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The Role of the Body in Deep Old Age and Its Impact on Social Inclusion/Exclusion on Three Small Islands in the Pacific Northwest of USA

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DECLARATION

I, xxxx, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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ABSTRACT

This qualitative study on three small islands in the Pacific Northwest of the USA examined the role of the body (corporeality) for 23 participants, aged 80-102 and its impact on social inclusion/exclusion. Overall upward trends in longevity reveal a continuing increase in those living into the ninth decade and beyond. Current models of deep old age reflect a dominant view of decline and dependency with a dearth of empirical studies focused on the lived bodily experience of the very old. This research fills that gap by enhancing our understanding of the heterogeneity and nuances of the deep old age body and its impact on social inclusion/exclusion. A participatory methodology, photo-elicitation, was used as the basis for semi-structured interviews in which participants presented representations of daily bodily experience. Despite the challenges of the method, most participants were able to provide photographs for discussion. The findings suggest the body was not central to participants narratives and that a sense of community contributed to inclusion despite a wide range of bodily challenges and disabilities. This contextual corporeality suggested the importance of place and implicated the need for interdisciplinary and/or transdisciplinary research agendas that explore the lived realities of this group in different contexts to further understand the bodily experience. A nuanced understanding of the role of the body and inclusion/exclusion can have important implications for theorising deep old age beyond the decline model.

Keywords*: body (corporeality), contextual corporeality, oldest old, social inclusion/exclusion, islands, community, place, third and fourth age, qualitative research, visual methods, photo-elicitation*

IMPACT STATEMENT

This thesis has addressed an important gap in gerontological scholarship about social inclusion/exclusion in advanced old age at a time when developed nations are experiencing exponential growth in the 80+ population. To date, little research has focused specifically on this group beyond that primarily concerned with biomedical changes of later life framed within a view of decline and decrepitude. Whilst quantitative scholarship on social inclusion/exclusion has focused primarily on examining the factors which may lead to exclusionary practices in later life, little research has specifically examined the lived experience of the body and its role in inclusion/exclusion.

In doing so, the findings of this research have challenged essentialist assumptions associated with later life, often represented as a period of decline and decrepitude and posing great potential for exclusionary practices. These views serve as the basis of interventions and policies designed to support later life in ways that do not fully capture the nuances of advanced old age. This research presents empirical evidence suggesting a need to rethink ‘deep’ old age beyond its categorical distinctions into an old-old (versus young-old) or a fourth age (versus a third age), terms popularised by writers such as Neugarten (1975) and Laslett (1989) which seem to imply an inherent divide between the more able-bodied from those whose bodies present functional challenges. This, in turn, advances an agenda supporting new theoretical models aimed at acknowledging the diversity of ageing experience in advanced old age beyond its’ varied biomedical realities, whilst acknowledging the divisions created by distinctions based upon differing bodily capacities. Not only does the research suggest new directions in theoretical development, but it also opens the door for innovative methodologies not typically considered with those in advanced old age.

The successful use of an innovative, participatory methodology in this research has presented ample evidence and justification for its use in further scholarship involving those in advanced old age. Its possibilities for inclusivity in the research process have broad implications and opportunities to advance a nuanced understanding of the role of bodily challenges and inclusionary/exclusionary outcomes for those in the ninth decade and beyond. The findings also contribute to scholarship by introducing a contextual element to the experience of the ageing body, suggesting the merit of inter and trans-disciplinary efforts designed to understand the contexts of aged bodies and their impact on later life. This will serve to expand gerontological discourse and inform efforts outside of academia.

The exploration of advanced old age beyond biomedical boundaries into the social realm coupled with the innovative methodology used present critical components for policy makers to consider in capturing the totality of the ageing experience. It is hoped this will foster the development of policies and interventions which are tailored to promote a sense of belonging and inclusion for those with bodily challenges.

During this research, I have presented my findings at the British Society of Gerontology. In addition, I was accepted as a Visiting Doctoral Scholar through the UCL-Yale exchange. While attending Yale, I presented my work on visual methodologies as a guest lecturer in a Visual Sociology course there. In October 2023, I will present my findings at The Second Annual Conference of Small Island States and Subnational Island Jurisdictions. I also anticipate presenting a symposium on ageing with my supervisors at the annual Gerontological Society of America conference in November 2023.

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CHAPTER 1- BODIES, ISLANDS, AND SOCIAL INCLUSION/EXCLUSION

INTRODUCTION

This thesis reports on a qualitative research study supplemented by photo-elicitation which examined the role of the lived body in advanced old age and its impact on social inclusion/exclusion. The study took place on three islands in the Pacific Northwest of the United States of America. It reflected my commitment to the notion that understanding advanced old age must involve the active engagement of those whose ‘deep old age’ is being studied and who can best provide the fullest understanding of its meaning and experience. Twenty-three participants aged between 80 and 102 years old participated in the study. A social inclusion/exclusion framework served as a timely lens within which to situate the impact of advanced old age in contemporary society, given rising concern about the exclusionary possibilities of later life associated with a longer lifespan and with increased possibilities for ill health, multi-morbidities and disability.

The research was designed to situate the aged body in a context anticipated to present significant challenges for people aged 80 and over located in island environments. Such environments are characteristically described as small, bounded, and isolated (Baldacchino, 2018; Royle, 2001). These local peculiarities, particularly isolation, present obstacles to access to health care in addition to “economies of scale” (Kearns & Coleman, 2018, p. 292). Consequently, individuals on islands often face more arduous conditions when required to reach outside of their own communities for services. Assuming that health care is of particular importance to those in advanced old age, island environments presented a unique location for examining the problematising of the aged body. As the findings will reveal, however, these environments presented unanticipated benefits for the participants despite the rigours and challenges associated with island life (Bates, Coleman, Wiles & Kearns, 2019).

The research has three distinct, yet interrelated constitutive components, namely the body in advanced old age, island communities, and social inclusion/exclusion. While each component is uniquely represented within the literature, both as to its development as a discipline and its status, in this Introduction I will introduce some of the core elements of each component and the part they played in formulating the research. Each will then be used to situate the findings and serve as a foundation for examining their interrelationships which I will explicate in the Discussion chapter. I will first report the findings most aligned with each respective component, before discussing the relationships between the three components.

The examination of the body in advanced old age and its impact on social inclusion/exclusion within an island context contributes to the ongoing debate about the current theoretical and conceptual models for later life, particularly the models associated with the third and fourth ages, which will be discussed in more detail later in this chapter. It is claimed that a "lack of constructive cultural narratives of old age impedes older people from giving meaning to any difficult circumstances related to ageing in which they might find themselves" (Dortmans, Tholking & van Wijngaarden, 2022, p.1). This examination may enhance understanding in ways that may prove foundational for attitudinal change, re-imagining policy, and re-structuring practice (Warnes, 1990).

I will introduce the three components within the current context of the ageing of ageing societies. Having introduced these components of the research, within this context, I will then discuss the rationales for the specific components of the study. The research presents both theoretical and practical issues which I will present and discuss throughout the thesis. The realities of advanced old age give rise to cultural representations associated with current ageing demographic trends. These representations further promote conceptual models which are embedded within assumptions that may not reflect the characteristics of this changing demographic. These assumptions reflected in models of ageing may no longer enhance understanding of advanced old age in a contemporary context. Specifically, the decline model of the fourth age and its associated imaginary may not allow for the the heterogeneity and diversity amongst those in advanced old age and instead suggests an 'otherness' which may contribute to exclusionary practices.

RATIONALES FOR THE RESEARCH

It is noteworthy how little research has aimed to understand the everyday lived experience of those in advanced – or 'deep' old age (Davies et al, 2010) despite this group's rise to the fore as the fastest growing age group in the United States of America (Yuskauskas, Cohen & Conroy, 2020; Hinck, 2004). Its centrality for understanding the future of ageing societies has had limited focus beyond the study of the biomedical consequences of living into advanced old age, which, for present purposes is taken as living beyond the age of 80 years (Clarke & Koretchenko, 2011).

Demographic realities and the cultural representations of old age

The first and most evident reason to explore this group is the increase in the number of persons over 80 [1] which is projected to triple between 2020 and 2050 (https//www.un.org/en/global issues/ageing accessed May 18, 2022). Already, those 85 and older represent seven percent of the world's 65+ population (Humboldt & Leal, 2015). Those over 80 represent an emerging age-group whose attributes we know little about beyond that framed by biomedical perspectives (i.e., morbidity, mortality and use of health and social care services). How are we to understand their values, interests and experiences and how their role in society may differ from that of their younger 'ageing' counterparts? "Known as structural lag, older people are subject to obsolete social roles nominally synchronized with their realities of their ageing" (Yuskauskas et al, 2020, p. 2).

While comprehensive data on island ageing populations in general is not readily available, some islands anticipate population growth in accordance with global ageing trends (McRoberts, 2020; BBC News, 2021; Formosa, 2013).

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[1] Researchers have differently delineated the oldest old characterisation. Cohen-Mansfield, Shmotkin, Blumstein, Shorek, Eyal, and Hazan (2013) refer to those 75-84 as old, those 85-94 as the old-old, and those 95+ as the oldest old. Garfein and Herzog (1995) have defined those 60-69 as the young-old, those 70-79 as the old-old, and those 80+ as the oldest old. There are slight variations on these characterisations.

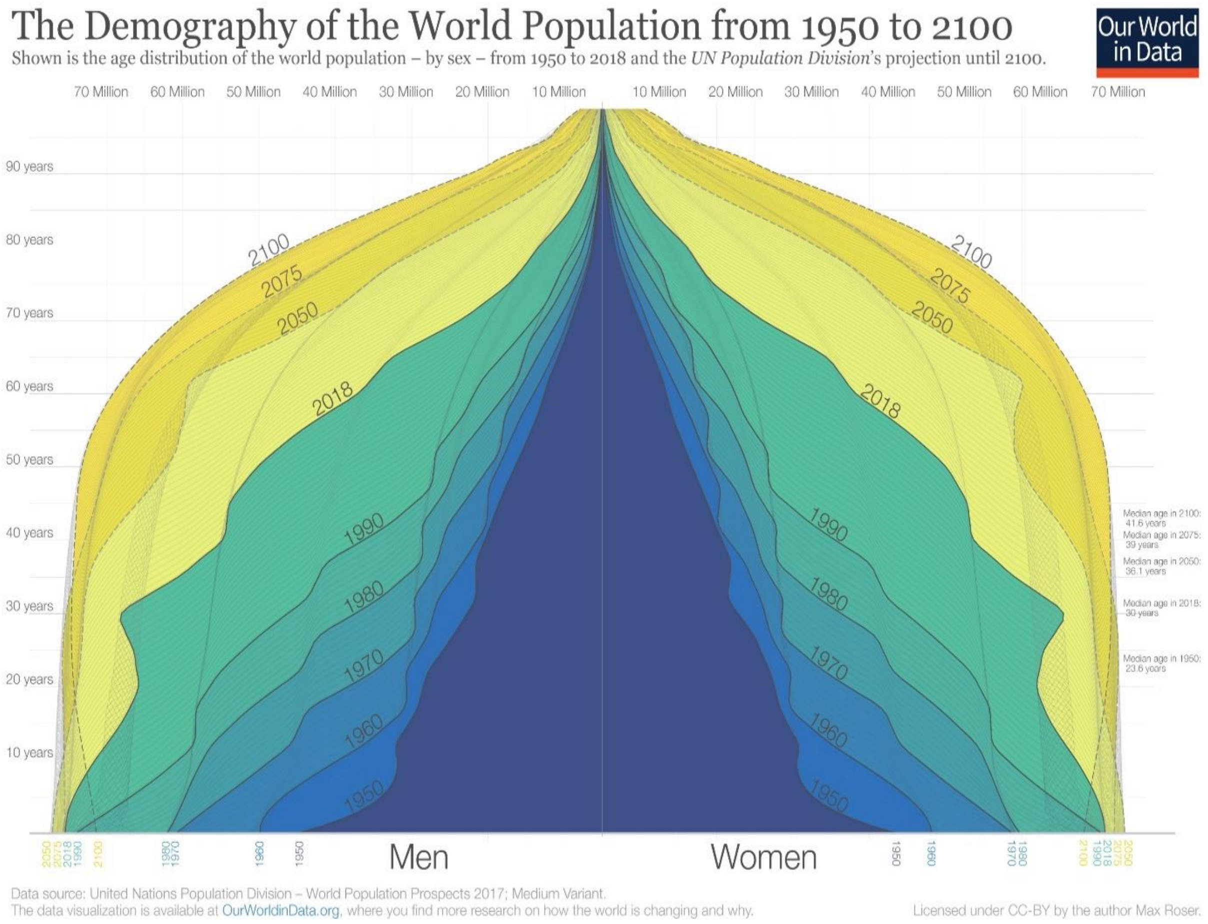

Figure 1. 1 World population projections

Source: https://ourworldindata.org/world-population-growth

Projections indicate a world-wide triple fold increase in those over eighty, reaching 426 million people in that age group by 2050. Whilst old age was less common in pre-modern societies, if reached, it often represented a time of distinction, although extreme 'agedness' within such societies is likely to be exaggerated. It was quite uncommon and widely viewed as imparting knowledge and valuable information as "chief instructors of the people" (Simmons, 1946, p. 83). Simmons (1946) traced the contrasts with modern society, most notably the "experience in primitive societies seems to be more smoothly tapered and the onset of senescence less abrupt and freer of traumatic transitional phases than in modern civilisation" (Simmons, 1946, p. 93).

The change toward the ageing of ageing societies has come about more recently, as later life expectancy has risen most notably since the 1960's. It has been variously described as 'the second demographic transition' and the new era or fourth stage in the epidemiological transition characterised by rising life expectancy after age 65 and a shift to ever older ages in the distribution of mortality from degenerative diseases (Rowland, 2012). At an individual level, this transitional phase has been described by Gilleard and Higgs (2010) as “when people are no longer getting by, when they are seen as not managing the daily round, when they become third persons in ‘others’ age- based discourse, becoming within ‘others’ rules” and becoming “ subjects of a fourth age” (p. 122)- a time Gilleard and Higgs refer to as the passing of an “ event horizon…beyond which the everyday round cannot situate a frame of reference from which individual agency is interpreted” (p. 122). Later life is no longer a distinct categorical destination, but one which has changed, grown and become subject to a range of conflicting representations, usually contrasting ‘ageless ageing’ with ‘decrepit old age’ (Higgs & Gilleard, 2021). The influential narratives of ageing present categorical and contrasting narratives of decline and dependency, making ‘deep’ old age ‘an unpleasant prospect’ compared with that of a ‘successful’ ageing. The latter serves to ignore the realities of ageing, particularly advanced old age, in favour of an alleged ‘normative’ lifestyle in which the deleterious aspects of ageing are ignored in order to position ageing more favourably (Dortmans et al, 2022, p. 2).

Recent mass media attention to age and ageing has created a platform for the widespread dissemination of ageing experience and meaning often advancing negative stereotypes (Dortmans et al, 2022; Milner, Korman & Milner, 2012). The emerging demographic of ‘real’ or ‘deep’ old age has given rise to a number of issues that exhort meaning to later life, the first of which is fundamental – that is, the way this trend is represented visually and linguistically. Increased longevity has spawned characterisations such as a ‘silver tsunami’(Chivers, 2021) and ‘apocalyptic demography’ (Gee & Gutman, 2000). Whilst the ordinary meanings of those words are apparent, their insidious impact less so. Not only do such widespread negative images fail to reflect the heterogeneity of advanced old age, evidence suggests that they are also detrimental to health and may lead to premature death through practices which embody this negativity and limit the possibilities for embracing changes associated with ageing in a more dynamic way (Levy, Slade, Chang, Kannouth & Wang, 2020; Levy & Leifheit-Limson, 2009). These associations underly a set of assumptions about the very old whose focus is on homogenous negative images, burden, and scarce resources (Dixon, 2021), the latter of which fosters a growing competition between the generations for resources and development (Raghuram, Bornat & Henry, 2011).

As is evident, these descriptives have a cascading effect in suggesting adverse health outcomes in advanced old age, shaping it into a “cultural location, or more accurately a series or set of interlinked locations often associated with disadvantage” (Gilleard & Higgs, 2020, p. 2). This location can generate discourse centred on divisions and distinctions where bodily capacity (or incapacity) is central to the institutional processes oriented toward a central corporeal role (Levy et al, 2020). This, in turn, serves as the primary discourse around advanced old age. Whilst the images and representations of old age may contribute to the cultural locations described by Gilleard and Higgs (2020), it is important that we consider the realities of advanced old age when navigating those cultural associations. It is only then that we can extract purposeful meaning to the everyday realities beyond their categorical designations.

A constitutive element flowing from the trend toward the ageing of ageing societies lies in the related bodily changes associated with advanced old age, giving rise to the imperative that these realities be considered in balance with the totality of the ageing experience, rather than its exclusive position in situating later life. Research consistently demonstrates that the prevalence of disease increases with increasing agedness and coincides with mobility and other related functioning losses (Crimmins & Beltran-Sanchez, 2011). Changes to physiological reserve in multiple bodily systems are well documented (Navaratnarajah & Jackson, 2017) despite differential and contested ways of measurement and conceptual frameworks (Chatterji, Byles, Cutler, Seeman & Verdes, 2015). Undisputed, however is WHO's (2015) recognition that age-related changes in musculo-skeletal, neurological and sensory functions, are inevitable whilst diversity of experience is acknowledged. Some individuals may age comfortably and without impairment with their physiologic age being less than their chronological age, while for others the opposite occurs, leading to the general observation that with ever increasing age comes ever increasing diversity (Effects of Aging – OrthoInfo AAOS, 2022). Notwithstanding differences in ageing profiles, the longevity associated with the current population changes present challenges of existing models of care and supports that may arise from the trends (Awang, Mansor, Peng & Osman, 2018). For example, Covid-19 served to increase awareness of the dangers inherent in congregate living for those with bodily challenges and suggested a refocus to home options that may serve the emerging demographic going forward (Escourrou, Laurent, Leroux, Oustric & Gardette, 2022).

Diminishing levels of 'bodily capital' (Antoninetti & Garrett, 2012) in advanced old age creates new potential divisions within later life (Gilleard & Higgs, 2013). In addition to the known risk factors associated with disabling conditions, mounting evidence suggests social isolation itself may have a significant adverse impact on functional capacities (Nyqvist, Cattan, Andersson, Forsman & Gustafson, 2013; Tilvis, Laitala, Routasalo & Pitkälä, 2011). Raymond (2019) has examined the role of stigma in older people with physical impairments and found a reduction in participation opportunities due to a perception of a 'failed ageing', a sequelae of the rhetoric associated with a successful ageing paradigm based in functionality, fitness and good health (Gibbons, 2016; Rowe & Kahn, 1998). Intractability and "irremediable disablement" (Gilleard & Higgs, 2020, p. 152) flow from such changes in bodily condition, further rendering those over 80 years vulnerable to exclusionary processes. A number of studies have found that health-related changes resulting in bodily decline have been associated with social exclusion (Sacker, Ross, MacLeod, Netuvelli & Windle, 2017; Miranti & Yu, 2015; Scharf & Keating, 2012). Similarly, Barnes, Blom, Cox, and Lesof (2006) found the oldest old were at greatest risk of exclusion across multiple dimensions.

The corporeal realities of an ageing population, coupled with the negative depictions of the demographic trends, present compelling reasons to examine the exclusionary possibilities of advanced old age. However, these factors alone do not fully capture the potential for exclusion later in life. The representations of ageing and agedness that are embedded within narratives that centre around the characterisations of the third age (or successful|) and the fourth age (or unsuccessful or failed) contribute to the 'cultural location' of later life and its inclusion or exclusion from the broader society. Before I turn to a more detailed discussion of the history and conceptualisations forming the basis of third and fourth age characterisations, I will first review the theoretical rationale for the research, which considerations are enmeshed within the practical realities of advanced old age.

Theoretical considerations and interdisciplinary understandings

Theorising in gerontology has toiled with pitfalls relying upon homogenous or linear modes, settling for averages in favour of understanding heterogeneity (Bengston, Parrott & O'Burgess, 1997). Whilst Bengston et al (1996) acknowledge progress, they caution that the development of theory will, in part, depend upon incorporating linkages to other disciplines, with a need to construct "explicit explanations in accounting for empirical findings" (Bengston, Burgess & Parrott, 1997, p. S72). Sargent et al (2022) have engaged with these earlier suggestions in a recent transdisciplinary study, highlighting the complexities of ageing research designed to elicit nuanced solutions to the systems of social networks, environment, and community that interface with ageing. These considerations have guided this research by posing a number of questions that underlie the study of the aged body in a specific environment within a framework of social inclusion/exclusion.

What are the theoretical imperatives and considerations for understanding the body in advanced old age? What impact does the oldest old body have? How does context matter? Is there a nexus between the corporeality of life and its personal and social context? These are the fundamental areas of exploration in this research. They necessitate a consideration of current, emerging, and potential future theoretical foundations for exploring and understanding advanced old age as a social gerontological endeavour.

The field of social gerontology has been criticised for lacking in theoretical development despite an abundance of empirical studies (Birren, 1999) which do not integrate empirical findings in their explanatory accounts (Bengston, Gans, Putney & Silverstein, 2009a)-a critique addressed in this study. Alley, Putney, Rice, and Bengston (2010) delineate three main rationales for the use of theory in gerontology, namely, to guide the research process, explicate the findings, and enhance understanding of interventions for age related issues. They have also suggested that theory development in ageing has grown more interdisciplinary and warrants the use of perspectives "outside the core of sociology of ageing" (Alley et al, 2010, p. 583). It is this latter notion of an interdisciplinary perspective that highlights the need to consider how theories of society "have to change as a consequence of population ageing" (Kohli, 1988, p. 15). Inter or trans-disciplinarity, whilst challenging the existing ecology of ageing holds potential for expanding and re-inventing gerontological models we now rely upon to understand ageing (Peace, 2022). Whilst the design of this research did not anticipate the import of geography and place in the way it emerged through participants narratives and their sense of identity (Lam, 2021), its explanatory value suggested the limitations of current gerontological models of ageing located within the relatively de-contextualised narratives of the third and fourth ages.

This thesis aims to develop this notion by integrating concepts from the field of social gerontology with island studies, geographical gerontology, and the sociology of later life where the focus of consideration of old age does not commence nor conclude with life beyond working age as its defining event (Kohli, 1988). The integration of place and the relations between older people and the environments where ageing occurs have received recent increased attention in gerontology, particularly during the COVID-19 pandemic where social isolation and decreased participatory opportunities arose. The distinctive environment of islands as unique places presents questions about dominant discourses surrounding Laslett's third age (1991) and its later classification as a 'cultural field' (Gilleard & Higgs, 2007). While Baltes' (2003) and Lasletts' (1996) classification of 'deep' old age (their 'fourth age') has dominated gerontological discourse, with its implicit contrast with the third age, such a formulation may limit the possibilities for theorising advanced (real) old age in different and less 'othering' ways (Higgs & Gilleard, 2021).

Theorists have examined changes in societal structures to understand ageing through socio-cultural factors (social constructionist) or through the meanings associated the social processes inherent in human interaction (symbolic interactionist). Political economy theorists focus on the inequities attributable to a capitalist economy (Blaikie,1999). A phenomenological analytic seeks to understand the experiences associated with daily life in advanced old age, which experiences constitute the "everyday life of ordinary people" (Blaikie, 1999, p. 5) with agentic possibilities central to that experience. While advanced old age may present both as a marker of difference and an inevitable process (van Dyk, 2014, 2016), Grenier and Phillipson (2013) define 'deep' old age by its potential for agentic possibility, albeit in a different form (Grenier & Phillipson, 2013) despite the allusivity of this position. Gilleard and Higgs (2010, 2014c) delineate a lack of agency as central to discourse surrounding frailty, dependence, and decline.

What does agency have to do with the ageing body and its potential for exclusion? Some have argued that increasing age brings the onset not so much of ageing (which is a continuing process) but of 'senescence', a term used by Hayflick and Moorhead (1961) to refer to those cellular changes that cause deterioration and play a role in a number of biological processes associated with ageing (Khaliq & Saleem, 2022)."Senescence on the whole is regarded as an accelerating loss of control or ownership of the personal body" (Hennessy, 1989, p. 42). In advanced old age, changing physical realities often result in the shifting control of the body to others, such as physicians, caregivers, assistive devices, etc. all of whom may play increasingly instrumental roles in shaping the course of later life. In a sense, it may be argued that in such cases, the body no longer belongs to oneself (Hennessy, 1989). This places agency at the centre in framing the very old body, with implications for its realisation and autonomy[2] that are substantial. It also places agency in advanced old age as the focal point differentiating representations of the third age with those attached to the fourth age.

Whilst the concept of agency has been deemed by some to be of no "sociological merit" (Loyal & Barnes, 2000, p. 507), it persists with a wide reach and has frequently been employed to understand human action through specific disciplinary lenses. Based upon the moral philosophy of Kant and later work of Parsons, agency reflects a platform for imagining the constraints facing societal actors for whom autonomy serves as the moral foundation of social order (Turner, 2016). Gilleard and Higgs (2020) have related bodily capacity to agency when

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[2] Whilst there are fine grained differences in conceptualisation of the terms agency and autonomy within disciplinary traditions and cultural differences, I will use the terms in the sense that they are interdependent in ageing (See Hill, 1998; Herr, 2010).

discussing the possible limitations of old age and its impairments. They indicate that bodily capacity serves “as a vehicle for human agency” (p. 102) in which “the notion of bodily integrity or normativity” (p. 102) implies an understanding of what a normal body should be. In noting the ‘commodification of the body’ coupled with the proliferation of anti-ageing strategies and a highly differentiated consumer society, Gilleard and Higgs (2010) see later life as emerging around agency and choice in contrast to dependency and constraint. Yet, the term requires one consider the enabling and constraining elements of structure within which it is actualised.

Thapan (2022) has claimed that “agency is a vexed concept” (p. 17). While its existence lies in structures of power, that power also presents “apertures for agency to assert itself in different modes and ways of being” (p. 17) through actions enacted singly, declined or pursued through others- a form of proxy agency (Bergstrom, Eriksson, Asaba, Erikson & Tham, 2014). These ways of being depict the lived experience and may run counter to the cultural representations of any defined group. The totality of lived experience (Merleau-Ponty, 2002; Dahlberg, Dahlberg & Nystrom, 2008) of advanced old age is accessed through and within the body whilst enacting agency (Bergstom, Eriksson, Asaba, Erikson & Tham, 2014). The range of lived experiences executed through everyday opportunities to act, or constraints which prohibit action, help to unpack the role of agency in advanced old age.

There is little consensus about the dimensions of agency. Hitlin and Elder (2007) refer to it as a “concept with quasi-mythical properties” (p. 56). To develop an empirical model, they situate the different approaches to the concept from the perspectives of cultural sociology (Alexander, 1992), social psychology (Bandura, 2006), and social theory (Layder, 1985). Whilst one may disagree with the utility of developing such an empirical focus, Hitlin and Elder (2007) do so with an eye toward understanding life course changes which may prove useful in informing our understanding of its reach. As one component of their analysis, they argue that capacities to make long term plans are not agentic per se but increases one’s sense of agency and opportunities for exercise. Further, they characterise it as the capacity to “influence one’s own life within socially structured opportunities” (p. 57). It is this latter understanding that underlies social exclusion discourse.

Walsh, Scharf and Keating (2017) integrate agency in their analysis of social inclusion/exclusion. Whilst they primarily identify barriers to full participation in society, inclusion/exclusion, they frame domains and mediators of exclusion as factors which limit an older person’s choices. Nielson, Wiles, and Anderson (2019) have indicated that “examining agency illuminates the power relations that underpin the process and context of exclusion” (p.

