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IMAGINING TRANSITIONS IN OLD AGE THROUGH THE VISUAL MATRIX METHOD: THINKING ABOUT WHAT IS HARD TO BEAR

Anne Liveng, Ellen Ramvi, Lynn Froggett, Julian Manley, Wendy Hollway, Ase Lading and Birigitta H Gripsrud.

Abstract

Dominant discourses of ageing are often confined to what is less painful to think about and therefore idealise or denigrate ageing and later life. We present findings from an exploratory psychosocial study, in a Nordic context into three later-life transitions: from working life to retirement, from mental health to dementia, and from life to death. Because, for some, these topics are hard to bear, and therefore defended against and routinely excluded from everyday awareness, we used a method led by imagery and affect - the Visual Matrix - to elicit participants' free associative personal and collective imagination. Through analysis of data extracts, on the three transitions, we illustrate oscillations between defending against the challenges of ageing and realism in facing the anxieties it can provoke. A recurring theme includes the finality of individual life and the inter-generational continuity, which together link life and death, hope and despair, separation and connectedness.

KEY WORDS: Visual Matrix; ageing; transition; anxiety; imagination; psychosocial research.

Introduction: The Challenges of Ageing

This article is based on an interdisciplinary research project, *Exploring Life Transitions in Old Age through a Visual Matrix* (2014-15) which used a group-based, image-led research method in a Nordic setting involving health professionals and academics. Our aim was to explore the transferability of the method to the psychosocial challenges of ageing and to discover what a methodology based on imagery, affect and visualisation might yield – particularly in relation to those aspects of ageing which are notoriously hard to speak of, and for many, including

ourselves, hard to imagine and hard to bear.[1] For this purpose we held three two-day visual matrix workshops, one in Norway and two in Denmark, one for each of three thematic transitions: from working life to retirement, from mental health to dementia, and from life to death. This was also a 'self-research' project insofar as funding was to trial the Visual Matrix method with ourselves as primary participants, along with a number of others who had a personal or professional interest in the topic. Whilst the core group (the authors of this article) was constant across the three workshops, invited externals varied. The numbers also varied between ten and twenty, with one workshop (on the transition to dementia) involving a group of women who held professional, advocacy or caring roles in the field.   Ages ranged from mid-thirties to mid-sixties, so some of us felt close to the transitions we were investigating.

In common with most other western societies, Nordic countries face the challenge of coping with ageing populations while responding to demands that welfare states should cut costs. Questions such as how people age, postponing functional decline connected to ageing, who should pay for services and who should have responsibility for health and care have become pressing political issues. Nordic, former social democratic, welfare state regimes (Esping-Andersen & Andersen1990) have responded to the economic and demographic challenges with changes in attitudes and policies. The political ethos framing care now emphasises efficiency (Wrede, 2008) while responsibility for minimising what is articulated as an economic burden falls increasingly on the elderly themselves (Kamp & Hvid 2012). As in other high income countries policy and conventional discourse co-creates a binary interpretation of later life as *either* marked by good health, resources and free-time activities *or* by decline and illness (Grenier 2012). Policy documents highlight how older adults can

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[1] Froggett et al. (2015) offer a detailed account of the methodology, along with its theoretical underpinnings, and analytic protocols. A methodological paper is forthcoming on its use in this particular context (Ramvi et al. (2017).

make their own choices and live active, meaningful, healthy lives. Such policies put an emphasis on the wish of older adults to be autonomous in the sense of not being dependent on help from others (Dahl 2011, Liveng 2016). In Denmark older generations have been constructed as an economic burden leading to higher retirement age (65 years old at present rising to 68 in 2030)[2]. In media discourses on the other hand the financially resourceful older generations are labeled 'grey gold' due to their consumer capabilities, and advertisements are increasingly directed at the retirement population.

When approaching *transitions from working life to retirement* from a psychosocial perspective, we ask whether and how this media, policy and research focus on 'active ageing' is reflected in visualisations of the transition. How, for example, does this frame of reference produce a reassessment of subjective identities of ageing people (Holstein & Minkler 2003, Dahl & Rasmussen 2012)? How do older adults cope with the uncertainties connected to retirement as a new and unknown phase of life (Moffatt & Heaven 2016)? What is imagined and experienced, given that retirement is often associated with loss and can involve major changes in identity (Fristrup & Munksgaard 2009, Goodwin & O'Connor 2012)? Statistical data illustrates that retirement potentially threatens mental health, as evidenced in the substantial increase in antidepressant use among Danish women between the ages of 60-64 and continuing into old age (Jørgensen 2012). At the same time, retirement is endowed with hopeful expectations for a new 'third age', which for many in the Nordic context is a phase of life with relatively good health, consumer opportunities and work-free time (Etwil et al. 2011).

