.

CHAPTER SIX

‘WORKING IT OUT’: OLDER MEN’S RESPONSES TO DISABILITY

As with the experience of ageing, I began analysis of the experience of living with disability by identifying common themes in the text-as-data. However, I found this thematic analysis did not seem to grasp wholly the underlying meanings. The text-as-data was predominantly in narrative form and I turned to narrative analysis as a means to increase my understanding.

During this period of analysis I encountered the work of Arthur Frank. In *The Wounded Storyteller: Body, Illness, and Ethics*, Frank (1995) presents an understanding of how people make sense of serious illness and the narrative paths they take when talking about the problems and challenges of such illness (Chapter Two, pp. 41-44). Through the telling of illness narratives people share themselves and heal the ‘wounds’ of their illness. They tell of their journey, their quest, to master their illness and reconstruct a workable body-self. There is much in the telling – it is their story told through their voice – and it is about their journey of self-discovery and their way of living with illness.

As I read and interpreted the narrative schemata and practices provided by Frank (1995) I recalled examples in the narratives of the older men living with disability. The older men had become ‘wounded’ by their stroke and in their conversations with me they told me narratives outlining a quest to repair the ‘damage’ resulting from their stroke.

Given that all of these older men now have some degree of residual disability, therefore illness of a chronic nature, the hope of a restored body had generally been relinquished. These older men are living with the contingency of their stroke. The interview context provided the opportunity for these men to work out this contingency through a ‘telling’. Eric, for example, showed the hermeneutic significance of the dialogue when he said, “that’s the answer to the question.” Eric’s attempt to understand the ‘object’ that is placed before him, namely the embodied

experience of living with a disability, is the conversational form of hermeneutic understanding. As Gadamer further explains:

This understanding of the object must take place in a linguistic form; not that the understanding is subsequently put into words, but in the way in which the understanding comes about – whether in the case of a text or a conversation with another person who presents us with the object – lies the coming-into-language of the thing itself. (1979, p. 341)

The men faced with the disability of stroke revealed responses similar to the ‘working it out’ of ageing. Activity and its associated body-self discipline emerged as a dominant theme in the men’s attempts to return to former body-selves through restitution and in how they overcame the ‘wounding’ of their stroke.

The overarching meaning of ‘working it out’ came to be the dominant interpretation of the data. It was through narrative that the men conveyed meanings of living with the disability of stroke. The men in this working it out also claimed significant self-identities – identities that had overcome the adversity of stroke and were living lives of quality.

‘Working it out’ is an interpretation of the embodied responses of older men who encountered disability. It builds upon the framework of Frank (1995) to incorporate older men’s responses to disability. Arthur Frank drew heavily on his own experiences (of illness) and on the published stories of others to develop his understanding of living with serious illness. I have taken this understanding and, in the light of these men’s lived experiences, extended it to show how older men are a particular group of wounded storytellers.

I begin by outlining my own encounters with disability. These encounters include my own lived experiences of disability and the experiences of men I have met in my nursing career. This is followed by the men’s accounts of change in their body-selves resulting from stroke. Many of the men began by telling the story of their initial stroke event. A recurring part of many of these accounts were descriptions of the disorder and disarray caused by their stroke. This chaos was frequently described in detail and the men’s words created graphic images of the disturbances felt by body-selves in the midst of stroke.

The catastrophe of stroke produced narrative wreckage that the men ‘worked out’ to create manageable body-selves. The men’s narratives told of this ‘working it out’ and I describe this understanding. I show this understanding in the exemplars of Paul, John, and Eric.

I complete the chapter by summarising the responses of the other men. These men in their stories also showed how they worked out their body-selves in the face of narrative wreckage.

The men, essentially, told me how they overcame the problem of stroke. These stroke narratives outlined their quests to repair the ‘damage’ associated with stroke. I identified three forms of quest narrative – memoir, manifesto, and automythology – in the data (Frank, 1995). The stories-as-told by the men were understood to indicate the men’s definition of this situation and were used by the men to claim strong self-identities. Disability too is socially constructed as weakness. These men through their narratives created identities that accentuated the active and contributive nature of their lives. On the other hand the men generally downplayed the limitations of their stroke.

My Reflections on Disability

My work in a non-traditional male occupation (nursing) has exposed me to older men living with disability. In my early days as a nurse, I do not think I thought much at all about the impact of disability for these men. An exception occurred in my first year as a registered nurse (age 21) when I was working in a male medical ward and nursed older men with chronic respiratory disease (emphysema). I was a smoker at the time and I reasoned that if I continued to smoke I could become like these older men. This was a significant factor in my decision to stop smoking and I have not smoked since. This was one of the few times I have actively thought about my own ageing apart from my middle-age ‘body work’.

I live with a chronic illness, asthma; probably what you could call a disability. However, if I take medication I am not restricted in any way. This is not like experiencing a stroke and having a changed body. A recent injury, last year, did result in me requiring some self-motivated bodywork to overcome the disability of an injured ankle. This bodywork still goes on, as the disability is present although it

is slight. Having read about bodywork I did reflect on this and noted, in both the literature and in the findings of the thesis, a parallel in terms of the older men working on their bodies after experiencing a stroke. Maybe my exercise and weights can be seen as bodywork and body shaping or sculpting. I do not think I have ever really reflected upon disability in an embodied way until now. Although over the years I have sat in a wheelchair or used a walking stick or frame to sensitise myself to disablement, these actions did not really precipitate any ‘deep and meaningful’ self-reflection.

The masculine view of the body as machine is a preunderstanding from the literature that was part of my interpretive horizon. I am aware that men in illness do liken their bodies to machines that have broken down. This preunderstanding emerged in the thesis as a relevant element in the understanding of men living with disability.

I believe I do have some degree of expectation about the impact of disability, however the thought of me living in a body that cannot do the things of the past, in particular, walking, running, and driving, does make me consider that this must be a difficult thing for a person to deal with. Much more so than ageing because in my own ageing I have not really felt older. Whereas I think if you are disabled this will be significant. I can recall some men in my nursing career who have been quite devastated by their stroke. Perhaps it is these men who are also in my mind. I think I (we) do tend to remember the difficult, ‘tragic’, more affected patients than those who do well. This expectation regarding the significance of disability was surprisingly, for me, not borne out in many of the men’s interpretations of living with disability.

I had expected that limitations arising from stroke would be a central element in the men’s experiences of disability. In the interviews I sought to explore the nature of limitations associated with bodily change from stroke and gave the participants repeated opportunities to do so. However, there was a surprising lack of such dialogue. Certainly the men were marked by their illness, but their disabilities were not central in the experiences-as-told.

On the other hand the preunderstanding of the ‘wounded storyteller’ (Frank, 1995) came to be highly relevant. As I interpreted the men’s accounts of living through the

experience of stroke I understood them to be ‘wounded storytellers’ who, in a predominantly ‘masculine’ way, had worked out manageable body-selves.

In the telling of their disability stories the men described the chaos of experiencing a stroke. These stories of chaos not only give some indication of the great disturbance felt by body-selves in the event of stroke, they have a place in the quest narrative.

Stroke as Chaos

These detailed accounts of the chaotic stroke event have particular meaning for the men. In the context of restitution it is the future, the return to health, that is preferred so the “founding act,” the stroke event, is minimalised (Frank, 1995, p. 89). When the opposite occurs, that is, restoration to past health is realised to be impossible, the founding act is deemed crucial. Hence the nexus of the stroke event and its elaboration in narrative form is pivotal for seeking an alternative journey of narrative repair.

Three of the men (Jack, Paul, & John) told extensive narratives of what happened when they first had their stroke. Whether it was after 16 years (Paul) or four years (Jack) these events were recalled, for the most part in intricate detail. Another three men did not provide such detail; Bob whose stroke occurred whilst he was under anaesthesia; Eric for whom the stroke event is linked to a body-self he can no longer return to; and Sam who is to some extent still in a world of chaos. Stan’s wife Betty too felt the need to describe her husband’s stroke event.

Jack flagged the entrance of his stroke story by telling me “we’re getting down to probably what you brought me here for.” It was his view that a critical part of his story was about to be told, one that I would be most interested in. He then recounted in considerable detail the events of his stroke. Jack’s extended narrative revealed, in retrospect, chaos-as-lived and, at times, chaos that was difficult to describe. Jack ended with an understanding of what it was like amidst this chaos:

Jack: Now we’re getting down to probably what you brought me here for (cough). [Recounts an episode of bronchitis that he had just before his stroke] When I got the stroke that time in ‘93, ah was in August and I

was going to cut the lawn, this was at home and it's just like a real hot day, you know, the real hot days.

AF: Yeah.

Jack: They sort of get at ya, get at ya at your head and everything and I said to the wife, "I'm going to sit down," I said, "OH GOD," I said, "It's gettin' hot." And anyway it quickly got worse and I finished up, I walked down to the end of the house, between the house and the garage, and I had to lie down, I couldn't walk any further and ooh the wife said, "Will I get the doctor," and I said, "I think you better."

AF: Mm, mm.

Jack: So anyway she rang and I got the doctor and oh by that time I got a hold on whatsiname, I was grabbin my hair like this (demonstrating how he held his head) and ohhh dear, and gruntin and goin on and everything because the pressure was so whatsiname, so severe.

AF: Yeah.

Jack: So anyway she rang up and the ambulance was down there in no time and they put me on the ambulance and they took me to [the local hospital]. [Continues with the events at the hospital] Oh there always seemed to be two nurses there, and of course they'd get hold of my arm and they're poking holes in there and pushing tubes in me and everything and OHH GOD I was thinking, get this ruddy thing off my head, you know. [Continues on to tell me about the early rehabilitation period]

Jack pointed out at the end of his description of the stroke event and the rehabilitation period that living through this chaos was almost too much to bear. Despite receiving rehabilitative treatment Jack also felt he went through the chaos alone. He maintained:

Jack: I tell you what, you know, I swore blind to God that if I had another stroke for it to wipe me right out because I just couldn't go through

that part again. Also I don't know whether you've read up on, read the stroke books.

AF: Mm, I've looked at them.

Jack: Yeah they say that, you know, you need all the help that you can get to help you to cope with it. Well I didn't get that, I had to cope with it myself and that was why it was extremely hard.

Jack's lived chaos extended for quite some time through his recovery. In the second interview he provided an understanding of living through and emerging from the catastrophe of stroke. Jack used vocal emphasis to highlight this as a difficult time. His metaphor, "more daylight came," can be understood as part of the journey out of the depths of chaos associated with stroke. Jack told me:

Jack: I was just trying to get out of this hood that the ruddy stroke put on me, you know. I was trying to get out from underneath it and it's ANNOYING, you know. It's an ANNOYING thing. You're trying to shake it off and you can't and that sort of brought me back then to battling with this and then for about 12 months before I started some signs of getting out of this hood and then for the next year a little bit more daylight came and then it sort of levelled out a bit.

This interpretation, for me, sheds significant light on the lived experience of stroke and how others can better understand through being part of this telling.