26). Colley and Hodkinson (2001) argue that efforts to address exclusion are individually based upon enhancing agency yet are “formulated within a prescriptive structural framework” (p. 335), similar to Hitlin and Elder’s view (2007). Malik and Obhi (2019) reflect upon a broad conceptualisation of exclusion as a “threat to one’s perceived sense of control” (p. 30), an important phenomenon also associated with an asset through which one accrues social capital (Gilleard & Higgs, 2020). Further Malik and Obhi (2019) note the importance of the perception of agency to one’s overall sense of purpose. Whilst their approach to agency is beyond the scope of this thesis (that is, whether agency is related to a phenomenon associated with psychiatric disorders known as intentional binding), the notion that agency reflects this sense of control has salience to those in advanced old age where aspects of bodily control may be challenged.

Atkinson and Hills (1998) have indicated that agency reflects a fundamental component of exclusion. Despite conceptual models which focus on domains and mediators, agency plays a fundamental role in inclusion/exclusion in capturing an individual’s ability to exercise rights to avail themselves of opportunities in accordance consistent with their wishes (Bandura, 2006). Whilst Bandura’s (2006) conception of agency is rooted in the psychological sciences, the key element of a relational context for the actualisation of agency reflects a broader sociological characterisation of agency that is embedded in structures. Shapiro (2005) expands the notion of relationships as central to agency, those clothed under the cover of the realities of organisations, bureaucracies, professions, etc. Crossley (2022) similarly relies on the nature of the relational in structure/agency discourse and its possibilities for enabling or constraining actors.

THE BODY

The emergence of the body as a matter of interest to gerontologists can be traced to the broader cultural turn in the social sciences (Twigg & Martin, 2015; Gilleard and Higgs, 2015) leaving behind the legacy of the Cartesian mind-body dualism (Turner, 2009). According to Turner (2009), the role of the body in modern society has an “uncertain ontological status as a living organism, as part of nature, or as a system of biological information” (p. 514) where its place within social systems is unclear. Anthropologists have made numerous contributions to understanding the body through the study of such areas as dance and tattooing (Turner, 2009). Contemporary society demands examination of the body beyond its biological attributes because its affect cannot be dis-entangled from social and cultural realities particularly for those in advanced old age.

Social theory and the absent body in gerontology

Generally, ideas about bodies emerged from philosophical and religious tenets subordinating the body to the mind (Shilling, 2012). Marx, Weber, Durkheim, and other classic sociologists, whilst engaging with the body indirectly, did not focus on the body as a central area of inquiry (Shilling, 2012). However, each understood the role the body played beyond its pure physicality. Marx understood bodily limits and the effects flowing from those limitations (Fox, 2016), Weber's application of the disciplined body in ***The Protestant Ethic*** (Turner, 1982***),*** and Durkheim's approach to social facts and the "corporeal internalisation of societal trends|" (Shilling, 2010, p. 152), provided additional context to the body. As a discipline, sociology has been reluctant to engage with human corporality with few exceptions relative to capitalist development, consumerism and the role they have played in the changing significance of the body (Turner, 2008). Whilst Turner (2008) and Shilling (2012) noted earlier recognition of the possibilities of the body as integral to social processes in the work of Weber, Marx, and Durkheim, its role was not highlighted as a central and independent line of inquiry in the sociological canon (Gilleard & Higgs, 2014a).

Turner (2012) attributed the rise of interest in the body as a function of the emerging relationships between technology and society and expansive social movements which call into question fundamental premises about bodies (Turner, 2012). Traditionally, focus on the body was rarely central in sociology where caution characterised establishing a discipline distinct from the natural and psychological sciences. An approach which favoured understanding of how labour, emergence of urban centres and secularisation influenced social order prevailed over the mind/body interests of philosophers and anthropologists (Shilling, 2012). Rather, the conceptual dichotomies surrounding nature/culture, action/structure, and subject/object dualisms gave rise to increased interest in the body in a context of modern consumer culture, expanding social movements, and advanced biomedical technologies (Gilleard & Higgs, 2013; Shilling, 2007). These technological developments have contributed to the complexities of modern life and have raised questions about the nature of bodies (Turner, 2012; Nettleton, 2021), as have social movements involving women's' rights, environmental consciousness, and religious rights. Each of these has given rise to new visons of the body as a site of social meaning, a determinant of social standing. Frank (1991) referred to the tensions around the body in modernity as a “reference point” (p. 40) in a changing world. Whilst this view envisages a departure from prior cartesian dualism, the biological realities of the body remain fundamental to understanding what a body is, despite its rendering as a socially constructed entity (Howson, 2013).

Shilling (2007) has suggested three reasons why interest in the body has increased exponentially in modernity. He noted its multidisciplinary foundational relevance, its utility in framing and examining long-standing debates (noted above), any ‘hidden heritage’ or ‘absent presence’ in classical texts that may enlighten the discipline’s underlying precepts, and advances in technology which call to question our essential being as humans. Howson and Inglis (2001) similarly noted a historical trend toward a ‘corporeal sociology’. Here, they claim that an interdisciplinary convergence may explicate the “transcendence of dualisms” (p. 298) permeating a comprehensive view of the body steeped in a Cartesian dualism. Frank (1991), whilst primarily oriented toward a phenomenological view of the body, has contended that the interest in the body reflects a need to reconcile the body as fundamental to a sociological agenda (Maguire, 1993).

Varying theoretical approaches have inspired social gerontologists to think about the body in a number of ways. Frank has drawn partially upon Giddens structuration theory (Maguire, 1993), whilst Turner has developed the notion of the body as “both a material and discursively constructed object” (Howson & Inglis, 2001, p. 301). Crossley, drawing upon Merleau-Ponty has described the body as both active and passive (Howson & Inglis, 2001). Whilst it has been undisputed that our bodies are central to our identity (Gimlin, 2006; Turner, 1991; Goffman, 1959), different approaches to the body have focused either on the body as an absent presence in everyday consciousness (Leder, 1990) or an active aspect in creating a notion of the self (Shilling, 2003). In the findings, I will discuss components of each of these perspectives as represented in participants narratives. Gimlin points to Leder’s reliance on Giddens (1991) work on the reflexive self in modernity in delineating body projects as acts in furtherance of self-identity. In the former absent presence, Leder (1990) noted this ‘corporeal absence’ until and unless something moves the body to the forefront of experience bringing the body into “explicit awareness” (Gimlin, 2006, p. 700). Otherwise, the body remains at a distance, thus precluding the possibility that any bodily discomfort or dysfunction assumes a role in our being. Gimlin (2006) noted that Leder’s corporeal absence enables one to engage, in contrast to bodily ‘dys-appearance’ in which the body fails to perform and therefore removes “us from the activity in which we are engaged, alienates us from the social world and forces us into the limited sphere of the body” (Gimlin, 2006, p. 701). Whilst Leder’s work has been criticised as lacking empirical investigative possibilities, it has provided a framework to view the body in advanced old age where the possibilities of bodily intrusions may be more frequent, severe, or alienating and prevent engagement with the social world.

To situate the corporeal body in an ageing context, it is useful here to further delineate the body's place within sociological theory historically and presently, beginning with the absent body (Oberg, 1996; Leder, 1990). Turner (2008) noted "a theoretical prudery with respect to human corporality which constitutes an analytic gap" (p. 33). Whilst sociology developed as a discipline contemporaneously with the growth of biomedicine and its fundamental reliance on data, the irony remained in its position that biologism was inimical to its fundamental precepts in espousing a social constructionist view of the world (Turner, 2008). The 'ontological dualism' persisted throughout the emergence of gerontology as a field of inquiry with the body remaining absent. Oberg (1996) first addressed this absence following Kaufman's work (1986) in which older people reported an "ageless self" despite bodily incapacity (Kaufman, 1986, p. 6-7 as cited by Oberg, 1996). This fundamental precept has influenced social gerontology up until the last few decades and will be evident in participants narratives in which their bodies were not central to their daily lived experience, until they are asked to contemplate a future body. Biomedical sciences and social constructionists have furthered the dualism by espousing to one or the other hegemony. This has left the body to a mere anatomical description or to formulation as a social construct by social gerontologists who viewed the body as a conduit for the actions of social processes.

The irony surrounding the absence of the body in gerontology is curious at best, given the inescapable and predictable physical progression of ageing, coupled with worldwide longevity predictions. Gilleard and Higgs (2013) emphasized the importance of engaging the corporeal to deepen understanding of the interplay between body and society. Conversely, Shilling (2012) warned of the risks for gerontologists who adopt what Shulz (1986) characterised as 'inverted Cartesianism', wherein a focus on the physical could limit our understanding of the factors inherent in the interplay between the physical and the social. Shilling (2012) drew attention to the compelling need to know the body and its ageing presence if we are to govern effectively, consider future system needs, and engage meaningfully with our ageing population.

More recently, the absent body has come into focus in modernity and with the popularity of the 'active ageing' paradigm, whose tenets encourage active engagement of older people with a view toward optimising and promoting opportunities for inclusion in all spheres of life (WHO, 2002; Mendes 2103). Gilleard and Higgs (2013) noted the emerging prominence of the body coincided with the “coming of modernity “(p. 48) when ageing was “born” (p. 48) and “new ways of thinking about and understanding the body were incorporated into a mass consumerist culture” (p. 49). New concerns with globalisation, inequalities in health, and racism shone a spotlight on the role of the body (Gilleard and Higgs, 2013; Shilling, 2012). Opportunities for leisure and consumption, and the pursuit of hedonistic adventures resulting from post-industrial economies gave rise to a new awareness and new possibilities for the body (Fraser & Greco, 2005), accompanied by an epidemiologic shift in focus from acute to chronic disease.

The body and its role in dividing later life: the inherent dilemmas of the Third and the Fourth ages

In this section, I will introduce the ways in which the body has played a central role in the theorisation of later life, and specifically advanced old age where the possibilities for distinction, division and exclusion loom large. The significant social changes embedded within larger systems of modern society has resulted in increased attention to the body and its role in fostering divisions within systems and society and particularly in ‘old age’. Whilst the practice of describing life stages has a long history according to perspectival schemes from the scientific to the theological, few characterisations have endured to the extent that the enumeration of the third and fourth ages have (Burrow, 1986). These models present defined cultural representations of ageing in which a youthful desirability is foundational (Barken, 2019; Hazan & Hazan, 1994). Whilst not always specifically referring to the third and fourth ages, human experience is memorialised by constructs which serve to interpret values and norms, which, in turn form the basis of social knowledge. Relying on Bourdieu’s (1984) analysis of distinctions as the foundation of social knowledge, he argued that characterisation of the old is one such conceptual instance. The dual categorical third and fourth ages present exactly the type of distinction he described. Embedded within these categorical distinctions, concepts such as successful ageing and the contrasting decline view of advanced old age emerge with favour toward the able body.

Accordingly, advanced old age has given rise to ‘developmental dilemmas’ in efforts to understand and theorise this time in the life course and address possibilities of division particularly for those characterised as being in advanced old age. There have been several approaches which have suggested views which attempt to describe the stages of later life. Each has inherent lines of demarcation when viewing ‘old age’ as a stage marked by increased longevity trends and a cultural context in which possibilities for defining the self are abundant in our post -modern culture.

Whilst not representing an exhaustive list of the conceptualisations of advanced old age, Wahl and Ehni (2020) have offered a summary of the most cited conceptualisations of advanced old age along with a critique of each. While differing in approach, each incorporates a common element of 'biological and physical decline processes" (Wahl & Ehni, 2020, p. 5) – a reality which underpins this research on the role of the body in an inclusion/exclusion framework. These authors have suggested that Neugartens' distinctions of later life into a 'young' and an 'old' old age, Lasletts' explication of a third and a fourth age, Erikson's distinction between an eight and a ninth later life stage, and Baltes characterisation of 'deep' old age as a period of 'reduced potential' (Baltes & Smith, 2003) represent some of the most established conceptualisations in gerontology to date. The four conceptualisations Wahl & Ehni (2020) have reviewed are based around the inherent distinctions created by these contrasting concepts, epitomised by the third age/fourth age split. Each relies upon a binary distinction between those whose bodies are 'ageing successfully' and those whose bodies are not. They point to the inherent disadvantages of such binary characterisations and further suggest the risks inherent in such a binary, limited approach. Within each of these conceptualisations, lines of division are apparent where advanced old age is viewed in a predominantly negative light and marked by a combination of chronology and corporeality.

According to Wahl & Ehni (2020), Neugartens' distinction between the 'young old' and the 'old old' where the former are tasked with shaping an 'age irrelevant society' suggesting a path for eradicating the fears of growing old and the divisiveness associated with notions of ageing (Neugarten, 1974). This notion of fear and divisiveness was later further explicated by Gilleard and Higgs (2015) notion of the fourth age as a social imaginary. Neugartens' later work focused more so on a need-based analysis of later life rather than on a pre-determined chronological marker but the young-old/old-old distinction has remained an important reference point.

Wahl & Ehni (2020) have noted the impact of Laslett's work on the third age as a 'life course pattern' reflecting an emerging demographic capable of realising the benefits of this new phase of life where lessened responsibilities, in turn, opened up possibilities for personal enrichment. Laslett's work inherently gave rise to a contrasted period of life in which possibilities for enrichment (that is, in the fourth age) where frailty and the imminence of death exists. Further, according to Laslett (1987), the division of the life stages (four of them) views the third age as a “collective circumstance” (p. 135) where one’s goals are realised, good health remains, and the vigour “and attitudes to enable people to go on to attain what has been called the crown of life in their later years” (p. 137). This time of opportunity to engage in ways of choice became possible in the late twentieth century and grew from an increased awareness that the experience of later life was changing. “Agentic self-fulfillment, consumption, and active engagement” (Johnson et al, 2020, p. 2712) characterised post working life. Opportunities for leisure and volunteerism inaccessible to prior generations were associated with higher levels of social integration leading to higher quality of life (Cuyvers et al, 2018; Timonen, Kamaya & Maty, 2011).

A third conceptualisation reviewed by Wahl and Ehni (2020) noted Erikson’s stages of psychosocial development where the ninth stage purportedly embodies the notion of a fourth age (those referred to in their eighties and nineties) where bodily capacities are in decline and the psychological sequelae of that may be deleterious, unless some manner of transcendence occurs in which a “redefinition of time, place, life, and death as well as a redefinition of the self” occurs (Wahl & Ehni, 2020, p. 3)- an idea proposed by Tornstam in his work on gerotranscendence. Lloyd (2023) has noted that this conceptualisation is the only positive depiction of the fourth age amongst all those reviewed by Wahl and Ehni (2020).

Lastly, Blates’ formulation of the fourth age as a stage of ‘human incompleteness’ for those in their eighties and older characterised by broad based pathology is set in contrast to the third age which he considers, as others have noted, a period of continuing growth and possibilities. This view, like the prior three, is underlined by an inevitable, chronologically determined bodily decline.

In summary, Wahl and Ehni (2020) suggest the distinction between the third and the fourth ages, whilst important because “it offers a pragmatic means to account for the heterogeneity and evolvement of ageing in modernity” (p.1), comes with dangers in its dominant negative characterisations of advanced old age. Further, they suggest that since the models are based upon agency, the fourth age leaves little room for personal fulfilment and happiness. They suggest a need to ‘revisit’ the fourth age as a transitory period with its defining feature being proximity to death.

In addition to the four conceptualisations offered by Wahl and Ehni (2020), Gilleard and Higgs (2015) and Price (2014) have proffered the notion that the fourth age exists as a ‘social imaginary’ in which the fourth age “becomes a symbolic presence in peoples’ minds…that swallows all subject to it” (Price, 2014, p. 390). The imaginary of decline and dependency (contrasted with a vibrant and active third age) serves to fuel a collective understanding and as a reference point where institutional structures assume a prominent place in individuals’ lives in advanced old age. Lloyd (2023), whilst not addressing the role that institutional structures may play in such an ‘imaginary’ questions the use of this term to describe advance old age.

Others have critiqued the distinction drawn between the third and fourth ages as exclusive of womens’ experiences of frailty (Pickard, 2021). Van Dyk (2021) has examined the third and fourth age constructs through the lens of ageism and the ‘radical othering’ attributed to older people more broadly through ubiquitous representations in the media- a notion also embraced by Gilleard and Higgs conceptualisation of the fourth age. While Van Dyk frames her analysis within the context of the recent global pandemic, she argues that the terms serve to perpetuate a homogenization of older people, a notion embedded within the ‘social imaginary’ where advanced old age is represented linearly, thereby precluding any semblance of fluidity to individual realities.

Lloyd (2023) acknowledges challenges to the third and fourth age conceptualisations where empirical findings highlight more positive narratives of independence and self-reliance. Relying upon Goldmans’ literary references to vulnerability, Lloyd suggests a ‘rethink’ should not be limited to the fourth age but rather should include analyses of notions of dependency and care throughout the life course. Pickard (2021) similarly sought to expand the discourse surround the fourth age to a broader based view of the life course. Lloyd (2023) raises important issues of human rights as inherent in her suggestion to examine issues of dependency and vulnerability throughout life, noting the human rights implications inherent in interdependent relations throughout life and the cultural context in which those issues arise today in advanced old age.

Whilst the contrasts of vibrancy with decline are apparent in each of the four conceptualisations presenting developmental dilemmas Wahl and Ehni raised, some have drawn attention to other ways to examine old age. This includes issues of agency (Grenier & Phillipson, 2013), of citizenship (Miller & Kontos, 2017), of frailty (Cluley, Martin, Radnor & Banerjee, 2022), precarity (Grenier, Phillipson & Settersten, 2020), and proximity to death

(Lloyd, 2004). Whilst each of these approaches differs slightly in focus, they illustrate the complexities posed by advanced old age as a “developmental dilemma” (Wahl & Ehni, p.1).

These heuristic concepts change over time with the advancement of life enhancing and life prolonging technologies (Baltes, 2006; Baltes, 1996) and have been subject to both criticism and support. Pickard (2014a) draws attention to the contrast between the third and fourth age by noting that the former “derives its meaning in opposition to frailty and is organised around the aim of avoiding it” (p. 553). Cuyvers, Thomese and van Tilburg (2018) however argue that the third age concept is useful for understanding participatory activities in later life yet caution against its application to all older adults given the heterogeneity of practice in this group which may differ according to gender, race, and class.

The emergence of the construct of the fourth age presents a sharp contrast where vigour disappears and dependency arises. Negative associations of advanced old age are not uncommon (Gilleard & Higgs, 2015; Rowland, 2012; Achenbaum, 1974) and persist today. The result of ‘othering’ those in advanced old age contributes to the notion of an active and engaged third age (Higgs & Gilleard, 2015), which serves to perpetuate a line of distinction between those able to participate and those whose ability to do so has changed deleteriously. Johnson et al (2020) saw the third and fourth age as less devoid of agency which they found was “influenced or mitigated at different moments” (p. 2728). They argued that formal care provision supported an interdependence which offered more opportunity for the exercise of agency within a range and degree of choices.

Coincident with the emerging demographic realities is the strength and power of these narratives which have served to influence policy both locally and globally, as well as perpetuate divisions in later life which highlight the differences between those who have vigour and those who do not. Whilst there are a number of differing approaches to the understanding of later life and the third and fourth ages (Adams, Roberts & Cole, 2010; Rowe & Kahn, 1987), they represent diametrically opposing ways of life, the third seen as a counterpoint to the fourth (Kafkova, 2016). Whilst the third is associated with a period of fulfilment and personal enrichment and the latter one of decrepitude, dependence, and death, both are based upon presumed life course divisions, centred on post working lives (Laslett, 1994). Despite Laslett’s (1987) own reservations over such life course divisions, their persistence permeates discourse around later life, despite the emergence of a demographic whose lives may remain active and engaged well beyond these original life course divisions. The terms themselves suggest divisions based upon their assumptions. What did Laslett envision when categorising later life into such divisions, with the third age representing an era following retirement in which good health, vibrance, and active lifestyles were possible? Did he intend to have such a period of good health and vibrancy abruptly terminate at a certain age, as some have suggested thereby entering the fourth age? Neugarten (1974) envisioned a division in later life by distinguishing between the young old and the oldest old, the former being seen by many as belonging to the third age and the latter to the fourth where dependence and decline befell. Each of these characterisations of later life have exclusionary possibilities inherent in their formulation. The positive sense of the third age is magnified by its juxtaposition with the fourth age (Twigg, 2006) and according to Gilleard and Higgs (2010) is “presaged upon the agency of its participants” (p. 122). In doing so, Higgs and Gilleard (2015) have disputed a life course approach to the third and fourth age. Instead, they argue that the third age has emerged amidst a climate of socio-cultural change which privileges choice, self-expression, and pleasure, attributes which “collapse into silent negativity” (p. 126) in the fourth age. In their analysis, they draw attention to the distinctions between ageing and old age, the former being a process, and the latter a social category or status. Further, they argue that the third age is a cultural field in which participation defines the field and is driven by a rejection of agedness- which in turn defines the parameters of the fourth age. In contrast to the third age, Gilleard and Higgs (2011a; see also Gilleard & Higgs 2011b) argue that, despite the dark imaginary of the fourth age, it is not an inexorable reality but that institutional responses to the developments in advanced old age fuel an imaginary, particularly its invocation of the nursing home as an iconic symbol of having traversed a point of no return.

Demographics and the influential narratives that flow from them accord opportunity to revisit the theoretical constructs which reduce later life to characterisations inherently presenting exclusionary possibilities, i.e., active, and vibrant in the third age or frailty and ill health in the fourth age. Neither of these narratives allow for the heterogeneity within later life and risk constraining our imagination in ways that also contribute to exclusion. While this heterogeneity must also consider the corporeal realities described above, exploring later life as multi-dimensional, contextual, and transitional may enhance understanding.

PLACES OF AGEING AND THE ISLAND CONTEXT

Ageing does not just happen in an individual body, where the ageing of individual bodies takes place matters equally. The context of corporeal ageing is a central theme for this research. In this section I will review a few key themes from the ‘ageing in place’ literature, in order to provide a bridge before moving to consider the specific places where the particular participants in this research 80+ years were ageing and living. By way of introduction, consideration of the places where people age has evolved very much as an interdisciplinary and transdisciplinary field over several decades, involving a combination of gerontology, geography, psychology, sociology and epidemiology. Initial limited inquiries focused on the spatial configuration of older people. Rowles (1986) framed place as significant to understand the older persons “evolving relationship” (p. 528) with space and place. Later work expanded integrating a transactional approach designed to enhance understanding of the relationships between older people and their environments and the meaning of place (Rowles, 1986; Andrews, Cutchin, McCracken, Phillips & Wiles, 2007). Others stressed the importance of examining the context and social environments into which the very old were embedded to better understand their longevity (Banerjee & Velten, 2020). More recent efforts have presented compelling reasons why ageing research must engage with external environments in which ageing takes place (Peace, 2022; Andrews, Evans & Wiles, 2013).

Whilst we regularly speak of factors such as senescence, diet, metabolism, and lifestyle affecting the ageing experience (Pandey, 2018), we have only recently begun to speak of context, particularly place and its effects on ageing. Context comprises a critical component of the ageing experience, as this research intends to demonstrate. Space and place have emerged as central concepts in geographic and environmental gerontology, the former viewed as landscapes in which human action takes various forms and characterises space and its embodying possibilities (Peace, 2022). Lock’s concept of ‘local biology’ links the body inextricably with place (Kontos, 1999; Lock, 1993a). Peace (2022) noted Tuan’s (1977) conception of place as that which we endow with value. Urry (2001) noted that “places are not just seen, as in the scopic regime of the ‘sightseer’ but perceived through the diverse senses” (p. 12). “Place saturates social life: it is one medium (along with historical time) through which social life happens” (Gieryn, 2000, p. 467). Happenings happen “in a place, requiring material positioning or referent for them to unfold, as they do. It is the juxtaposition of event, people and place that is the defining signature of human and social life” (Baldacchino, 2013, p. 13).

Whilst space and place have undergone theoretical transitions viewing space both as a physical and social phenomenon (Andrews, 2003; Wiles, 2005), or a geometric grid (Hartshorne, 1958; Wiles, 2005), more recent work on space and place has centred on migration patterns of older people, particularly with an eye toward identifying inequities in service provision. ‘Age-friendly environments’ have received considerable attention focused on structural issues- that is, configuration of outdoor spaces, transportation, and housing to accommodate changing physical capabilities (Davern, Winterton, Brasher & Woolcock, 2020). Yet, we know that the ageing experience encompasses more than these accommodations. While albeit extremely useful, these accommodations do not address the underlying and more expansive notions of place contextually fundamental to the ageing experience. People age within families, neighbourhoods, and specific modes of community (Pruchno, 2018). Their capacities or incapacities exist within those places which have an ethos of their own and influence the experience of ageing. Empirical research has demonstrated that space and place matter to older people as they experience changes in their capacities and struggle to maintain close ties with their neighbourhoods and social groups (Skinner, Andrews & Cutchin Skinner, 2017).

Gilleard, Hyde and Higgs (2007) study of those over 50 in England examined place and well-being. They concluded that place contributed to a sense of belonging, which in turn, led to a sense of well-being. As explanatory, they drew upon the concept of community as described by Calhoun (1998) and Putnam (2000). Specifically, they noted Calhoun’s distinctions of “community as a physical network of relationships that exist within a particular town, village or area of residence-with community a source of variance in social relations contributing to a degree of ‘community-ness” (Gilleard et al, 2007, p. 591). They also noted the significance of Putnam’s configuration of the concept of community where connectedness amongst its members is central and is a form of capital that binds people together- a capital which is embedded within notions of moral obligations, shared values, and social networks (Siisianen, 2003).

Population ageing has characterised the twenty-first century and given rise to the need to examine the contexts of ageing, consider the places where ageing occurs and the elements of context which impact daily life for the very old (Skinner, Andrews & Cutchin, 2017). Establishing an understanding of the “transactional and mutually constitutive relationships between older people and the spaces and places through which ageing occurs” (p. 4) will provide “constructive, distinct, and essentialist contributions” (p. 6) to the study of ageing. In ageing research, the interplay of place/space and the individuals who occupy them has provided opportunity to discover nuanced facets of ageing, not otherwise apparent within a singular disciplinary focus. The changing landscape of later life and specifically advanced old age demands an expanded view which optimises the possibilities for understanding the increasing complexities of advanced old age. This research, undertaken in unique island environments, serves that purpose of "imaginative pluralism" (Skinner, Andrews & Cutchin, 2017, p. 318) where the nuances of participants' daily lives emerged.

Following, I will situate islands as unique places in which ageing occurs. To do so, I will first introduce them in a broader context to highlight their rich history and place in the fascination of explorers, the site of innumerable ecological and anthropological field studies all of which contribute to an imaginary of island life embraced by many of the participants in this research.

Population, Ageing, and Island Scholarship

Six hundred million people live on islands[3], 10% of the worlds' population (Randall, 2020; Baldacchino, 2007). They permanently inhabit 80,000 islands[4] (Baldacchino, 2018). The growing interest in the study of islands and islanders has led to a wealth of scholarship, primarily involving environmental issues, yet little research has considered the lives of those in advanced old age living on islands. Whilst it is difficult to ascertain generalised global data on island ageing, some area specific data indicates some island populations are ageing faster than cities (Wilson, 2021; Wachs & Urrestaraz, 2021; McRoberts, 2020; UNFPA Pacific Sub-Regional Office, 2014).

As an introduction, the issue of what an island is may seem apparent but remains contested (Baldacchino, 2012a). The fundamental and common geographical description that an island is that which is surrounded by water can readily be found in the Compact Oxford English Dictionary, yet further defined in the Oxford English dictionary as being 'completely' surrounded by water (Royle & Brinklow, 2018). Other definitional sources describe archipelagos, atolls, islets, reefs, and rock masses projecting from the water within its rubric for what an island is (Royle & Brinklow, 2018)[5]. Some define islands by means of land area (Depraetere & Dahl, 2018) raising a question of scale and what impact scale has on an island's characteristics and culture (Randall, 2020). These definitional variations, whilst not an exhaustive list, convey the complexity and diversity of islands.