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[2] Ugebrevet Mandag Morgen, https://www.mm.dk/vi-har-ikke-europas-hoejeste-pensionsalder-lige-nu/ (Accsessed 24.01.2016)

Our second theme, *the transition from usual mental functioning to dementia*, arouses anxiety at the prospect and reality of living with dementia, and poses complex challenges. Dementia is a broad category of brain diseases that cause long term and often gradual decline in the ability to think, act and remember. The number of sufferers will increase in future years as the generations born after the second World War get older (Prince et al. 2015). More people will be concerned with the illness, as patients, carers (professional and informal) or relatives (Andersen-Ranberg et al. 2007, Evans & Lee 2014). Dementia is mostly seen from an illness and care perspective, and how the spread of the disease affects people who are not directly involved with the illness is not a focus. A discourse imbued with fear is often used - for example *The Danish Dementia Alliance* writes in a vision paper, 'Dementia is a harsh, deadly disease. Suddenly one day - and then relentlessly day-by-day - it evaporates your life. Bit by bit. Slowly at first, then faster, but always certain. Your memory, your past, present and future, your sense of time and space - your self - disappear in the end into a big black hole. (…) Dementia is not just a disease that takes our lives. It is a disease that takes life away while living' (Demensalliancen 2015, p.4)[3]. As a response to representations as this *The Canadian Partnerships in Dementia Care Alliance* has criticised 'the tragedy discourse that surrounds dementia' (Dementia Care Alliance 2015).

Unsurprisingly, these discourses affect people diagnosed with the disease who struggle with understanding themselves in the context of stigmatising labelling - 'the dreadful names' (Langdon et al. 2007). They also affect older people in general, as age is an important factor in developing the disease (Corner & Bond 2004). Behuniak (2011) has argued that the construction of people suffering from Alzheimer's disease as 'living dead' or 'zombies' is highly problematic, as it leads to stigmatisation and a dehumanisation based on disgust and

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[3] Translation A. Liveng.

terror. In her view representations of dementia are relevant to every generation (ibid. p. 72): people suffering from the disease are constructed as 'other' and negative emotional responses among the 'healthy' are fuelled. Less attention is paid to how these discourses tap into, and are produced and reproduced by, the embodied experiences of ageing that are the baseline for individuals' meaning-making and acting: resilient, fearful, perhaps paranoid, perhaps realistic.

Our third theme, *the transition from life to death* is often neglected in secular cultures (Jacobsen 2010). End of life care has historically moved from containment in the home to treatment in hospitals and care institutions (Kaasa 2008). Research suggests, however, that a person's gradual encounter with death can provide a new and possibly enhanced awareness and understanding of self (Molzahn 2007, Yalom 2008). In their literature review of the end of life in old age, with a particular focus on cultural concerns, Lloyd et al. (2010) identified a bias towards end-of-life care and treatment decisions, rather than older people's experiences of end of life more generally. They also identified a clear message across the entire corpus of review material that a better understanding is needed of ethnic and cultural differences in beliefs and practices as people approach death in old age. In several studies participants expressed a fear of loss of dignity and increased dependency as well as anxieties regarding symptoms of old age and being a burden to others. Pleschberger (2007) found fear of being a burden a major theme among older adults, and argued that this fear 'cannot be separated from the broader cultural and societal values expressed in daily reminders about the cost of caring for dependent old people' (Ibid. p. 201).

In general, there is an inconsistency between the daily reminders to which we are exposed and an apparent silence. Österlind et al. (2011) showed in a study of the discourses of death and dying that death was silenced even among staff in nursing homes: 'Death was held at bay, and

the emotions experienced by the staff when an old person died were ignored' (2011, p. 538).

Also among nurses in home care this silence is paramount (Aadland & Ramvi 2016).

Österlind et al. (2011) relate their findings to another prevailing split discourse about

independence as the most positive human quality, and dependency and frailty as the most

feared. This study also highlights the 'need for a change in the content and scope of care for

older people in a way that visualises dying as a process requiring attention before the moment

of death' (ibid, p. 540) . They advocate an alternative discourse where death is not made

invisible, and where life at the same time opens up to the reality of death and the feelings

connected to it.

Transitions can be seen as an inevitable and continuous part of human life, occasioning social,

physical and cultural changes. These are accompanied by emotional challenges in the form of

new positions, resources, statuses and capacities, which can be understood as connected to

both socially constructed meanings of the transitions, physical changes and psycho-

biographically created expectations of the transition (Erikson & Erikson 1998, Chodorow

1999, Grenier 2012). Individuals will therefore experience these differently according to

geographical, social and personal/biographical contexts.

**Implications for Methodology: using the Visual Matrix to generate and analyse free
associative visual data.**

If changes are hard to face, and if these difficulties are also reflected at the socio-cultural and

discursive level, they also constitute challenges for research, because painful, frustrating, even

unbearable ideas are most easily defended against through not thinking about them: in

common parlance, we say 'I can't bear to think about that'. If a research participant cannot

think about it, then a standard interview-based research method is likely to generate sanitized

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accounts rather than data that give insight into the more painful aspects of experiences of ageing (Hollway, 2015). Given the nature of the material we were dealing with in this study, we needed a psychosocial method which could accommodate anxieties arising from individual experience of research participants while understanding their expression (or lack of it) in socio-cultural terms. We needed to reflexively make use of our own subjective experience whilst questioning socially constructed ideas of these transitions which, when combined with personal and subjective fears of old age, arouse shared anxieties. Such anxieties are reproduced and transmitted through social processes of which we are at times unaware, and against which we habitually defend ourselves (Hollway & Jefferson, 2013).