For Sam the chaos is still experienced and emerged from time to time during our interview. Sam has problems with his memory, although I don't know whether this is as a result of his stroke. This memory disturbance has thrown his life into chaos. When I asked him about retirement he immediately recounted the experience of his stroke, as it had been this event that precipitated retirement. Sam ended with the realisation that he is left with a continuing lack of control. Further on in the interview he alluded to the chaos that is still evident in his life:

Sam: Well see it's only been short, it's only, I won't, well, where it came from, it came from in this house. I'd had an accident, a pretty bad

accident too, with a car and I woke up one morning and I didn't know where I was, never had a clue. (p) I got up and walked round the place, I can only remember little bits of this. Ah walked round the place and I couldn't get out, didn't know how to get out.... I got in to start the car and didn't know which end, which end it went, (laughing) all this sort of thing but it's gradually worked back but it'll never ever work away complete, there's no doubts about that [moves on to talk about how he had to retire and other problems from the stroke] Oh it's a thing that I haven't got control of speech, that's the thing that annoys me, you know. I go for a while and I talk to people and things like that and all of a sudden FLAT.

AF: Mm, mm.

Sam: That's a terrible bloody, terrible thing.

Later in the interview Sam returned to his being-in-the-world with chaos. It was this chaos that made it difficult for Sam to participate in the interview and a few minutes later he asked that the tape recorder be stopped:

Sam: I've got to very careful when I'm with a person with conversation like yourself that you don't go mad. That's the, you know, you've got to be, ah you've got to think and that's the hardest part.

After their stroke the older men faced the problem of how to continue to be the same sort of body-selves. The men used activity and body-self discipline to reduce the problem of body control created out of the disruption of stroke. In the next section I describe these responses to disability.

Activity and Body-self Discipline

Activity, in particular physical activity, emerged as a significant means for the men to attempt to overcome the disability of their stroke. Eric exemplified the place of activity in the journey to repair the body-self disruption of stroke. In response to my question regarding the impact of the stroke Eric directly linked activity (walking) and body-self discipline to his recovery:

AF: How was it for you to have the stroke?

Eric: (p) Well the first one I was paralysed down the right side completely ... [the rehabilitation specialist] she said, “Now for rehab,” she said, “I’m not going to ask what you would like for rehab,” she said, “You’ll soon tell me,” and I said, “I want access to one thing,” she said, “What’s that?” I said, “The big power treadmill.” (p) And from then on I spent hour after hour on that treadmill and I walked out of there [rehabilitation hospital].

Later in the interview Eric described his morning exercise regimen and linked this with his personal philosophy of keeping mobile to achieve self-reliance:

Eric: I travel a hell of a lot of territory here. I go out walking every morning, after breakfast, down the steep stairs to the car park, up from the car park up over he rise down to the front gate and back again to the access gate to the facility. Then three circuits of the whole garden area and make it back for morning tea. (laughing)

AF: Good timing.

Eric: Yes, but you know, I am perfectly mobile and I intend keeping that way.

AF: That’s important for you?

Eric: Yes because I don’t want to have to be leaning on anybody’s shoulders at all. (p) That’s the basis on which I work. (p) Pull the socks on and get on with the job.

Eric’s body-self discipline and activity shows a belief in the masculine ideals of independence and self-reliance. This ‘body work’ is his means of overcoming the limitations of his stroke and looking after his body – his body has become a project. In the second interview Eric told me that his “body works satisfactorily” because he takes “care of it.” Eric, as an interpreter, reached an understanding, an answer, to the question of living with disability:

AF: Is there anything else that you wanted to add in relation to your experiences about growing old and living in a body that doesn't work as well?

Eric: I don't think so because the body works satisfactorily (p) by virtue of the fact that you take care of it. (p) That's the answer to the question.

In a similar way to Eric, John linked elements of activity and body-self discipline to a positive outcome:

John: [Describes the perceived changes to his body following his stroke] But in the next couple of months I'll probably harden up with the pool. I have my own pool. I'll have the pool cut in, and as a matter of fact I've got to clean the pool this week, and I've got to cut in the pool and start swimming again and I'm sure things'll look up.

John's activity regimen is understood as a way to regain strength, along with body shape, and consequently control.

Stan was not supposed to survive his stroke yet he is still alive. After placement in a nursing home he was considered to be only ever capable of minimal mobility. However, according to Betty his will and work on his mobility now enables him to 'trot around' the nursing home:

Betty: He wasn't supposed to survive. [Describes the immediate effects of the stroke on Stan] I was told that all he would ever do would move from bed to chair. [Describes what happened during rehabilitation] He's got a tremendous will and he's a good trier. [Describes how he has improved and what he can now do] I brought the stick so you could have a look, see him trotting around and see exactly what he's capable of.

Three of the men in the telling of their illness stories spoke of hope of restitution to a former body-self: a body-self prior to the stroke. The return to a nondisabled body-self was anticipated but generally not realised.

The Hope of Restitution

Restitution was not a prominent theme in these men's experiences of disability. However, there was some restitution talk by Jack, John, and Eric. Jack pointed out in his account of rehabilitation that his faculties "would come back" to him:

Jack: They were, you know, testing me to see how far the damage had gone and whether there was any recovery there see. But I got so upset with it and I knew that I had all my faculties. As I say, I knew everything but putting it into words or putting it into figures and that I couldn't do it but at the same time I knew that really meant nothing because that would come back to me.

Elements of restitution are also shown in the talk of Eric and John. For these men the restorative action was directed at regaining body function in terms of the past, before the stroke. Eric talked here of body work to attempt to restore movement in his right arm:

Eric: I'm, [have] limited movements, you know, (showing me his right arm) but (p) we've got a physiotherapist working with me now and he's very pleased with the progress in that right arm which there was no [movement], after the stroke, that first stroke, there was never movement.

AF: Mm.

Eric: I couldn't do a thing but I've got there (showing me the slight movement in his right arm) and I'm working, he's working on massaging these muscles on the top of the shoulder at the moment and I feel that I am winning.

John re-defined his mail delivery work as a 'health job' with its associated physical activity. The outcome was to act out his 'body past' by competing in the City to Surf [community fun run] once again. The City to Surf is symbolic of his pre-stroke body-self and emerged repeatedly during the interviews. For example, at one point John explained:

John: The only job I do do, which is more of a health job than a job, I deliver junk mail. [Explains the details of the job and where he walks] that's more of a health kick, and it more or less helps you. It got me into the City to Surf two years ago in '97.

The disability experience provided a further opportunity for generativity and culture-tending. Whilst I have noted the general presence of generativity in Chapter Four, the men grounded it in their experiences of disability.

Generativity: Bodyselves Existing For Others

The generativity expressed by five men (Eric, Jack, John, Paul, & Bob) in relation to disability was predominantly an 'existing for others' (Frank, 1995). John and Jack displayed the most explicit manifestation of this expression of generativity. John throughout both interviews told of his desire to assist others. This is seen in his work with the stroke club and through a general 'call to arms' to reduce or eliminate the suffering of others. John used the interview context as a platform to espouse his social health agenda:

John: That's why I say that I believe they want to do the medical profession correctly. I would like to see everyone over the age of 55 given a tablet. Not half an aspirin but give 'em an aspirin-based tablet to thin their blood out and so that when they get to the age of 55 when the cholesterol's taken effect that they can control their viscosity of their blood and I'm sure we'd have less strokes and I'm sure we'd have less heart attacks. A simple tablet to lower the blood would do it.

John also highlighted his efforts for the stroke association, where he would 'like to get more people active':

John: [Tells me of the time he represented the stroke association] The year before we were interviewed on TV, the national TV in regards to stroke. Um why we were competing in the City to Surf because the Health Department tries to get people with disabilities ... and I just like to support them and I believe this is where I'd like to get more

people active in stroke because by being active I think they improve themselves.

These two men, as part of their desire to help others, offered some culture-tending through critique of the contemporary medical system. Jack offered an ‘everyday theory’ of what doctors need to do and additionally related this to the way men work things out. He linked his understanding of illness for older men to the inability of doctors to communicate effectively with their patients:

Jack: I pity anybody that’s got anything wrong with them that is slowly killing them because they’re getting treatment for that and, you know it’s on their mind all the time. I suppose a lot of poor buggers they, you know, put it out of their mind from time to time I suppose, they sum it up, you know.

AF: Mm.

Jack: You’re inclined to come to terms with these things and understand what it’s all about and you think to yourself well, I’m going to fight this or am I just gonna let it take its course and all this sort of thing and this is why it makes you annoyed with a lot of doctors. You go along, and I think that if they can give you some idea of what you got and how to live with it, because that’s the first thing, if you’ve got anything wrong with you that’s the first thing you want to do and that is to understand it so as then you can help yourself, or you can do something for it, and it’s a satisfying thing, it’s either whatsiname, right, if I do this, I’ll get over it or if I don’t do that I’ll get worse, so I must do this and I must do that. See when you **work, you work things out**, you know.

John also related a story of poor medical communication to make a point about what the medical profession needs to do. The control of medical information was inhibiting for John and became a focal point in his narrative. John actively sought information from his doctor about the nature of his stroke yet this information was

not forthcoming. He began by welcoming a recent change in the release of stroke information:

John: I'm very pleased to see what they did recently. Tommy Smith [famous horse trainer] had a stroke, death. That was a major stroke, one hundred percenter. Weary Dunlop [Australian war hero] had a stroke, hundred percenter, death. Rod Laver over in America had a stroke and at last they've admitted that there's a percentage. They said, "It's moderate," and that is great

John then linked this to how he was not told about his stroke:

John: because I couldn't get any (p) word of what I had, I just had a stroke.

Later John returned to tell me how he was not told the details about his stroke. Of particular note is the covert strategy he used to acquire the information so as to achieve an understanding of his condition. John contrasted this with the open way that knowledge was freely given to the student doctors:

John: You realise when I was in hospital that I said to the doctor, "What caused this?," and the doctor wouldn't answer me. So the next day I was in bed I was kidding I was asleep and I couldn't read, I couldn't do anything like that in hospital. I wasn't interested in TV so I was just laying there. Anyhow he swept into the room with his white dustcoat on and he was followed by about half a dozen students and he read my report. He considered I was asleep so I remained dumb. I remained asleep watching him out of the slit in me eye and listening to what he said and he read my report and the students were looking at me and looking around. And suddenly he turned around and he said, "This is Mr. C. We think a piece of cholesterol went round his brain."

These men responded to the catastrophe of stroke by working out satisfying body-selves. I understood the men's stories as a quest to repair the narrative wreckage of stroke.

‘Working It Out’: Remaking the Lifeworld After Stroke

‘Working it out’ is how I understood the experience of these older men living with disability. The men’s stroke narratives described how they remade their worlds (Scarry, 1985). Through narrative they described the ‘repair work’ undertaken, the quest, to overcome the adversity of stroke and constructed workable, satisfying self-identities.

I deliberately use ‘masculine’ language, not on a whim, but in keeping with the language used by the men themselves. In describing their experience of living with disability the men often used language drawn from the typical domain of men – work, machines, and sport. Three of the men talked explicitly about ‘working it out’:

Jack: See when you **work**, you **work** things **out**, you know.

Sam: It’s gradually **worked** back but it’ll never ever **work** away complete, there’s no doubts about that.

John: I’m gonna start doing exercise on the left leg now because there must be something hidden in that leg that I can’t see or I didn’t know so I’m gonna try and **work** that out.

Sport talk was used as a means for Eric to interpret the meaning of his disability experience. Eric referred to life as game or race on a number of occasions, for example:

Eric: I’m up and running virtually (p) and by virtue of the fact that I will play the game all the way along the line.