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[3] Moyle, Croy, and Weiler (2010) had noted 100,000 islands world-wide with over 400 million inhabitants (citing Lilley, 2006). Whilst it is difficult to accurately assess population data for islands, the difference in figures is noteworthy.

[4] Royle (2001) notes there are "hundreds of thousands of islands" (p.1) yet does not indicate what territories are included in enumerating that figure.

[5] The International Convention of the Law of the Sea has its own classification of islands which precludes classification as such where habitation cannot be sustained.

Interest in the study of diverse small islands[6] has created opportunity to examine the impact of smallness and its constraining or enabling characteristics, whether the absence of large-scale complexity matters, and the existence of polyvalent roles and functions in small locales (Eriksen, 2018). Each of these aspects of smallness is particularly salient for ageing populations on a broader scale and may contribute to a greater understanding of ageing, thus challenging our essentialist assumptions about advanced old age as a period to be feared and avoided whenever possible. Following, I will further introduce the nature and culture of islands that presents background for the participants narratives.

Historically, islands have long been places of fascination, a kind of 'lure' that places the island as a site of difference or strangeness (Peron, 2003). Whilst that distinction of strangeness has changed with more readily available accessibility of many islands, the distinction of difference remains. Islands continue to confer upon those who live there an identity of individuals disconnected from the world (Peron, 2003). Despite the presence of ferries, getting off islands may be difficult and subject to the natural occurrences of the wind and sea. "For those living on an island, it is clearly the centre of the world. The maritime barrier surrounding it is always there, solid, totalising, and domineering, tightening the bonds between the island folk, who thus experience as stronger sense of closeness and solidarity" (Peron, 2003, p. 330).

Islands have influenced scientific inquiry, literary issues, and played a role in human culture (Royle, 2001). Whilst it is critical to caution about generalisations concerning islands, island scholars continue to engage on "what makes islands distinctive" (Grydehoj, 2019, p. 3). They have been described both as unique geographical entities but also as "small-scale social groups where cultural interactions are densely intermeshed" (Suwa, 2007, p. 6), a point which proved salient to the narratives of the participants to which I will return to later in this thesis. In Japanese culture, the word for island (shima) also extends to territory or community. This latter concept of community embodies the notion of what matters to people about islands- and those who imagine island territories (Grydehoj, 2019). Before discussing the concept of islandness and the role of the sea for islanders, the following section will highlight the concept of community on islands specifically situating its relevance for a contextual analysis of corporeality in advanced old age.

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[6] The definition of small islands is contested but most scholars adopt the Commonwealth Secretariat and World Bank definition which categorises small by having a population of less than one million (Lockart, 1993). This definition does not address places which are small but densely populated (ex. Malta).

The island locales of the research presented unique and unanticipated results which implicated the critical need for consideration from an interdisciplinary or trans-disciplinary perspective when considering the way in which advanced old age is experienced. As previously noted, ageing occurs in context, and the context in this research implicates the role of the island as a constituent of the lived experience of the older body and its capacity to remain included. Here I will review historical and recent scholarship on islands as background information for positioning the research findings reported in subsequent chapters.

Whilst island research has proliferated in the past few decades, it is firstly important to distinguish islands from other rural environments. Deleuze has written of islands as unique and contradictory spaces. “Dreaming of islands-whether with joy or in fear, it doesn’t matter-is dreaming of pulling away, of being already separate, far from any continent, of being lost and alone-or it is dreaming of starting from scratch, recreating, beginning anew” (Lapoujade & Taormina, 2004, p. 6). “Spatial-economic and social-cultural characteristics, caused by multiple and complex natural, economic, political, social, transport, communicational, and other factors define islands as a special type of rural area” (Marinkovic, 2014, p. 165). The specific characteristics of size, distance from mainland systems, and an island’s reliance on and interactions with the mainland differentiate it from other rural areas (Royle, 2001). Consensus about what makes islands special remains elusive, thus making it difficult to define islandness, a common descriptor of island territories (Grydehoj, 2018). Hay (2013) has criticised the discipline’s reliance on ‘islandness’ as a fundamental tenet and proposes the notion that the “land/sea interface would prove to be the identity constructing factor that would supply the coherence” (p. 229). He posits that the sea is a “key factor in the construction of island identity-and its almost biophysical (and cultural) richness is replicated in the complex particularity within island cultures” (p. 229). His reliance on the sea supports his notion that it “endows islanders with a sense of being ‘contained within’ …supplying the phenomenological ground of island particularity” (Hay, 2013, p. 216). Similarly, Cottrell (2017) noted the importance of the sea for some islanders whose histories foster a sense of self-sufficiency characteristic in the oft cited distinctions between ‘them’ (mainlanders) and ‘us’ (islanders).

Baldacchino has also reflected upon the importance of the sea to islanders, his frame of reference was primarily economic (Hay, 2013). Grydehoj (2020) noted that islands’ diverse spatialities make it difficult to invoke generalised archetypes but look critically at island geographies to identify shared elements and differentiate the subjectivities of boundedness, isolation, remoteness, and smallness (Grydehoj, 2019). Whilst Hay (2013) himself questions the utility of the notion of the sea as a “key factor in the construction of identity” (p. 229), Osbaldiston (2018) has noted the “organisation of the social on the coast” (p. 255) in his ground-breaking introduction to a sociology of the coast. While he is not speaking of islands directly, like Hay (2013) he relies upon the sea as “enchanted spaces, where the sea meets the littoral-or disorder meets order” (Osbaldiston, 2018, p. 255). He notes the work of Lencek and Bosker (1998) who characterise the sea as a place of “great mystery and limitless wonder” (p. Osbaldiston, 2018, p. 256). Osbaldiston (2018), like |Hay (2013) finds the coast a special phenomenon “that privileges the slow, the perceived authentic life- conduct that opposes the norms” (p. 258).

However, Grydehoj (2018) has offered a common denominator of island character regardless of their immense variability- that is, the notion that islands are “spaces of heightened conceptualisability” which he terms “legible geographies” (p .2). Baldacchino (2004) describes islandness as a phenomenon that intervenes, not determines the physical and social realities of islands. The island’s space and place mattered to the participants on these three islands in ways I will introduce in this section. Acknowledging that it is not possible to generalise to island territories en masse, these locales presented unique sites in which the islands natural beauty, its people, and its practices enabled participation and inclusion. Following, I will introduce concepts within nissology (the study of islands and islandness) which I will return to in the discussion to situate the findings. At the most fundamental level, I will first consider the definitional nuances of islands to convey the breadth of diversity of island locales, followed by a further explication of the concept of islandness.

Islands as Communities: a place for an ageing body

Deeply aged bodies, despite their limitations and challenges, may prove to serve their owners well or badly, in no small part depending on the context of where those bodies live. Community is one such context, particularly in relation to its role in social inclusion/exclusion. Whilst various disciplines have viewed community differently, its reach has been both criticised (Crow & Allan, 2013) and lauded in describing its utility as an analytic frame (Tjora & Scambler, 2020). Communities have been described in several contexts, namely spatial, sociological, cultural, imagined, friendship related, and more recently, virtual-each questioning its viability in modernity with a singular common thread in understanding it primarily as a positive phenomenon (Formby, 2017). Each of these disciplinary perspectives offers some insight into the narratives of the participants in this research whose experience of their bodies, in some ways, was transcended by their self-proclaimed sense of belonging and community which permeated their daily lives.

For present purposes, island communities will be introduced here to foreground the findings of this research where its salience to inclusion became apparent, despite the complexity of unpacking its relational processes, particularly amongst the older population on islands (Kjorholt & Bunting, 2020). Despite a dearth of island research on ‘community’ relative to older people, some island studies in other disciplines have illuminated noteworthy ideas which serve to implicate its utility in understanding the experience of older people.

McReynolds (2014) reviewed the evolution of the idea of community in noting its’ reference as something beyond place referring to the advent of online connections (Bradshaw, 2008), a notion in contrast with Baldacchino’s (2006, 2007) notion of place as central to community on islands. Baldacchino (2018) further elaborated on the notion of community referring to a sense of intimacy borne in the realities of personal connections and polyvalent relationships in small, bounded spaces. He noted a sense of social cohesiveness and fellowship which flows from these island peculiarities (See also Anckar, 2002).

Whilst acknowledging the tensions inherent in the notion of community, its’ introduction nonetheless serves as a useful conceptual lens to further explicate of the role the deeply aged body in unique geographies and their potential to foster or frustrate social inclusion. However, in and of itself, community may provide only a partial understanding of the experience of advanced old age bodies. Its’ “conceptual cousin” (Putnam, 2000, p. 21), social capital, is noteworthy for providing a closely allied framework within which the experience of advanced old age bodies sits. Putnam’s characterisation of the relationship between the two concepts is a re-characterisation of an older debate about the waning of community in contemporary society (Colclough & Sitaraman, 2005). Whilst each term has been “plagued by a multiple of conceptualisations, definitions, and operationalisations” (Colclough & Sitaraman, 2005, p. 474), their cumulative impact may have salience for advanced old age bodies in navigating everyday life. The distinction between the social and cultural context of community may be contrasted with a more purposive notion of capital where the quantity and quality of social networks serves as an investment in achieving goals, acting as a resource to the individual rather than simply reflecting an aspect of the community (Lin, 2000), with each contributing to an overall sense of ‘belonging’ (my place, my people). Both place-based communities and social capital networks play a role in the development of trust, support, and sense of belonging (Colclough & Sitaraman, 2005).

Having briefly introduced the concepts of social capital and community here, I will specifically note the interrelation between community and social capital, a development that has emerged in response to efforts to capture the nature of groups of people bonded together in various forms (Crow, 2018). This will serve to further situate the island context of the research and the way in which participants focus on community and the nature of their island environment was salient to their bodily experience.

Putnam's writings on community highlight the importance of the concept when considering the context in which ageing takes place. Portes and Vickstrom (2015) further elaborate on the idea of community built upon social capital by contrasting Bourdieu's and Putnam's concept of capital. Whilst their work is primarily concerned with cohesion in an immigration context, they view Bourdieu's capital as a compilation of resources inherent in networks upon which other forms of capital emerge-forming the seeds of community. Navarro (2002) viewed those networks as "rooting the capabilities and resources of individuals primarily in the social structures in which they are articulated, seeing those resources as pivotal for either reproducing or breaking capitalist relations" (Navarro 2002, p. 431). Putnam viewed capital as a 'public good' in which trust in others generates a collective cohesiveness- a notion that is apparent in participants' narratives discussed later. Some empirical findings dispute the value of capital as a collective resource and rely instead upon a sense of cohesion based upon "universalistic rules and the capacity of institutions to compel their observance" (Portes & Vickstrom, 2015, p. 58).

Crow (2018) has described community emerging from overlapping roles and responsibilities, linked to "wider webs of sociability that reinforce each other and as common bonds and provide a basis for shared identity and action" (p.3). Charles and Davies (2005) noted the interrelationship between place and community specifically for older participants where everyone knew each other and kinship networks were demarcated, a finding similar to the island context of this research. Additionally, membership in local organisations created a sense of community and belonging in Charles and Davies (2005) study of participants in Wales where both bridging and bonding capital emerged from these activities, again, similar to what participants in this research reported in the context of their extensive volunteerism.

At this juncture, I will now return to aspects of islands which emerged in the research. Islandness, the role of the sea, and an essential character that flows from each of these will be introduced in the following section. Islands "have been front and centre in the human imagination" (Baldacchino, 2018, p. xxi). Not only do they elicit notions of connectedness affiliated with small size, insularity, and isolation, islands conjure a myth or lore about them that contributes to the experience of being an islander.

Islandness, the sea and the island's 'essence'

While the concept of islandness continues to evolve, Conkling (2007) has described islandness as a "metaphysical sensation that derives from the heightened experience that accompanies physical isolation" (p. 191), a phenomenon rapidly diminishing with the globalisation trends throughout the world. Hay (2013) pointed out that Conkling (2013) was working from Maine islands, which he disputed could be classified as remote or isolated. Conkling (2007) further claimed the "characteristics of islanders resonate through time and space" (p. 192), an idea also disputed by Hay (2013) who pointed to the diversity of islands which "renders each island radically particular" (p. 210).

Courtyard et al (2017) relied upon Conkling's (2007) notion of islandness as representing shared characteristics and contributing to well-being yet did not offer a means to understand that claimed connection. Royle and Brinklow (2018), whilst acknowledging the difficulty in defining islandness, considered it as a fundamental characteristic unburdened by former categorisations of insularity carrying associations of 'small-mindedness' and 'parochialism'. They attributed access to natural beauty as rooted in islandness and living harmoniously with the rhythm of the sea, an idea grounded in the sea which Hay (2013) had previously noted. The notion of islands as "cocooned within the confines of the edge" (Royle & Brinklow, 2018, p. 11) supports Hay's (2013) reliance on the sea as fundamental to the idea of islandness. Such a notion also highlights Osbaldiston's (2018) reliance on the sea informing coastal practices integral to the nature of the sea and its place in daily life. Similarly, Cottrell (2017) found that islanders found the "importance of the sea as a marker of their distinction from other" (p.179).

Spatial notions of islandness have both an imaginary and very practical relevance. The geographic realities of size, proximity to mainland, isolation and archipelagic fragmentation present central issues to islands (Telesford, 2021). This spatiality of islands characterised early thinking about islands where size was foremost in analyses of multiple processes of islands. Current scholarship has expanded the notion of islandness beyond this geographic spatiality to include its role both as community and as individual 'state of mind' (Randall, 2020). Randall (2020) highlighted previous scholarship by Platt (2004) who considered islandness as a "construct of the mind, a singular way of looking at the world" (p.1). Whilst noting an amplified perception of islandness by outsiders, he contrasted it with the intuitive aspect of the concept for islanders themselves who did not embody a need to express it as such (p.1). Randall (2020) supported this somewhat ‘externalness’ of islandness that characterises island environments rather than how islanders characterise themselves but identify.

Royle and Brinklow (2018) and Conkling (2007) noted an attachment to place illustrative of islandness. An awareness of the sea as a boundary has been noted by many scholars with the sea providing a sense of “alterity and the rest of the world beyond the horizon” (Baldacchino, 2005, p. 35). Randall (2020) extended the concept of islandness to embody a “sense of place and belonging that connects people and communities with their natural and social surroundings in tangible and intangible ways” (p.101). Whilst acknowledging that a sense of place may occur in other geographies, he drew attention to the notion of the sea raised earlier by Hay (2013) in his critique of islandness. Randall (2021) differentiates by noting that “on a small island, place is affected by the presence and role of water and the boundary between water and land” (p.101). Like Lencek and Bowsker’s (1998) characterisation of the wonder of the sea, Randall attributed the sea as an objectifying presence in the compendium of islandness attributes. Williams (2012), whilst relying on Deleuzian writings on island referred to island land as being “in contradistinction to its surrounding waters” (p.215), an inverse reference from former scholars who saw the sea as the referent point from which to initiate discussion. In characterising islands beyond their unique physical characteristics, Bates, Coleman, Wiles and Kearns (2019), one of only a few teams of researchers examining the experience of older people on islands, referred to islandness as a phenomenon “beyond its material scenery and landscape to include valued aspects of social cohesion and community” (p. 181).

While a broader view of the sociology of islands has received little attention, the concept of islandness has been conceptually employed to understand issues of resilience and vulnerability **(**Kelman, 2019), how islands influence perceptions of indigeneity (Greydehoj et al, 2019), ecotourism and islandness (Hong, 2017), and tropes of islandness (Chandler & Pugh, 2019). Whilst little research has focused on notions of community on islands, the phenomenon of islandness may embody similar characteristics.

Notions of social networks, place identity, a boundedness separate from the mainland and the ever presence of the sea contributed to a sense of community for islanders (Cottrell, 2017). The shared sense of isolation facilitated stronger relationships within island environments and a “community-defining bond” (Hay, 2006, p. 22), a sense of reciprocity and cooperation defining communities (Putnam, 1992). Polyvalent relationships are foundational to islands and reflect an environment in which people help each other to meet needs and can expect a level of reciprocal generosity (Moody & Phinney, 2012), a notion embedded within the concept of social inclusion.

One of the key questions then is whether living and growing old on an island serves to keep people belonging with their islandness, overcoming their agedness and thereby maintaining social inclusion, or whether a point is reached when the very agedness of the body exceeds the capacity of a particular community (in this case, the islands) to hold the person in – to make them still feel ‘included.’ In the following final section of this introductory chapter, I will review the third component of this thesis’ research framework, namely the concept of social inclusion/exclusion, the relationship of inclusion/exclusion to community life on islands and to the lived experience of advanced old age.

SOCIAL INCLUSION/EXCLUSION

Population ageing, along with other demographic and social changes has the “collective potential” (Scharf & Keating, 2012, p. 1) to exclude those in later life from the ordinary activities of work, political engagement, and social society, particularly those who endure physical challenges coupled with inadequate supports (Albuquerque & Fontaina, 2023). Silver referred to the notion of exclusion as a “rupturing of the social bond” both individually and collectively (Silver & Miller, 2003, p. 159). Inequalities amongst older people coupled with rapid technological changes in society further enhance exclusionary possibilities (Walsh, Scharf & van Regenmortel & Wanka, 2021). Lack of access to rights and opportunities available to others disadvantages those in advanced old age disproportionately. In times of economic instability, the exclusionary risks for older people become more pronounced (Scharf & Keating, 2012). Changing family dynamics may also contribute to exclusion where family size, immigration status, and increasingly diverse families may create unique challenges for the integration of older people. In response to the changes in society, the potential for exclusion of older people requires consideration by those interested in minimising isolation and exclusion, particularly of the very old. Silver (2007) has indicated the terms social inclusion/exclusion are polysemic and context dependent, a notion important to the inquiry here where the role of the body and inclusion/exclusion gave rise to contextual issues.

Historians, psychologists, and scientists have engaged with the concept of social inclusion/exclusion on the premise that activities which include/exclude people are fundamental to social processes. The possibilities for engagement at all levels reflects practices and core social processes of society (Allman, 2013). Whilst the policy implications of inclusionary/exclusionary practices and processes cannot be underestimated, their place in understanding advanced old age present compelling considerations for theory development in gerontology. Whilst having established the importance of considering exclusionary practices in contemporary society, it is useful to understand the historical context of the development of exclusion research and scholarship, its origins and formulations which situate us today in efforts to understand the nuances of exclusion beyond efforts to identify its descriptive ‘facts’ as a means to mediate its impact. Further, understanding its historical context and its current conceptual models reveals its evolving and dynamic nature whereby individuals may experience inclusion temporally or spatially in fluctuating states, rather than as the simple binary status of ‘included versus excluded’).

Conceptual foundation-A. Policy links and model

The concept of social inclusion/exclusion has been present in European political discourse for decades, treated as a “relational issue involving a lack of social integration and power with individuals becoming detached from a broader moral order” (Cemlyn, Patsios, Bell, Heslop & Gordon, 2011, p. 19; see also Albuquerque & Fontaina, 2023; Torres, 2018; Townsend & Wedderburn, 1966). The concept emerged from an initial effort to address issues related to poverty and disadvantage in France in the 1960’s and was concerned primarily with material and financial deprivation as exclusionary processes (Phillipson & Scharf, 2004). It developed amidst a climate of economic reconstruction in capitalist economies throughout the 1970’s (Silver, 1994). Bak (2018) also linked the term with earlier work of Durkheim, who addressed social exclusion in society through discourse on societal cohesion. Its evolution was inextricably tied to the emerging political and economic climate in Europe at a time of uncertainty and change in the development of the Welfare states. In conjunction with this uncertainty, Peter Townsend’s book (1979) *Poverty in the United Kingdom* drew attention to the notion of poverty as a relative concept where it played a role in limiting participatory possibilities (See also Scharf & Keating, 2012). He encouraged expansion of the essentialist views of poverty and espoused one that saw it as a relative and contextual concept encompassing people’s ability to participate in society employing a wider view of what was meant by ‘poverty’ (Townsend, 1979).

Levitas (1996), cognizant of the need to expand discourse on the indices of poverty, “viewed inclusion/exclusion as fundamentally Durkheimian because it treats social divisions which are endemic to capitalism as resulting from an abnormal breakdown in the social cohesion which should be maintained by the division of labour (Levitas, 1996, p. 7). In doing so, she drew attention to the dominance of paid work, and its' inherent connection to the labour market. She pointed to the fallacy of failing to recognise unpaid work (performed primarily by women) as having both economic and social value, and that paid work is the only means of achieving social and cultural integration. As is evident from this brief summary of the evolution of the concept, it is apparent that the notion of inclusion/exclusion was born with a heavy influence of political agendas which influenced its introduction and development over time.

Silver's (2019) historical account of the evolution of social exclusion in France as an alternative to an emphasis on poverty characterises it as a shift in discourse. In 1992, "the term social exclusion was institutionalised" (Silver, 2019, p. 1) following a period of substantial disruption in France. Peace (2001) traced its origin to avoid "conceptual stigma" (p. 18) engendered by the term's inherent meanings and the potential for impact to the European Union (EU) given the economic nature of the relationships between EU countries. In order to effect a shift in focus from poverty to exclusion (a term Peace describes as more malleable), and a "complex linguistic shift" (p.21), the EU facilitated the adoption of a framework where exclusion extended beyond an employment related poverty lens to a generalised analysis of participation and opportunity for the most vulnerable (Scharf, 2010).Torres (2018) described the historical shift from the confines of poverty and disadvantage to discourses of social inclusion/exclusion to reflect "its entrance into the social scientific debate on inequalities, in general, and the gerontological version of inequality, in particular" (Torres, 2018, p. 8). These later iterations of the term involved consideration of lack of access to political, social, cultural and economic systems and processes of society (Kneale, 2012) with an emphasis on the relations between older people and society.

The WHO Social Exclusion Knowledge |Network (SEKN) has provided the following definition that expounds upon the broad parameters of such access: "access to resources (means that can be used to meet human needs), capabilities (the relative power people have to utilise resources available to them) and rights" form the basis of exclusionary processes (WHO, 2010:7). Further, they add: "Exclusion consists of dynamic, multidimensional processes driven by unequal power relationships interacting across four domains- economic, political, social and cultural-at different levels including individual, group, community, country, and global levels" (p. 7).

Whilst poverty remained a consideration in inclusion/exclusion discourse, various policy initiatives broadened its scope leading to its evolution delineated by four key common features that have been enumerated by Walsh et al (2017)- that the concept is relative, invokes consideration of agency, is dynamic or processual, and that it is multidimensional. Each of these features speaks to the limitations of the particular descriptives embodied within the model below. Whilst there are numerous representations of social exclusion (as noted in Figure 1.2), the utility of such representations of multidimensional, interconnected domains and sub-domains may only serve to deflect the larger theoretical and underlying issues upon which these domains and sub-domains are based, that is the cultural representations of older people, particularly those in advanced old age in society as inherently excluded.

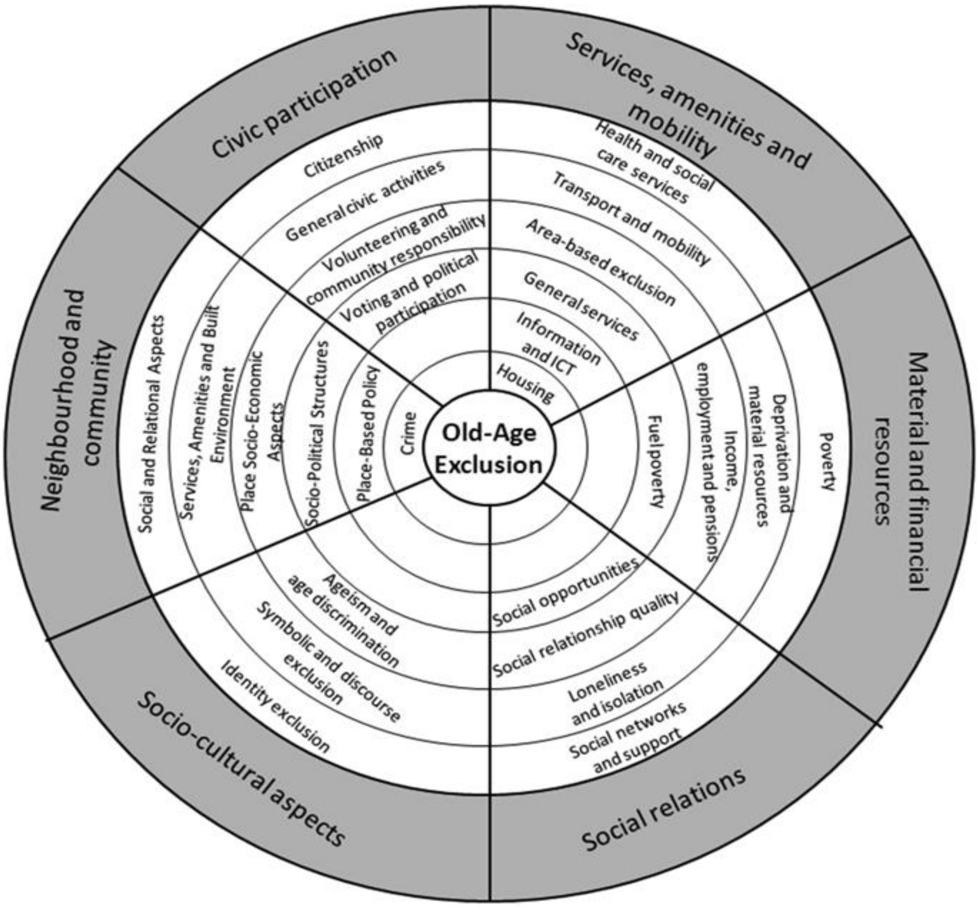

Figure 1. 2 Old age framework depicting interconnected domains and sub-domains

Source: Walsh, Scharf & Keating, 2017

Whilst the model depicts broad categories of descriptive exclusionary possibilities, the task of understanding how to unpack the intersections, pathways, and temporal and cumulative considerations renders the model limited in enhancing understanding of old age exclusion. By the authors’ own acknowledgment, they note, “how the various experiences, processes and outcomes across domains and across life course combine to generate exclusion remains a fundamental question” (Scharf & Keating. 2017, p. 92). Further, Walsh et al (2017) note that these identified processes of exclusion "may be embedded within complex pathways of disadvantage, with the influence of some of these mechanisms noted to be particularly difficult to unpack due to their unconnected nature (gender, social class, ethnicity and sexual orientation)" (p. 92). The authors further recognise the difficulty in determining "how the ageing process itself intersects with such mechanisms" (p. 92).

The above conceptual model aims to delineate "specific forms and trajectories of disadvantage" (Walsh et al, 2012, p. 91). With this information from their scoping review, the authors have proposed a new definition of exclusion in old age which integrates the four features identified above:

> *Old-age exclusion involves interchanges between multi-level risk factors, processes and outcomes. Varying in form and degree across the older adult life course, its complexity, impact and prevalence are amplified by old-age vulnerabilities, accumulated disadvantage for some groups, and constrained opportunities to ameliorate exclusion. Old-age exclusion leads to inequities in choice and control, resources and relationships, and power and rights in key domains of neighbourhood and community; services, amenities and mobility; material and financial resources; social relations; socio-cultural aspects of society; and civic participation. Old-age exclusion implicates states, societies, communities and individuals.* (Walsh et al, 2012, p. 91)

This expanded definition follows Levitas, Pantazis , Fahmy & Gordon's (2007) earlier attempt to synthesize numerous other efforts to define inclusion/exclusion in the following "composite working definition" (p. 25):

> *Social exclusion is a complex and multi-dimensional process. It involves the lack of denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.* (Levitas et al., 2007, p. 25)

Conceptual foundations – B. Social capital and social inclusion

The terms social inclusion and social capital are sometimes used interchangeably and "often conflated both conceptually and empirically" (Daly & Silver, 2008, p. 564). Yet, Daly and Silver (2008) offered an analysis of the relation between the terms, noting that the use of the terms interchangeably may be due to a shared theoretical tradition and efforts to understand the relation of economies to society during significant times of change. Whilst tracking the theoretical trajectories in the development of both terms, they point to the similarities in their underlying principles. Daly and Silver (2008) articulate this similarity in social exclusions' interest in "cohesion, integration, and people's involvement in solidaristic social bonds, which it draws from social Catholicism and French republicanism, and has resonance with the communitarian, Toquevillian understanding of social capital" (p. 564). In delineating both the similarities and differences in the terms, they have highlighted the relevance of both for later life and the issues presented by an ageing society. Of import is their analysis of the desired outcomes of each, with social exclusion positioned to ensure cohesive societies included individuals, whilst social capital envisions collective action, economic growth, and democratic functioning- each of which is critical to ensuring a position of value in society for the very old.