The way in which old age is imagined, feared, or celebrated is key to a psychosocial understanding of these transitions as well as the material difficulties they pose. Our research settings therefore needed to be sufficiently contained to accommodate the anxieties aroused by the subject matter and to register the affect of the participant group as a whole. At the same time they had to make space for personal emotions of grief, sadness, anger and despair that were likely to appear alongside hopefulness and compassion. Our approach therefore required a process sufficiently sensitive to the nuances of feeling among participants, enabling them to think and feel in the face of the difficulty of the subject matter.

A number of features of the visual matrix method made it suitable for our purpose. Firstly, it elicits images, affects and ideas aroused by a visual stimulus that acts on individual participants, but it does so in a group setting that reveals the socio-cultural significance of shared responses. Secondly, it enables expression of what might otherwise be difficult to articulate and hence offers the possibility of researching 'beneath the surface' of awareness. Thirdly, by facilitating associations, rather than analysis or argumentation, it creates the

conditions for an emergent process [4] whereby thoughts are symbolised imagistically and are imbued with affect. What emerges is manifest in the here-and-now of the matrix rather than explained after the event; participants are asked not what they *think* about the object of inquiry, but what they *feel* and *visualise*. Fourthly, it creates a container[5] allowing difficult material to be thought about in a setting, and with a facilitation technique, that feels safe and respectful; from an ethical perspective it has its own 'built-in' de-brief in the form of the post-matrix discussion. Fifthly, by asking participants themselves to establish the frame for analysis in the post-matrix discussion, it informs the later interpretation work of the research team.

Each of the visual matrices was preceded by a brief session in which people were invited to draw for themselves whatever the topic of the matrix suggested. If they wished, they could share this with the rest of the group. Then, as is usual for a visual matrix, they were seated in a 'snowflake' formation that encourages people to speak to a shared space rather than to one another. Rather than direct questioning according to topic guides, they were invited to offer their images, associations and feelings, if they wished, and as and when they occurred. [6]

Over the course of the sessions (each lasting up to an hour), images accumulated as participants responded to the topic and to the visualisations presented by others. This generated 'collages' of affect-laden imagery. Images arose out of personal experience, but because they prompted associated images and ideas in others who elaborated and transformed them, the matrix took on a shared and interwoven character. After this, participants

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[4] Susanne Langer (1969 [1942]) described this form of symbolization as 'presentational' in contrast to the 'discursive' symbolization of language.

[5] Wilfred Bion´s (1970) conception of the container (discussed below) is key to understanding the nature of the setting provided by a visual matrix.

[6] A short video illustrating the snowflake and associative process is available on You Tube at https://vimeo.com/97731002

reconvened, seated around a board or flipchart, to participate in an image mapping session – the post matrix discussion – which identifies intensities of affect, dense clusters of imagery, inter-connections between ideas and strands of thought. The visual matrix and the post matrix discussion were audio-recorded, transcribed and made available for further interpretation by the research team.[7]

Ageing, splitting and the Visual Matrix as Container

With reference to the work of Wilfred Bion (1970) we can conceive of the facilitation as containing the process and its parameters, with the matrix used by participants to allay anxiety and work creatively with the imagery and affect that emerge. When functioning optimally the matrix operates in and through a state of 'reverie', a meditative form of mental 'metabolism' in which freely flowing images, thoughts and ideas can be contained and processed. At such times, what is known and yet unthinkable can be thought and shared. As it proceeds, the containment and reverie of the matrix help to attenuate dualities of thought and feeling among participants by allowing split thoughts and opposing ideas to co-exist in the here-and-now of the matrix, without foreclosure. Overlaying images, affects, thoughts and feelings accumulate as the continuous movement and interweaving of imagery proceeds, so that many inter-connecting ideas can be linked, rather than remaining as split positions, destructive of the thinking process.

The likelihood of splitting in relation to the anxieties that accompany is illuminated through a Kleinian conceptual framework that proved to be useful in making sense of the data. Kleinian psychoanalytic theory (Klein 1975), contrasts two modes of experiencing, paranoid-schizoid and depressive. The paranoid-schizoid position, developmentally the earlier mode, recurs and

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[7] The theoretical principles are largely rooted in the object relations tradition, drawing especially on Winnicott (1971) and Bion (1967, 1970).

alternates with depressive states of mind throughout life. Whilst operating in this mode, bad elements of experiences are split off from good, more welcome ones. To rid oneself of the discomfort, these hard-to-bear elements (here, for example, the losses of retirement; the possibility of dementia in ourselves or our loved ones; the inevitability of death) are projected onto external objects, while the good elements are retained as belonging to the inner world of the psyche. The splitting of good and bad elements is captured by the concept of 'schizoid', while the concept of 'paranoid' derives from the consequent feeling that bad features, now located in the external world, threaten a person's psychic safety. Such defence mechanisms are commonplace ways of creating a liveable and orderly life, but when a paranoid-schizoid state of mind predominates, it entails not being able to reflect realistically on the prospect of ageing. It is therefore likely that such states of mind will oscillate with the depressive mode of experiencing in which good and bad are accepted within a realistic ambivalence. The ability to withstand paranoid-schizoid anxiety and integrate experience depends on the activation of psychic containers enabled by a setting where seeming oppositions can be safely held in mind, and the complexity of experience apprehended. A well-functioning visual matrix offers just such a setting, enabling images and ideas from many different sources to co-exist, sometimes in tension, in a shared space. The interweaving of images and associations as the matrixial collage accumulates tends to generate richly multi-faceted data that can be owned by the participants as a whole. Through the presentation of imagery, participants can respond imaginatively to hard-to-bear topics, allowing a degree of integration of thought and feeling. This generates data which can be interpreted in depth by the research team working as a panel. Data are analysed in terms of content (what was presented); performative qualities (how it was presented) and for its unstated, partly unconscious and socio-cultural significance (why it was said in the way that it was) (Hollway & Volmerg 2010).