John often referred to recovery from stroke in competitive terms. He understood the rehabilitation process to be a testing ground. In this narrative John recounted how he passed his rehabilitation ‘test’. He used an evaluative statement to complete the narrative and summarise his point. John began with entrance talk directing me to note this as an important incident in understanding his rehabilitative experience:

John: Now I’ll give you another physical thing that I think was a great benefit to me in [rehabilitation hospital] I had a beautiful lady who was a rehabilitation [physiotherapist] and she took me through the

walking rails and then after the rails she said, “Look I think we’ll walk outside the rails.” [John then describes the physical location of the setting and notes there are towels hanging up] So anyhow the towels were there and this lady reached over and grabbed the towel and threw it in front of my feet. Now obviously right in front of where I was walking and she said, “Pick it up.” Well unfortunately I’ve been cheeky and I’ve been a manger all my life and I quickly responded by saying to her, “You threw it, pick it up,” but I realised I had to pick it up and that was a test and I believe that day she gave me two ticks in my report to pick up that towel. One for being cheeky and one for the towel (voice shaky) but these are what you go through all the time, you’re being tested all the time.

Jack used probably the quintessential male metaphor, the body as machine, in his account of his rehabilitating body.⁴⁵ Jack noted during his first walk in the hospital grounds with the physiotherapist that his walking:

Jack: Felt like driving a car with a brake on

Later Jack referred to his body in machine-like terms to describe what his walking was like:

Jack: Anyway I came home, I must tell you this part. [Describes how he was walking at the time] Anyway the next day I was ordered away. [Recounts what his wife told him] So anyway I set off, headed from our house, went down the street, turned and went up a bit of a hill, down that street and then across the road. [Describes the scenery] Anyway I sat there, and, you know, walking along like that I just felt like an old tractor, you know, you put him in low gear and he goes up hills and down hills and everything and that’s how I felt.

⁴⁵ The body as machine metaphor was also used by Fred to describe his ageing body as “seizing up ... [and requiring] grease nipples”.

Similarly, John used the metaphor of the brain as a computer to describe the damage associated with stroke:

John: I think with a stroke [it's] the same way. Your brain's been wiped clean, your computer disk has been wiped clean.

In the remainder of this chapter I will describe in detail how remaking the lifeworld is interpreted in terms of a quest to 'work it out'. The men in their narratives told how they reconstructed their lives in the wake of the wreckage of stroke.

Within the overarching meaning of 'working it out' the quest narratives of memoir, manifesto, and automythology (Frank, 1995) show how the lifeworld is remade after stroke. Running across these narratives are those themes that give the lives of these older men productive force: activity, continuity, generativity, and friendship. In the following section I highlight these elements as I describe the distinctive paths taken by the men in reworking their body-selves.

It is common for stroke to leave some residual disability such as a speech impairment, hemiplegia, or emotional lability. Most of the men described a relative state of 'normality' and comfort resulting from their quest, yet in other ways the journey is incomplete. Sam is still struggling with chaos, and Eric and Stan both seek to leave the nursing home behind and live at home.

Each of the discrete quest narrative forms is evident in the talk of the older men with disability. In some there is a mixture of quest narratives however, there is a dominant expression of one particular form. I will ground the presentation of these particular narrative storylines in the exemplars of Paul, John, and Eric.

Paul, a Memoir of Continuity

In the memoir quest the illness narrative is combined with other life events. The context of the interview became an occasion for Paul to recollect particular past events (Frank, 1995). Paul used the interview to tell the story of his stroke weaving in to this story other events that occurred in his life. Many of these life events have continuity across his life, and are used to construct a robust self-image that has adjusted well to the insult of stroke.

I began the interview by asking Paul to tell me briefly about his life. He gave a clue to the nature of his life by beginning with this abstract statement:

Paul: Oh it's a long story.

Paul proceeded to tell of his upbringing, education and early engineering work in the navy. He digressed, as pointed out, to introduce his musicality, a recurring narrative element that transcended his illness experience. This section went as follows:

Paul: I didn't have much of what they called a corporate life at university. I was (p) didn't terribly like that sort of thing in university but in the Navy with this bunch, really, as I say I had a ball, you know. I was able to play a piano. I could play it quite well but in a very limited way but I could play vamp, you know, and I could vamp in any key and any way, you know. So I never had to buy myself a beer.
(smiling)

AF: Right.

Paul: Anyway, to go back over, digress from my, I worked with [navy research organisation] in Glasgow until they were thinking of an outpost in Australia

AF: mm

Paul: and I was offered a job in Australia.

Other memoirs in this section of Paul's narrative included the move to Australia and an identity claim on his success as an engineer:

Paul: I was good at my job.

This preamble ended with a link by Paul to his stroke event and his departure into illness. Like other men Paul needed to tell me the story of the stroke event. Paul even highlighted the fact that he remembered it very well (even though it occurred some 16 years ago). To complete the narrative and return to the present Paul briefly summed up the rehabilitation phase of his stroke and where he is at now. Paul gave little space to his rehabilitation phase other than to note his right-sided hemiplegia,

with some improvement in his leg but none in the arm, and improvement in his speech:

Paul: I don't know if you want to hear the story of what I remember of the stroke, I just remember it very well.

AF: Yes.

Paul: I was coming home from work. We worked in [city] and we lived in [suburb], not this house but another house in [suburb]. [Describes what he did on the way home] and I went back home and was just changing my working clothes to, and (p) I had a sort of a dressing room at that time and I had to go from the bedroom to the dressing room and the whole thing seemed to be leaning one way, you know, and (p) I couldn't understand this but went into the dressing room and then I find I sat myself on the floor, up against the wall, which I couldn't get near any farther and passed out there. When I came to my wife was there and the next-door neighbour was there and the paramedics were there and so on, and I'd had the stroke. I was (p) put in the hospital.

AF: Mm.

Paul: Ah woke up the next day and I had more or less what I have just now, as far as the stroke went but they say all strokes are different

AF: yeah, yeah

Paul: and my stroke, I lost this (pointing to his right side)

AF: mm, mm

Paul: my right leg, below the knee, lost this part completely from the right arm (pointing to his right arm) and that's more or less what I, they did all the physical therapy and everything else but they never awoke anything there.

AF: How about your speech, was that involved?

Paul: My speech was worse than even [now], in fact I could barely speak when I first came to.

AF: Mm.

Paul: Um my speech improved fairly rapidly until it came to about what it is now.

From this point on Paul's story became one of initiation into the world of illness interspersed with recollection of other life events. Paul's 'road of trials' involved anxiety concerning financial resources after retrenchment, a medical problem where he 'bled in all directions', and the death of his first wife.

For Paul the need to 'work out' the reason for his stroke was also an issue:

Paul: No one had ever, could ever give a reason why I had a stroke because I had perfectly normal blood pressure. I was under no strain. I was loving life and all the rest of it and yet I'd had a stroke.

Paul began the repair work on his body-self through some degree of self re-invention linked with activities and resources continuous with his past. Paul explained this new existence and its personal roots in the following talk:

Paul: For some reason or other, in fact I haven't even kept up with engineering as much as what I might have. On the other hand (p) I got into my hobbies and so on and I got into singing with the [singing society]. Sang tenor with them and was good at, very good tenor at that time, I was their lead tenor.

Paul: I learnt to play the piano from one of my aunts and I have always had quite a good voice, even, I sang in school choirs and so on and I sing now. I didn't sing much in between, not in actual choirs and that sort of thing, from when I first married until I had the stroke and I had to find other things to do. So (p) as far as music goes I was in a family that fancied themselves as musicians.

Paul's re-marriage was a significant life event in his quest. The death of his first wife had precipitated something of an existential crisis. Later in the interview Paul theorised about this in combination with his re-marriage and worked out an understanding that he now wants more of the 'good life':

Paul: Being disabled, it didn't really affect me until my wife died, when my wife died. (p) I thought that I would in due course die as well and I wouldn't be terribly worried when it happened. Whereas before that it had, I had thought of death as being something way in the distance but once she died I thought one thing [is] I'm not going to fear death anymore (p) but was going to go on living like I had already....

Paul: I suppose (p) that at the time my wife died and I suddenly realised that well death is coming to me too, soon and I don't care particularly when it comes and I will just go on living as it is at present and then of course I got married again and well, death holds no terrors for me nowadays. I still don't want to die very quickly so I can get more of the kind of life I'm getting just now.

Further in his 'return to normality' Paul once again theorised about his overall experience to outline how he, despite being marked by his disability, has worked to overcome any limitations. Paul, through habitual narrative, used the example of when he goes to a restaurant to make this point. In memoir style Paul linked this account of the impact of disability to his lifelong activity of building tram cars:

Paul: Well in some ways it's very bad in that I used to be able to walk and run you know, quite a bit whereas now I cannot run at all, even walking I reckon my walks average about 2.5 miles an hour which doesn't seem very good, cause I previously could walk at 5 miles an hour. [tells about his different stride lengths] But on the other hand it doesn't affect me very much at all. In fact I rather forget about it nearly all the time. For example, I go to a restaurant and I order steak and then he puts down a steak, how am I going to eat this? (laughing)

AF: (laughing)

Paul: So I have to approach someone, “Could you help me?” I must admit that people are very kind, certainly, you know, but well I’d forgotten I didn’t have a second hand.

AF: Is that something that changed, this forgetting about the disability, is that something that’s happened over time?

Paul: No, it happened all the time, it happened when I first emerged from the physiotherapy and so on and I still don’t remember I can’t really do that. I can’t remember that I have only one hand, my left hand as well, cause I used to be right handed but apart from that it (p) doesn’t, if I re-look the thing it takes me far longer to do things than it would have taken if I’d been a whole body but I don’t notice that particularly.

AF: Mm, mm.

Paul: I do most of the things I used to do (p) for example, one of my hobbies is I model tram cars.

AF: Right.

Paul: (p) Not trains, tram cars and you can see my models outside, out there, you know, and I have one particular model which I started building just before I had the stroke and finished building afterwards and I don’t try and do it up nowadays because it is the thing that was actually partly before and partly after the stroke.

Other productive elements of Paul’s narrative essential in his ‘working out’ of a satisfying body-self are his activity, generativity, and friendship. He told me that he sings in a group that performs at nursing homes, writes music, builds trams, and has ‘new’ and ‘old’ friends. His tram room, a version of the ‘shed’, is a site for his generative activities. Paul recounted an event that highlighted the significance of the tram room. In response to my follow-up question he used vocal emphasis to make the point that it was his own personal space before linking it to the activities that happen there:

Paul: Out there is my tram room.

AF: Mm.

Paul: Now I have (p) lived under the supervision of two wives and I've done everything that I was told to do but my present wife cleaned out the tram room. I must have been somewhere where I was going to, I wonder what it was but she cleaned out the tram room while I was away. I came back and she had lost, she had thrown out various things and I went on about this like and she actually, the dustbin hadn't been put out there so we (AF laughing) spread the thing out and OH WHAT, and since then she hasn't done anything in the tram room at all. So, and (P).

AF: So it sounds like it's important to you?

Paul: Well I never thought of it as being important to me but it's certainly, it's a room in the house which is MINE sort of thing, and (P) it not only has a tram but it also has a keyboard in it and another computer that I write music on.

Whilst Paul has 'worked out' a comfortable body-self, he is still marked by the stroke. In the last part of the second interview he did talk about the limitations of his disability. He used the story of how he was rejected by the First Fleet Re-enactment project to contextualise the physical limitations of his stroke:

Paul: Sometimes I used to think that because I have various fixed ideas about things and I thought that I should leave a thing behind of some of the ideas I have are good and so on But I'm afraid that I'm not going to manage to do that so

AF: mm

Paul: it's a pity.