Despite the ambiguity of each term, their use in policy circles in both Europe and the United States are common (Daly & Silver, 2008). Daly and Silver (2008) distinguish between the "outcomes of social exclusion and the genesis of social capital" (p. 537) and note the international difference in reliance upon the terms with Europe favouring social inclusion/exclusion and the United States favouring the term social capital. Their detailed comparison of the terms reflects the nuances of each. Notwithstanding, the authors acknowledge "the thrust of both approaches is to bring social relations to the forefront of the analysis" (p. 545), albeit through different mechanisms.

Norvoll, Oye & Skatvedt (2022) offer broad based definitions of the terms. They draw upon Putnam's notion of social trust and its impact on values and the quality of human interaction in which networks form the basis of relationships which then serve as resources. They note that capital operates at the level of the individual (micro), the neighbourhood or community (meso) and at the institutional level and supports old age inclusion. They equate inclusion as an overlapping concept concerned with participation and networks. In a study of home care encounters for older people, they argue that the relations established by such visits enhance individual social capital and create opportunity for more expanded social networks.

Some have used the terms social capital and social inclusion broadly where the former refers to "shared norms, values, understanding, as well as resources (including public spaces) that facilitate the building of social relations" (Lo, He & Liu, 2019, p. 195) and generate cooperation and trust which fosters a sense of reciprocity (Shortall, 2008) and the latter to "the process in which individuals are blocked or isolated from (or denied access to) various resources that are normally available to other members of a community" (Lo, He & Liu, 2019, p. 195). Whilst examining the concept of capital in the context of sustainability, Serageldin

(1996) acknowledged the term's imprecision but offered the notion that it is the "glue that hold societies together" (p. 196), and elaborates "that it is based on inclusion, participation and the promotion of an enabling environment" (Serageldin, 1996, p. 196).

Social capital, in its most fundamental form refers to the ways in which social ties accrue and reproduce. A sense of community speaks to who is included and who is not- a sense of 'groupness' (Day, 2006), those whose access to rights and services are unimpeded, and obstacles that may present themselves are mitigated (Oxoby, 2009). In Durkheimian terms, a form of solidarity associated with a similar or complimentary ethos meant community based upon shared goals and aspirations (Day, 2006). At first, they inure to the benefit of the individual, and then, as a resource more broadly to a wider community through the sense of mutual obligations embedded within the social networks- a quality Putnam refers to as 'generalised reciprocity' (Putnam, 2000). Foundational to the reciprocity lies a trust that enables the repeated reproduction of acts to resource the members of the network. Dense networks, such as those of the research sites, facilitate social capital whilst contributing to a sense of community and inclusion.

As noted, islands are often characterised by a sense of belonging and familiarity. The nature of their boundedness, the frequency of interpersonal interactions with fellow islanders and a sense of 'islandness' contribute to an environment of inclusion for its residents. This sense of inclusion has important implications for those in advanced old age who may otherwise have substantial corporal challenges to engaging in their chosen ways of life. In the next section, consideration will be given to research where social inclusion/exclusion applies to later life generally, and advanced old age in particular.

Social inclusion/exclusion in later life

Despite the difficulties apparent in harnessing the breadth of the concept and its' relation to social capital, social exclusion in later life has become a significant policy issue (Prattley et al, 2020, Scharf & Keating, 2012; Millar, 2007). Although much exclusion research has focused on specific marginalised populations such as young migrants (Thompson, Russell & Simmons, 2014), those with mental health problems (Morgan, Burns, Fitzpatrick, Pinfold & Priebe, 2007), and those with intellectual disabilities (Gur & Bina, 2022), an increased awareness of the possibilities for exclusion of the very old has recently given rise to concerns about exclusion of this latter growing section of the population (Dahlberg, McKee, Lennartsson & Rehnberg, 2022; Dahlberg, 2021; Gilleard and Higgs, 2017; Van Regenmortel, De Donder, Dury, Smetcoren, De Witte & Verte, 2016). Numerous scholars have drawn attention to the social costs when older people are excluded from society (Emlet & Moceri, 2012; Scharf, Phillipson & Smith, 2004) while concern for older adults' susceptibility to increasing inequalities also has fuelled the interest in social exclusion in old age (Walsh, Scharf & Keating, 2017).

Scharf et al (2001) proffered three themes supporting the need to consider the social exclusion of older people. The first theme he noted was participation and integration outside the labour market which, they argued, impacted access to social capital via volunteerism, social networks, and civic engagement. Here, they noted that "participation and integration refers to older people's embeddedness in social networks, and the extent to which older people contribute to or draw upon the social capital that exists in their neighbourhoods" (p. 316). Secondly, they argued that spatial segregation contributed to potential exclusion. They considered this to be divisible into three types (mental space, segregated narratives of space, and segregated economic space). Such considerations posed analytic paradoxes regarding urban change and the diversity of experience of older people, particularly in urban neighbourhoods and their capacity for sustaining or failing to provide 'community' for the oldest old. Lastly, they argued that institutional disengagement from 'marginal' urban areas may lead to isolation and reduce or place limitations on access to essential services. Each of these characterisations of types of exclusionary possibilities highlights the multidimensionality of exclusion, and it is this which especially characterises social gerontological research in contemporary exclusion discourse (Dahlberg & McKee, 2018).

Cavalli, Bickel, and Epinay (2007) offered a different notion of social inclusion/exclusion. They used a framework of transitional life events as the focal point for examining exclusion in octogenarians. They viewed health decline, death of a close relative, and entry into a nursing home as three critical life events that may tend toward an imposed disengagement or exclusion. They stressed the imposed nature of exclusion, contrary to Cumming and Henry (1961) assertions that a voluntary disengagement from society took place in later life. Whilst their work was based in areas they considered to be socially deprived, they argued that the three areas accurately distinguished types of exclusion, reflecting different circumstances capable of fostering exclusionary practices.

As a component part to a study examining the adequacy of old age pensions in European Union member states, Jehol-Gijsbers and Vrooman (2008) relied upon earlier iterations of exclusion that focused upon indicia of poverty as foundational. They proposed a dual analysis consisting of both economic-structural exclusion and socio-cultural exclusion. Similarly, Grenier and Guberman (2009) have used a social exclusion framework to address social policy concerns through an examination of social and institutional exclusion in later life.

Jose and Cherayi (2017) looked specifically at socio-demographics to measure exclusion, finding gender, marital status, and living situation to be significant factors in shaping social exclusion in older people. Key and Culliney (2018), relying specifically on Patsios (1999) examination of poverty and social exclusion found the oldest old were at greater risk of social exclusion than their younger counterparts (aged 65-84) in two areas, namely access to services and social contact. They raised the issue of health status as possibly contributory or that economic factors may influence their exclusion. In a scoping review on social participation of rural older adults, Carver, Beamish, Phillips and Villeneuve (2018) found that older rural adults reported a sense of belonging and familiarity which contributed to their sense of well-being counteracting any sense of disadvantage due to their rurality.

Many have used various quantitative methods to identify objective and subjective features contributing to exclusion of older people in China, finding both individual and geographic differences in exclusion which they caution cannot be addressed by universal remedies (Feng, Phillips & Jones, 2018). Others have focused on an aspect of inclusion, that is social participation, to determine incentives and barriers to same (Mikulioniene & Rapoliene, 2020). MacLeod, Ross, Sacker, Netuveli and Windle (2019) developed a framework designed to expand descriptive analysis of exclusion toward a more integrative understanding of factors which may contribute to or mediate exclusion. Their findings were consistent with earlier studies indicating the oldest old are at highest risk for exclusion (See also Barnes et al, 2006). However, Burholt et al (2020), employing a domain specific review within a human ecology framework to examine social relations suggested that there was little current evidence that biological factors contributed to exclusion from social relations in older people. This contrasts with Gilleard and Higgs (2017) who suggested that that the corporeality of advanced old age has a substantial influence on exclusionary possibilities.

Islands and social inclusion/exclusion

Social inclusion/exclusion has received little attention in island territories. Island territories are envisioned as different than other places “as physical spaces characterised by exceptions to existing natural or social orders of things” (Laurent, Doganova, Gasull & Muniesa, 2021, p. 367), sites perhaps for the re-imagination of advanced old age. Most inclusion/exclusion research on islands has centred on such topics as economic and urban development (Moulaert, Swyngedouw & Rodriguez, 2001), social and environmental determinants of health inequity (Friel, Loring & Anungkasuvapala, 2012) and diasporic identities (Gaya, 2002). Island ageing and its inclusionary/exclusionary possibilities must therefore draw upon a myriad of other disciplines' work to unpack the role the island may play in inclusion or exclusion of those in advanced old age.

Whilst examining the impact of territorial borders as sources of inclusion/exclusion from a socio-cultural perspective, Leontidou, Donnan and Afouxenidis (2005) found residents of the islands of Lesbos, Ireland and Corsica to exhibit a 'spatial exclusion' but not necessarily social exclusion. The authors noted the need to differentiate exclusion from isolation. Whilst geographic isolation may be associated with social or cultural exclusion, not all participants in their study claimed such exclusion with some perceiving neither isolation or exclusion, and some reporting geographic isolation without a sense of exclusion.

Advanced old age carries with it a host of challenges both individually and in consort with one's relationship to the environment in which ageing occurs. This environment is multifaceted in both its geographic, practical realities and its social milieu. Its inclusionary/exclusionary possibilities are embedded within its culture and practices, where goals and priorities play out in the everyday lives of its citizens. Networks of exchange and interaction vary depending on these geographic and social milieus-which have particular salience for those in advanced old age. Protocols of established patterns of being may present differently in island territories where the boundedness of life, its' shared joys and pitfalls form the foundation of its interface with aged bodies. Islands are bounded, may be small, isolated, and fragmented depending on their interaction with mainland territories (Baldacchino, 2018). They have been described as territories bounded by a fellowship of common experience which may transcend the realities of advanced old age (McDougall, 2003). The containment of islands and their concomitant 'induced precarity' (Fotaki, 2022) allows for a consideration of shared values as well as shared vulnerabilities, thereby highlighting the notion of common interests despite diversity. Such a perspective facilitates the sense of "obligation to care for the irreducible other" (Fotaki, 2022, p. 297) invoking a notion of solidarity which is situated within the island context and creates an inclusionary environment which, in tandem, allows for diverse capacities. Drawing upon feminist theories in analysing hostile responses to refugees, Fotaki (2022) highlights a communal perspective "through the prism of relationality and shared vulnerability" (Fotaki, 2022, p. 299).

Whilst islands have been considered model environments for ecological and evolutionary study (DiNapoli & Leppard, 2018; Fitzhugh & Hunt, 1997), this study will demonstrate their value in enhancing our understanding of advanced old age, corporeality and belonging beyond the current decline discourse. The research highlights current limitations in theoretical models, whist adding dimension to the experience of advanced old age.

CONCLUDING REMARKS

In this Introduction, I have reviewed the rationales for conducting this research on the lived experience of the body in advanced old age and its impact on social exclusion. Those aged 80 years and above constitute one of the fastest growing segments of the population about which our understanding beyond the biomedical is quite limited.

From this review, it is apparent that living and experiencing advanced old age on islands has received little attention and it is my understanding that this research may be one of the first to exclusively explore the role of advanced old age bodies and their exclusionary possibilities in the unique island geographies. It is my hope this research on the very old residents of the San Juan islands will enhance our understanding of the- lives of the very old in ways which encourage theory development beyond the decline model and the imaginary proffered by the fourth age as a period of dependency, decline, and lack of agency. Both demographic trends coupled with the decline model of advanced old age demand that gerontologists engage with re-thinking advanced (or very) old age to reflect the heterogeneity of, and possibilities for ageing well beyond the ninth decade. This thesis aims to do just that.

OUTLINE OF DISSERTATION

In this Chapter, I have introduced the research inquiry, the three components of the research and the respective relevant literature associated with each- that is body, island, and social inclusion/exclusion. I have reviewed the practical and theoretical rationales for the research in the context of current models of later life, and particularly lived experience of advanced old age. I have introduced the notion of context which I will later refer to as contextual corporeality to foreground the findings of the research. In reviewing select literature on community, I have suggested its importance as an element of that context in which advanced old age bodies reside.

In Chapter 2, I outline the methodology, describing the participant demographics, the unique research settings, the rationale for the choice of the conceptual framework of the study, along with the choice of a participatory methodology, followed by a description of the data collection and analysis processes. This chapter highlights my interest in and commitment to the use of participatory methodologies in ageing studies. Here, I also reflect on my background and experience that positions me within the research.

In Chapter 3, 4, and 5 respectively, I report findings from each of the three components of the research, i.e., body, island, and social inclusion/exclusion presenting thematic representations synthesizing participants' narratives. Each of these chapters foregrounds the novelty of this research which lays foundation for a re-imagining of advanced old age though the lived realities of participants' narratives.

In Chapter 6, I discuss the intersection of the findings of each component of the research. In doing so, I demonstrate how this empirical study illustrates the complex role the body plays when viewed in context. The prominence of community in participants sense of inclusion will be discussed relative to the unique island environments, along with the interesting issues presented by complicated access to mainland systems of care. In turn, this complicated access contributed to participants daily lived experience of community, belonging, and reciprocity.

In the Conclusion Chapter 7, I detail five key conclusions resulting from the research which contribute to a nuanced understanding of the advanced old age body and their significant implications for theoretical development, practice, policy and research going forward.

CHAPTER 2 RESEARCH STUDY-PARTICIPANTS, SETTINGS, AND DESIGN

INTRODUCTION

Twenty-three participants aged 80+ years, living on three islands (San Juan, Orcas, and Lopez) in the Pacific Northwest of the United States of America participated in the research. This qualitative inquiry explored their lived experience of their bodies and exclusionary possibilities for daily life on the islands. The research proceeded in two phases. The first phase involved participants taking photographs which they determined reflected their daily lived experience of their bodies and any impact on inclusion/exclusion. The second phase consisted of a semi-structured interview where the photographs served as the basis of the interview to elicit narratives around the body and possible inclusion/exclusions participants experienced. The participatory methodology of photo-elicitation in particular allowed participants to lead and determine the structure of the interview and what aspects of their bodily experience they wished to discuss (or not).

This chapter details the participants demographic characteristics, describes the research settings, and outlines the design decisions which informed the research strategy. The multiple steps involved in preparing for and completing data collection, sampling strategy, along with the method of analysis will also be outlined followed by a presentation of the ethical considerations the research presented. Lastly, this chapter will situate my own positionality as a researcher and reflect upon its impact.

PARTICIPANTS

Sampling strategy

Whilst the choice of a suitable sampling method remains variable depending upon the research question, (Gentles, Charles, Ploeg, & McKibbon, 2015; Clarke & Braun, 2013), this research utilised a combination of purposive or criterion- based sampling where participants were selected based upon pre-determined selection criteria (i.e., aged 80+, full-time island residency, intact cognitive status[7], and willingness to participate in the research followed by

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[7] As a non-clinician, I determined intact cognitive status after the following steps were taken: provision of Information Sheet and Consent Form with opportunity to answer any questions. Then, upon meeting with prospective participants, I explained the research and what would be asked of them. At this meeting, I asked participants to re-iterate what they were being asked to do (photographs and an interview). Upon participants ability to repeat the photo-taking and interview process (the former of which was not required), I determined whether participants fully understood what I was asking of them, the process, the time commitment, and the

snowball sampling. The taking of photographs was requested but not a requirement to participate. All participants, except two, did agree to take photographs themselves or with assistance from someone of their choice.

This convenience- based strategy complemented the purposive approach. Given the remote research sites, the limitations of regular access to each site, and the small populations of the islands, these sampling strategies were deemed most likely to yield ample participants (Weil, 2017). Snowball sampling followed this purposive sampling and proved effective at securing additional participants within the inclusion criteria (Morse, Lewis-Beck, Bryman, & Liao, 2004).

Sample size presents a conceptual debate in qualitative research. While approaches to the determination of sample size vary, there is general agreement that the scope of the research and the quality of the data are important factors in determining sample size (Vasileiou, Barnett, Thorpe, & Young, 2018; Braun & Clarke, 2022; Clarke and Braun, 2013; Baker and Edwards, 2017). The adequacy of data was the guiding principle in determining sample size in this research, rather than a specific numerical guideline. Obtaining sufficient data to answer the research question therefore defined the sampling strategy.

Participant demographics

Participant were all American citizens with one exception - a European born participant who had lived on island for 17 years following two decades living in a large American city. All were white, consistent with the area's dominant demographic. Table 2.1 below details the demographic profiles of participants, along with their full -time residential status on island and their assessment of their financial status. While most participants had lived full time on island for a considerable time, others had a prior relationship with their island as long- term seasonal residents (and land-owners) throughout their working lives or as visitors to family members who lived on island.

Participants were chosen on the basis of the lens of advanced old age and ranged in age from 80 to 102. Whilst most had at least a high school education, some had attended college but not received a degree. Many had a college or advanced degree. Most lived alone, many had been widowed, several more than once. A few participants lived with their spouses or another family member. The majority owned their own homes. One participant lived in an assisted

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ability to opt out at any time. When participants demonstrated understanding of the research process, their role, and their willingness to participate, the process proceeded.

living facility (ALF); two lived in licensed adult family homes (AFH).[8] The majority reported no financial worries.

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[8] AFH'S in Washington provide congregate housing for up to six residents in a family typesetting. Staff are on site 24/7 to provide support. Private rooms, daily meals, and laundry service are provided. ALF'S may provide similar care in larger (greater than 6- can be 100+ residents) institutional type settings with more amenities (exercise and other classes, arts and crafts, entertainment, etc.)(https://www.dshs.wa.gov/sites/default/files/ALTSA/hcs/documents/22-707.pdf).

Table 2.1 Participant Demographics, Island Living, and Financial Status

Pseudonym Initials[9]	Age	Sex	Living arrangement	Marital status	Time on island (years)	Education	Self-Financial assessment
ED	90	F	Alone	Divorced	50	High school	No worries
JO	81	F	Alone	Widow	9	Associate	No worries
AN	90	M	Spouse	Married	6	Master	No worries
RO	80	M	Alone	Divorced x 3	35	Bachelor	No worries
SU	86	F	ALF	Single	2	Masters	No worries
KA	80	F	Spouse	Married	23	Masters	No worries
FR	82	M	Alone	Widower x 2	27	Bachelor	No worries
MA	82	M	Alone	Widow x 3	14	Bachelor	No worries
LI	83	F	Alone	Widow x 2	17	Master	No worries
LO	83	M	Alone	Widower	25	Master	No worries
ANG	81	F	Alone	Widow x 2	32	1 year college	"Not terrible"
BU	82	F	Alone	Widow	65	1 year college	"Beginning"
PE	95	F	With daughter	Widow	14	Nursing license	"Got 30 thousand in bank"
IN	80	F	Spouse	Married	27	Nursing license	No worries
DI	82	M	Alone	Widower	22	1 year college	No worries
SH	92	F	AFH	Widow	1 month	Master	No worries
PI	88	M	Alone	Widower	34	PhD	No worries
DO	88	M	Spouse	Married	1.5	1 year college	No worries
DD	81	M	Spouse	Married	1.5	High School	No worries
RI	80	M	Did not complete interview				
SUP	102	M	AFH	Widower	3	uncertain	No worries
HO	94	F	AFH	Widow	3.5	High school	No worries
EL	88	F	Alone	Widow	50	High school	worried

Participant engagement with the research

Participants from each of the three islands participated in the research. Table 2.2 below details participation by island and by the nature of their engagement with the research. Twenty-three participants, aged 80-102, on the three islands (see Table 2.2 below) engaged in either

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[9] Initials were used depicting the first letters of the participants' chosen pseudonym due to the fact that some participants chose pseudonyms which may have otherwise been recognisable due to the small populations on the islands.

one[10] or both phases of the research, either photo-taking and an interview or just an interview. Two participants participated only in the interview phase of the research due to physical limitations which rendered photo-taking impractical. One of these participants was bed-bound and required assistance with most activities; one other was visually impaired.

Table 2.2 Participant engagement in phases of research

San Juan Island participants	**Orcas Island participants**	**Lopez Island participants**
ED- phase 1 and 2	LI-phase 1 and 2	DO-phase 1 and 2
JO-phase 1 and 2	BU-phase 1 and 2	DD-phase 1 and 2
SU- phase 2	PE-phase 1 and 2	SH-phase 1 and 2
KA-phase 1 and 2	IN-phase 1 and 2	SUP-phase 1 and 2
FRI-phase 1 and 2	PI-phase 1 and 2	EL-Phase 2
MA-phase 1 and 2	DI-phase 1 and 2	RI-phase 1
RO- phase 1 and 2	ANG-phase 1 and 2	HO-phase 1 and 2
AN-phase 1 and 2	LO-phase 1 and 2	

Albeit reluctant to speak about physical limitations, participants experienced varying levels of physical challenges ranging from annoyances to major limiting conditions. Mobility and sensory challenges (predominantly sight and hearing) were most prominent for several participants who required walkers or a wheelchair for movement some or all of the time. Several participants were unable to access the community without assistance. Many claimed a generalised decreased energy level, less stamina, and difficulty focusing. Previous existing medical conditions affected some who felt that ageing had made these conditions more difficult to manage. Two male participants commented on their current level of sexual functioning, one (80 years old) with ongoing vitality without opportunity, another (82 years old) with diminished vitality which impeded his interest in pursuing a relationship which might highlight his inability to 'perform'.

Many participants undertook some form of physical exercise, primarily in the form of walking. A few adamantly expressed no interest in exercise. Other participants spoke of regular swimming, tai chi, and stretching activities. Those who chose not to exercise instead engaged

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[10] First phase-photo-taking; Second phase- semi-structured interview

more with online activities or visits with family or friends. Those who did not exercise reported a lack of interest, not a lack of ability to do so.

RESEARCH SETTINGS

The research was conducted on the three main islands within San Juan County, Washington state, United States of America, one of the largest states on the west coast of the USA. Generally, the county is known as one of the most liberal counties in the state with a Democratic dominance. It has one of the largest percentages of religiously unaffiliated people in the United States of America. It is predominantly white with small pockets of people of colour. A small percentage of those with German and English descent comprise its only ancestral diversity. The county spans the Haro and Rosario Straights, is comprised predominantly of water (72%) as evident in Figure 2.3 and contains a cluster of hundreds of small islands and outcroppings of rock remaining visible during mean high tide. It has a rugged shoreline, mountainous terrain, and temperate climate.

Each of the island research sites has a supermarket, volunteer emergency medical technicians on call (for transport to San Juan for triage if needed), a few restaurants, and Medevac transport to the mainland if needed.

Geographic location

The three island research sites (San Juan, Orcas, and Lopez) are located in the northwest corner of Washington state. They are bordered by Idaho and Oregon to the south and east and Canada to the north. The county consists of an archipelago of 172 islands in Puget Sound of the Salish Sea between USA and British Columbia, Canada, located approximately 80 miles from the largest mainland city, Seattle, Washington. The county's location positions it as a passage to Alaska and facilitates easy trade relations with Alaska, Canada, and Pacific Rim countries. As shown in Figure 2.3 below, the three islands are surrounded by smaller islands, which are only accessible by private boat, and have relatively small populations.[11]

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[11] Shaw Island has a population of 181 (https://censusreporter.org/profiles/97000US5307860-shaw-island-school-district-wa/). Waldron has a population pf 106 (https://www.unitedstateszipcodes.org/98297/). Stuart Island has less than 50 permanent residents (https://www.washingtonwaterfronts.com/stuart-island/). Blakely Island has 64 permanent residents (http://www.usbeacon.com/Washington/Blakely-Island.html). Decatur has approximately 59 full time residents(https://www.sambuck.com/islands/outer-islands.html).

Figure 2.3 Map of San Juan County research sites

Population

Most of the San Juan County population lives on the three research sites, with a small number living on nearby Shaw Island. As of 2023, the county has an estimated total population of 18,577. Accordingly, 6894 people live on San Juan Island, 5395 live on Orcas Island, and 2588 live on Lopez Island (2023). The 2019 State Department of Health population survey found the county has a large population of those over 65 (35.2%), with nearly 6% over 80 (http://statisticalatlas) making it one of the oldest populations within the state. The State Department of Health, Office of Community Health Systems, Rural Health division has designated the county population as a medically underserved population (MUP), such determination made partly upon the basis of the percentage of older people in the area relative to the number of primary care physicians (https://www.doh.wa.gov/DataandStatisticalReports/StateHealthAssesment), thereby designating the county a potentially precarious place for those in later life. Approximately 10% of the total population in San Juan County lives below the poverty line. Those individuals aged aged 65 and over experience a poverty rate of 8.1%. Data by age group over 80 was not readily available. The average annual wages for 2020 is substantially below the state-wide average ($43,258.00 versus 73, 504.00), with the county ranked 33rd out of 39 Washington counties (https://esd.wa.gov/labormarketinfo/county-profiles/san-juan).

Health care service infrastructure

All of San Juan County has recognised a shortage of primary care, dental, and mental health providers in which care for the older population is particularly problematic. The State Department of Health, Office of Community Health Systems, Rural Health division has designated the county population as a medically underserved population (MUP), such determination made partly upon the basis of the percentage of older people in the area relative to the number of primary care physicians (https://www.doh.wa.gov) thereby rendering the county a potentially precarious place for those in later life.

‘Peace Health’ is a Catholic ‘not for profit’ health care system that provides services to the islands primarily through Peace Health Peace Island Medical Center (PHPIMC), a 10-bed Critical Access Hospital (CAH). The facility provides short term medically uncomplicated stays, triage and emergency care preceding Medevac transport to the mainland for specialty care not available on island. PHPIMC also provides 24- hour emergency response, a cancer day treatment centre, a family medicine clinic, and some visiting specialists when available. It is located on San Juan Island, the largest of the three island sites which serves as the hub for care in the county and is available to all county islands populations. In addition to the Peace Health Peace Island Medical Centre, a dentist, and a family medicine general practitioner are also located on San Juan Island and available to all islanders. The family practitioner practice operates on a "Direct Primary Care" (DPC)[12] model rather than a fee for service model most common in the USA. These services available on San Juan are a resource of great import to islanders, particularly the older population.

The older population of the county is served by Senior Services Programs via a contract with San Juan County Health and Community Services Department with significant support from the Senior Services Council of San Juan County, Inc., a Washington 501(c)(3) non-profit corporation. Services include coordinated support for seniors, people with disabilities, and those with complex medical conditions. Much of the organization and administration of these coordinated efforts occurs through the Senior Centres located on each island, which serve as a point of contact for those over 60 years or those with disabilities. The Centres play a vital role in assisting seniors through resources, information, and support, particularly when their care cannot be delivered on island. They also provide affordable, healthy meals 2-3 times per week (depending on island) and deliver to those who are homebound. The Centres also offer frequent social programs for seniors to remain active in their communities. A focus on community-based supports to enable those over 60 to remain in their homes on island for as long as possible is offered through a host of case coordination, family caregiver support, respite care, resource information, transportation and an informal cadre of neighbourly support.