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Finding Patterns in Data produced from three Visual Matrices

It was striking how the dual, seemingly split, nature of discourses regarding ageing was reproduced through thematic and affective oscillations in the course of the matrix:

- Life - death

- Trans-generational continuity - the finality of individual life

- Relatedness of friendship and family - loss, separation and isolation

- Holding on to life - giving up

- Hope - despair

- Suffering - pleasure

- Health - impairment

- Sense-making and control - hopelessness and powerlessness

- Impotence in the face of natural forces - harmony with nature

- Blankness - the capacity to think about the transitions in old age.

These apparent dualities arose through a process of shared imagining, reflecting their socio-cultural significance as well as existential resonance for individual participants. However rather than reproducing an either-or (split) mode of thinking, they were often dynamically and ambivalently inter-related through oscillations in the visual imaginary of the transitions, replete with their emotional content, reworked throughout the matrix. We illustrate this movement between split off (paranoid-schizoid) and integrated (depressive) modes of thought below.

Transitions from Working Life to Retirement

The transitional stage from working life to retirement represents the threshold to old age. On the one hand retirement is visualised in the matrix through polarised images and comments, reflecting popular ideas of older people as healthy, wealthy and realising their potentials; or as

part of an 'elderly tsunami' consisting of a mass of look-alikes without individuality and sexuality. On the other hand the matrix includes elaborated and nuanced images, which contradict any easily formulated idea of what it means to be retired and old. Especially interesting are the recurring images of relationships among generations, which stand in opposition to predominant cultural ideals of independence, and the ambivalent fearing and longing for 'giving in/giving up' – becoming passive, slow, inactive – a surrender to the dimensions of old age, which in the prevailing activity discourse has been suppressed.

The complex affect behind these themes of transition was expressed through a recurring image of an ageing tree, which in its most condensed form was brought into the matrix as a handkerchief tree. This cropped up towards the end of the matrix and seems to integrate many of the prior images and reflections. These included the following images of trees:

- A thick oak, with heavy branches, no leaves but a single red berry

- An apple tree – its fruit sweetening at nature's rather than humans' pace

- The Tree of Knowledge, associating to loss of innocence, and retirement as a possibility to win back innocence and spontaneity

- A tree rotten in the middle, but still growing

- A mysterious oak tree planted by King Christian IV, shaped by the west wind

- A bonsai tree, growing slowly, pruned with nail scissors

- A handkerchief tree that takes ten years until it fully matures

- A pine tree planted by a grandfather, deformed by wind.

Of these, we have chosen to analyse the following extract of the image of the handkerchief tree from the transcript of the visual matrix:

I have a sister; ten years younger than I am. When she turned 55 in December I started trying to grow a handkerchief tree. It takes 1-2 years before you can see a small tiny

green top. It takes 10 years before it's a tree. So I gave it to her and said that I'm looking forward to seeing her garden, when I'm turning 75 - enjoying the handkerchief tree - and with that I want to tell: I remember when I was a child I loved lying in the grass seeing the laundry, […] blowing in the wind.

The handkerchief tree grows simultaneously with the transition of first, older, sister and then the second, younger one from working life to retirement; its maturing traces the 10-year age gap between the two. As a gift it confirms and enhances the relationship between the two sisters, and as a birthday present it connects childhood with the present age of the sisters. With its slow rate of maturing it holds the promise of fertility and points to their potential future: the expectation of being able to enjoy this tree as old women, sitting in the garden. Symbolically the gift communicates the wish of the older sister to be alive and together with the younger sister in old age, as they were in childhood. In a folding of time, the tree's 'handkerchiefs' draw in a sensuous childhood memory of harmony through the image of lying in the grass, looking at clean laundry. From a mode of doing (growing the tree, giving the gift) the image changes to represent a mode of being (lying, looking, enjoying), which provides pleasure in the present moment, reflecting the innocence inherent in the former tree images At the same time this pleasure is tainted with a possible sadness through the handkerchiefs which potentially associate to weeping. The mode of being in this image is not equivalent to passivity, but represents presence and awareness in the present moment.