AF: Mm, so there's sort of a regret about that?

Paul: Yes a little bit, and of course some of the things which I also wanted to do are things which are physical. One of things I tried to do was to go with the First Fleet Re-enactment from Britain coming out to

Australia but of course this happened after I'd had the stroke and I appealed to them to let me come anyway but no they wouldn't have me but that is something I would have liked to have done.

During the interview there were times when we 'worked out' an understanding of the nature of disability. In this example Paul used hypothetical narrative to make his point:

Paul: Sometimes I feel that people do find me a bit, not exactly distasteful but more, (P) [I] don't know (P) you see I don't feel this thing [leg caliper] at all or not very much as I said. But another person might see me and say, "Oh that man's crippled, well I'm going to be very, very nice to him," and so on, "I'm really not quite, I just, I don't treat him like I would treat an ordinary man," but I'm only surmising this because in fact people always treat me well, you know.

AF: Mm.

Paul: (p)

AF: Although I think there are some people who do have attitudes to physical disability, some people I suppose become uncomfortable.

Paul: Well that's what I feel, people would become uncomfortable.

The return from illness is also interpreted as a quest that involves others. This is exemplified in John's quest of social action.

John and His Manifesto

In his 'working out' John learned a 'truth' about the illness and disability experience that others must hear. It is his responsibility to turn his suffering into action and move others forward with him (Frank, 1995). Throughout both interviews John outlined his manifesto for social health change. I was not the first to hear this and undoubtedly will not be the last. This form of quest enabled John to rebuild his lifeworld through a combination of individual and collective action. Through his

manifesto John constructed an image of a productive body-self existing for those around him.

In the first interview John began his life story with his stroke and immediately linked this to a critique of medicine. John established this as the narrative ground upon which his experiences were to be heard:

- 4 *AF*: First of all I'd like to start
5 by just asking you
6 to briefly tell me about your life.
7 *John*: I was 61 and $\frac{3}{4}$ years of age
8 when I had the stroke
9 *AF*: mm
10 *John*: I did have a TIA,
11 a warning three weeks before
12 but unfortunately it wasn't picked up
13 by the medical profession
14 and so I carried on.
15 I felt great in those three weeks
16 and then I was hit
17 by this moderate stroke.

John, in manifesto style, gave considerable narrative space to his initiation into the illness world and his 'road of trials' – others must learn from his experiences of stroke. A point that John himself made:

John: But oh no, look I can talk for hours on this subject.

There were a number of foci in John's 'road of trials' including: forcible retirement, unmaking of the adult world, and the distress associated with emotional lability. In his habitual account of his retirement experience John conveyed an undercurrent of social critique - the attitudes of employers to people with disability:

John: I was forcibly retired because once you had a stroke no wants to know you, you are abandoned. [Describes how he was retrenched and his efforts to get a job] I always had to tell them that I had a stroke [and] unfortunately as soon as you said that the book closed, that was the end of the story, no one would employ you.

The following section of narrative exemplifies John's 'road of trials' and the lived chaos of his stroke experience. John's loss of control of his emotions was a significant 'trial' for him. He used simple narrative to convey the meaning of his emotional lability. In typical style John linked into this experience another 'swipe' at the medical profession:

John: A lot of people get emotions in their stroke. I got it and I suppose if I was to say what's the worst thing that happened to me it was the emotions were the biggest damage. Balance I've sort of overcome, walking I've overcome, I've got all them back again but emotions, they said to me even as late as a physiotherapist said to me, "That'll cure in time." It NEVER cures in time.

AF: Mm.

John: Since I've had the stroke I've had two children married, a boy (P) (voice shaky) which I cried (p) right through the service. (starts to chew a piece of gum) The daughter when she got married I had to see the doctor and he gave me tablets which drugged me for four days and I got to the service I walked down the isle (P) but I did not make a speech at the wedding (voice shaky), that annoyed me because throughout our life, I've got a good daughter (P) (voice shaky and face screwed up ready to cry) throughout our life we've been catty to each other which has been beaut.

AF: Yep.

John: (p) And I always said to her that one day she'll get married and her father speaks. (voice shaky)

AF: Yep. (laughing)

John: (p) So I lost it (p) but that is the thing that has affected me the emotions.

AF: Yeah, yeah.

John: (P) Yes it's been pretty bad.

Sexuality is another aspect of John's illness experience that was turned into manifesto form. Through the use of similar statements, "as matter of fact ... I mean," John linked together three stories of his changed sexuality. He also used the contrast of, firstly naked women, and then his own nakedness to illustrate the impact of his stroke on his sexuality. In the third narrative John broadened his understanding of sexuality to introduce another critique of the medical system – how it strips away individuality:

AF: One thing that I was interested in talking about was the effects of growing old and the stroke on your sexuality as a man and your sexual relations.

John: IT'S GONE.

AF: Gone?

John: It's gone, completely gone, any sexuality's gone. As a matter of fact, just prior to you coming in there today they asked us to go to this seminar over at [rehabilitation centre] and we went last year to this lecture and well this year they're talking of the sexuality and I just can't believe that it's talking about stroke victims with sexuality because there is none, it's GONE, completely disappeared (p).

AF: Mmm.

John: I mean as a matter of fact I had the pleasure a couple of years ago of lecturing the people up at Day Centre. They have a club up there or several clubs and they asked would I talk on stroke. I said, "Yes, I'd love to talk on stroke." So I went up there and I talked on stroke and I told the people there, all these 120 people I said, "Look," I said, "As far as sexuality is concerned," I said, "Half you women could come

here naked and I couldn't do a thing," I said, "You could even be half naked in a lift," and I said, "You'd be naked in a lift and I could do nothing."

AF: Mm.

John: And I mean modesty is a big thing. You soon learn, you lose modesty very quickly. I can remember I was always modest but when I went to the hospital and I had to prove that I could shower myself over at the hospital before I went to the rehabilitation hospital. (p) I had four women stand in the shower and watching me shower and the occupational therapist, the physiotherapist, the nurse representing the ward and then the young nurse come in the room and said, "Mr. C your ambulance is here to take you to the rehabilitation hospital. Is he ready to go?" The other girl said, "Yes, he's ready to go." So I was naked and the four were dressed, (p) that's true.

Generativity is another key element in John's story. The manifesto of social change is championed largely in John's voluntary work at a stroke club. Here he is able to be creative and productive, hoping to make a difference in the lives of other people with stroke by moving them forward with him. In both the interviews significant space was taken up with this aspect of his manifesto.

John has a typical form of the shed and it is consequential in his journey. The activity associated with the shed was crucial for John in his return from the catastrophe of stroke. John grounded this in the story of how he used his tools for the first time after his stroke. He began an extended abstract that included his background as an electrician and a critique of how some people, presumably health professionals and other 'do gooders', restrain people recovering from stroke:

AF: The work shed at home or the garage at home is fairly significant in men's lives, could you talk a bit about your garage or your

[

John: Yeah it is very significant and it's very important. You see as a, when I did me apprenticeship in the electrical trade I was practical, and I did

everything practical. [Describes his practical work as an electrician] But I was always a practical man and of course when I come home, my workshop is underneath the house the garage, laundry and outside toilet and rumpus room was all under the house and to get there was quite a feat, gettin' downstairs and walking around and, you know, they told me I couldn't do it when I come home. There was a lot of negativity in what people told me I could do and what I couldn't do and if you get rid of that negativity and work positively and say you can do it and you do it, anyhow this day I got into me workshop and I don't mind admitting it was very emotional because my emotions are gone and sitting on the bench was a pair of pliers and I (p) picked up the pliers and cried

AF: yeah

John because I never thought I'd ever do it AGAIN. I thought that life had gone but from then on I did little bits of things.

During the first interview John spent so much time on his 'soapbox' I felt the need to uncover more of his individuality and attempted to explore his personal motivations. Only later did I come to understand the meanings driving his narrative practice, which are his manifesto and his existence for others. In response to my question, John immediately relates sociability, not to himself but to others in the stroke club. To finish he returned to his point about sociability using the collective 'we' to further indicate his being-in-the-world for others:

AF: I'm interested, what do you yourself get out of going to the stroke club?

John: One has to realise that coming to a stroke club you've got a bit of sociability. Now today there is a lot of people, they want to see things and being affected by stroke they can't get out like they can. Now there's one lady in the stroke club, She can only get out by virtue of a taxi. Ok she's subsidised thankfully by the governments to get a half fare in a taxi but she's limited in what she can do but all other people are the same.

AF: Mm.

John: I mean one guy's paid a lot of money and bought himself one of the mobile little scooters which he can get round to his local shops but he can't get out to big shops unless somebody takes him. So he can't get out to restaurants and have a normal social life.

AF: Mm.

John: So it is pretty valuable that we get out and do a little bit of sociability.

The scope of John's manifesto was wide ranging and included; the medical profession, the health system, the workplace, the job market, carer behaviours, other stroke 'victims', transport issues, the nature of the path to recovery, and the media. John's response to disability embodies the constructive way these older men approach the catastrophe of stroke. I leave John's story most appropriately by giving him the 'last word':

John: I believe if I had charge of health I would make every physiotherapy room have the word 'try' written all over it so everywhere they looked 'try', 'try', 'try', and half these people won't try. I've seen people, even at tests these people, even at tests they do it just to (p) "I've got to do it, I'll do it," but they haven't tried in between, they haven't practiced. They're not doing it honestly, they're not doing it properly, they think they're smart by not doing it. If they try more I'm sure they could improve the quality of life.

AF: Yep.

John: Look I'm phobia on it.

However the catastrophe of stroke can undermine all efforts to regain one's former body-self integrity. In such a situation other narrative work is required to remake the lifeworld and create a workable body-self. This is seen in Eric's quest to remake his lifeworld.

Eric, Goodbye to Mr. S.

When restitution did not occur for Eric (72) an alternative body-self was needed. In the interviews he claimed a self that had arisen from the narrative wreckage of his stroke-ravaged body (Frank, 1995). In the first interview Eric told me:

Eric: I've educated the staff now because (p) I lost, they said, "Mr. S this and Mr. S that," I said, "Do me a favour, just drop the Mr. S, it's Eric," and I said, "I prefer to be called that." Mr. S disappeared the day I sold my business.

AF: Sold your?

Eric: Business.

AF: Oh right, yeah.

Eric: That's when Mr. S ceased to exist, Eric was still there but Mr. S ceased to exist and that's a few years ago (laughing).

In the second interview Eric said virtually the same thing:

Eric: The (p) staff here, (p) well we came to an understanding, just after I arrived and I said to each and every one of the staff that my name was Eric and I wished to be called that.

AF: Mm.

Eric: Mr. S was dispensed with the day, moment I sold my business so I answer to and enjoy Eric (LAUGHING).

Initially I was perplexed with the meaning of this text. Later, armed with the preunderstanding of the automythology quest, I again encountered the text and an understanding emerged, that is, Eric's imperative of self re-invention. He asked to be known as Eric rather than "Mr. S." Mr. S was the pre-stroke, working Eric, a body-self he could not return to, a former self that has been dispensed with. Eric used the past tense in the removal of Mr. S. This was in contrast to the use of the present tense for 'Eric', the self he enjoys. Throughout the interviews Eric minimised the impact of his strokes and this related to his self re-invention.