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[12] DPC is an alternative to fee for service health care. The latter is generally paid for by insurance companies with co-payments born by the patient. The range of co-payments and covered services varies considerably by insurer. DPC is a model where patients pay their providers directly for a defined set of services. Patients typically pay a monthly or annual fee under a contract which provides a broad range of primary care services. The DPC model is believed to provide to provide enhanced services, more personalised and integrated care. The monthly contract fee enables providers to ensure a predictable cash flow unencumbered by the burdensome administrative tasks associated with third party billing of insurance companies. The model is believed to enhance the patient/provider relationship whilst improving health outcomes and lowering costs (https://www.aafp.org).

Island culture

While the three research sites share common access via the state's public ferry system (weather permitting), each identifies its own cultural distinction whilst claiming a sense of independence and separation from the mainland, to which some refer to as 'America' -in contradiction to their island which is, in fact, also located in the United States of America. A shared appreciation of the natural beauty and a slower lifestyle has attracted many retirees from larger urban areas to settle on the islands for their post-working lives (https://www.peacehealth.org). Each island has a unique signifier reflecting its culture and exemplifies its position within the county. It is how the islanders distinguish themselves from other islanders. San Juan, the commercial hub for the county, is known as the 'big city' where the main ferry docks and islanders can connect with the inter-island ferry to travel to Orcas, Lopez or Shaw Islands. Orcas is known as 'artsy' due to its vibrant support for artists and its recognition as one of America's top small-town arts venues. Artists of all types share and sell their work on the island. Lopez, the smallest of the research sites, is known as 'slow-pez' depicting the 'no rush' nature of the island with minimal commercial enterprise available in favour of locally produced goods sold at a weekly farmer and craft market in the island centre. Its' main attraction is bicycling its scenic shore. It also claims the local tradition of waving to all passing vehicles, albeit only a few, despite whether the passer-by is known or not. One can be distinguished as 'not local' if not engaging with this tradition. The islanders also mark the end of summer by gathering at the ferry landing en masse to wave good-bye to the tourists, an activity seeped in the irony of the benefits and perils of tourists visiting their island. Participants exhibit a strong sense of islander identity which will be discussed in more detail in the Findings, Discussion, and Conclusion. Most had retired to their island after working in large urban centres throughout their lives.

Despite the differences of the islands, each host common activities, primarily a weekly farmer's market which also serves also as a social hub for the island. The markets are organized to allow people to linger and socialise with tables and chairs to gather and enjoy items sold at the markets. The older resident attendees often enjoy an entourage of acquaintances to talk with and catch up with the latest island news, family happenings, travels, and enjoy support in the event of a lost loved one.

RESEARCH STRATEGY

The research was inspired by Gilleard and Higgs (2000, 2005a, 2005b, 2014b and 2017) writings on the cultural context of advanced old age and its exclusionary possibilities. The realities of the increased longevity trends and the need for understanding their impact on the everyday lives of older people guided the research design. Additionally, as a researcher and a former attorney advocate for older people, in particular when their capacities to care for themselves was questioned, I was committed to engaging participants in a way that was inclusive, provided opportunity for input, and fostered capability of eliciting the subjectivities of daily life in the ninth decade and beyond. These perspectives and values resulted in my research design decisions which are detailed below.

Choice of conceptual framework- social exclusion and the body

Gilleard and Higgs' paper (2017) notably influenced both the motivation for my research and the framework within which the centrality of the ageing body would become the focus. Their work on social divisions in later life raised an important question of whether corporeality serves as a primary source of division, supplanting the more historically identified determinants of division such as race, gender, and socio-economic status– that is, processes which may contribute to later life disadvantage which have arisen throughout the life course (Grenier & Sussman, 2022; Holman & Walker, 2021; Grenier, 2020). Having spent several decades of my professional life representing individuals with various physical challenges, I am acutely aware of the isolation and separation from society those individuals experienced, particularly when their bodily attributes defied 'normative' standards.

I chose the research around this concept of exclusion that characterised individuals' lives whose bodies performed or looked different. Rowe and Kahn's (1987, 1997) seminal work on successful ageing laid the foundation for an understanding of the role of an able 'functional' body in affecting later life advantage. Exclusion from society emerged as a useful framework in gerontology to understand any disadvantage. Efforts to address such disadvantage occurred at policy levels and continues today, albeit in a more critical way. Social exclusion of older people has been viewed as "manifesting across different relational, symbolic, and economic dimensions" (Walsh, Scharf, & Keating, 2017, p. 82). Exclusion has particular salience for those who cannot age 'successfully' and thus, are at risk for a downward trajectory of social and health related disadvantage and marginalization (Scharf & Keating, 2012; Silver, 2015). This understanding of health -related disadvantage highlights the possibility that material hardship may not be the principal source of disadvantage or inequality (Gilleard & Higgs, 2018).

Within this framework, it was necessary to determine what type of study would provide the type of information about the everyday lived experience of the body in ‘deep’ old age that I was seeking. What follows is a discussion of the design deliberations in choosing a qualitative inquiry with semi-structured interviews supported by a participatory visual method as the research methodology.

Choice of Qualitative Method

Qualitative research is considered well suited for a range of disciplines exploring complex social and cultural phenomenon which cannot be reduced to a single observation of human experience (Nowell et al, 2017) and capturing the depth of human experience (Marvasti, 2011; Castleberry and Nolen, 2018; Yin, 2011). Its role in theory development in discovering and describing social meaning is well established (Bowling, 2014). Despite ongoing contestations about the parameters, ontological origins, and standards of qualitative inquiry, its utilisation has flourished in contemporary research (Nowell et al, 2017). Weil (2017) aptly described the strength of qualitative research in ageing as capable to “give conscious meaning or interpret… lived experiences and…their encounters in their daily world” (Weil, 2017, p. 58). These descriptions of daily life have become increasingly important as new cohorts emerge whose lives are primarily examined through a biomedical lens. This biomedical lens contributes to a narrative of decline and decrepitude fueled by innumerable consumer government produced resources detailing the myriad of ways in which older bodies are defined by failing organs, systems, and structures (https://www.cdc.gov) yet provides little insight into the lived experience of advanced old age.

It is this lived experience that provokes a need for innovative ageing research embracing the quest for rich and nuanced descriptions to understand the complexity of longer lives. Such descriptions favour comprehensive data collection enhanced by subjective experience (Weil, 2017). Such a ‘holistic view’ is achieved in qualitative work by integrating field notes, quotations from interviews, and other public information enhancing data analysis (Weil, 2017).

Given the aforementioned considerations, I chose a qualitative approach to examine the lived experience of the body in advanced old age and its impact, if any, on social inclusion/exclusion in communities. Having chosen a qualitative inquiry as the preferred method to engage with this topic, further determinations required identifying which specific qualitative design should be utilised. Here, consideration of the type of data capable of transcending the limits of dominant medical orientations to advanced old age was the primary consideration. Below is a discussion of the process of research design choices I made.

Design determinations - lived experience, participatory methodology, visual-photo-elicitation.

Within a qualitative paradigm, specific methodological choices consider the nature of the research question, prior theoretical inquiry, intentions of the research, and the possibility of participants as co-producers (Weil, 2017). The choice of methodological design in this research involved a series of layered determinations.

Lived experience.

While each of the commonly utilised qualitative designs (case study, ethnography, narrative analysis, grounded theory, phenomenology) share similar and sometimes overlapping features (Weil, 2017; Denzin & Lincoln, 2011), a lived experience approach seemed suited to the kind of tailored, multi-level inquiry about the body that I wanted to undertake (Schwandt & Burgon, 2006). The possibility of exploring descriptive experience as a means to enhance understanding of the context of the experience of advanced old age directly addresses the research question of the role of the body in social inclusion/exclusion. The research aims to understand the social impact of corporeal realities of people aged eighty and over implicated the need for a depth consistent with the goals of qualitative research. It begged the question of whether many of the qualitative designs could adequately integrate the layered inquiry in a manner which would shed light on the interface, if any, between the body and social inclusion.

Lived experience accounts provide researchers with opportunity to characterize data in efforts to explicate the phenomenon under investigation. Text can easily be clustered to distill the data through an iterative process of organizing and revisiting to compose the story of the lived experience (van Manen, 2016, 2017). This analytical process places the researcher as a "faithful witness to the accounts of the data" (Starks & Brown Trinidad, 2007, p. 1376), in developing a thematic representation of participants' reported lived experience.

This flexible phenomenologically based approach afforded the possibility of integrating the findings to situate the body for the individual within a larger socio-cultural context. I wanted to understand the participants' own experience and view of their bodies, how they spoke about them, and how they described any physical challenges and daily encounters which had salience for them before framing within the larger issue of social exclusion/inclusion. This framework of inclusion within their communities was intended to provide a broader context to the accounts about their bodies which, as will be discussed later, presents substantial considerations for the way aged bodies are lived and experienced.

Having determined that the experiences and choices of participants would best provide information on the role of the advanced old age body, I determined that a lived experience inquiry was best suited to answer the research question. Additional considerations emerged as I narrowed the details of a specific research strategy and explored my interest in community based participatory methods. As previously noted, my background as a life- long advocate of individuals on the margins of society played a major role in my desire to have the research engage with participants in a manner beyond a traditional role of mere participant.

Participatory Methods

At each stage of designing the research, I was committed to engage with older people in a way that meant something to them, in a way they had a voice, rather than a researcher dominated project in which I detailed the entirety of the work (Rose, 2014, 2022). This led me to explore community based participatory methods where researcher assumes a less traditional role in directing all aspects of the research (Dabelko-Shoeny et al, 2020). In such a participatory based research strategy, participants may engage in the research process in a variety of ways depending upon the nature of the project. This type of research is based upon such principles as co-engagement, considering the opinions and strengths of the participant population, and promoting a collaborative exchange (Dabelko-Shoeny et al, 2020). Participant involved research has its roots in a philosophical orientation that research should benefit those involved and help their communities rather than used exclusively for professional advancement (Pauwels, 2015a), an orientation that closely aligns with the totality of my life’s work. These methods involve a co-produced inclusive process whereby individuals’ daily lives and the meaning attached to them are highlighted (Bergold & Thomas, 2012). These increasingly popular methods have arisen out of a two-fold examination of their merits. First, altruistic inclinations to ensure research engages actively with problem solving and the emic (insider) advantage of giving voice, whilst not superseding the etic nature of any research effort provide support for a co-produced effort (Pauwels, 2015a). Second, knowledge production inherent in participatory methods, whilst not without tensions in its formulations, has shown to illustrate more nuanced data about the ways people construct their lives (Pilcher, Martin & Williams, 2015). Whilst participatory approaches are not confined to a singular methodology, the prospect of co-production may maximise participants' openness to engage. This openness may also provide opportunity for dissent in ways that create space for new and different information leading to new ideas, particularly where a dominant narrative has taken hold (Bergold & Thomas, 2012).

What makes participatory research specifically applicable in gerontological research (Lindsay et al, 2012)? Whilst such approaches may be implemented in a range of ways, a common thread is identifying those impacted by the research question and ensuring their involvement. These individuals may share a common language about the phenomenon under study, a common understanding of its' impact, and be amenable to a forum in which expressed diversity is honoured through co-production. The research question of the role of the body in later life and its impact on social exclusion falls squarely within a framework within which older participants' voices are essential in understanding how the body matters in their daily lives.

Having determined that a participatory approach was most appropriate to answer the research question, further consideration of the wide range of participatory approaches ensued. Given the ubiquity of visual images of older people in contemporary society (Rose, 2014), along with a greater than 14-billion-dollar anti-aging industry in the USA (Gilleard & Higgs, 2005), a visual component to the participatory approach particularly resonated with the topic of the body. Since visual methods, too, embrace a number of possible different approaches, following is a discussion of the methodological decisions made in this regard.

Visual methods and photo-elicitation

Visual methodologies have begun to receive increased attention in ageing research (Martin, 2015; Pauwels, 2015a, 2010), notwithstanding their roots in traditional ethnographic and anthropological research (Glaw, Inder, Kable & Hazelton, 2017). Their unique methodological status in a broader social science context has evidenced efforts to expand their epistemological roots in knowledge production to include research designed to identify and change a particular social ill (Pauwels, 2015b). Further, the use of visuals in the research process has been more prominent in ageing studies in the belief that the visual adds a component to the research " as a means to obtain significant insights into how micro processes of daily life are linked to wider socio-cultural discourses and performative aspects of culture often hidden within the everyday…and to reveal meanings and understandings in context"

(Martin, 2015, p. 93). Current visual research practices have evolved with a refined analytical lens and now embrace a wide range of activities designed to provide insight and context to matters from the participants' perspective, thereby enriching the data (Pink, 2001).

Notwithstanding the indisputable challenges involved in visual research with participants in advanced old age (Pilcher, Martin, and Williams, 2016; Pauwels, 2015b), visual prompts to discuss the aged body seemed an apt approach to bring forward the body. Mysyuk and Huisman's (2020) review of older participants' engagement with visual methods categorized these challenges in areas of informed consent- particularly referring to photographs participants may take of others, mobility or visual challenges, camera use and instruction, and general feasibility issues relative to time of year and the effort required by participants. They also noted the difficulties in capturing social life with the camera and training participants to use the cameras. Despite the litany of possible limitations to the use of visual methods with older people, many researchers have highlighted the benefits of engaging older people with such methodologies. Whilst there is some disagreement about this, some tout empowerment of participants (Mysyuk & Huisman, 2020); others have noted visual methods as a way to augment knowledge and support healthy habits (Keller, Fleury, Perez, Ainsworth & Vaughan, 2008); early explorations of visual strategies noted the capability of deeper engagement with participants' values and beliefs (Richard & Lahman, 2015; Martin, 2015; Collier, 1957). The methods highlight the types of issues raised by visual representations reflecting ageing in both positive and negative ways, thereby providing another window into the cultural context of ageing and aged bodies. Some have noted the production of different kinds of information (Harper, 2002), whilst others have focused on the possibilities for refining visual methodologies capacity for "capturing, processing, and expressing social scientific knowledge" (Pauwels, 2010, p. 575). Despite the possible challenges involved with participatory methods, I determined that the benefits of engagement, giving voice and choice in the research, and the possibility of enhancing depth of information outweighed any challenges that may arise. Researchers have also considered the possibility of opening new doors to gerontological research with an eye toward innovative and more inclusive ways of engaging older people beyond traditional researcher- controlled protocols. Lastly, the likelihood of normative changes (e.g., sensory, physical, functional) in advanced old age gives rise to the possibility that such changes infiltrate daily life in ways that may be deleterious (Gilleard & Higgs, 2017; Weil, 2017) and difficult to speak about. A participatory visual strategy seemed most suited for participants to control the narrative by generating the photographs they wanted to speak about, thereby exerting more control over the research process.

There is an abundance of approaches to using visuals in the research process (Richard & Lahman, 2015; Glaw et al, 2017; Pauwels, 2015a, 2010; Bergold & Thomas, 2012; Martin, 2015; Keller, Fleury, & Perez, 2008). In determining which visual strategy was most suited to the research question, I considered what best would capture the complex configurations of the physical and structural components of the body from the participants' perspective? Second, how could these bodily descriptions best be contextualized within a social framework? As discussed in the Introduction, historically the treatment of the body in gerontology has been underdeveloped and focused on embodied practices rather than corporeal realities of advanced old age (Gilleard & Higgs, 2014a, 2005; Turner, 2008; Turner, 2007). This reality played an important part in deliberations about how participants could most easily and effectively engage with me about their bodies. Bodies, bodily systems, and organs pervade every aspect of daily life.

Aged and sick bodies, performing bodies, and technologically enhanced bodies, each display their unique presence in observable form constantly captured in everyday news cycles (Shilling, 2016). Inescapable from gaze, the older body is imbued with experience capable of shaping its place in community, its status, and influencing the manner in which it is received, treated, and most importantly, understood. "Bodies matter-possessing their own properties that change over time while simultaneously being permeated by and situated within a wider social and material environment" (Shilling, 2016, p. 97). How then to capture the bodily experience of the participants in the ninth decade and beyond through their own eyes? Aligned with the participatory approach, the visual component reflected through the participants' voice led to the use of self- generated photographs as a means to support semi-structured interviews. Colliers' (1957) early work using photographs in the interview process stimulated participants' memory and facilitated a more reflective dialogue with the participant. Later, Harper (2002) distinguished between interviews with text alone and those with photos and reported that the latter "evoke deeper elements of human consciousness than do words" (Harper, 2002, p. 13). And therefore, the possibility of a different kind of information. He went even further to describe the use of photos as potentially leading a participant to a "new view of their social existence" (Harper, 2002, p. 21). Whilst acknowledging that photos do not always elicit in the precise manner envisioned by the researcher, they may add depth and collaboration to conversational elicitations. Photo-elicitation emerged as an apt means to gather participant information in ways that may otherwise be limited. Self- generated photographs seemed particularly on point to integrate the body within a social context and create a participant-controlled scenario designed to facilitate discussion about a topic that might be difficult. Once design decisions were determined, I proceed with the UCL Ethics approval process detailed below.

Ethical considerations

Registration for Data Protection with UCL was submitted to the Data Protection Coordinator on February 5, 2019. Data Protection Identification number Z6364106/2019/03/43 was received from the Data Protection and Freedom of Information Administrator on March 7, 2019 (See Appendix 1-Data Protection Registration). Application to the UCL Office of the Vice-Provost (Research) was completed on May 13, 2019. Request for clarification of items was received on May 23, 2019. All requested areas of clarification were submitted to Ethics Committee on May 24, 2019. Approval from the Committee was received May 28, 2019 (See Appendix 2).

My commitment to the highest ethical standards characterised the research process throughout. As suggested by Gustafson and Brunger (2014), I considered the power relations that may give rise to ethical dilemmas throughout the research process in favour of the participants. Participants determined their level of involvement in the research, dictated all timing of their photo-taking, our meeting locations, and through their photographs determined the direction and content of the semi-structured interviews. In accordance with the Consent and Information Sheets (Appendix 4) provided to each participant, agreement to participate was based upon full disclosure of the entire research process. In accordance with foundation of participatory methodologies' commitment to ensuring participant control over pre-defined aspects of the research, I was poised to honour participant requests re: declining to discuss any matter or photograph, discontinue an interview if requested, negotiate any unforeseen request in favour of the participant, and use their photographs only in the Dissertation document, unless additional specific written permission was obtained from them. None of these situations arose. Principles of minimising harm, respecting autonomy and privacy guided all interactions throughout the research process (Iphofen, 2011). I was mindful of the sensitivity of the topic and approached the interviews consistent with the notion of a participant focused process where they directed the interview in accordance with their photographs.

Negotiating access

Participant recruitment is key to successful research which ensures an adequate number of study participants to meet the research goals (Newington & Metcalfe, 2014). In developing a recruitment plan, I considered the influential factors that would facilitate participant willingness to engage, what stakeholders might assist with recruitment, and my location far away from the actual research sites prior to commencing data collection (Newington & Metcalfe, 2014). Well documented recruitment techniques involving contact with service organisations or support groups, snowball sampling and identifying any potential obstacles to recruitment in advance (Patrick, Pruchno & Rose, 1998) guided my process. Since I was not present on the island research sites to recruit participants directly prior to data collection, recruitment required efforts in advance of my arrival on islands to ensure a timely recruitment process. Recruitment efforts were employed on multiple levels commencing with outreach efforts six months prior to my arrival on islands. First, communications were initiated with existing island residents (not necessarily participants) to introduce research and eligibility criteria to begin to identify possible participant leads. This step enhanced my general knowledge base about island specificities to inform an effective recruitment strategy once located on island. This initial effort resulted in other possible contacts for prospective participants or resources for additional information that would facilitate recruitment. Follow up communications with any leads were ongoing throughout the six- month period prior to arrival.

The second tier of pre-arrival recruitment involved contact with a hospital administrator on San Juan Island. Engagement with this provider entailed provision of documents relative to the research (Information Sheet, Informed Consent) and along with my Curriculum Vitae. These communications proved central to establishing rapport and credibility prior to island arrival and ensure a face- to- face meeting would be possible once located on island. This key provider and long- time administrator at Peace Health Peace Island Medical Center (PHPIMC) arranged for the opportunity for me to meet those involved with the day- to -day operation of each islands' Senior Centres where recruitment efforts could begin. She also arranged a meeting with the county official from the governmental agency, San Juan County Health and Community Services on the mainland which proved to be a critical step in the recruitment process, establishing credibility, building trust with me, and providing direct access to Senior Centre Directors on each island who had frequent contact with individuals meeting the eligibility criteria for the research. Following, I initiated contact with each of these Directors to solicit their assistance and ideas about how to best meet possible participants. Once again, Information Sheets, Informed Consent documents, and my Curriculum Vitae were provided to these community leaders. Following this, at the suggestion of each of the Senior Centre Directors, a short introduction to the research was placed in the monthly senior centre newsletters followed by several brief presentations at senior lunches on each island. This process of attending the lunches continued throughout the research process and resulted in willing participants, who in turn, referred other participants. A few participants expressed interest in participating but due to practical competing logistics were unable to do so. Otherwise, participants were intrigued with the particular method of taking photos and this proved an effective recruitment tool.

Participants who expressed interest in the research were provided with an Information Sheet and a copy of the Informed Consent form (Appendix 3) to review and sign before we began. They were provided with my contact information and asked to contact me once they had reviewed the forms and decided to participate, understood what would be asked of them, and were ready to proceed. Once participants completed review of the documents, a first appointment was scheduled to meet, deliver a digital camera, provide instructions on how to use the camera, and arrange for retrieval of the cameras following completion of photo-taking. This was later followed by a face- to- face semi-structured interview.

DATA COLLECTION PROCESSES

Introduction

Data collection involved a several step-by-step process including up to four in person contacts with each participant to complete all phases of the research. Some required telephone or email contact in between the in- person contacts to confirm scheduling details. One participant required an additional contact to review photo-taking instructions following an unsuccessful effort to generate photographs. In person meetings were conducted wherever the participant wanted them- some at their home, some at the senior centre or local library**.**

The initial contact began with opportunity to meet me, have me briefly describe the research, and disseminate the Information Sheets, Consent Forms, and Photo Reproduction Rights Form (Appendix 5) to individuals who had expressed interest in the research. This first contact with potential participants took place at each local island senior centre where recruitment efforts were concentrated. Senior lunches at the centres were preceded by announcements in which each senior centre director briefly introduced me and the research. I then made myself available to answer questions, provide detailed Information Sheets and Consent forms, and explain next steps if the individual wished to proceed with the research. Individuals were asked to contact me by phone or email to proceed to the next step. Whilst some individuals immediately expressed interest, they were asked to first review the written documents before committing to move forward and then reach out to me.

Photo-Elicitation Process

Several steps were involved in the photo-taking process whereby I provided additional opportunity for participants to ask questions and review the process going forward.

Second contact-provide camera with instruction.

If a prospective participant followed up with me to confirm interest, then a second short meeting occurred to collect a signed Consent and provide recipient with a digital camera and instructions on how to use the camera. Participants varied in the degree to which they required camera instruction, but each situation was accommodated in the manner requested by the participant. Some required a one- time walk through on how to use the camera; others wanted to take a practice photo; others required a more extensive and repeated walk- through demonstration. Once participants expressed comfort with the camera, each was asked to provide the photographs within one week (with some flexibility if it were not possible for participant) and to notify me when they completed the photographs so that a third contact could be arranged to collect the camera. If an individual chose to use their own mobile phone rather than a camera, this request was accommodated and photographs were emailed to my secure UCL email account, and therefore this third contact became moot. These individuals were scheduled for the final meeting in which the interview occurred.

Camera and photo collection

Most participants were provided with digital cameras to take photographs. Two participants whose daughters took the photos did so with their own mobile phone and emailed photographs to my secure email when completed. This phase of the research generally took participants a few days to complete, but, on a few occasions, participants’ scheduling issues involved a longer turn- around time, particularly during the American Thanksgiving holiday week when some were travelling off island to visit friends and family. In no case was camera pick up greater than one week. Once participants notified me, they had completed the task, I arranged for retrieval of the cameras. Participants determined when and where I would do so, and their preferences were honoured in all cases. These logistics varied depending on the participants' circumstances. The majority of camera collections occurred at the senior centres, but some participants requested other locations convenient to them.

Table 2.3 Camera/photo collection -Locations per participant's requests

Senior Centre	Library	Farmers market	Local fairground	Local supermarket	Participant home
10	3	1	1	1	4

I attempted to limit the interactions at camera retrieval time to the ' hand-off' of the camera and the scheduling of the semi-structured interview. At times, this was difficult despite efforts to direct any discussion about the photos to a time when dialogue could be recorded during a scheduled interview. Information received at retrieval that was deemed important to me was revisited during the scheduled interview. Following retrieval, all photos were uploaded to a secure, password protected UCL desktop.

Photographic Process- Self-determined or assisted.

Of the one hundred and sixty -eight photos provided by participants, one participant required two meetings to complete the photographs taking as her initial attempt at using the camera did not result in photos actually being taken. I met with this participant again at her home to review how to use the camera and directed her accordingly as she took a practice photo of me. She then took two of most scenes in order to ensure she was completing this portion correctly. Of the twenty-one individuals who provided photographs, participants fell into three categories. They either took all the photos provided to researcher entirely by themselves (16 participants), asked a family member to take some of the photos provided (2), or all of the photos were taken by someone else (3 participants). Of this latter category, two participants' daughters took the photographs, and one participant directed a staff member at his adult family home as to which photos he wanted taken. Further, in this latter category, the participants whose family member took all the photos, whilst not objecting to the photos, did not seem fully aware of their connection to the research. These participants were given full opportunity for me to delete the photos and to decline to discuss the photos but both participants chose to proceed to discuss the photos during their interview without reservation.

Semi-Structured Interviews

Following the photo-collection, the interview was scheduled. In this second phase, twenty-two participants participated in a semi-structured interview. One participant who had previously provided photographs missed his scheduled interview and was unable to reschedule. No participants objected to the interview being recorded for my later review. The interviews lasted forty-five minutes to seventy minutes, while most were approximately 60 minutes.

Interview logistics

The interviews were conducted at the location and time the participant determined. The majority chose to be interviewed in their homes, whilst others chose another location convenient for them. Those who chose home locations did so primarily due to the difficulty or impossibility of accessing the community without assistance. With one exception, all interviews were conducted in a private room, inaccessible to others for the duration of the interview. The one exception was an interview done at participants request, in an isolated corner of a local supermarket café. Participant was aware of the possibility that others may overhear the interview or access a glimpse of his photographs.

Table 2.4 Interview locations, per participant request

Senior centre	Library	Farmer's market	Local fairground	Local supermarket	Participant home
10	3	1	1	1	4

Table 2.4 *Of these home locations, one individual lived in an assisted living facility, three lived in adult family home.

Interview content

Whilst the interviews were semi- structured, each interview began with revisiting consent to participate, verifying demographic data, and a few introductory questions noted in Table 2.1 (p. 52) concerning time lived full time on island, history of contact with the island before full time residence, and any financial concerns. The interview then proceeded to focus on participant photographs which were displayed one at a time for them to view on my computer. I asked what aspect of the photograph made them think about their bodies and their ability to remain included or excluded on their island.

A loosely structured interview and topic guide (see Appendix 3 Topic Guide) was central to focusing the interview on four main areas: First, participants' description of the state of their bodies including the state of their health, any physical challenges and strategies for managing those challenges. The second area focused on physical action points about their bodies, i.e., managing personal needs, doing sports, exercise, and other activities historically and currently, any new activities relative to bodily changes. Thirdly, the impact, if any of bodily changes on their daily lives. The last major discussion area centred on social impact of their bodies – i.e., whether they were able to meet friends and family and otherwise engage with their communities as they wished. Ancillary topics explored their use of technology, exercise regimes, and future plans should their needs present in ways that could not be addressed on island.