Together with the handkerchief tree, the other images of trees in the matrix represent continuity, life as something which transgresses the limitations of the single individual, slow growth, survival in adversity, tenacity and intergenerational bonds. As in Nordic cultural tradition, the tree in the matrix symbolises life, represented in mythology through the tree

Yggdrasill[8]. In Christianity, the Tree of Knowledge bears tempting fruits. In the matrix trees are presented as natural creations with their own life-course, shaped by their surroundings. The tree image integrates a sadness emerging through references to decay (only one single berry, rotten in the middle) and being at the mercy of natural forces beyond human control (deformed by the wind) with trust in regeneration and slow growth. The tree confronts us with the finality of individual life while also offering consolation through natural continuity, linked to generational continuity. In this way, the harmonious character of the tree image signifies an integrative, primarily depressive, mode of relating to ageing; an acceptance of the limitation of personal life as well as the mourning this implies, together with a trust in connection and hope linked to the continuation of life through the past and coming generations.

The Visual Matrix on Transitions from Normal Mental Ability to Dementia
The matrix on dementia reflected the idea of the person suffering from dementia as 'disappearing' – imagined in the matrix, for instance as looking in the mirror, expecting to see oneself, and actually seeing a ghost. The idea of disappearing was further elaborated by becoming associated to the disappearance of sand in the image of the hourglass. Below, we analyse this image, its development and the oscillations it included.

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[8] In Norse mythology Yggdrasil is the name of a tall evergreen ash tree which reaches above the skies in height, spreading its branches out wide, holding together the nine worlds of the cosmos. Yggdrasil has three roots, which go deep into the earth, connecting the tree with three wells, as well as gods and giants. Dew drops from the tree drips down into the valleys. Below one of the tree's roots lies Nidhogg, a monstrous and dark power in the form of a dragon-like creature. Nidhogg sustains itself by 'sucking the corpses of the deceased' (*Völuspá* p. 55) (Translated by Birgitta H Gripsrud). Nidhogg gnaws at Yggdrasil's roots attempting to kill the tree, but every night the Norns (maidens representing past, present and future) pour healing water from the well over the roots' wounds so that it does not rot. These Norns also carve into the tree the lifespans and destinies of infants. Despite constant attacks and threats like hail storms from above and Nidhogg's incessant bites from below, Yggdrasil retains its life force, standing strong.

In the transcript, the first mention of this image is 'I see an hourglass with sand. It's not only running out through the bottom; there's a hole and the sand is disappearing'. In what follows it is as if such hopelessness is initially too much to bear, and so the matrix continues with attempts to find alternatives: noise, anger, fear, escape, the body as opposed to the mind and the fulfilment of a family doing its best for a member with dementia. Eventually, the hourglass image is picked up again and developed, leading this time to images of acceptance and mourning. The passage moves between paranoid-schizoid modes of experience to a depressive facing of the losses and rewards involved in dementia:

> The image of the hourglass and the sand was, eh - the hole in the bottom of the hourglass stayed with me, and brings to my mind the image of that sand falling into a huge desert, like the Sahara desert, where there's plenty of sand, but nothing else. And, eh, imagining someone in the middle of that desert and nothing there, but sand, lots of sand.

The hourglass incorporates two contrasting transitions: the undamaged hourglass and then the hourglass with a hole in the bottom. The first represents the hope that our lives will run in the expected fashion, leading to a death that, while its reality cannot be denied, can be contained within a normal life cycle, like the sand in an undamaged hourglass. This idea is threatened by the hole in the hourglass that represents an ageing that seeps away through loss of a sense of self prior to death.

An attempt to escape from the starkness of this image follows, with an appeal to an earlier image of stardust to introduce beauty into the desert sky along with the emptiness: 'still it's full [of stars] in the desert'. This allows something positive to be sought from dementia: 'I can feel the happiness as an old woman'. The othering of the demented ('not me') is strikingly

changed in this image as the speaker imagines 'remembering the exact words I thought were out of my mind'. The next speaker shifts back to the position of the other by remembering her grandmother. From here she is facing a loved one's death at a remove of two generations. From this position, using the star image, she introduces the possibility of connection after death, remembering her grandmother telling her that 'I could look upon a star and think of her and she would send me nice thoughts when she was not here any longer'. In this image, the loss involved in another's death - the bad element - is optimistically banished in favour of the reassuring idea that we never fully lose our loved ones.

The participants in the matrix then make an associative leap, moving away from the stardust and back to the darkness of the hole in the hourglass. In the next image, the hole in the hourglass becomes linked to the image of rabbit holes on a 'steep slope', maybe the slippery slope of dementia. The rabbit holes of this image seem analogous to the pitted holes in a brain of a person suffering from dementia. Probably because the idea of this pitted mind is almost unbearable 'I found myself drawing a rabbit, but while I was drawing it, it morphed into a hare'. The image can thus represent contrasting qualities: the rabbit burrowing, out of sight, creating more and more holes; the hare providing escape, 'running into the distance somewhere'.

The Visual Matrix on Transitions from Life to Death

Images produced in this matrix were very diverse; the theme of death was associated with strong feelings of fear, anger, guilt, sadness, fascination and wonder. The opening intervention 'I can´t imagine myself dying or as a dead person' reflected the emotional undercurrent of the session as a whole – death is almost unimaginable, whether your own death, a child's, a suicide, death caused by an accident or even by old age. One participant

said that she hated it when the curtains closed in the crematorium, thereby expressing fear of both the final separation from someone and the mystery of death: what happens behind the curtains? Another one recalled words on a gravestone: 'Where you stay, I stayed before'. Dying is a shared fate, but the inscription on the grave may still feel as if it does not concern the person who reads it. The socially formulated *big divide* between life and death makes our shared fate almost unthinkable.