Eric experienced another blow to his body-self when, on the occasion of his birthday, his beloved garage and workshop collapsed. In both interviews Eric told me of this incident. In the first interview I asked Eric about the effect of living after stroke:

AF: Could you tell me a bit more about living after a stroke? Particularly from a man's point of view if you can?

Eric: Well I had 12 months, on February the 4th 1997, my garage and workshop at home, completely collapse, completely collapsed. Edith [wife] got up on the morning, it was my birthday.

AF: Ok.

Eric: She got out that they were coming to pick me up and take me out for the day you know, other members of the family as well and anyway as she went to get the paper and the milk in to at home, she saw the whole roof had caved in and bang went the lot.

AF: Gee.

Eric: (p) It hurt me because I'd had so much pleasure with that workshop

AF: mm

Eric: you know. I've built my own speedboat in the garage [Describes other projects he accomplished in his workshop] So, you know, that workshop turned out a lot of hings for me and that's the sort of thing I miss now.

In the second interview Eric used the metaphor of his body as a building to describe the effect of his second stroke. There is linkage of the workshop and his body as the collapse occurred on his birthday, a point mentioned in both tellings of this event. Eric spoke proudly of his workshop creations and the pleasure he experienced from this work. Eric was hurt by this loss and missed not being able to go back to his workshop. Just as the workshop was no longer a productive site, likewise his body-self productivity was threatened and the need for Eric to reinvent his body-self. The workshop is symbolic of his body, a body that has crashed and collapsed after the stroke – a point highlighted in his use of vocal emphasis:

Eric: Well the last stroke was a massive one

AF: mm

Eric: and that shook me, shook the foundations a bit [Tells me of his activity in the nursing home and then links this to his home visits] Yes I go out home for the day every Sunday (p) and we've had no problems there. The only problem at home was, I came in here on the 17th September, '96 and on the 4th February '97 which was my birthday, my garage and workshop CRASHED down.

AF: Yeah you mentioned that last time.

Eric: And that's the only (p) thing that shook the foundations about a bit.

Eric recovered well enough from his first stroke to return home and no doubt continue some activity in his workshop. Eric did not describe the initial stroke event in any detail. He offered this brief simple narrative:

Eric: I was self-employed until (p) I was coming home from the [post office] one afternoon and going along I headed straight to the bus stop, I hit the deck, one stroke.

AF: Right.

Eric: So they said to me, "Where, what hospital?" I said, "[district hospital]." So that's where I finished up.

Eric's past body-self was gone and his narrative focused on how he created the new Eric. Consequently, much more talk was given to the telling of his rehabilitation conflicts and how he 'rose from the ashes' (Frank, 1995). This is in keeping with the purpose of his 'working it out', that is, to reconstruct his body-self. This became the central element in his storytelling. Throughout both interviews Eric linked in his activity and bodywork to the telling of his quest. For example, in between the sections on the 'shaking of his foundations' Eric claimed a 'new' active self, a body-self that can manage:

Eric: That shook me, shook the foundations a bit but I've got that now, well the (p) staff here know they can let me go anywhere I like and have no worries. I do the long flight there [pointing to the outside], the outside stairs, no trouble.

The second stroke, the rehabilitation doctor, and the workshop disaster all denied Eric the chance to return to his former life. Eric was assessed by the rehabilitation doctor as unsuitable to go home and he was subsequently moved to a nursing home. Eric disputed his and the other 'experts' (presumably paramedical staff) assessment of his rehabilitation potential. Rather, Eric associated himself with the view of the doctor who managed him after his first stroke, where he did make a successful recovery. He told me how he proved them wrong:

Eric: Two years ago I had a massive stroke, that was a second stroke and that was at home and straight to the hospital and I was transferred to [rehabilitation hospital] I think is it?

AF: Mm, yeah.

Eric: And (p) I spent a month there and Dr. Smith [rehabilitation specialist], who I didn't see eye to eye with, (smiling) up there anyhow. He said, "Down here" [nursing home] (p) and the experts up there said I had (unclear), that I would never walk again but that Dr Jones who looked after me at the first stroke, she said, "Don't do that Smith, if you are a betting man you have just done your money because I will back Eric right from the word go," and I walked out from out there, up to here and I've never stopped walking since.

AF: Mm, mm, okay.

Eric: (smiling) But I enjoy here (p) but the staff here and I get on together really well, we haven't had a scrap at any stage (laughing)

AF: ok

Eric: and the matron and I hit it off very well and I've got no complaints at all.

Eric's imperative to regain and maintain his mobility was his pathway to achieve self re-invention. Achieving mobility created the potential and desire for the 'new' Eric to be able to return home. This bodywork is important for Eric in his 'working out' of the possibilities for his new body-self. Through the use of hypothetical narrative Eric told me of his envisioned potentiality, a body-self that can do men's work, mowing the lawn, and a sharing of his life again with his wife:

Eric: I would still say to you if I was at home again, you know, like if I could get dispensation to be home again, I would be doing my own, mowing my own lawns and looking, living with my better half.

Like other men living with disability, Eric's response is very much a quest-in-progress. The 'working out' of his new self, for Eric, is to be further realised and provides impetus for his body project. Even when conceived as a minus, my turn of phrase in keeping with Eric's use of 'pluses', Eric attached a potentiality to his living in the nursing home.

AF: Are there any minuses?

Eric: I would love to, dearly to be home permanently, but that ah (p) I think with determination that's not past (p) any feeling about making it.

Even though there is a focus on his 'body working out' with control and activity, Eric framed his experience in relation to others at the stroke club as well as with a life-long mate who visits him regularly in the nursing home. There is again the minimisation of his disability through the contrast of himself with 'unfortunate others'. Social contact and mateship allowed Eric the chance for generative action. In the following section Eric described how he helps others:

AF: It sounds like you enjoy the stroke club?

Eric: Yeah because it gives me a lot of pleasure to do what I can to help others who are nowhere near as fortunate as I am. I feel that's a reasonable aim.

Later on in the second interview Eric used ‘sport talk’ to complete his disability narrative. His trotting background influenced, in part, his choice of sport analogy; in this case Eric noted, “You’re on a winner all the way.” Eric linked another life illness experience (burst arteries) in combination with the positive talk of other reference points (the nursing sisters and his wife) to claim a satisfied and managing self-identity. He completed the narrative with another sporting analogy and a claim about his future self. This talk affirmed Eric’s body-self as one that has overcome adversity and further grounded his quest in potentiality:

Eric: We’ve not lost any ground at all (p) because you look at yourself and say when you’ve got so much to be grateful for you’re on a winner all the way.

AF: Yeah, yeah. Is there anything else that you think is important for me to know about in terms of having lived through the stroke?

Eric: (p) (the other resident in the room coughing) Yeah well see, before the stroke was a burst duodenal ulcer and two burst arteries and unfortunately it said, ‘Welcome aboard to diabetes’,

AF: mm

Eric: but see the sisters will tell you here that I’m the most stable diabetic in this place and the sister on Monday said, “Let’s have a look at your blood pressure,” I said, “Ok, well,” (p) I said “Do the measurement and tell me what it is,” she said, “Yes.” She said, “130 over 70,” she said, “That’s A-one.” She said, “That’s, the best you can ever hope to get is 160, no 120 over 60,” and she said, “I’ve yet to meet the person here that can come up with that.” She said, “You’ve got nothing to worry about in any shape or form.”

AF: Mm, mm.

Eric: (p) So with that and the control of the diabetes I’m up and running virtually. (p) So what more can you ask for?

AF: Yeah.

Eric: (p) And by virtue of the fact that I will play the game all the way along the line.

AF: Yeah.

Eric: From their point of view and Edith's [wife] point of view I have no reason to think that I would still not enjoy a fruitful life.

Whilst I have used Paul, John, and Eric to exemplify how these men 'worked out' themselves in the face of catastrophic illness; other men in the sample revealed a similar picture. I will briefly describe elements of their 'working it out' to complete the experience of older men remaking their lifeworld after stroke.

The Experiences of Jack, Bob, Sam, and Stan

Jack has already appeared above providing significant insight into the illness and disability experience with his theorising about how men work things out and the resolution of the chaos of stroke. In brief, Jack's illness narrative is understood primarily as memoir with overtones of manifesto. The manifesto Jack advanced is gentler than John's yet in a singular way is just as insistent. Jack does not aim to change the whole world yet his understanding of what the "poor buggers" need is instructive for understanding men's response to disability. This manifesto, like John's, shows Jack's generative concerns, a generativity that is a fundamental element in the experiences-as-told.

Another of the men, Bob (75), structured his illness narrative along memoir lines with frequent and often extensive embellishment with other life events.⁴⁶ In one of many examples, Bob used the present day problem of his reduced mobility to tell a memoir. Bob's visual disability resulted in him surrendering his driver's licence. For Bob, the loss of his licence restricted his mobility. For this cohort of men driving a car is symbolic of manhood and its loss requires substantial lifestyle adjustment. A number of the other men also interpreted the loss of driving as significant in their

⁴⁶ A point Frank notes with "memories of the past life interrupt[ing] the present illness" (1995, p. 120).

disability experience. In memoir style Bob linked this to a past life event, how he got his driver's licence:

AF: So Bob is there anything that you could tell me about growing old, being an older man or living with the disability that you have?

[

Bob: Not (p) not really I (P) nothing that I can particularly think of that (p) it's well there are all sorts of irritating things. There is, amongst other things IS MY LACK OF MOBILITY that gets me

AF: mmm

Bob: see, because of my eyesight I had to surrender my licence. Well I've driven a car all my life. Ever since, I think I got my, I had measles when I was 17 and I took advantage of having measles and some time off work to get my licence. I know the constable nearly had a fit when he said, "Why aren't you at work?," and I said, "I got measles." (laughing) Needless to say he gave me my licence. In those days the local police station used to issue the licence.

I have, above, presented Sam in terms of his enduring illness chaos and this foreground of chaos disrupted his disability narrative. On three occasions Sam requested that the recording be stopped and he seemed ill at ease throughout the interview. Sam's illness narrative also showed a memoir storyline. His most extensive narratives recounted past life events, those that he remembers with clarity. This is exemplified in the following account of the impact of Sam's disability.

At times, for example in this account, Sam's dialogue was disjointed and revealed the underlying mental confusion that affects him during conversation. Sam linked the impact of his disability, which for him is the inability to work, to his past work, something he enjoyed:

Sam: I just, the thing that I miss is being able to go to WORK more than anything else. I know, I've been told straight out that I, by my doctor too, who's, that I must NOT do anything with a struggle, that's ah, that's gone. (p) Ah (p) after parts of my life, when I came over to New

South Wales, I went working for a firm. [Describes his work as a travelling salesman] And that was my job and travelling through 1500, 1600 mile a week, I don't know whether it drove me silly or not but it did, I enjoyed it.

The last of the older men with disability to present is Stan whose illness narrative for the most part did not come from him but was co-produced with his wife Betty. A major disability for Stan is the loss of coherent speech. The excerpt below highlights this and displays the interpretive work done by Betty to co-produce his (their) illness narrative. I asked Stan to talk about his experience of living with disability and he replied:

Stan: (unintelligible speech)

Betty: It's very difficult

[

Stan: (unintelligible speech)

Betty: I don't think he'd ever adjust to (p) that situation, really. I don't really think he would but he's got a tremendous will.

[

Stan: Yes.

Betty: And he's a good trier and a lot of people prayed for him.

[

Stan: (unintelligible speech)

[

Betty: Yes you are and this is, I believe, why he is where he is.