At the conclusion of each interview, I presented opportunity for participants to add any additional thoughts or ask questions. Many participants were curious about my motivation for researching the topic, my familiarity with the islands, my time frame for completion of the PhD, and their interest in knowing the results. Participants were advised the thesis would ultimately be available online for their review or a short summary could be provided to them once the degree was completed. Several participants provided their addresses in order to receive such a summary.

ANALYTICAL PROCESS

Once all interviews were completed, verbatim transcripts were created for my review following an initial audio review of all interviews. Following this initial review of the transcripts, thematic analysis was utilised as the primary analytical tool to analyse the transcripts. I reviewed both the transcripts and the audio recordings a number of times in order to clarify and ensure accurate understanding of what participants reported. This was an iterative process as I began to develop thematic patterns. The photographs taken by participants (or on their behalf) were not analysed independently but served primarily as tools to elicit information regarding the impact of bodily challenges on inclusion/exclusion. Thematic analysis (TA) of the data is a way of identifying patterns, commonalities, and outlying findings (Braun & Clarke 2022, 2020, 2006) and may be effectively utilised in a variety of epistemological inquiries (Nowell et al, 2017). Whilst there are contested processes for the conduct of thematic analysis (Braun & Clarke, 2021), there is general acceptance that methodological pattern identification, and code development followed by thematic representations may result in rigorous qualitative research with meaningful, trustworthy and insightful results (Braun & Clarke, 2006; Attride-Stirling, 2001). Despite the widespread use of thematic analysis, its pragmatic application has been underreported (Nowell et al, 2017). However, a foundational approach to such analysis allows flexibility to adapt to specific research scenarios while remaining true to the pursuit of in depth understanding of complex phenomenon common to qualitative research (Nowell et al, 2017). Despite the criticisms of the possibilities for inconsistent analysis (Holloway & Todres, 2003), thematic analysis provided a comprehensive strategy for reviewing the multiple sources of data.

A multi-level iterative process facilitated organising the data from audio recordings, verbatim transcripts and field notes by organising, de-constructing and interpreting (Saldana, 2021; Castleberry & Nolen, 2018). Several steps were involved with an initial review of the audio recordings pending transcription, a second review of the transcript, and repeated reviews of each transcript to identify patterns. Immersion in the data sources is the cornerstone of TA and facilitated a familiarity with the totality of the data, enhancing understanding context to allow a dissection into its constitutive parts (Castleberry & Nolen, 2018). Utilising a reflexive thematic analysis, categories of common and disparate findings were divided into groupings which allowed researcher to compare and contrast findings (Braun & Clarke, 2022; Castleberry& Nolen, 2018; Braun & Clarke, 2006). Coding the data involved engagement with a series of questions about what was happening in the data, the reasons for the representations, how the representations may be viewed at the micro and macro levels, and specifically if and how the data answered the research question (Bernard, Wutich & Ryan, 2016). An inductive approach or ‘bottom-up coding’ favoured the development of codes emerging within the data sources (Weil, 2017) which resulted in analytical decisions about the data derived from the immersion process. The process, while not entirely linear, involved revisiting the data throughout all stages of analysis. While Braun and Clarke (2020) have developed a systematic template for thematic analysis, flexibility in the analytical process enabled consideration of a ‘theoretically – informed’ consideration of the impact of corporeality in later life and its exclusionary possibilities.

Specifically, the data analysis process involved the following. The first level of analysis involved review of all interview audios and developing an initial coding scheme based solely on the audio versions of the interviews. Following that, all interviews were transcribed verbatim. The transcript texts were then reviewed in conjunction with the initial coding from the audio review process and resulted in a further characterisation of the initial codes and a grouping and combining of codes. Similarities and differences and frequency of specific comments were identified throughout these initial reviews. Codes were revisited throughout the process of reading and re-reading the transcripts. Upon developing a detailed list of codes, thematic groupings were developed.

Integrity of research

In recent years, the ubiquity of qualitative research in disciplines historically based in a quantitative tradition has given rise to the need to rethink traditional concepts of validity, generalisability and validity of findings (Thomson, 2011; Mays & Pope, 2000). The debate is embedded within the larger question of what is represented in qualitative research- is it reality or is it truth (Mays & Pope, 2000). Whilst there remains debate over the manner in which qualitative research should be adjudged, discipline specific guidelines have emerged to satisfy concerns about quality (Mays & Pope, 2000; See also Boulton, Fitzpatrick & Swinburn, 1996; Fitzpatrick & Boulton, 1996). The primary epistemological debate about what constitutes ‘good’ qualitative research has been addressed by Mays and Pope (2000) in its characterisation of a new model for such determinations, namely the use of the broad terms of validity and relevance as the evaluative criteria. Further, they propose a typology, albeit not devoid of subjective interpretation, to elevate qualitative research beyond the concerns of quantitative analysis. Their typology encompasses a bifurcated level of analysis, first to promote validity and secondly, to ensure relevance- both deemed to be essential factors to consider in ‘good” qualitative research.

As to validity, they propose a number of tasks. Triangulation, member checking (also known as respondent validation), detailed methodological transparency, reflexivity, attention to negative cases (also known as deviant case analysis), and fair dealing constitute those tasks. Whilst each of these measures also remains contested, the general framework of comparing and contrasting data sources (part of an iterative coding process), transparency of methodological design (detailed in prior section), attention to outlier findings (analysed throughout the coding and thematic development process and researcher’s positionality (discussed in more depth in a subsequent section) formed an essential component of this research. With regard to relevance, they define this criterion as having two components- namely that the research has a contributive function to existing knowledge and second, that it is generalizable. This latter concept of generalisability is common to quantitative research and its’ recommended implementation is through a sampling method most commonly associated with quantitative research. According to Mays and Pope (2000), quality of qualitative research too remains a contested inquiry. Notwithstanding, they recommend a series of questions concerning quality which can best be characterised as addressing both clarity of methodology design and data collection, analysis, and assessing any researcher bias throughout the research process.

While many of the strategies recommended by Mays and Pope (2000) were utilised in this research, member checking (also known as respondent validation) was not employed. The process is used by qualitative researchers to explore the credibility of the results by returning data or results to participants for feedback (Birt et al, 2016; Creswell & Miller, 2000) and arguably enhancing rigour (Lincoln & Guba, 1985). Notwithstanding ongoing contestations about the mechanisms by which to achieve rigour in qualitative research, its use must be based upon a clear articulation of the research design that implicates its deployment as effective in curtailing any researcher bias or pre-conceived notions about the findings (Tong, Sainsbury, & Craig, 2007). Despite the multiple ways in which member checking may be employed (Birt et al, 2016), it is not without ethical considerations given that the process would generally occur outside of the actual engagement with the participant. Its impact on participants has been little examined (Hallett, 2013). This engagement with the data could occur at a different time and place in the participants' life, the possibility of access by a non-participant (ex. family member), or otherwise engaging in a manner not directly under the control of the participant in which the participants' needs could be immediately addressed by researcher (Birt et al, 2016). Some have noted the possibility that transcripts or commenting on data may be either therapeutic or distressing (Carlson, 2010). Reich (2021) drew particular attention to the positionality of the researcher as a core component of research which contributes to knowledge production without harm to any of the parties involved. Further, attending to a dissenting voice of a member requires defined protocols capable of implementation at a time when researcher has left the research site (Birt et al, 2016), and therefore necessitates logistical capacity extending in time and space which may not be possible post data collection and analysis. While enhanced member checking protocols have emerged beyond mere presentation of data or results to participants (Birt et al, 2016), such extensive protocols require a separate analytical process without proven benefit. Some have indicated member checking of little value as an analytic tool to enhance rigour (Morse, 2015). For all of the above reasons, researcher chose not to engage with member checking but did provide participants with information on how to access the final research document online and will also provide a short summary of the research findings once the Dissertation is completed and accepted.

Researcher positionality

It is well established in qualitative research that researchers should approach the process reflexively and acknowledge their own positionality within the research (Shaw et al, 2020). In this regard, whilst I characterise myself as an emerging older person, I acknowledge that my participants may have believed I was young, given that, in some cases, I was three decades their junior. Participants frequently inquired about the impetus for such research in their age grouping. Accordingly, I provided them with a short statement about my legal work as an advocate for older people and those with psychiatric or developmental disabilities. In addition, I advised about prior Master's level research in San Juan County on another island as I tried to present myself as less of an outsider. Of import also was that some participants were aware that a long term and respected island family was hosting me during the research process. In reflecting upon my position within the research, I first acknowledge my presentation as an ally to older people, and my own ideas, freedom, and fears about the ageing process well underway for me. I also acknowledge my actions and visibility in the island locales not solely for their immersive value, but also to establish trust and familiarity. Each of these factors likely promoted a level of comfort and trust in the engagement with the research. While this latter term may be elusive in its measurement and subjectivities (Wilkins, 2018), my perception was one of willing and free engagement with the research participants whose interviews provided rich, thick text upon which my analysis is based (Denzin & Lincoln, 2011, 2005).

How then did I come to be interested in the body and the difference or divisions it may create in later life? From an early age, I questioned a dominant family discourse around difference-primarily with regard to race. My career path, although varied, has reflected a commitment to working to advance the interests of those excluded from the mainstream, from injured immigrant workers to people with psychiatric and developmental disabilities- all shared a common 'deficit'- that is, their bodies were not performing in a manner deemed acceptable. More recent work has focused on older individuals whose functionality, often framed as 'frailty,' subjected them to legal proceedings designed to remove their decision -making autonomy. Insufficient thought is given to the serious consequences of involuntarily separating older people because of processes that are implicit in ageing, effectively excluding them from all that is familiar to them. Gilleard and Higgs (2017) writings on the possible impact of corporeality in later life as a source of exclusion resonated with me immediately and crystalized my experiences and the research topic within was born.

I approached the research with a wealth of experience in dealing with individuals whose bodies were in some measure, broken, and admittedly approached the research topic initially with a sense of the deleterious impact that aged bodies experience in the social arena. As the research progressed and I encountered participants with various levels of bodily challenge, a very different narrative emerged that required that I confront my assumptions and specific legal experience and remain open to a different narrative.

SUMMARY

The conception and design of this research was to elicit the lived experience of the body in everyday life for those in the ninth decade and beyond and its relation to inclusion/exclusion utilising photo-elicitation followed by semi-structured interviews. My approach to the research has been to ensure the participants' voice was primary and created a process where the participant directs the interview process, ensuring they discuss that which they choose to discuss through the use of the photographs they provided.

This chapter has set out specific aspects I considered throughout the major steps involved from design through analysis. I have detailed four major components of the research, namely, the participant pool, the research settings, the research strategy, and data collection and analysis processes. In each section, I have described the processes and procedures I used to execute and complete that aspect of the research. Each section highlights my interest in and commitment to a participatory process. This serves to foreground the following three chapters in which I highlight the findings, whilst portraying the unique settings of the research and support for the use of photo-elicitation with those 80+, despite some challenges noted later in the thesis.

CHAPTER 3- THE BODY-TODAY AND TOMORROW

INTRODUCTION

This chapter details participants' reports about their physical bodies, along with selected photographs they provided informing the content of the semi-structured interviews which followed. It is notable that participants appeared reluctant to speak about bodily limitations without considerable focus and redirection by me. Their photographs detail the breadth of individual realities and the experiences associated with their bodies but none of the photographs taken by participants themselves were of their bodies or parts of their bodies. Most participants either reported few substantial limitations which impeded their social inclusion or minimized any physical challenges (which may have objectively been considered substantial), whilst others noted specific accommodations they had made. Differences in the degree of consideration of their bodies was clear in the contrasting narratives of two 90 -year -old participants.

> *"What surprises me is how often I think about my body. Daily. Almost all the time. If I'm sick, I think about my body. If I'm hurting in some way, if I've been punched, if I'm gonna eat."* (90 -year- old married man living with spouse-**AN**)

When asked how she might address physical needs which could not be met with limited island facilities, another participant revealed how little consideration she had given to the possibility.

> *"I don't know. I haven't looked into it* (laughs). *To tell you the truth, I have no idea."* (90-year-old divorced woman living alone-**ED**)

These two participants of similar age, yet not similarly situated (**AN** quite visible and active in the community, whilst **ED** is home bound leaving her home only one -time weekly to attend church) illustrate the contrast of bodily experience and the expectations surrounding advanced old age bodies.

Three main themes emerged in discussions about their bodies from participant interviews. These are BODY TALK, BODY PROJECTS, and FUTURE BODIES. The first category, BODY TALK, focuses on participants' present bodily assessments. Under this category, participants talked about the general state of their health, ranging from 'excellent' or 'good' to 'marginal' with most noting the former two. As indicated previously, participants seemed reluctant to focus on bodily challenges, as reflected in their self – health assessments, despite some with substantial limitations which were apparent to me. However reluctantly, the findings do illustrate participants' experience with changes in multiple sensory systems. As a constituent part of these multi-system changes, participants reflected on their impact relative to social participation in their communities. While impact differed amongst the participants, the differences reflect both the severity of the challenge and equally, individual choices for participation. Correspondingly, a given challenge did not necessarily equate to inability to participate when the desire to take part was minimal. Conversely, those with minor challenges sometimes expressed an important and substantial impact on specific kinds of participation or activities that were important to them (ex. Dancing or night driving). Those who reported challenges often noted the ways in which they either adapted to the challenge or employed strategies to accommodate the challenge. These adaptive and accommodative actions were useful to enhance participation. When an accommodation was not possible, participants reported a sense of loss or an operative restriction in their daily lives. The impact of these losses and restrictions differed for participants. The last sub-category in this section illustrates participants' sense of humour about the various challenges their bodies posed.

The second major content area, BODY PROJECTS depicts what actions participants took to maintain (or mitigate) their present bodily status. For most participants, these maintenance 'PROJECTS' involved daily exercise protocols. Physician or self- prescribed medication or vitamin and supplement regimens were part of daily life for many. Some participants also described other levels of 'work' on their bodies achieved through meditation and visualization. Reading, writing, gardening, and painting also emerged as sources of pleasure that consciously contributed to bodily care.

The third major content area, FUTURE BODIES, reflects participants' narratives about possible future body challenges beyond their present ones. Ideas about longevity prospects and mortality were noted, with some optimistically professing life extending to one hundred years and beyond. Others acquiesced to a more limited future time. These latter participants acknowledged current limitations reflecting their age and a sense that they were unlikely to improve. The possibility of future dependence loomed large for participants, evoking a dark shadow ahead of a life not worth living where a sense of autonomy would be lost.

BODY TALK

The body as a lived phenomenon is an inescapable presence in everyday lives, yet its subjective experience may differ vastly amongst those in advanced old age. Whilst its actions may reflect historical practices, this section details participants' descriptions and reflections of their bodies in their present experience both through their narrations and in their discussions of their photographs. As noted in Chapter 2, I asked participants to provide photographs of aspects of their daily lives which highlighted their bodies (and experience of inclusion or exclusion). These photos served as the basis for discussion in the semi-structured interview. Noteworthy was participants' reluctance to focus specifically on their body, despite repeated questioning and re-directing by the researcher. With re-direction, bodily issues were sometimes forthcoming. These present experiences are detailed under five sub-categories of "TALK." The first sub-category, *health,* depicts participants' self-assessment of their health. The second sub-category, *sensory systems affected*, involves the different sensory challenges participants reported along with their corresponding social impact. Following these reported challenges, the third sub-category details participants' *means of adapting* to these challenges. The *restrictions and losses* sub-category further detail those realities flowing out of and from the means to adapt and accommodate. The final sub-category about daily experience depicts the *humour* employed to address their corporeal challenges and realities.

Health

In this section, participants' comments in response to a specific question directed at their health are reported. They ranged from perceptions of *'marginal'* (one participant) to *'excellent'* (numerous participants), as well as less definitive self-assessments which instead focused on specific ailments or medical conditions. A few participants had a litany of medical issues, whilst others had hardly any, thereby illustrating the breadth of bodily experience the participants reported. These self-assessments did not always appear to comport with the litany of medical conditions that they revealed later in the interview. A few participants characterized their health as precarious for a variety of reasons. They spoke about present and long-term medical issues which played a role in their current health. Some clarified with a statement about the impact of their health.

AN attended his scheduled interview appointment despite reporting feeling unwell. When asked about the general state of his health, his response was equivocal.

> *"It is kind of marginal at the moment. I'm not sure where it's going. I don't know if this is indicative of something worse."* (90-year-old man living with his wife-**AN**)

He further clarified with his recent medical history that had resulted in an emergency flight to the mainland for assessment and subsequent inpatient admission for work-up. He was diagnosed with a urinary infection, discharged, and sent back to his island home with a prescription for antibiotics. At the time of the interview, he was on his second round of antibiotics and feeling…

> "*…kind of icky. I don't know of a better term. It's not exactly lightheaded. It's just feeling kind of punk. Not very sick. It's weird''.*
> **(AN)**

Similarly, **ED** characterised her health as "*in between''*. She had suffered a stroke two years earlier and had not recovered to her satisfaction. Yet, she focused on what she was able to do and showed pride in how she managed most activities of daily living by herself.

> *"I'm well enough to be independent, that I don't depend on anybody for care or medicine or bathing or anything like that. So, I'm strong enough and able enough to take care of myself. Some household chores, such as vacuuming, I need help with."* (90 -year- old divorced, home-bound woman living alone-**ED**)

Unlike most participants, when asked about her health, **EL** replied that she had many health-related issues. Laughing, she continued with a litany of long- standing medical problems.

> "*Oh my! Umm. I would have to go into a lot of history…I was born prematurely …and I had curvature of the spine which created problems later…and I didn't know it but my heart was twisted…so, about 13 years ago, I had to have open heart surgery…and structurally, I have had an accident (*motor cycle*) and broke my back, lower back…and yes, the vision…I have macular degeneration and it is, I can see things…I can't recognize faces but I can see here (*placing her hand in front of her face*). I can see the TV, not like I used to, but I can watch TV…my heart is wearing out…Umm, I have to wear depends on because I had oxycodone addiction and it left me with problems… I have an artificial shoulder. It is metal, both of my shoulders are replaced, both of my knees are replaced, I have pins in my right foot and the lower part of my back is wired together…oh, and I had a couple of concussions and one of them is really giving me a lot of problems now."* (88 -year -old visually impaired widow living alone-**EL)**

Similarly**, FR,** an 82-year-old widower living alone, responded to a query about his health status by reporting several health problems.

> "*I've got high blood pressure. I'm a cancer survivor. I had prostate cancer. What else? I had back surgery that left me with a right foot that I can't control as well as I would like to… So, yeah, that's the state of my health. The high blood pressure has me concerned. In fact, it spiked a few days ago and I got very worried about it."* **(**82-year-old widower living alone-**FR**)

DD also responded to the inquiry about general health status with information on specific health conditions, yet with an optimistic view.

> "*Well, I am diabetic and have high blood pressure. Otherwise, basically, I'd say it's well, considering my age. Well, I'd say it's fair to good."* (80-year-old woman living with her husband-**DD**)

She then went on to detail other physical problems.

> *"Well, my feet are starting to get a little bit of neuropathy and you know. You know, I need to sit more."* (**DD**)

DI spoke of his past and ongoing heart problems which affected his health and specifically, his ability to dance.

> "*I have had them since February 17, 1987. That is when I had my first heart attack and I have had five angioplasties since then, five stints were put in, my artery collapsed. Then everything got better for a while and then they fixed the artery but then this year I had another problem, so I had the pacemaker…and another stint put in and I am still waiting for that to improve my health. It really hasn't too much."* (82 -year- old widower living alone-**DI**)

DO spoke about his back problems when asked about his health. He had fallen and sustained a back injury which was improving but had been exceedingly difficult initially.

> "*Well, it's improving a little. When I fell and broke my back, from that point on, it seemed like one thing after another. I had a problem with medications that knocked me off my feet. I couldn't do anything, had to go to emergency. And later on, I got a bladder infection. But now, I'm back. I can walk alone. I only use the walker occasionally. I'm a diabetic also."* (88 -year -old married male living with his wife-**DO**)

HO spoke about a gastrointestinal problem she was currently experiencing that required expensive medication. She was on her second round of the medication that she thought she might be improving her symptoms. She also noted a mobility issue and using a walker.

> *"…be helping a bit… "Because I am unsteady and afraid of falling…and my memory is not that good, but I think better since I've been here."* (94-year -old widowed woman living in an adult family home-**HO**)

JO reported intermittent and recurrent back problems which affected her mobility and steadiness but insisted the entry to her apartment remained manageable. She provided the photo below illustrating the steep stairwell she must navigate upon leaving her apartment.

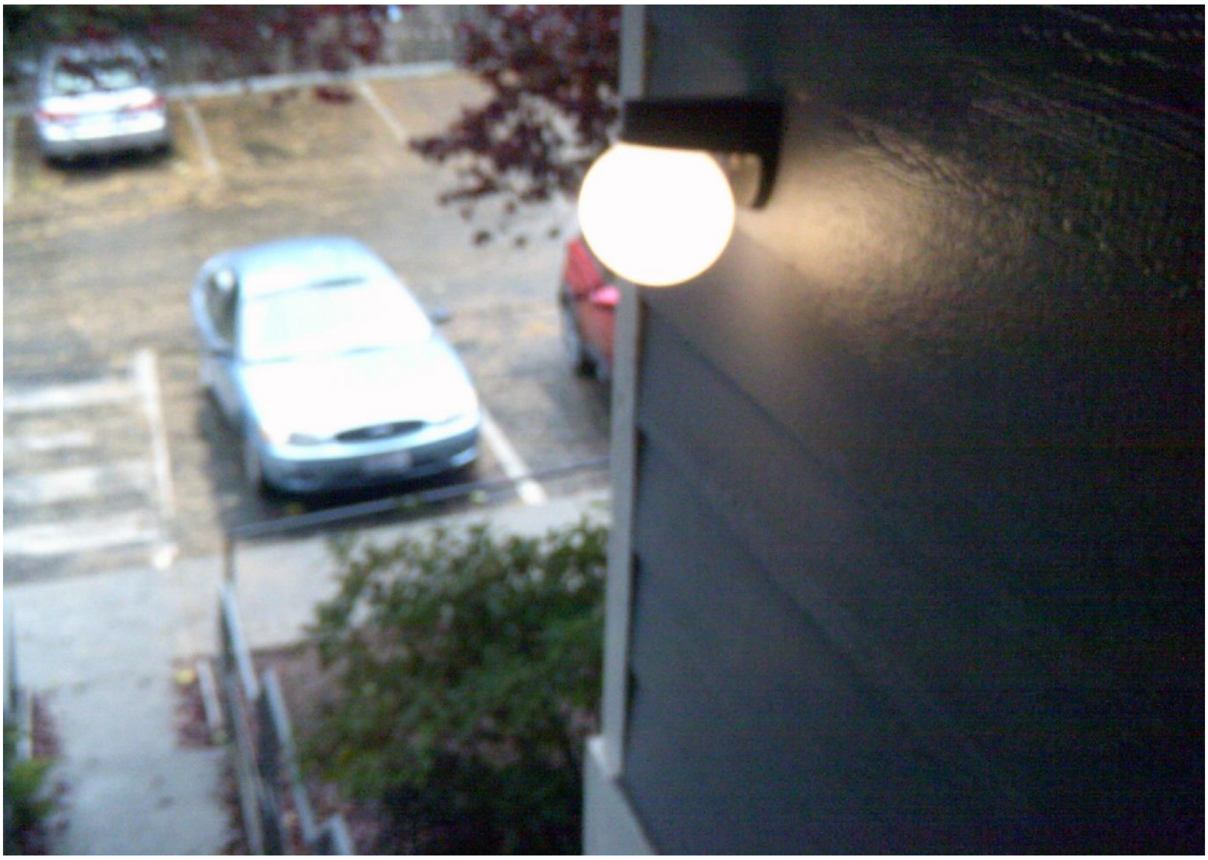

PHOTO 3.1 (JO) stairwell entry to apartment

When asked about her general health status, she made a distinction.

> "*Um, I think it's healthy emotionally. Okay, physically, it's not… we were looking at apartments for a handicapped person. I said '(*name of daughter*) the one thing you have to fight when you've got things wrong with you is to keep thinking healthy. Don't think like a sick person. Because it just intensifies your state of mind.' I said, "I don't think sick'… The stairs don't bother me. And I said, 'My limited mobility is just one of those things'".* (82- year- old widow living alone-**JO**)

Other participants provided more favorable descriptions of their general health. Participants' characterisations were sometimes followed by information detailing significant health issues. However, their first responses illustrate how they perceived their bodies and bodily function. Their follow up comments reflect ambiguity between the initial characterisation and the more detailed narrative.

PE spoke adamantly and definitively about her health. She was definitive in her assessment of her health despite her dependency on her daughter to navigate the community.

> "*My health. I think it's perfect…. I only take one prescription, cost me $10.00 per month. It's just eyedrops…It's for macular degeneration…I am blind in the right eye and have serious macular degeneration. Oh, and the heart, the arthritis. But that is not really a health problem. That's an irritation…and I only have it in my legs."* (95-year-old visually impaired widowed woman whose daughter lives with her-**PE**)

Her assessment of *"perfect"* health minimised the significance of her blindness and the dependency it created.

Unlike **PE, RO** characterized his health as *"Excellent"* and did not report any significant health issues.

> "*The only system thing I have is... I have had one cataract removed and I am probably going to need to have the other one done within the next couple of years. One removed last year…No meds…I've been blessed…in terms of my body, it's been really active, all my life."* (80-year-old divorced man living alone-**RO)**

However, later in the interview, he did refer to a diminished energy level which affected what he could accomplish during the day.

> *"…not as productive, not as much energy."* (**RO**)

ANG, an 81- year- old widow living alone, spoke of her health as *"good",* despite a significant life-threatening cardiac issue the prior year. She had experienced chest pain which precipitated an emergency flight off island to consult with a cardiologist on the mainland. The consult resulted in a surgical valve replacement. She also reported a prior diagnosis of breast cancer twenty years ago, but that she has not had any problems since the minor surgical procedure to remove sentinel nodes.

MA had a few complaints about her health but characterised it positively, despite a later comment about her limited longevity given that she was turning 83 imminently.

> “*Oh, that is pretty good. I have had some problems in getting a new hip and a new shoulder. I am going to get this one repaired pretty soon (*pointing to her left shoulder*). Yes, the shoulder is shot… I don’t know, it just doesn’t work anymore. Everything is working otherwise.”* **(**82- year- old widow living alone-**MA**)

BU characterised her health favourably yet then reported some issues of concern.

> “I *would say it is very good …I have close to major heart problems. I take five medications. I take one to regulate my heartbeat, I have to take another two to keep the blood pressure down and I take another one let’s say to keep, well, they all combine. I have not had a heart attack, but I have had a couple of episodes that were a little bit scary…and I have, both knees are artificial and one hip I have had replaced. I have arthritis, osteoarthritis that has taken over joints. And that is pretty much it.”* **(**82 -year- old widowed woman living alone-**BU**)

PI spoke favourably about his health despite acknowledging a general slowing down.

> *“…pretty good. As far as I know I haven’t got, I have a pacemaker because I have a very slow heart and that sort of speeds it up but other than that, I think I am doing pretty good…Oh, I am getting a little slower and not as active or fast as I once was*.” (“*88.5*” year old male widower living alone-**PI**)

SH described her heath as *“good”* yet clarified that she had had a heart attack which precipitated her recent relocation to island to be close to her daughter. She also commented on her difficulty hearing so that she must sit close to people to understand what they are saying. She uses a cane to avoid falls due to instability and unsteadiness.

> “*…trying not to fall… falls are dangerous at this age… they are dangerous. That means you are in the hospital, and it could be the end which is OK.”* (92- year- old widowed woman living in an adult family home-**SH**)

IN was emphatic about her health despite a chronic and idiopathic hand tremor.