Participants showed their love and their aggression in narratives or images where dying or dead animals and pets were involved. Children dying, or in danger of death, were associated with strong guilt because of the parents' lack of attention or failure to provide protection. Suicide was mentioned twice. 'I felt that maybe it is better to die', one participant said about a difficult period in her life, but it was received with silence as an indication of its content being taboo or too painful to imagine for the matrix. Still, the legalized and frightening power to end a life cropped up in a narrated scene from a hospital where the health care personnel wanted to stop giving the participant's mother water through the veins, but the participant hated the gruesome idea of allowing her 'mother to [die of] thirst'.

Although religion as a containing frame for the mystery of death was not pervasive, Christian imagery emerged: for example, a Pietà sculpture of the grieving Madonna with her dead child on her lap and the cross presented as an ambiguous symbol of Christ. The idea of a graveyard appeared more comforting as a place symbolizing a shared destiny across the generations.

In all these images, death was imagined as a visceral or bodily (at times abject) reality, which reaches us in different ways at different times - not just a scientific fact, defined by the cessation of a heartbeat, but a personal, sensory, psychological and socio-cultural experience.

A combined and condensed image of a foetus in a mother's womb and a grandmother's death as experienced by a daughter and a granddaughter were presented mid-way through the matrix. This had a reparative force, contrasting with the many split off thoughts and images of a terrifying and mysterious death:

> I drew the image of a, a foetus inside the mother's stomach, and I thought - or the uterus - and I thought about the kind of symbiotic togetherness of the start of life and the complete loneliness at the end of life [……..] um, it makes me think of my, my grandmother, and I was actually there when she died, or had died, she was in the process of dying, and uh, the ambulance crew were trying to resuscitate her and then, when they didn't get anywhere she was put in the ambulance and they drove her to the hospital. And my mother and I followed the ambulance and, and saw her body in the hospital, it had been laid in a bed and it was very peaceful, and obviously she had only just died so there was sweat on her forehead, and I remember touching her forehead, and you know she had perspiration, and was so warm. It was a very beautiful and strange moment in my life.

Death is shown here not as something alien and set apart from the living, but as a connected bodily and psychological reality for the bereaved where the humanity of the grandmother, even in death, is present through the sweat on her brow. The warmth and the sweat suggest a human, physical presence after death and a hope that death is not always a definitive moment but a process of dying. The moment 'when the spirit leaves the body' is in reality difficult to define. This image challenges assumptions about the existential loneliness of death showing that when and how death occurs are trans-subjective and inter-relational questions.

The circular connection of birth and death in the above extract commences with a duality – symbiosis at birth, loneliness at death. Yet there is a tradition of watching over the dying, and we place great meaning in this presence, a watchful attendance, at the moment of death. In this sense, the living person is the holding environment for the dead or dying person – as the uterus holds the foetus – and the person who dies is expelled from the world alone. If the living does not attend to the dying the transition is lost, as no one is there to witness the passing away. But the situation also keeps the living in a process of separation from the dead relative or acquaintance. The circle in this image is established through a link between uterine existence and death, and the inter-generational relationship between mother, daughter and grandmother. Connection and closeness are established through a reference to symbiosis between mother and child in pregnancy that can be compared to the closeness between the living and the dying person. The beginning and end of life transcend the initial duality and become linked in circularity through the imagery, connecting death to new life and making it less cruel. In Kleinian terms it becomes possible to experience it from a depressive position, as both hopeful and sad; it gives way to a new life, but is also a closure in itself. In this image, as in images from the other matrices, there is loneliness when the generations are out of touch with each other but an experience of intergenerational connectedness makes old age appear meaningful.

Conclusion

In our use of the visual matrix, we were able to move beyond typical split discourses concerning ageing, as reproduced in the research literature and in conventional wisdom. At the outset we had supposed that these dualisms could be attributed to the anxiety-provoking nature of the transitions of ageing, not only for ageing individuals but for families and

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institutions looking after the elderly, and for welfare states. The visual matrices provided settings where these anxieties could be contained, and in doing so lent support to the original assumption and to the use of this method by showing that the fears associated with ageing could be confronted and a depressive ambivalence attained.

The dualities we noted earlier did constantly emerge in the matrices: life/living and death/surrender; hope/despair; being alone/ being in relationship; impotence in the face of ageing/struggling to be in control; suffering/pleasure; anxiety-induced blankness/ability to think in the face of painful experience. Sooner or later, however, they were integrated into a holistic train of thought. We have used three extracts, which differed in the quality of the anxieties referred to in each, (for example, it is easier to generate pleasurable images of retirement than of dementia). Nevertheless certain ideas reappeared. Primary amongst these was the theme of generation as fruitfulness, with an emphasis on the succession of generations within a family; on human relationships that accompany and transcend loss and isolation; and on the circularity of birth, life and death, incorporating ideas of the everlasting life beyond individual death, in continuity, human community and the natural world.