AF: Mm, you're a fighter.

Stan: (unintelligible speech)

[

Betty: He tries, he tries.

[

Stan: (unintelligible speech).

Stan, when asked to talk briefly about his life, began with his war experience, an aspect that Betty noted and elaborated on. Another element of Stan's past life that he and Betty dwelled upon was his work as a mechanic and both of these were noteworthy memoirs. Betty gave this narrative significance through identity claims on behalf of Stan that portrayed his life as valuable and productive:

13 *AF:* Well Stan I'd like you to

14 start if you could by just filling in me

15 with an overview of your life.

16 *Stan:* (unintelligible speech)

17 *Betty:* (to Stan) Are you talking about your navy days? Are you?

18 *Stan:* Yes. (followed by unintelligible speech)

19 *Betty:* He reached the rank of able seaman

20 *AF:* mm

21 *Betty:* and he has five medals.

22 *AF:* Wow.

23 *Betty:* I didn't think to bring them,

24 didn't think to bring them.

25 He's got five medals

26 and the last one

27 [

28 *Stan:* (unintelligible speech)

29 *Betty:* he received in 1996

30 was the Philippine Liberation Medal.

31 (P) But he loved his navy days.

Later in the interview Betty described her husband's significant life:

Betty: There wasn't a thing he couldn't do as far as mechanics is concerned and if he couldn't buy a part and put in the car he'd invent it, he'd make it himself, you know, and he was always a very good, VERY GOOD ALLROUNDER.

The impact of Stan's disability, particularly in terms of a loss of productivity and creativity, was realised in a poignant way when I visited Stan and Betty at home. I asked to see Stan's garage workshop and in my field notes I recorded:

5/11/98 1330 hours: After the 'cuppa' we went down to the garage to see Stan's tools. He had quite a collection although the garage was tidy as opposed to what it had been like before Stan had his stroke. Stan doesn't come down to the garage much nowadays according to Betty. Stan kept looking and touching his tools, exclaiming, "Oh dear," and he almost began to cry. It seemed that the memories of lost activity upset him.

Through hermeneutic reflection, and dialectical engagement with older men concerning the embodied experience of disability, a horizon of understanding emerged. Thus, 'working it out' is interpreted as the way in which older men repaired the narrative wreckage of stroke.

Discussion of Responses to Disability

For these men living with disability is about working out the limitations of their stroke. It is also about living with what you've got and getting on with life. Their stories disclose an attitude of participation, getting on with it, and 'playing the game of life' so to speak. The game analogy indicates that participation in life, particularly for the men with disability, is also about competition, challenge, fighting for survival, winning on the 'tests of life'.

This also shows the influence of hegemonic masculinity through the ideals of physical ability, independence and self-reliance and the dominance of doing rather than being, activity rather than passivity. More generally, to these men, life is movement, and is still a journey of discovery and learning. Life is about seeking out variety and about being able to live in the now. These men with disability believe that they can still make a contribution, share interests, and essentially live a normal life. There is still much to do for these men.

Older men seek to understand and work out lifeworlds that are disrupted by stroke. The experience of disability for these older men shows how the unmade and dismantled world of stroke is interpreted and remade: a response shown by the understanding of ‘working it out’. It adds another dimension to the strong face of ageing as these older men demonstrate potentiality in the face of significant disability. Understanding being-in-the-world with disability in this way extends the available meanings of illness. Furthermore, exploring the illness experience enables us to understand more about the human condition. As Kleinman suggests, “illness has meaning: and to understand how it obtains meaning is to understand something fundamental about illness, about care, and perhaps about life generally” (1988, p. xiv).

In the next and final chapter I discuss the findings in relation to the aims of the study and other understandings of ageing and disability. These findings extend and increase our understanding of the lifeworlds of older men living with or without disability.

CHAPTER SEVEN

SUMMARY AND CONCLUSIONS

Older men have been neglected in ageing and disability research. In particular, embodied understandings of living as older men with or without major disability are limited. The claims made about older men relate primarily to their relative invisibility and their health problems. In this study I set out to explore older men's lived experiences of ageing and disability. To do this I addressed these questions: how do older men interpret their own being-in-this-world? How do older men respond to change associated with bodily ageing? How do older men interpret their changing sexuality? What are the relationship patterns of older men? How do older men respond to bodily change and loss associated with stroke?

I developed understandings of older men's lives through the application of an interpretive research design underpinned by philosophical hermeneutics. The choice of philosophical hermeneutics to guide the study acknowledges the fundamental interpretive mode of our being-in-the-world. In my encounters with the data I identified common themes and overarching narratives revealing older men's lives that are active, contributive, and overwhelmingly positive: a strong face of ageing.

In this chapter I summarise the findings of the study and place them in context with other horizons of understanding. I then outline perceived limitations of the study and suggest some possible implications of the study. Implications for policy, practice, and further research are discussed so that others may build upon this work. I conclude the thesis with remarks concerning the overall significance of this study and its findings.

Counternarratives of Ageing

The contemporary 'somatic society' of today favours youthfulness and casts a shadow of contempt over ageing bodies (Turner, 1995). Against a backdrop of socially embedded negativity these older men constructed lives of adjustment, continuity, and growth. The ageless self emerged as a narrative choice by these men to account for a sense of self incongruent with the public weak face of ageing. Their

ageing identities become indistinguishable from their everydayness until some breach or opposition forces an awareness of their own ageing. In these circumstances ageing is foregrounded and interpreted in context.

The perception of an ageless self can be extended to the activity of preserving the self. While Charmaz (1995) described “preserving self” in relation to chronic illness and in terms “of a self known and valued in the past” (p. 278), my findings have implications for the self in old age. In other words with such a negative perception of old age and in the face of a hostile social world, preserving a not old or ageless self becomes paramount such that the sense of self that is identified is one that is not old. That is, preserving the sense of one’s self is inextricably linked to realising an ageless self.

Furthermore, the older men did not necessarily use the dominant public narrative of the weak face of ageing (Somers & Gibson, 1994). Other narrative identities were constructed that reflect activity and participation, the strong face of ageing. These were identities worked out by the men using available resources and within the relational contexts of their lives and the interview setting (Gubrium, 1993; Gubrium & Holstein, 1995, 1998; Riggs & Turner, 1997; Somers & Gibson, 1994). Certainly dominant cultural narratives do have some bearing on the construction of identity (Gubrium & Holstein, 1994). Historicity is, of course, at work (Gadamer, 1979; Somers & Gibson). However, local relational identities are also generated (Gubrium & Holstein, 1995) and in these older men predominate. The narrative identities portrayed here do not fit the contemporary cultural norm of old age or even disability for that matter.

Peter, for example, offered a critique of the public narrative on retirement and suggested the sudden withdrawal from active social participation and work is fundamentally problematic for older men. The contemporary ‘early retirement movement’ and its mantra of leisure and pleasure are not necessarily the key to ‘successful retirement’ and consequently later life.⁴⁷ The older men in this study in

⁴⁷ Powell (1998) also argues that retirement is overrated in his monograph, *Nine Myths of Aging: Maximizing the Quality of Later Life*.

their generative fashion disclosed alternative narrative paths leading to life satisfaction that were not constructed purely on ‘leisure and pleasure’.

At the same time I do not argue, as the healthy ageing evangelists do, that with the ‘right attitude’ the weak face of ageing can be replaced through the power of the mind. Those on this bandwagon have essentially adopted another blinkered approach to ageing and as well do not do justice to the actualities of ageing (Russell, 1997; Scheidt et al., 1999). The challenges of ageing and disability, as I have shown, are tackled head on and worked out by older men.

Now, to be sure, what older men work out is not all ‘wine and roses’ and, at times, the lives as told to me indicated less than desirable outcomes to some of the men. Yet this group of older men produced accounts of their everyday struggles and victories, successes and losses that depict them not as insignificant, invisible and irrelevant. Rather, their experience of ageing and disability, experience that is revealed in their own words and narrativity, reflects vitality and creativity, adjustment and growth.

This is exactly the point Becker (1994, p. 71) makes, “they [older people] reflect the fluidity of the embodied self in old age, as individuals simultaneously experience multiple realities of inner strength, strong identities, and physical incapacities.” A recent re-reading of Australian survey data between 1981 and 1997 supports this interpretation with the comment that “there is much credible evidence of genuine satisfaction (not mere resignation) in senior years” (Headley, 1999, p. 36). Furthermore, these older men are “not just ending their stories, they are producing new chapters as well” (Nouri & Helterline, 1998, p. 40). Thus, working out lives that are contributive, notable and germane to the cultural project of mankind.

The overarching themes of activity, generativity and friendship combine to indicate a contributive and participatory approach to life in old age. The culture-tending activity evident in the interviews highlights the mediating circumstances of the interview context (Gubrium & Holstein, 1995; Gutmann, 1987; Kotre, 1984). Culture-tending in the dialectical engagement of the interviews became another generative opportunity that many of the participants vigorously embraced. Given that it is a hostile social world for older people, where they are made strange and where the opportunities for their voices to be heard are limited, I provided a rare opportunity for this to happen (de Beauvoir, 1972; Gutmann, 1987).

The relationship of generativity to guiding and contributing to the next generation is evident, however creativity, productivity, and friendship substitute for and supplant this parenting role. The 'shed' in its diverse forms is more than a work area. It is a symbolic extension of the men themselves that enables them to contribute through continuity, productivity and creativity. Generativity may well be part of the desire of the men who are disabled to get back on their feet so that they can continue to contribute. Even at very old ages there is still much instrumental action and achievement.

The diversity and contemporaneous nature of the shed activity in later life signifies creativity and potentiality in older men. The embracing of computers as a generative and leisure tool by these older men belies the old adage that 'you cannot teach an old dog new tricks'. Therefore, activity associated with 'the shed' will enable the older men to meet their generative concerns in ways that presumably are only limited by access to resources.

Within the limited research that includes older men there are findings that echo the understandings developed in my study. An older man that Roland Blythe interviewed also spoke of a zest for life in old age, "I am seventy-nine and would like to go on. It is still good to be alive, and I appreciate it every day. I am still curious about life and I want to know how things will work out" (1981, p. 263). In the recent work of Koch and her associates (1999), the following dialogue from two older men mirrors the fundamental nature of the experience of ageing I interpreted. The first older man outlined his approach to later life in active, ageless and vital tones:

Coping with being older comes back to keeping your mind active and not losing interest in what is happening around you. It doesn't matter what walk of life you are in. You can't give up. I don't think about being old. It doesn't concern me at all. I just carry on, you know. It is a matter of staying interested and being vital. (1999, p. 13)

Another of the 12 older men in the study by Koch and her associates spoke of his two main activities (1999, p. 119). The first involves caring for himself and visiting his wife in a nursing home. And the second is teaching "Language Awareness" at the

University of the Third Age as he noted in a generative way, “what drives me in this is a love of the language, and it’s a joy trying to impart it.”

Koch and her associates also reported the social and cultural participation and desire encompassed within generativity. On this point these authors concluded, “generally the activities the men most want to do are useful to others. They often significantly contribute to the well-being of their family, community, nation, or even the world” (1999, p. 178). Although not identified as such, culture-tending as a generative activity is evident, as in my findings, in the stories reported in *Still Doing*. Their “opinion [and advice] on ageing” (Koch et al., p. 189) is akin to the counsel I frequently received in my conversations with older men. Also many of the men in Rubinstein’s (1986) American study of older men living alone offered “moral and political solutions” (p. 23) to improve the situation of older people and those who follow. And Kotre reported that a 79-year-old male interviewee “not only wanted to entertain but also to impress important lessons upon me” (1984, p. 247).