> *“I am in excellent health, at the moment, knock on wood… the tremor has been forever, but it hasn’t seemed to have gotten worse… I looked into it, and they told me I could take medicine that they take for Parkinson’s but there are so many yucky side effects, I figured I could handle the tremor better. I think they call it an essential tremor.”* (80 -year -old married woman living with her husband-**IN)**

Later in the interview, she referred to her photograph below as her "*props…it is what I need to get on with the day.*" **(IN)**

PHOTO 3.2 (IN) hearing aids and glasses

LO spoke about his extensive daily gardening work when asked about his health status. He reported that he experienced *"no limitations"* in producing voluminous amounts of produce. Despite a service-related prior back injury, he claimed no limitations resulting from that.

> "*Excellent. I have no chronic diseases. I take an H2 inhibitor because I have some reflux depending on what I eat".* (83 -year- old widower living alone-**LO**)

LI said her health was *"great"* despite difficulty with an earlier *"frozen shoulder"* which impedes her ability to lift weights. She also mentioned arthritis in her thumb which flares up on occasion, but which she described as more of an annoyance than a significant health issue.

Participants sometimes responded to the inquiry about their general health, comparing themselves to a normative idea about what their health should be at a certain age, while some made comparison to others perceived as less able.

SUP noted variability in his health status with some days worse than others. He described these latter days where everyday matters were difficult.

> "*I'd say it's average for a man my age. It's no better or no worse. It's bad sometimes, sometimes it's not."* When asked to clarify, he added*..." Oh, hearing, talking, and explaining, and that sort of thing."* (102 -year- old widower living in an adult family home-**SUP**)

SU had suffered a debilitating stroke two years earlier. She is near fully dependent on others for daily needs. She is fortunate enough to be able to pay for extra help to care for her daily needs beyond what her Assisted Living Facility can provide. Yet, she commented on her good fortune when comparing herself to others living in the facility.

> "*…well, I feel extremely fortunate when I look around the other people in this facility ...there is another fellow who had a stroke, and he is really crippled up. He is in a wheelchair, and he is very crippled up. So, I mean, I thank the Lord every day that I am as good as I am here because I can talk and have my facilities up here (*pointing to her head) *that I can think. You know, I know who you are, and I know why I am talking with you and what we are talking about. I am very clear...you know a lot of people in this facility they are not able to think clearly and so I look at them and think 'Ok Lord, you gave me a stroke so I can't walk but I can talk, and I know what's going on."* Later, she elaborated "*…well, my body now is that I can't do things to take care of myself...I am completely at the mercies of other people."* (86- year -old single woman living in an Assisted Living Facility-**SU**)

Sensory systems affected.

Participants spoke about sensory deficits they experienced, most notably hearing and mobility issues. Each of these presented some obstacle to full social engagement. Visual deficiencies also played a role in participants ability to navigate their communities without assistance or otherwise required modifying their activities. Diminished energy levels affected productivity during the day or the length of time it took to do familiar activities. Others spoke about minor bodily disruptions that either required adaptation or accommodation, but which were minimally intrusive to their lives.

HO spoke about social difficulties due to poor hearing even with the use of hearing aids.

> "*When I go to the senior lunch, there's six of us, or seven of us around the table and I have difficulty hearing the people across from me. If I lean close, the gal who sits on my left speaks very softly. She doesn't talk very loud at all, so I have trouble and I have to lean way over and listen to her….so, there's a handicap."* (94-year-old widowed woman living in an adult family home-**HO**)

She also spoke about the limitations in making new friends or engaging in new activities due to both her limited physical ability and her limited hearing.

> "*I'm not strong enough to go out on my own…can't drive a car anymore and I'm limited in where I can go."* (**HO**)

DI lamented his shortness of breath due to cardiac problems. A lifelong dance and gardening enthusiast, he noted changes in his body which had an impact on his daily life.

> "*I can't dance anymore. Well, I have been teaching dancing on the island since 2013…and I had to stop three months ago as I just do not have the stamina to teach anything…I have a very large garden….and eighteen fruit trees…and I can't really take care of it anymore".* (82-year-old widowed man living alone-**DI**)

Notwithstanding **PE**'s characterisation of her health as "*excellent*," she found her visual problems difficult and constraining, particularly when she wants to do something, and her daughter (who drives her) doesn't wasn't to attend.

> *"…terrible…I like my freedom. I like to be able to do things when I want to do them. And I have to beg and borrow and steal to get a ride…I just think it's unfair they took my license away…I didn't pass the test… frustration."* (95-year-old widowed woman whose daughter lives with her-**PE**)

These specific illustrations describing challenges which impacted participants' daily lives differ from those reported in the next section. Following, participants' strategies to address forgoing activities (adaptation) and the ways they found to navigate physical challenges (accommodation) are detailed.

Adaptation and accommodation

Many participants who noted bodily challenges found ways to either accommodate the challenge or adapt their behavior and activities accordingly to minimise any impact. These strategies varied from using physical devices to employing more psychologically oriented measures to accept the immutability of a bodily obstacle. These latter mechanisms involved a measure of acceptance of one's age-related physical challenges and the inevitabilities which flowed from those realities. Participants did also express limitations that were no longer important to them such as not being able to *"run anymore"* (**AN, HO, PI,** and **BU**) or *"climb trees"* (**PE**). The excerpts below illustrate the differences in participants' limitations, but shared threads of adaptation and accommodation are apparent in their remarks.

BU spoke about changes in her ability to do house chores and how she has adapted to try to maintain independence in caring for her house.

> *"Yes, I do that kind of maintenance myself. My kids have told me that I cannot be up on a ladder so I can't clean the gutters. I have a little kitchen stool, I have lost almost five inches in height so where I used to be able to reach the top shelf, I have to have a little- not ladder but a stool. But there is a handle on it so it is kind of handy so I can move it around where I want it so I can reach the top shelf if I need something."* (82-year-old widowed woman living alone-**BU**)

MA spoke of several home related adaptations she had made in her life. This allowed her to shower and dress safely and independently as she described below and illustrated with her photograph.

> "*Well, I can't reach where you hook up this thing here so I just hang it on one of the bars and I can, if I bathe or shower, I can reach those bars. So, I can get in and out and I am not slipping and sliding… I took some of my pictures of the bathtub. I have grab bars everywhere and what I do, I used to only shower and stand on a washcloth so I wouldn't slip…but now I can bathe and when I go to get up, I turn over, get a washcloth under one knee, get a hold each side and then I grab a bar and finally get myself up. And once I get my legs, I can get up. But it just isn't fast like it used to be…it is still manageable*." (82- year- old widowed woman living alone-**MA**)

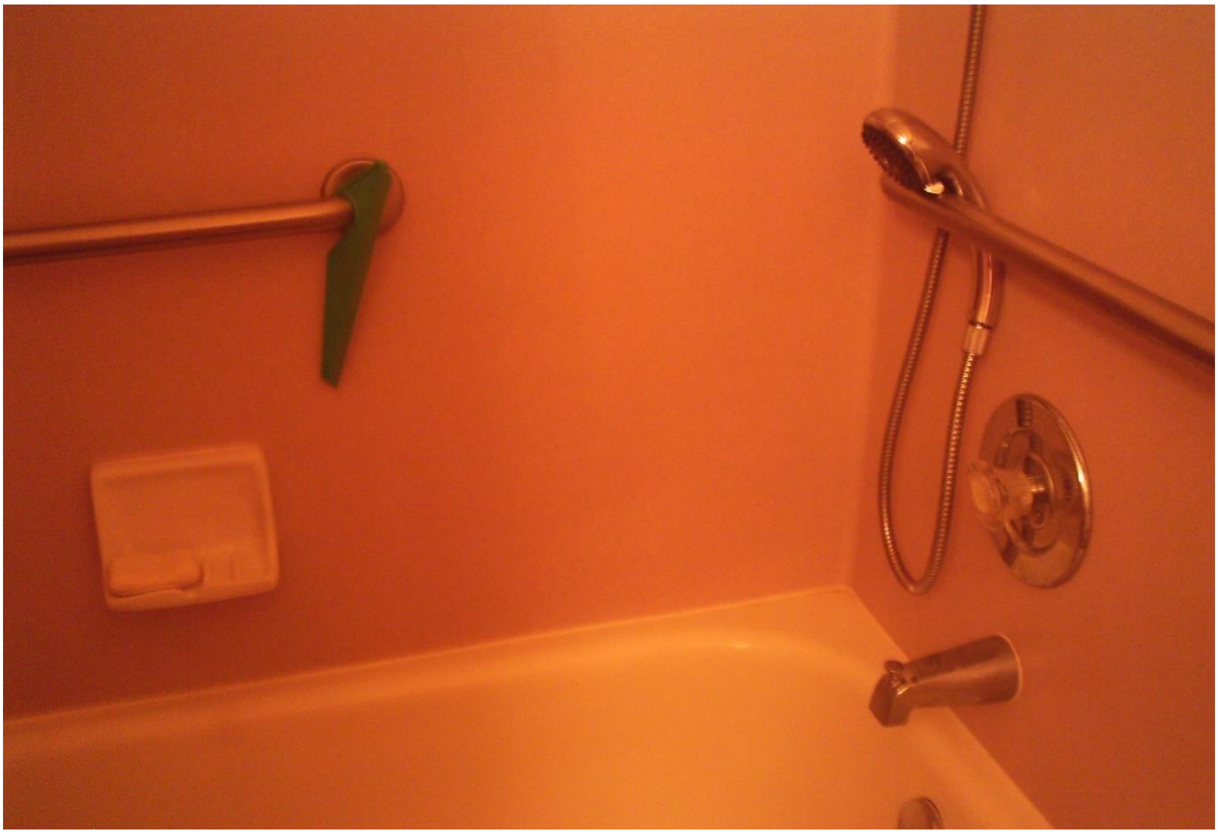

PHOTO 3.3 (MA) home shower adaptations

Her photo shows the placement of the shower head which allows her to access it easily without having to reach upward, as well as the various grab bars she had installed to minimize the possibility of slipping. **MA** also spoke of the extensive accommodations she has made in pursuit of continued independence in dressing herself and washing her hair.

> "*Getting dressed. And I didn't take any pictures of stuff that you have to do because you can't take pictures of you putting on socks if you can't reach the floor. And I have got a big pole in my bedroom that they put in for me when I had my hip done so I could get in and out of bed, so I grab that to get dressed. Because even with this bad arm I grab hold and then slowly back off until I have got an arm that is straight…"* (**MA**)

When speaking of adaptation, she emphasized the necessity to take steps to ensure ongoing social possibility.

> *"…you have to. There is no choice…if you want to get up and be around people, you have to adapt so that you can do that."* (**MA**)

MA also spoke of other situations requiring a behaviour change. She indicated some trouble with her eyes and the impact on her driving.

> *"Oh yes, very sensitive to glare. I don't like to drive after dark because you come around the corner and some guy in a great big truck with blue lights and he just blocks out your vision and it just blinds you. So, I try not to drive after dark, try. And of course, the deer."* (**MA**)

She spoke nostalgically about community activities, particularly around holidays where she would bake enormous amounts of cookies and package them decoratively to gift to neighbours and friends. Now, the large pots and pans needed for baking are too difficult to pick up.

> "*I don't make muffins anymore with fruit or bread with fruit. I used to make a lot of bread."* (**MA**)

Her photograph below reminded her about this festive tradition. When asked if that was a loss, she responded "*No, it is just how it is,"* reflecting a measure of acceptance similar to other participants.

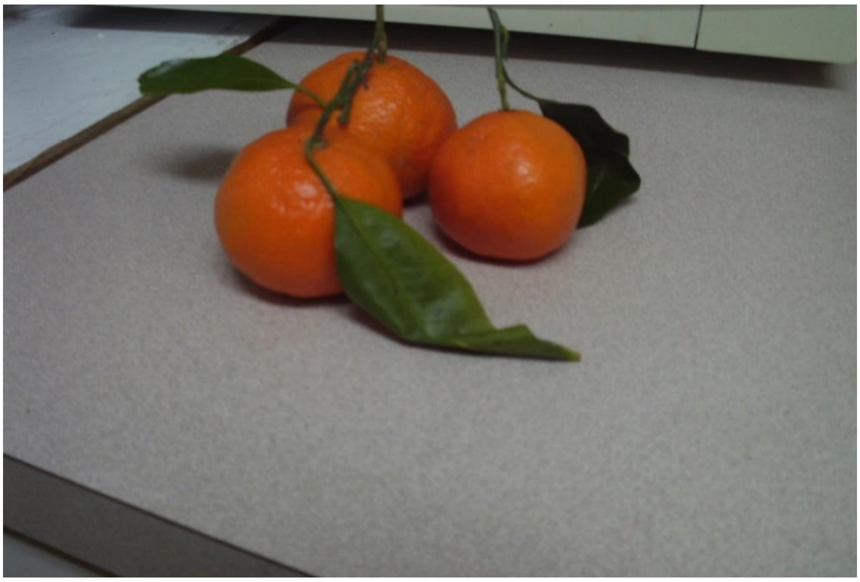

PHOTO 3.4 (MA) fruit, reminiscent of baking projects no longer possible

MA, in elaborating on the ways in which she adapted to maintain her independence in activities of daily living, provided the picture below.

> *"Oh, that is my walker. That is the only way I can do my hair because I can sit in my walker and I lean back, and I can get this bad arm up and I know I'm not going to fall…I can lean way back and be safe because it has brakes on it, and you can get your arm up to comb your hair… hair". There is nothing so* depressing as old, *white, long hair."* (**MA**)

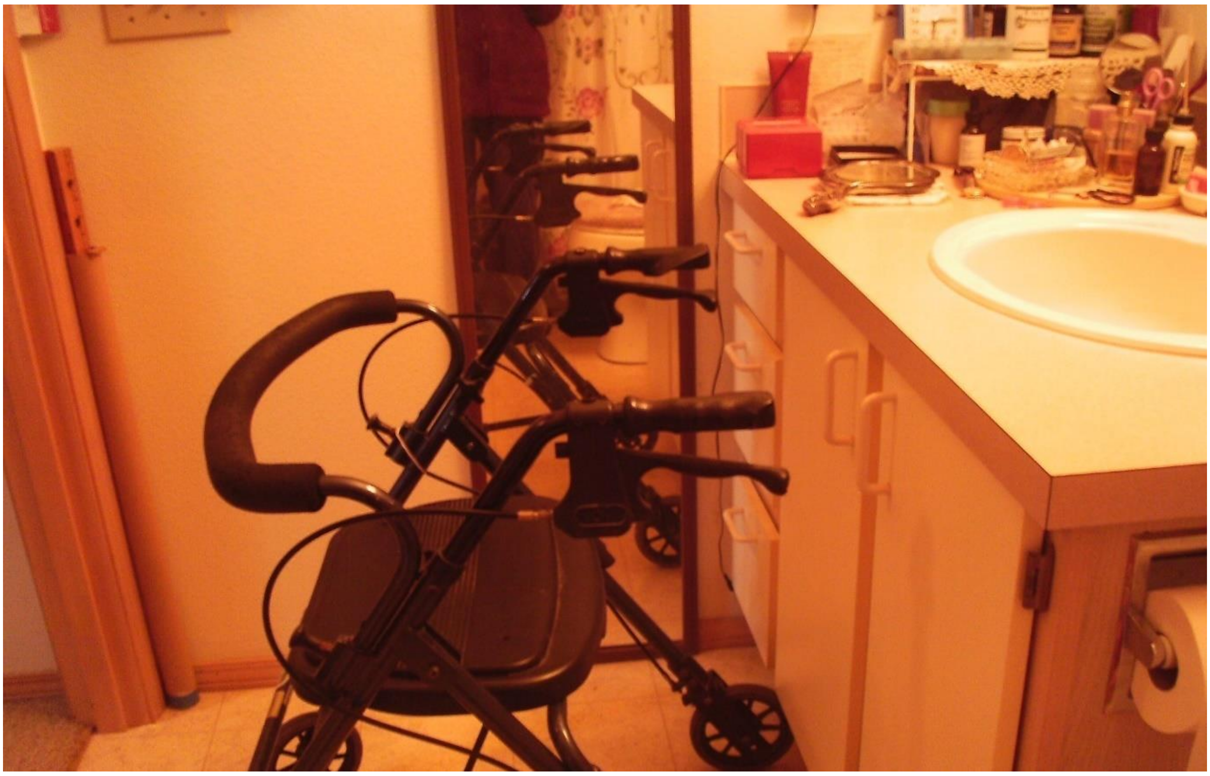

PHOTO 3.5 (**MA) walker adaptation to wash hair**

Like other participants *(***SU**, **HO**, and **LO***),* **MA** expressed a sense of acceptance and adaptation to physical challenges.

Acceptance of substantial limitations and dependence for most activities of daily living loomed large for **SU,** a self-proclaimed "*world traveller*," following only minimal recovery from a stroke two years prior. She spoke about a process of adapting over time. Despite her near total dependence on others, she had accepted her loss and developed a positive stance, finding solace to be so rooted and close to family.

> *"I have adjusted now to the fact that I can no longer travel and therefore my friends are too far away and even Bellingham is too far away…because like (*name of her friend*) she doesn't drive anymore and I don't drive and so I am just very happy that (*name of sister's*) girls come to see me so often, and (*name of sister*) comes every single day."* She elaborated that her life now is "*different,"* but it is "*not over by any means …some portions are over."* (86-year-old single woman living in an Assisted Living Facility-**SU**)

While **IN**'s physical realities were not as debilitating as **SU's**, she did speak about her long -valued tradition of hand -writing letters to old friends. Her hand tremor has made that difficult but something she wants to continue. Although she reported that the tremor had not worsened, it had changed the way she stays connected with friends.

> *"I cannot write letters the way I used to be able to…. I have to type them now on the computer. My handwriting is terrible."* (80-year-old woman living with her husband-**IN**)

HO spoke about her longing for more activity and desire to be more involved on the island, but she spoke of an acceptance of her limitations and need to rely on others.

> "*…I'd like to join more groups around the island…well, I'm sorry I'm not able to… I have to be realistic and accept it…I'm not going to let it upset me. I'm just going to go with the flow…I suppose I've always been that way…yeah, I don't fly off the handle and get mad or swear or anything like that."* (94-year-old widowed woman living in an adult family home-**HO**)

SUP spoke of practical strategies which allowed him to move about independently in his room using his wheelchair. Whilst recognizing the limitations the chair imposed, he also acknowledged the freedom it provided. As he detailed the utility of his wheelchair, **SUP** demonstrated his agility in maneuvering his chair in the relatively small space of his room.

> "*Well, not in the way I want but it gets around, because I can back it up and go in any direction, but you've got to be pretty careful, and that's the only thing. I can drive it.*" (102-year-old widowed man living in an adult family home-**SUP**)

SH, like **SU** spoke about a process of acceptance about her bodily changes.

> "*When people reach their 70's it is not unusual for the bladder to start to have problems. And so, when I go to the toilet, I would feel my, my parts of my body coming out. I would feel and I would think 'my God, I am dying'…so, before I go out, I have to go to the toilet even if three drops come out…So, I know that is a weak spot and so I don't fight it. I do what I can."* (92-year-old widowed woman living in an adult family home-**SH**)

After discussing this specific physical challenge, **SH** spoke more broadly about adjustment and letting go.

> "There *are a lot of things you just have to adjust to and take into consideration that are new…so you have to drop a lot of other stuff you have been caring about and just let it go as extra baggage and incorporate the new stuff and that will help you get through. So, it helped me a lot to see that everything in nature struggles to sustain*

> *life and I am part of nature, I am part of the universe. And so, for me to realize that I am struggling, that is OK, that is OK, and it is OK for me to say you have to let it go. And I have to let go.'* (**SH**)

LI, a self-proclaimed creative, spoke about her love of art and color and the joy it provided. Whilst not indicating any significant current need to adapt or change her behavior due to physical changes, she did anticipate how she might adapt to continue with artistic pursuits if her hands limited her ability to paint.

> *"I'd paint with my toes. ...I'm so committed... The worst thing that could happen to me would be blindness. You know, that would be the absolute worst."* (80-year-old widowed woman living alone-**LI**)

IN similarly predicted a different physical reality than she now experiences and articulated a process of acceptance about her future self that may be different from now.

> *"I don't know, this is what it is, what are you going to do about it? If you can't change it, it is that old stupid serenity prayer thing. If you can't do it, then figure it out and get the strength to deal with it."* (80-year-old married woman living with her husband-**IN**)

Further, she even spoke of resources she might employ if she was not able to manage the steps required to access her multi-level home. She provided the photograph below as one example of a predicted future challenge she may meet in accessing her home at the top of these stairs shown. However, she was optimistic and had considered how she might deal with the situation.

> *"I am married to a man who could do anything. He would figure out a way to get me up and down those steps. He would!"* (**IN**)

PHOTO 3.6 (IN) Stairs to enter home

FR spoke of the practicalities of his unpredictable mobility issues. He provided a photo of his walking stick which provides him with a sense of safety when he is out in the community.

> *"Yeah, it steadies myself. If I am going to trip, I can usually stop it."*
> (82-year-old widowed man living alone-**FR**)

PHOTO 3.7 (FR) Walking stick to prevent a fall

AN, one of the few participants who indicated that he thinks about his body with regularity, reflected about ways that he adjusted his activities in a self-protective way.

> "*I don't do projects that are hard on my body such as lifting stuff that is too heavy…There's a guy at my church who cuts the grass at the Catholic cemetery and he wants me to come over and work there and I won't…it's lifting heavy branches…it's doing that kind of work that I don't think is good for my body, so I won't do it…I protect my body. I don't let my body be abused."* (90-year-old married man living with his wife-**AN**)

Restrictions and Losses

Adapting or accommodating was not always realistic for participants. As a result, restrictions and losses were a part of daily life for some. Some flowed from the suggestion of family members; others were self- imposed. Participants' experiences of these restrictions and losses were sometimes ambivalent, but also reflected a measure of acceptance, as indicated in the excerpts in the previous section. The restrictions ranged from refraining to do specific house related chores to relinquishing activities which had a direct impact on daily life.

AN related a story of recently painting his house and that he needed to reach a place above his height.

> "*…about or nine or ten feet,* I *got a lot of complaints from neighbors. I'm up on a ladder but I don't go on a ladder unless I'm feeling pretty good, and I know I can hang on…I know all the rational stuff. I'm not going way up. I'm not going up twenty-eight feet, which I used to do…. Maybe ten. I don't even do too much of that anymore."* (90-year-old man living with his wife-**AN**)

When asked to clarify what he meant by all the *"rational stuff,"* he offered the following commentary he believed related to his gender.

> *"I look at a need. And I assess it, and I assess the risk, and I go about it. And you know, typical male."* (**AN**)

As noted previously, **SU**, in reflecting on her post stroke life, lamented about not being able to travel anymore. At the same time, she also expressed a sense of gratitude for what she had done. As a schoolteacher by profession, she had spent her summer breaks travelling. Having never married, she had a rich life with friends as she explored the world.

> "*I am not able to travel anymore...I would still love to go to the airport and jump on a plane and go back and see my friend in Wisconsin or go on another trip with somebody, but I have to realize those days are over. And I am grateful that I have had all the experiences that I have had because when I am looking at a TV program and (*name of sister*) says 'have you been there'? to whatever we have been looking at. And I usually say 'Yes, I have been there. Yes, I have been there'...yes, I feel very fortunate…I would say that I was a world traveler up until this stroke."* (86-year-old single woman living in an Assisted Living Facility-**SU**)

Whilst **PI** indicated he'd been "*pretty good at track and field and stuff"* during his high school years and he is amazed now when he sees younger people high jumping.

> "*My God, I used to do that."* ('88.5' year old widowed man living alone-**PI**)

But he doesn't have *"a burning desire to do that"* now. He did however speak of specific changes in his physical status which interfered with his private pilot's license.

> *"I am wanting to renew that but with the pacemaker, you can't do that, so I am probably a little disappointed in not being able to continue that."* (**PI**)

PE described a recent European trip she took with her daughter where they toured throughout the UK.

> *"I was so excited…we have kind of a connection there. So, I really wanted to see everything. But she insisted I have a wheelchair. Well, I don't need it, but she insisted I had to have it. Well, it would be such a fuss if I denied her. So, then everybody else gives me all this attention and so I can't go here, and I can't go there because I am in this wheelchair. So, I can't experience the castle like I want to…Just don't pen me in."* (95-year-old widowed woman whose daughter lives with he-**PE**)

When asked how she navigates similar situations where her wishes may diverge from someone else's.

> *"I ignore them if I can, you know, if it doesn't hurt their feelings. I try to consider their concerns."* (**PE**)

Body and Humour

Whilst humour has been viewed differently throughout history, it exists across ages and cultures. Here, it was apparent throughout some participants' interviews as they provided detail about their physical realities and hazards. Their light- hearted musings reflect real limitations they were experiencing. Following are select excerpts illustrating this sense of humour.

PI, in describing the increased time it takes him to do his usual walk noted that he had slowed down.

> "*I notice that now when I am walking, little old ladies pass me by"!*
> ('88.5' year old widowed man living alone-**PI**)

PE spoke about her *"perfect"* health. When asked if she was able to do all her house chores, she laughed.

> "*I don't... I have a daughter.*" (95-year-old widowed woman whose daughter lives with he-**PE**)

ANG, a breast cancer survivor, spoke about a prior sentinel node removal procedure which had left her with a lop-sided breast appearance. But, 20 years later, she no longer felt lop-sided.

> *"I don't even make the joke anymore because this (*pointing to her breast*) caught up with this one (*pointing to the other breast*)."* (81-year-old widowed woman living alone-**ANG**)

IN's hearing problems connected her to her husband and his physical challenges.

> "*…the joke is my husband hears better than I do, and I see better than he does. So (*laughs*)between the two of us, we make a complete person!"* (80-year-old married woman living with her husband-**IN**)

LI spoke of her arthritic thumb and its occasional flare-ups which interfere with opening bottles. She provided the photo below to show how she gets her sake when she wants it.

> "*…basically, useless because you can't do anything with it…because you know, the inflammation that's so painful but I do like my sake."* (83-year-old widowed woman living alone-**LI**)

PHOTO 3.8 (LI) Bottle of sake with pliers to assist opening

AN found his picture of his car funny and described it as if it were his body.

PHOTO 3.9 (AN) car- "extension of his body"

> *"That's my car (*laughing*). It's the greatest car in the world…cars give a terrific freedom and mobility. And when I look at my car, it's like an extension of my body. I can go places in a short time. I mean, not like 150 years ago".* (90-year-old man living with his wife -**AN**)

BODY PROJECTS

Participants' engagement with body practices and techniques varied. Instrumental practices designed to preserve health were common amongst most but not all participants. Generally, this meant exercise for those interested and willing. The choice of practices was informed by a sense of discipline and responsibility in caring for their bodies. Beyond **maintenance**, some engaged with practices aimed at alleviating discomfort by taking **medications, supplements or vitamins**. Others spoke about activities designed to **nourish the body** by enriching the spirit through pleasures which contributed to a sense of calm, thereby rejecting a Cartesian dualism in the management of their bodies. Following are excerpts and photographs illustrating the types of activities participants spoke about.

Body Maintenance

Participants reported physical exercise, use of medications and supplements (often self-prescribed), and various activities aimed to nurture the spirit. These 'projects' were common among participants' narratives about their daily experience of their bodies.

Exercise

Most participants engaged in some form of physical exercise either in their homes and gyms or walking outdoors or both. A few expressed disinterest in physical activity despite acknowledging the benefits of same. Some reluctant exercisers relied upon some external motivation to accomplish physical activity, whilst others welcomed a daily walk.

HO spoke about an extensive daily exercise routine she did alone in her room at the adult care home and and one outdoors with another resident. She demonstrated part of the in-room exercise to researcher spontaneously during the interview.