Using Kleinian theory, we have understood the fears and anxieties associated with ageing that may limit and exclude from thought the complexity of hard-to-bear experience. In turn this tends to impoverish the discourses available to policy-making and good-enough care, confining them to less painful or split representations of ageing as idealised or denigrated and hard to integrate. By contrast through integration of both bad and good facets of ageing, the matrix could give rise to the creation of new meanings and new experiences and help to enrich culturally available discourses. In the visual matrix sessions, these processes were enacted in microcosm so that free associative successions of images oscillated between

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reassuring and anxiety-provoking visualisations of the challenges of death and dying, dementia and retirement. In varying measure, the images realistically reflected the positive and negative in these transitions. Closely linked, we could see patterns of movement between 'I' and 'other', affording closeness to, or distance from, the threats and satisfactions associated with ageing. The snowflake seating pattern, along with the shared affect and image-based format de-emphasised a sense of ageing as confined to the personal and produced associative, interconnected images that were socio-cultural in character; that is, they represented challenges of ageing that could be recognised, related to and actively used by everybody while describing no person in particular.

As a post-script we should add that we, as a research group, were much affected by the visual matrices. The images and emotional states they produced in us continued after the workshops in the form of dreams and feelings, and sometimes an urge to share with others our experiences of growth and love. We explain this by the fact that we experienced the hard-to-bear aspects of our own ageing, vulnerability and mortality in a containing setting where inevitable anxieties could be brought into thought. We had the added advantage of successive sessions of immersion in the data, in a containing research group, for the purposes of analysis and this helped to intensify and deepen the experience.

The transformations that the research experience wrought in our relationships to ageing were enhanced by the richness of the images that the matrices so creatively generated; images that afforded multiple layers of condensed meaning that felt like an inexhaustible bounty. This aesthetic dimension seemed indivisible from the epistemological and the ethical (the immediate effect of the research on ourselves and other participants, and eventually, through dissemination, on the wider world). We hope that, hemmed in as this topic is by the fears and

threats surrounding the transitions of ageing, we have managed to fashion images and ideas that address hard-to-bear realities while integrating positive and negative aspects. We hope that this will contribute to richer, more realistic and useful discourses on ageing, better linked to compassionate practical care.

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References

Andersen-Ranberg, K. Birk-Olsen, M., Kronborg Andersen, C., Christiansen, T., Strid, & A.
(2007). *Pårørende til demente En spørgeskemaundersøgelse om deres helbred og behov*.
Copenhagen: Socialministeriet.

Behuniak, S.M. (2011). The living dead ? The construction of people with Alzheimer 's
disease as zombies. *Ageing and Society*, 31(1), 70–92.

Bion, W.R. (1967). *Second thoughts*, London & New York: Karnac.

Bion, W.R. (1970). *Attention and interpretation*, London: Routledge.

Canadian Partnerships in Dementia Care Alliance (2015). *Re-imagining Dementia through
the Arts*. [online] Available from: https://uwaterloo.ca/partnerships-in-dementia-care/re-
imagining-dementia-through-arts/re-imagining-dementia-through-arts-0 [Accessed
February 2, 2016].

Chodorow, N.J. (1999). *The power of feelings*, New Haven & London: Yale University Press.

Corner, L. & Bond, J. (2004). Being at risk of dementia : Fears and anxieties of older adults.
Journal of Aging Studies, 18,143–155.

Dahl, H.M. (2011). Who can be against Quality? In M. Ceci, C, Björnsdóttir, K & Purkis, ed.
Perspectives on Care at home for Older People. London: Routledge Studies in Health
and Social Welfare, 139–157.

Dahl, H.M. & Rasmussen, B. (2012). Paradoxes of Elderly Care. In A. Kamp & H. Hvid, eds.
Frederiksberg: Copenhagen Business School Press, 29–50.

Demensalliancen (2015). *Visionspapir*. [online] Available from: http://demensalliancen.dk/wp
content/uploads/2015/04/Visionspapir-2_Demensalliancen_DOWNLOAD. [Accessed
February 4, 2016].

Erikson, E.H. & Erikson, J.M. (1998). *The life cycle completed: Extended Version*, New
York: W. W. Norton.

Esping-Andersen, G. & Andersen, G.E. (1990). *The three worlds of welfare capitalism*,
    Cambridge: Polity Press.

Etwil, P., Sørensen, H.S. & Mackie, M. (2011). *Ældrestyrken kommer, temaartikel. Statistisk
    Tiårsoversigt*. [online] Available from:
    https://www.google.dk/search?q=%C3%A6ldrestyrken+kommer&sourceid=ie7&rls=co
    m.microsoft:da-DK:IE
    SearchBox&ie=&oe=&gws_rd=cr&ei=Tc4pV4PEDOzX6QSui5HYBw. [Accessed
    February 4, 2016].

Evans, D. & Lee, E. (2014). Impact of dementia on marriage: a qualitative systematic review.
    Dementia (London, England), 13(3), 330–49.

Fristrup, T. & Munksgaard, M.E. (2009). Alderdommen er ikke, hvad den har været. In S.
    Glasdam, B. Appel Esbensen, & K. Andersen-Ranberg, eds. *Gerontologi: Livet som
    ældre i det moderne samfund.* København K: Nyt Nordisk Forlag Arnold Busck, 76–91.