Whilst there is much similarity with the older men in *Still Doing* (Koch et al., 1999), some difference is noted. In my interviews death was given little narrative space whereas in *Still Doing* it emerged as a common topic. Mateship and friendship had a stronger presence in the dialogue of the men I talked with. However there is a broader trend of valuing family and wives reported in *Still Doing*. Activities pursued at home by both groups of older men display both likeness, for example, reading, gardening, painting, and music; and contrast, for example, the extension of the ‘shed’ into ‘high tech’ activity I found is not reported in *Still Doing*.

The reputed mask of ageing is resisted and the lifeworlds of older men presented herein do not reveal youthful selves trapped in older bodies. Rather I found active and participatory body-selves (embodied) with or without major disability as the dominant understanding. This is not to argue that there were no dualistic storylines, for example, Peter (76, nondisabled), did interpret himself predominantly as ‘a mind’. Alternate narrative identities were often realised that recognised the limitations of ageing body-selves and developed complementary capacities (Gadow, 1980).

Masculinity

The aim to connect ageing, disability and gender has further developed our understandings of the lifeworld of older men. A male view of the world is interpreted in the text-as-data. The participants used male metaphor and masculine language in their narrative production. The body as machine, the competitive resolve to overcome disability, and the analogy of life as a game or test, all surfaced in the experiences-as-told. Moreover, the interpretation of the response to ageing and disability as a ‘working it out’ is indicative of the pragmatic approach of men.

The findings challenged my preunderstandings regarding sexuality. My interpretive horizon had been shaped by the gerontological discourse and the potentiality of sexual expression in later life.

Sexuality

For many of the men in this study the physicality of sexuality is no longer central in their lives. Other meanings were scripted into their narratives with a backgrounding of sexual performance and activity. Yet there is not an elimination of sexual desire. Are the physical failings subsumed in the expectancy of sexual decline associated with ageing? Is the sexual performance ethic of younger men passed over in the ageing experience or rather is it that the lack of sexual activity is explained away in these terms to protect their masculinity? Perhaps it is developmental, where ageing itself changes the biological desires in an essentialist way?

There were overtones of the stereotypical view of asexuality and most of these men were ‘philosophically resigned’ to their loss of sexual activity (Gutmann, 1968). Michael’s understanding of this change is akin to the so-called ‘androgyny’ of later life where the hegemonic masculine sexual role is left behind for broadened gender expression of affiliation and nurturance (Gutmann, 1987; Gutmann & Huyck, 1994). Not only this, it allows for liberation and novel or extended paths to life satisfaction for older men (Gutmann, 1987).

Although this interpretation is limited to men’s understandings of later life sexuality, understandings within the data do suggest a similar storyline with older women. For example, in dialogue on sexuality, comparative interpretations were used to account,

in part, for the experiential changes in later life. In interpreting their changing sexuality they noted that women do have contrasting needs, yet also experience lessened sexual desire.

Friendship

Friendship research with older men is limited, perhaps as a consequence of the feminocentric perception that friendship is perceived to be less significant in older men lives (as opposed to older women). Taking the lead from Adams (1994) with regard to some fundamental unanswered questions regarding older men's friendship patterns the data reveals that friendship, particularly with other men, is significant in these older men's lives. There is both solidarity and change in friendships as men age. Some established contexts such as the Senior Citizen's Club can be limiting in friendship possibilities (see also Rubinstein, 1986; Russell, 1981). Whilst there is the traditional 'side-by-side' activity as well there are expressed needs for 'face-to-face' and 'have a yarn' interactions with other older men. Friendship and its broader understanding as sociability enabled the men to meet their relationship needs and to be involved with others in generative activities.

Relationships with women (mainly wives) were certainly evident, however, for many of these men, being married did not substitute for contact with other older men. The data revealed that there is continuance and development of relationships with other men.

Lastly, the assumption that older men's friendships are of less quality (than those of older women) was not supported. In particular, friendships with other men remain significant in the experience of ageing. This is a small sample of older men and as such limits the scope of these findings, yet the hermeneutic nature of the inquiry adds important depth to understanding older men's friendship patterns.

Disability

Whilst the effects of stroke marked the older men with disability, disability was not generally foregrounded in the experience-as-interpreted. My fore-conception of the significance of bodily change was challenged and subsumed by an interpretation of regained body-self familiarity through the working out of unmade worlds.

The lived experience of disability and the response of ‘working it out’ predominantly engendered embodied rather than dis-embodied practices. As such the narratives of many of these men reflected body-selves working out narratives repairing the wreckage of illness. This ‘working it out’ extends the quest to repair the narrative wreckage of stroke into a male understanding of disability in later life.

The opportunity to talk about the experience of living with disability enabled these men to transcend the experience of disability and appropriate it in terms of their being (Gadamer, 1979). In a broader sense this sheds light on the phenomenon of disability. The narratives themselves reveal the reality of life for older men living with disability. These “illness narratives edify us about how life problems are created, controlled, made meaningful” (Kleinman, 1988, p. xiii).

It is important to note that whilst these narratives are about the interpretations of older men living with bodily change as a result of illness they are not simply older men describing their disabled bodies. The body is inarticulate and does not use speech, yet the body gives rise to speech as a way for it to be heard. Thus the body shapes and directs the narratives produced to explain its problems, problems such as those manifested during and after the event of stroke. Narratives are told through bodies and it is this that is paramount in interpreting the disability narratives of these older men (Frank, 1995). We are embodied beings and we live and act in our social worlds through and with our bodies, a fact that generally goes on unnoticed until this everydayness is ruptured and the body made strange (Gadow, 1980; Kleinman, 1988; Turner, 1995). In this sense then, the experiences-as-told were on the surface about this bodily change, yet fundamentally show the ways bodies become familiar again with their own selves.

Becker also concluded that disability presents “obstacles” that are “worked around” with the body-selves “sometimes shaken” yet prevailing (1994, p. 71). While Oberg (1996, p. 714) found dualistic accounts mainly in “problem-filled ageing,” the majority of older men living with disability did not offer narratives foregrounding their broken bodies.

The narrative quest identities realised in response to disability exemplified human potentiality even in old age. I expected that the disability experience would reflect significant loss and a pre-occupation with bodily limitations. Although marked by

their illness, the older men did not dwell on their losses and claimed identities that imbued human potential and hope. For example, two of the men, Eric and Stan, despite living in nursing homes, are still seeking self-actualisation. All of the men living with disability engaged in activities with others. Whether creative and productive or primarily social, activity is a consistent thread in the interpretation of living with disability.

Similarly, Coleman and others note that older people can recover from “grave physical and social losses” (1998, p. 409). Like the older men in my study, they report enduring life narratives acting as sources of strength. As do Rozario also notes, “creating, doing, interacting, learning and exploring challenges are essential for people [with disability] to feel worthwhile, a part of something and contributing to society and their personal development” (1992, p. 31).

There is, as White and Johnstone (2000) pointed out, still an overemphasis on the medical model approach of clinical diagnosis and functional treatment in research on stroke (disability). However, as this study does, and other recent interpretive research also adds to the much-needed experiential knowledge base on living after stroke. In contrast to Nilsson and others (1997), I entered into much dialogue concerning matters of self and life. The seven older men in this study experienced their stroke years, and in some cases, many years prior and this allowed time for adjustment and presumably development of body-self integrity.

Narrative resources from the past and present (future oriented) are used to construct meanings of disability. Secrest and Thomas (1999) reported continuity and discontinuity in the lives of the men and women (see also Becker, 1993; Kaufman, 1988; Stolar, MacEntee, & Hill, 1992). Importantly, Secrest and Thomas reported themes of loss and effort that can be likened to narrative wreckage and the associated repair work (activity/effort) (see also Doolittle, 1991, 1992; do Rozario, 1992; Kendig et al., 2000) reinforcing the place of activity in remaking the lifeworld after stroke.

Loss of the ability to drive is significant for men following a stroke and the men with stroke related loss of driving to a subsequent reduction in independence. Other comparable elements are also seen in the data offered by Pilkington (1999). For example, like John, Mr. R reported having to “to start learning everything all over

again, just like a little baby” (p. 339). As well “dreams of new possibilities” (p. 340) emerged as a major theme as another man, 87 years old, spoke of his prospects for the future, “[I’ll] be back to myself and home, and not only home, but active as before.” Here the voice of Eric immediately comes to mind, “if I could get dispensation to be home again, I would be mowing my own lawns.”

Older Women

This account of ageing and disability raises questions of comparison with the ‘other’, that is the lifeworld of older women. I have acted on pragmatic and substantive grounds and only included the perspectives of older men. However, given that most of the reviewed research literature includes mixed samples, some of the findings have foundation across the gender divide. For example, the ageless self was noted in the dialogue of this older woman, “I feel 25 inside” (Riggs & Turner, 1997, p. 231). And these comments from an over 80-year-old woman show, as I found, activity and vitality:

I think that at heart I’m much younger than I really am. Sometimes I wonder is it possible that I’m so old, I’m so interested and enthusiastic about everything, I would like to see what’s going on and read much. (Heikkinen, 1992-3, p. 271)

As I wrote this chapter I received a telephone call from an older woman (and wife) who wished to disagree with a recent newspaper article based on some of the findings from my work. The university media office publicised my doctoral work and this led to the story in question. In sum, the article spoke in positive terms about older men and retirement. Her discord centred on the gender bias of the story. In her view, for wives of retired men, particularly her own circumstance, there is another story that needs to be told. This is the story from the perspectives of older women. In her case, her husband had retired and this was problematic for him and, as a consequence, for her. I explained the rationale for the male gendered nature of my work and concurred that older women’s views are as important as older men’s. This event re-surfaced an understanding of the ‘question and answer’ (Gadamer, 1979) of retirement I had worked out from the data and in dialogue with some of the older men.

With all research there are limitations in terms of the scope of the study, the boundaries that are inevitably formed, and the extent to which it can be applied in other contexts. At the same time findings from research have implications for policy, practice, and the direction for further research. In the following section I discuss the limitations and implications of this study.

Limitations

The limitations of this study largely stem from the design, the methods used, and how I have presented the data. The recognition of limitations will assist other interpreters to understand the scale of this investigation and in their evaluation of the implications as presented.

The focus of this investigation emerged from the realisation that gender, ageing, and disability have generally not been connected in the study of older people, in particular older men. By connecting ageing and disability with older men I have limited the scope of this thesis to older men thereby excluding older women. Older women's lives are important and require investigation to further and more deeply understand their lifeworlds. On the other hand, the decision to focus exclusively on older men's embodied experiences of ageing and disability has allowed an in-depth exploration to take place.

The selection of participants has also limited the study to Anglo-Saxon working and middle class men, seven of whom had experienced a stroke. The experiences of other older men are also important, for example, different ethnic groups and gay men yet were beyond the scope of this study.

The time and resource constraints of completing a PhD necessarily limited my focus. Furthermore, the participants that I selected came from particular, rather than general, contexts. For example, a number of the men had a retired men's club in common and the others all had contact with various stroke clubs. Would older men with different life circumstances and experiences interpret their lifeworlds in alternate ways? It was not my purpose either pragmatically or methodologically to represent the wider population of older men. My purpose has always been to extend the contemporary understanding of men's experiences of ageing and disability through in-depth study. However, I also make it clear that without in-depth

exploration and interpretation of the ageing and disability experiences of older men we will be limited in our ability to understand much at all.