Froggett, L., Manley, J. & Roy, A.N. (2015). The Visual Matrix Method: Imagery and Affect
    in a Group-based Research Setting. *Forum Qualitative Sozialforschung / Forum:
    Qualitative Social Research [S.l.],* 16 (3), 1-34. Available from: http://www.qualitative-
    research.net/inde. [Accessed April 21, 2016]

Goodwin, J. & O'Connor, H. (2012). Notions of fantasy and reality in the adjustment to
    retirement. *Ageing and Society*, 34(4), 569–589.

Grenier, A. (2012). *Transitions and the Lifecourse: Challenging the Constructions of
    'growing Old'.*, Bristol: Policy Press.

Hollway, W. (2015). *Knowing Mothers* 1., London: Palgrave Macmillan UK.

Hollway, W. & Jefferson, T. (2013). *Doing Qualitative Research Differently: Free
    Association, Narrative and the Interview Method.* 2nd ed., London: Sage.

Hollway, W. & Volmerg, B. (2010). Interpretation group method in the Dubrovnik tradition.

International Research Group for Psycho-Societal Analysis. [online] Available from: https://www.researchgate.net/publication/277090401. [Accessed April 21, 2016].

Holstein, M.B. & Minkler, M. (2003). Self, Society, and the "New Gerontology." *The Gerontologist*, 43(6), 787–796.

Jacobsen, M.H. (2010). Dødens Sociologi - udfordringer for sociologi, selv og samfund. In P. Tanggaard Andersen & H. Timm, eds. *Sundhedssociologi*. Copenhagen: Hans Reitzels Forlag, 251–287.

Jørgensen, C.R. (2012). *Danmark på briksen* 1., Copenhagen: Hans Reitzel.

Kamp, A. & Hvid, H. (2012). *Elderly care in transition - management, meaning and identity at work*. Copenhagen: Copenhagen Business School Press.

Klein, M. (1975). *Envy and gratitude and other works 1946-1963*, Hogarth.

Kaasa, S. (2008). *Palliasjon Nordisk lærebok* 2., Oslo: Gyldendal Norsk Forlag.

Langdon, S.A., Eagle, A. & Warner, J. (2007). Making sense of dementia in the social world: A qualitative study. *Social Science and Medicine*, 64(4), 989–1000.

Langer, S.K. (1948 [1942]). *Philosophy in a new key: A study in the symbolism of reason, rite, and art*. New York: NAL Mentor.

Liveng, A. (2016). Aktiv aldring - en sundhedsskabende eller usynliggørende diskurs. In S. Lehn-Christiansen, A. Liveng, B. Dybbroe, M. Holen, N. Thualagant, I. C. Aamann & B. Nordenhof, eds. *Ulighed i sundhed - Nye humanistiske og samfundsvidenskabelige perspektiver*. Frederiksberg C.: Frydenlund Academic, 147–174.

Lloyd, L., White, K. & Sutton, E. (2010). Researching the end-of-life in old age: cultural, ethical and methodological issues. *Ageing and Society*, 31(3), 386–407.

Moffatt, S. & Heaven, B. (2016). "Planning for uncertainty": narratives on retirement transition experiences. *Ageing and Society*.1–20.

Molzahn, A.E. (2007). Spirituality in Later Life: Effect on Quality of Life. *J Gerontol Nurs.*,

33(1), 32–39.

Pleschberger, S. (2007). Dignity and the challenge of dying in nursing homes: the residents' view. *Age and ageing*, 36(2), 197–202.

Prince, M. et al., Published by Alzheimer's Disease International (ADI), London. (2015). *World Alzheimer Report 2015: The Global Impact of Dementia - An analysis of prevalence, incidence, cost and trends*. London. [online] Available from: https://www.alz.co.uk/research/world-report-2015[Accessed January 26, 2017].

Ramvi, E., Gripsrud, B.H., Liveng, A., Lading, Å., Froggett, L., Manley, J. and Hollway, W. (2017). The Visual Matrix method in a study of death and dying: Methodological reflections. *Forthcoming*.

Völuspá – Volvens spådom: Et dikt om verdens skapelse og undergang. Translation from Norse to Norwegian by Anne Holtsmark. 2008. Reykjavik: Gudrun Publishing.

Winnicott, D.W. (1971). *Playing and reality*, London & New York: Routledge.

Wrede, S. (2008). *Care work in crisis*, Lund: Studentlitteratur.

Yalom, I.D. (2008). *Staring at the sun*, San Francisco: Jossey-Bass.

Österlind, J., Hansebo, G., Andersson, J., & Ternestedt, B-M. (2011). A discourse of silence: professional carers reasoning about death and dying in nursing homes. *Ageing and Society*, 31(4), 529–544.

Aadland, A.K. & Ramvi, E. (2016). "Døden snakker vi ikke om". Sykepleieres opplevelse av møtet med døden i hjemmesykepleien. *Omsorg: Nordisk tidsskrift for Palliativ Medisin, 33.(1) s. 49-55*, 33.(1.), 49–55.