The narrative auspices of the interview contexts inevitably constrained the direction and range of talk and narrativity (Gubrium & Holstein, 1998; Stephenson et al., 1999). Although the interviews were, by and large, conversational both the participants and I engaged interpretive practices informed from differing horizons. Those preunderstandings we applied shaped the interpretative directions and discussions. I have explicated the reflexive activities undertaken to limit the impact of flawed preunderstandings however this interpretive work will always be incomplete.

The same gender interview dyad raised the possibility of alternative or expanded interview content if there was gender disparity. The influence of “interviewer gender bias” is therefore a potential limitation of this study (Stephenson et al., 1999, p. 398). At the same time, I have also noted contradictory findings in the works of others (e.g. Kotre, 1984; Nouri & Helterline, 1998). Nevertheless, what this suggests is that at the minimum all interviews, irrespective of gender disparity, ought to be viewed as contested “declaration[s] of fact” (Stephenson et al., 1999, p. 399).

Finally in terms of the study as a whole, it has predominantly taken shape in and through my interpretive work. My interpretive background then has necessarily limited this work and it is inevitable that my own interests, values, and desires have had some impact. The perspectival nature of hermeneutic study recognises the unconditional imperfection of all efforts to understand (Gadamer, 1979). I acknowledge that I am only ever contributing an element in the stream of understanding. This interpretation therefore is to be judged on its believability and not on a presumed totality of older men’s experiences of ageing and disability.

Implications of the Study

Ageing, and to a significant extent disability, are fundamental elements of the human condition. The ageing of our world has directed increased attention to the phenomenon of ageing. I argue that this attention is limited and neglects older men. This present study places older men in the spotlight and the findings from our interpretive endeavours are significant. The counternarrative of ageing and the

response to disability have important implications for ageing and disability policy, practice, and research.

Some Implications for Policy

The connection of masculinity, ageing, and disability in the study of the embodied experiences of older men provides further evidence for the wholesale adoption of a gendered approach to social policy development. For too long the ‘top down’ approach to policy development has neglected the emic view (Day, 1995; Russell & Kendig, 1999). How older men understand the experience of ageing and disability offers vital information for those who wish to act on their behalf.

What these interpretations do suggest is that the public narrative on ageing needs correction. Older men are active and participatory and welcome the opportunity to tend their culture. Policy makers need to develop greater opportunity for older men to participate in broader social life.

The removal of mature workers from the labour force has both economic and social consequences. The ‘early retirement movement’ is open to question and may well not be the panacea for across-the-board enjoyment of later life. As interpreted, working in some capacity in later life is one of the generative possibilities that can contribute further to the lives of older men and provide society with a supply of mature workers.

The assumption that older men’s friendships are inferior (to those of women) is very much open to question. In fact, these men’s friendships, particularly with other men, are significant and are fundamental to their quality of life. Gendered social spaces are emerging that offer older men familiar and supportive environments, for example, the ‘work shed’ model of meeting place, and the retired men’s club that figured in the lives of many of the older men in this study. Attention to and the development of opportunities and contexts whereby older men can continue and cultivate friendships will be an essential agenda item for makers of policy.

Furthermore, online friendship has emerged as a significant form in contemporary social life (Adams, 1998). A number of the older men use computers and have done so only in later life. Access to computer resources in relation to friendship will be

one of the many uses of computers for older men and women that must be considered in resource development for our ageing society.

The way older men responded to the catastrophe of stroke indicates resilience and human potentiality in the face of illness. This male interpretation and approach to illness further suggests a shift is required in dominant public (medical) narratives regarding disability in later life. Such a shift will be supported by policy adjustments that foster opportunity for older people to harness the personal and collective resources required to manage their illnesses.

Older men are finally being seen as newsworthy by the media. A university press release highlighting some of the findings from my study led to interest from a number of sources. Interested parties from the following organisations, radio, television, newspapers, financial and lifestyle magazines contacted me asking for further details and guest appearances. This indicates that older men's lives are beginning to be considered more relevant in mainstream social life.

Lastly, the generativity of men extends substantially into later life. Given this potential for mainstream participation and contribution in our social worlds, it is not the perceived limitations of older men that ought to drive social and health policy. Quite the opposite, it is primarily access to resources that limits the potentiality of older men. Thus, policy adjustment and development must embrace access and equity as its primary goals.

Some Implications for Practice

Older men with or without a major disability frequently interact with health care practitioners. Certainly those older men who experience a stroke become involved in the practice worlds of many health care providers. Understanding the gendered nature of responses to illness and disability must be an essential element in the practice horizons of all such providers. Of course there is much similarity in the needs of both older men and women. However, these practitioners must acknowledge that men may well interpret their illness and disability in particular 'masculine' ways.

The overarching element of activity that drives older men in their experience of disability suggests that rehabilitation practice may well benefit from programs

designed accordingly. The ‘working it out’ approach of men further directs structuring the rehabilitation process to enable older men to approach the goals and challenges of their rehabilitation in a pragmatic and ‘masculine’ fashion. For example, the view of disability as an obstacle to overcome or beat, and the interpretation of the rehabilitation process as a test, battlefield, or game offers guidance for those who construct rehabilitation pathways.

This deeper understanding of the ageing and disability experience will challenge practitioners to reassess their views on the potentiality of older clients who enter their lifeworlds. Health care practitioners are not immune to the influence of public ageing and disability narratives of negativity. For that matter, all of us need to raise our preunderstandings to the level of consciousness and work them out in light of this and any other understanding that is proffered.

Some Possibilities for Further Research

The limited understandings available on older men’s embodied experiences of ageing and disability directed me to undertake this study. What I offer here is but one of the many, many more understandings that we require to better understand what it is like for men to grow old, and to live with disability. A point Becker also makes:

When older people become ill in late life, they are increasingly subject to interventions of all sorts from health care professionals and social service workers. Research on what elderly persons themselves make of continuity – how they perpetuate it or recreate it and the obstacles they perceive in doing so – may inform our understanding of the experience of old age and may, in turn lead to applications in the practice of gerontology and policies that more adequately address the disruption that illness poses for people’s lives. (1993, p. 158)

Men and women are co-inhabitants in our social worlds and as such we need to further understand older women’s embodied experiences of ageing and disability. Is the generativity interpreted in the lives of these older men inherent in the lives of older women?

Understanding the nature of men's changing sexuality left much uncertainty. Whilst this interpretation tended towards sexuality as less significant in the lifeworld of older men, further research on the sexuality experience is clearly needed.

Possible future research with older men could also explore the following questions: do even older men reflect generativity to the extent present in this interpretation of the ageing and disability? What are the interpretations of older men who reside in other contexts and have experienced life differently? How do older men from other cultural backgrounds interpret the ageing and disability experience?

Concluding Remarks

The findings that form the horizon of understanding that emerged from my encounter with the texts in some ways seem surprising. In other ways this it is not so. In other words the experience of ageing and disability for older men is understood and worked out in their life activities. What to them is mundane and ordinary can be seen to be novel and extraordinary. It is not extraordinary, rather it is that the lives of older people and older men in this case have generally been absent in the mainstream collective of social life.

This exploration of older men lives, whether experiencing the impact of a stroke or not, has produced a horizon of understanding which sheds light on the phenomena of ageing and disability. More than this, the hermeneutic nature of life itself has led to increased understanding for these older men (Crusius, 1991). As Gadamer argues, "the work of understanding and interpretation always remains meaningful" (1979, p. 363). The transcendence and appropriation of our dialogical encounters enabled these older men "to more fully understand their own life's meaning" (Moore, Metcalf, & Schow, 2000, p. 29). Interpretive research that allows participants to work out meanings through dialogical interaction offers much to both participant and researcher alike.

Through narrative practice the participants constructed coherent identities (Gubrium & Holstein, 1998; Russell, 1999). These identities portray real lives making sense of being-in-the-world as ageing men with or without major disability. The embodied lifeworlds of older men, albeit often neglected in the past, have been foregrounded in this explication. Assumptions of ageing and disability as lived by older people,

herein older men, are challenged and a broader understanding reached. The weak face of ageing has been relegated to the margins and supplanted by a strong face of ageing – men working out active and substantial lives in later life. Such an understanding will inform others regarding the gendered experiences of ageing and disability. It will be the place of others to enter into hermeneutic reflection with the horizon I have presented.

The lifeworlds of other older men living today and tomorrow must have the opportunity to enlarge all other horizons. Therefore this interpretation of the ageing and disability experience is not a static moment standing alone in the stream of tradition. Rather, it is an interpretation that will participate in the development of unlimited understandings of older men's lives.

Moreover, it is possible that by making older men's lives visible, thereby presenting the actualities of growing old, both the individual and the collective are likely to benefit. The enculturation (re-culturation) of older men will allow the perception of ageing to mirror the actuality of ageing thereby offering recognition to the old and hope for the young.

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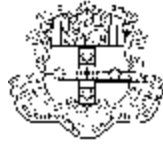
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APPENDIX A



The University of Sydney

Faculty of Health Sciences/Cumberland Campus

School of Community Health

Older Men's Experiences of Health and Disability

PARTICIPANT INFORMATION SHEET

My name is A. Andrew Fleming, I am a PhD student at the School of Community Health, Faculty of Health Sciences, The University of Sydney. As well as this I am a registered nurse who has been working with older people for the past 19 years.

I am interested in finding out what it is like for men growing old in Australia today. I am particularly interested in your experiences of living in a body that is ageing and/or is disabled. I would like to begin by talking with you for about one hour, either in your own home or somewhere else that is most convenient to you. With your permission, I would like to tape record this conversation. You can ask for the tape recorder to be turned off at any time, and you can also ask for any or all of it to be erased at any time. After this, if you are agreeable, I will probably want to talk with you again one or two more times through the year. You can feel free to withdraw from the project at any time.

All of this information will be kept strictly confidential and only my academic supervisor and myself will have access to it. No individuals or places will be mentioned by name or identified in any way. The project has been approved by The Stroke Recovery Association and by the Human Ethics Committee of The University of Sydney.

Thank you for taking the time to read this. If you have any questions please contact Dr. Cherry Russell or myself. Any problems or concerns you might have in relation to the conduct of the research can be followed up by contacting Mrs. Gail Briody from the Human Ethics Committee on Tel: (02) 9351 4811.

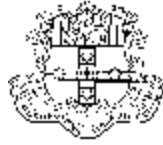
A. Andrew Fleming

Tel:(02) 9621 2527

Dr. Cherry Russell

Tel:(02) 9351 9129

APPENDIX B



The University of Sydney

Faculty of Health Sciences

School of Community Health

INFORMED CONSENT

I, _____ hereby voluntarily consent to participate in the research entitled: **Older Men's Experiences of Health and Disability** conducted by A. Andrew Fleming and Dr. Cherry Russell.

I understand that the information obtained from this research may be used in future research, and may be published. However, my right to privacy will be retained, ie: personal details will not be revealed.

The procedure as set out in the attached information sheet has been explained to me and I understand what is expected of me and the benefits and risks involved. My participation in the project is voluntary.

I acknowledge I have the right to question any part of the procedure and can withdraw at any time without this being held against me.

I have been familiarized with the procedure.

Signed by Subject: _____

Date: _____

Witness: _____ (Name)

_____ (Signature)

_____ (Date)