> *" I lie on the bed and breathe and I go like this and then I come here and I go like this and I go over to the desk and I take my legs and go to the side, and then I come over here and pick this up and connect it on the doorknob over there and sit on the chair…and then I come back over here and do it this way, 20 times each, and then I go back there and do more exercises by the desk…twice a day…and then (*name of fellow resident*) I usually walk all around the* (identifies area surrounding the care home). *Then after dinner, … if its good weather,* (name of fellow resident) *and I will walk around again."* (94-year-old widowed woman living in an adult family home-**HO**)

ANG spoke enthusiastically about her daily walks as part of her overall care of her body following a serious cardiac problem in the past year.

> *"I walk a lot. I walk five to six miles a day on average, which keeps the general body moving well and is probably the best overall exercise I could have picked*". (81-year-old widowed woman living alone-**ANG**)

She described the route she took where her ultimate destination was the water. She provided the photo below to demonstrate that route.

PHOTO 3.10 (ANG) daily walking route to water

IN, a self- described lifelong walker**,** described her four -mile daily walks with her husband as essential, not just for the physical exercise but equally for the personal connection it afforded with her husband before they each went off to do "*their own thing*" through the rest of the day.

> **"***I've always been very physically active and even so now…we agree, we could not live comfortably if we did not get out and walk every day…Oh, my husband is a rather, I guess the word is taciturn. He does not talk a lot. On the walk (*laughing*), it is delightful. It really is…I have no idea what we talk about half the time, but we do talk a lot and the walk lasts between an hour and a half to two hours. And we do a lot of, oh, rumbling over the day, what is going on with the kids, you know that sort of thing…it is really a wonderful part of the day, both physically and emotionally."* (80-year-old married woman living with her husband-**IN**)

IN's care for her body extended beyond the physical.

> *"Oh, you know. I used to do Sudoku and then it just seemed sort of dull and I love reading. I do a lot of reading …and another thing I do is volunteer at the library, and I shelve. I don't deal with the public. I just shelve. And just keeping the alphabet and doing the small system organized in your head, I guess to some extent that helps and also it is physically active as you are running around with*

> *your little cart of books all the time…but I don't play word games. I don't play Bridge. I don't play games that might help me keep my memory sharp, but I do what I do, and it seems to be working for the moment. We'll see how long that lasts (*laughs*)."* (**IN**)

SU spoke about her daily exercise class at her assisted living facility where she does seated upper body exercises in her wheelchair. Since she is primarily bedridden, it is the only opportunity she has to move about, beyond when she is being bathed, cared for, or seated in the dining room one time daily.

> *"That is what I am doing for my body…to keep whatever motion I can do… And I was telling my friends at the table my goal now is I want to learn how to stand up independently by myself."* (86-year-old single woman living in an assisted living facility-**SU**)

AN, reported that people tell him that he looks 70, despite his 90 years. He spoke in a self-deprecatory way about an exercise routine he does that he does not enjoy but does it to "*keep toned*" along with a mile walk daily.

> *"I do some calisthenics every other day…includes a few push ups, sometimes some curls. I've got a couple of dumbbells…I think it's lazy on my part that I'm not doing more*". (90-year-old married man living with his wife-**AN**)

BU, a native, long- term islander of 65 years, spoke of limited exercise.

> *"…slow…I exercise to the point that I walk. I have a minor dog walking job which becomes five miles a weekend when I walk the dogs."* (82-year-old widowed woman living alone-**BU**)

A few participants declined to exercise for a variety of reasons, while others did so but required external motivation. **KA** has a number of substantial medical compromises which limit her agility and mobility. Whilst she indicated she had been very physically active in her younger years, she found limited tolerance now for any form of exercise.

> *"I tried walking…I tried exercises to try to get the strength and I mean I guess I am not very good at building it up…I mean the exercises, they are very tough…I have degenerated over time."* (80-year-old woman living with her wife-**KA**)

FR also spoke about a more active time in his life when he rode his bicycle twenty miles per day and maintained a lean physique. Today, he reports practical barriers (narrow island roads) in re-engaging with biking despite an acknowledging the deleterious health impact of his increased weight.

> "*I know one thing. I've got to lose some weight and that has been-my lack of exercise has been the big problem…road conditions on island just scares me…we don't have any bike paths and you literally have to ride with the traffic. I just gave it up. I haven't been doing it".* (82-year-old widowed man living alone-**FR**)

DD was unequivocal in her dislike of exercise but clarified that she does get outdoors. External motivation helps her.

> "*I should. I know, but yea, well, I go walking with the cat. She's blind and likes to go outside. But we brought her from (*state she used to live in*), and she doesn't recognize the noise she hears. But she wants to go out so badly. But she wants me to go out with her, so that gets me going…she usually gets me out most days."* (81-year-old married woman living with her husband-**DD**)

When asked about any exercise she does, **PE** explained that she was very active when younger, walking and taking classes. But now, she is without motivation to do any form of exercise. When asked why, she responded unequivocally.

> ***"****Because I don't want to."* (95-year-old widowed woman whose daughter lives with her-**PE**)

MA had modified her exercise due to gait instability issues which she felt posed a fall risk.

> "*I go swimming two or three times per week. I don't swim but I jump up and down in the water…I used to walk a lot, but I don't do that much anymore. If I need to walk very much, I get my walker out because then I can just scoot along. But I can walk a long way. It is just, it is not as enjoyable as it used to be. But I use that walker as a wheel barrel because you can carry things on it."* (82-year-old widowed woman living alone-**MA**)

Supplements and Medications

While some participants took few or no medications, many took a variety of prescription medications for blood pressure, depression, urinary issues, and diabetes. Others took over the counter vitamins and supplements for pain conditions resulting from arthritis or the sequelae of surgical procedures. Some took supplements for non-specific reasons but that they felt improved their health. Participants knew the reasons for taking a specific medication but could not always recall its exact name. Some came to their interviews with a hand-written list to refresh their memories.

ED, spoke about a lingering and intermittent pain condition resulting from a hip fracture several years prior. Over the counter medication was her first choice but she did have stronger narcotic medication if she needed it. A friend also told her about a supplement which she takes that helps with her pain.

> *"… aspirin but if it gets really bad, I have some medication I can take……and I have some over the counter medicines I use for- I have muscle spasms at night and it seems to be working well."* She continued about other medications she takes. *"I take about eight of them, different ones. I take one, two, three, four, five in the morning and eight at night…for high blood pressure…and depression…I take them so automatically I forget the names of them…I take a thyroid medication."* (90-year-old divorced woman living alone-**ED**)

When asked about the efficacy of the medication for depression, she was equivocal.

> *"Sometimes it does and sometimes, I just get a good case of the blues and then I sit around, I don't do anything and then other days, when I'm feelin' good, then I'm pretty active."* (**ED**)

JO had an extensive daily regime of self-prescribed over the counter vitamins and supplements which were on display on her dining room table where her interview took place. She provided the photo below to illustrate her morning routine.

> "*My body. It's waking up. It's getting nourished. It's saying hello. Hello. Let's start the day."* (81-year-old widowed woman living alone-**JO**)

PHOTO 3.11 (JO) morning supplements routine

PE, whilst acknowledging that she wasn't quite sure about a component of an over-the counter supplement she took, was convinced of its efficacy for her knee pain. Her daughter had seen the supplement advertised on television.

> "*I take, uh, vitamins. And um, the medicine I take for my arthritis to keep it under control. Happens to be turmeric…turmeric, ginger, black pepper, and holy basil- whatever that is… and I know it works for me."* (95-year-old widowed woman whose daughter lives with her-**PE**)

AN, like **ED**, took several prescribed medications. He took the picture below of his local pharmacy.

> *"… made me think of my body. When I go there, I think that's a logical association… At the moment, I take five medications…one for glaucoma. I take one for prostate. I take one for thyroid. I'm taking one for blood pressure."* (90-year-old married man living with his wife-**AN**)

PHOTO 3.12 (AN) local pharmacy inspiring thoughts of body

Nurturing my body

Participants spoke of ways they supported and nurtured their bodies beyond exercise, medication, or supplements. These other 'projects' captured a sense of participants' embodied practices in caring for their bodies. Practices for pleasure, relaxation, comfort, and well-being were common in participants' narratives.

LO, an active and social man, acknowledged his upbringing as a stressed single child which he attributed to his appreciation and need for solo time. In this regard, he spoke of his love of reading.

> *"I read a lot. I like good novels…it's a thing that relaxes me and pleases me… makes me laugh. There are places where I just have to close it and reflect on what I have just read. All of those things will influence my endocrine in some way or another that I may or may not be aware of and it just makes me feel good."* (83-year-old widowed man living alone-**LO**)

LO also spoke about frequent meditation practice that helped him in the present moment, but he also believed may project to the future and pro-long his life.

> "*I do a self -hypnosis kind of thing. I put myself into an alpha state and find that if I really practice and do it day after day, I can get down into a theta state. I can get to where my body disappears. I have no more sense of feeling or being in a chair or being present…It would be like floating in a body of oil at 98.6 degrees. There is no sensation of anything so I can give myself positive hypnotic suggestions…I give myself a key word…one of my key words is "super ager" …" super ager" means that the white light that I contact fills me with a cosmic energy, unending and I feel gratitude and I can actually feel it go through my body. The spheres of violet flame heal me. If my brain tells me that something hurts, I will concentrate that violet flame there and I will feel the heat in that part of my body and heal it. I can make it project the length of my telomeres so that I will not age as quickly…. this has been part of my life since the 1960's".* (**LO**)

JO, an artist by hobby, spoke of the role of music, prayer, and meditation in her life, particularly during the time of her husbands' final days. The photo below is one of her favorite pieces to listen to.

> *"Music was a big part of my life uh, growing up. As I got older, my husband and I shared a lot of music that we enjoyed together-all kinds…it takes me away into my younger body… I'm a great person from meditation and prayer, and I can listen to some harmonies, and I am right there…that's one of the ways I can really go someplace else and completely come back refreshed…I can always enjoy music."* (81-year-old widowed woman living alone-**JO**)

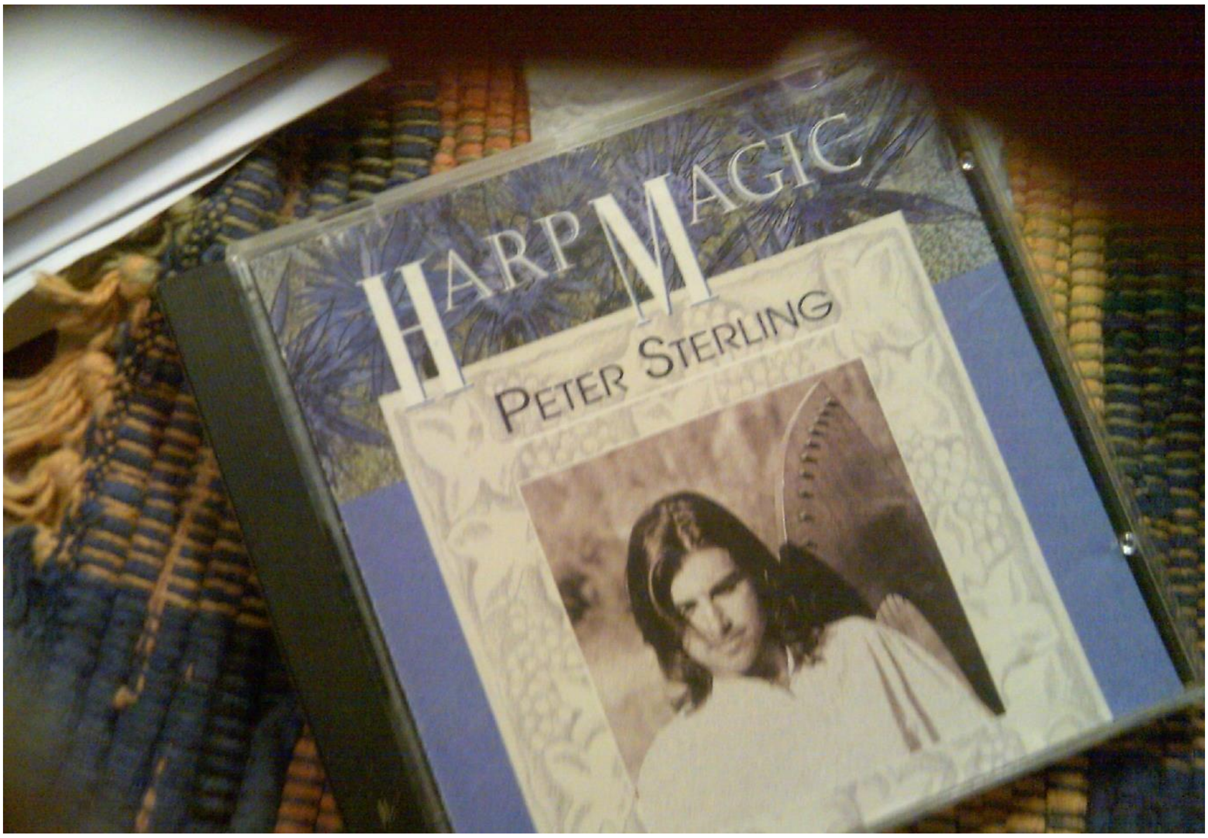

PHOTO 3.13 (JO) music to relax the body and mind

AN, for whom religion had always played an important part in his life spoke of the role of church and his faith in nurturing his body. He provided a photograph of his church and spoke fondly of it.

> "I *just love this church…I think of my body every time I go to church…I'm not going to live forever."* (90-year-old married man living with his wife-**AN**)

PHOTO 3.14 (AN) church- evokes thoughts on mortality

He also mentioned paying attention to his body as a tool for maintaining and nurturing health.

> *"My body speaks. I listen to my body. It speaks to me a lot. I don't ignore it. It results in better health, a good health."* (**AN**)

In acknowledging her vulnerability and self-care, **SH** spoke of self-advocacy essential to continue doing the things she wants to do despite her unsteadiness.

> "*I make sure I am not bashful about asking, 'May I hold your hand? May I hang on to your shirttail?"* (92-year-old widowed woman living in an adult family home-**SH**)

ANG reflected on a former lifestyle that she regrets, but now embraces the present patterns and shows flexibility in caring for herself.

> *"I've dropped a lot of weight. It should have happened years ago, and it didn't, but it's happened, and I still have four and a half pounds, and I've decided I'm not going to try and stay at that weight, I'm going to say that's the low end and I'm going to give myself*

> *three pounds to play with, and back and forth. Because there are times you're not in control."* (81-year-old widowed woman living alone-**ANG**)

FUTURE BODIES

In discussing future bodies, participants spoke about the possibilities of future changes and expectations. These envisioned possibilities embodied ideas on longevity and mortality, prescient corporeality, concern for becoming a burden, and for some, a plan to avoid a life dependent on others. Participants' diversity of choices (or intended choices) as they viewed their future bodies varied considerably. While many had general ideas about their future bodies, one participant (**ED**) believed she would stay in her home and that her family would make sure that she *"was set up"* for that. Yet, she had not considered what might befall her if her body required care that was not available on island or that her family could not *"...set up."* She acknowledged*, "I hadn't thought about it."* Many, however, had specific thoughts on a possible scenario for their lives going forward, despite diverse ideas about when and how that might unfold. They spoke about how long they would live, what would become of their bodies over time, and how they might navigate substantial deleterious changes in bodily capacity. In this latter case, some spoke about the experience of caring for a loved one during a period of substantial debility and articulated a desire to ensure they don't experience that level of decline. Several had a plan for that. With regard to longevity and mortality, an array of perceptions characterised their thoughts on a long life and ultimate death. Most were aware of the realities of their age with contrasting views of how that will unfold.

Longevity and Mortality

Participants spoke of the point in time where they found themselves with an eye toward the future. Some had specific plans to reach (or not) a certain age, whilst others had a broad idea about a long life. Yet, others perceived their lives as almost over. Some did not speak of their longevity specifically but acknowledged the need to look forward and embrace their mortality.

RO detailed a specific longevity plan. While he vaguely acknowledged he was being somewhat facetious, he spoke about his longevity with seeming certitude.

> *"I was very disappointed that our nation did a lousy job of celebrating our bicentennial in 1976. So, I decided I would do what I could to make it feasible to be around for the tricentennial. That*

> *would require me to be 130 years old. So, I had named myself three eras, childhood- that's the first 40 years, earning and included starting career and family…. But the second 40 would be career and family. The third forty would be teaching to give back. So, I'm just about to start that third 40-year era and that would take me to 120 and I decided I didn't have to have a plan for the last 10 years. I could just wing it for the last 10 years! And if I do my part in taking care of my body, medical science is going to take care of the rest*." (80-year-old divorced man living alone-**RO**)

Similarly, **LO** spoke about his longevity as a conscious undertaking. He referred to his meditative practice in which he uses *"key words"* to focus his practice as someone who will live a long life.

> *"I still have a 17- year- old or 29- year- old mind. It is just a number. It doesn't mean anything…. I'm not trying to be cute when I say it's just a number, but that's all it is*."(83-year-old widowed man living alone-**LO**)

He clarified further that he doesn't want to *"…impose a grid"* upon himself with a specific life expectancy.

ANG too had a specific idea about her longevity. In discussing this, she told a story about the 15–20-year temporal efficacy of a replacement procedure with a pig heart valve she had undergone the prior year. Her physician had advised her she may need another in that time frame.

> *"I said, well, I'll need a couple of extra years because I've got a certain lifespan goal…It's at least 100. My grandmother and I had a little talk one day and she said she was going to live to be 100, and I was something like 26 years old and who's thinking in terms of lifespan at 26? I said, gee Grandma, that sounds like a plan. Maybe I'll do the same thing and put it out of my mind for a number of years and she made it to 92 and then she just quit. But she was pretty tough. So, anyhow, I have the plan. 100 and then I'll negotiate for more, it depends on how I feel at 100".* (81-year-old widowed woman living alone-**ANG**)

Others viewed their longevity and mortality as somewhat imminent, given their family history or a non-specific sense of their age as advanced and time limited.

SH relied upon her faith to navigate the time she perceived as remaining.

> **"***I am ok knowing that I am near the end. I have never feared dying. I have always had a very strong religion and it isn't just Baptist or*

> *Catholic. It is a religion that is the universe. God wasn't a Baptist or Catholic. He was, he was just God*." (92-year-old widowed woman living in an adult family home-**SH**)

She returned to the topic again later in the interview where she revealed her sense that she was near death.

> "*I have accepted the fact that I am at the end of the road…I have done the death and dying thing and the loss so much in my life…and I know that 92 is ringing a bell that I don't have too much more time on earth. But that is OK because it is a spiritual thing that I am looking for now. And now I am OK to do the next step of spiritual relationship, whatever that may be. I know that loss is inevitable, and I don't see it as loss. I see it as the next step in my progress and have incorporated that…I am happy, and this is where I am, and I share everything (*with her kids*)."* (**SH**)

HO too had a sense that her days remaining were limited. She reported that she had lived well beyond her parents who both died in their sixties. She placed a definitive limit on her remining years.

> "*I have the right genes (*laughs*). My mother died when she was only 63 when she had her second heart attack, and she didn't have any wrinkles. And my father died when he was about 67 as a result of an automobile accident and he didn't have wrinkles. So, I guess I inherited that. I'm named after my great aunt Marjorie, and she lived to be 98 and a half. But I don't plan on that, who knows…It's realistic to think that my physical health will go down slowly…I don't expect to get better. You've got to be realistic about it."* (94-year-old widowed woman living in an adult family home-**HO**)

MA in contrast to **RO**, **LO**, and **ANG**, said she didn't worry about money because she didn't see that life would continue for much longer.

> *"…well, at my age (82), there is not much future left…I am almost 83 in a couple of weeks… In my life, I have been, err, horses are really rough. You get bumped around and broken and things happen. And I should have probably taken better care of myself physically but of course I thought I was going to live forever, and I was young and dumb and now I am paying for it. But I get around OK."* (82-year-old widowed woman living alone-**MA**)

For some, thoughts about longevity and mortality were less defined by a specific age destination, but rather by a more introspective, personal view of how life should be lived at this time.

AN, like **SH**, spoke of his faith and the role the church played in his thoughts about the end of life.

> "*…mortality is the thing I'm thinking about. Its limited. Otherwise, I'd tend to go along like I was going on forever".* (90-year-old married man living with his wife-**AN**)

He continued that his wife complained that he never thought about the future.

> *"That wasn't always true. That came with age…I often thought about the future. I thought about it too much…some, what are you doing with your life, are you achieving your goals that you've set for your life…I certainly have a great interest in psychological development and growth in every way…Because I think they all go together. No, you can't just look at your soul. You gotta look at your body. It's all part of it. It's an aspect.*" **(AN)**

LI spoke directly about a plan for her death.

> *"My son is my trustee. And I have, you know, everything in order. And uh, I told him if it comes before I get out the door, I want my kids around me…and I said that if my mind goes, you can stick me anywhere as long as it's safe. But you know, there comes a time you realize that you can't do the things I do now…if my body wasn't cooperating, I'd certainly find out how to get it going again. You know, I would see doctors, whatever I have to do to make it go again."* (83-year-old widowed woman living alone-**LI**)

Prescient frailty (corporeality)

While most participants engaged fully in their lives according to their wishes, many acknowledged the possible future fragility of their lives, either through expressions of strength to manage or face death.

IN spoke of her current self and her view of the future.

> **"***I mean I am lucky I am at this age and in this shape. I know I am not going to get out of it this way. I know things are going to happen to me and I guess the idea that if they do, I mean I'll figure out a way to live around my knees and figure out ways to live not hearing as well as I wish".* (80-year-old married woman living with her husband-**IN**)

Later in the interview, she related a story about a friend slightly her senior. Her friend had been living alone and having difficulty and her family moved her into a nursing home.

> *"...her children decided it was not that safe for her to be on her own…it does give you this realization that you do need to keep going. You do need to keep moving. And you need to stay positive...and I am sure I am a very controlling person because I tell myself that if I can control those aspects of myself, I will be as good as I can be for as long as I can be."* (**IN**)

Like **MA** and **SH, IN** was clear. She doesn't fear death.

> "*Death doesn't scare me…I know I am not going to get out of here alive but what frightens me is disability. And I think, maybe, well both mental and physical disability…although if it was just physical disability, I could perhaps figure out a way to stay more mentally with it, but I don't know".* (**IN**)

RO had a recent experience with befriending someone near death. It had a strong impact on him, and he thought deeply about it. He expounded upon the relationship with this new friend and reflected on how it enlightened and readied him for death.

> "*…because of the interaction, I got an advance course in being ready to die next week or next month or three months from now."* (80-year-old divorced man living alone-**RO**)

AN spoke of an aspect of his body that he regularly monitored to assess his health. He provided a picture of a scale and spoke about the importance of checking his weight, having had an unexpected weight loss that he feared indicated a serious condition.

> *"It's a body scale. I check my weight every other day…before I take a shower. I'm thinking. I'm paying attention to my body. Because um, about a few years ago, I hadn't been on a scale for a couple of months, and I got on the scale, and I had dropped twenty pounds and I hadn't realized it...scared the H out of me. I thought I had cancer...it turned out I didn't have cancer*." (90-year-old married man living with his wife-**AN***)*

PHOTO 3.15 (AN) body scale

Becoming a burden

Discussions about future bodies revealed concerns participants had about becoming a burden. Some involved the family members who might care for them if care was needed. Others arose from the experiences of having been a caretaker for a loved one. These latter individuals spoke more about the impact the caretaking had on their own sense of what they would want if they became dependent on others.

IN spoke about a scenario where she couldn't care for her own needs.

> "*I guess my worst scenario would be a wheelchair where I was not able to get up and do for myself…and even wheelchair bound I do enjoy …fabric stuff…And I could still do that if I was in a wheelchair…you know if everything was around and I had everything and (*name of husband*) would make sure it was, assuming he is around to do all this stuff for me and wait on me hand and foot*!"(80 -year -old married woman living with her husband-**IN**)

Yet, she clarified later in the interview (discussed in the following section) that there were limits to what she might tolerate for a future body.

HO spoke directly about her concern for being a burden to her son and daughter in law. Initially, she expressed her concern in financial terms (i.e., if she ran out of money), despite the fact that her son has advised that she doesn't need to worry about money because he will take care of her. But her concern also extended to a living situation if her adult family home could not meet her needs due to some decline they were not equipped to manage. She mentioned that her son has extra bedrooms at his home nearby but that she would not want to live with him. When researcher inquired further about whether she liked the care home she spoke favourably, but perhaps out of necessity.

> *"Yes, I think so because I know it has to be…well, I have no place else to go... Oh, I think it is probably a good solution. I wouldn't want to burden (*name of son and daughter-in-law*). They've got her father is very ill, and his home is attached to theirs and they're taking care of him. He's 96 years old. (*Laughs) *So, I certainly would not expect to move in with them. Quite often my granddaughter and her family come up from Seattle and they use the two extra bedrooms, and I wouldn't want to be there and make it difficult for them. So, I am perfectly happy here*." (94-year-old widowed woman living in an adult family home-**HO**)

Exit plan.

Participants spoke of end-of-life issues, some directly, some less so. Issues of substantial disability were dominant in their comments.

LI related a story about a friend who was having chemo that was quite debilitating.

> *"If I get to that point, my God, I don't know. No, I don't want anything like that. If I get anything really bad happening, I just want to go out the door. You know, out the door…. meaning death…. Let me slide under the door."* (83-year-old widowed woman living alone-**LI**)

PI reflected on his intention to remain on island for the rest of his life and how he might address any physical problems which might arise needing more specialised care not available on island.

> "*That Is my hope…. unless I have to…. Well, depending on what the situation was, I mean it is always possible to go to one of those senior living places, you know the little apartments and that kind of stuff so I can always do that. But if I ever got to the point where I had to stay in a nursing home or something, I would just rather be dead. I don't want that sort of stuff and I have made that clear to everybody else*

> *including my family doctors so there are ways of handling that also…if I got to the point where I was completely long-term care required, then I don't want to be around any longer. This is something I just don't want. You know my wife went through that and I don't want to see that sort of thing happen."* **(**'88.5' year old widowed man living alone-**PI**)

LO related a painful story of his wife's cancer, their regular and arduous trips to the mainland for treatment and the ultimate reality of her slow death. It affected him deeply. It informed his views about what he would want if he met with such a grave situation.

> *"It metastasized into the liver and they had taken her down to Virginia Mason (a mainland hospital) to have a left hepatic resection …the surgeon opened her up and they did an ultrasound and there were hundreds and hundreds of tiny tumors through both hepatic lobes…so he just closed her up and essentially sent her home to die. Well, it took another two and a half years…and because of her disease state finally nothing more could be done, and nothing was done, and she continued to umm, deteriorate and it is a terrible disease. It strips one of total dignity. I mean she would wake up every morning just covered in urine and feces, and I would have to get her to the shower and get her cleaned up and get her back into diapers…and I am not sure at all if I would let myself get to the point my wife did. I think my exit strategy would be suicide…I would not make myself a burden or to suffer unnecessarily."* (83-year-old widowed man living alone-**LO**)

Some participants did not want to think about the possibility of decline.

IN was ambivalent when she spoke about it.

> *"I don't even like to think about that…Truly, I don't. I think that would be where I would start thinking you know, if this is all too much trouble, I don't want to do this anymore."* Then, she clarified. "*…this living thing…I know that we are very flexible and adaptable as a species and maybe I could find something I would like to do more than walking, but I don't think so."* (80-year-old widowed woman living alone-**IN**)

She continued with her thoughts on the possibilities for a later time different from the present.

> *"It scares me sometimes how adaptable I can be to situations I thought I would not want to be adaptable to…just the idea that, you know, we think something. 'Oh, I could never do that' and then something happens to your life, and you find yourself doing it and figuring out a way to make it work for you. And I can't think of*

> *anything specific but just this thing of you saying, 'well, what would you do if you couldn't walk? 'I mean I kind of talk about suicide and because I have taken care of so many patients who have asked me, you know, 'Is there any way you can help me do this?' and legally and morally I could not but it has made me think about myself in the same situation. But I also know that I am adaptable enough to think that I probably, I would probably find a way to muddle through you know, and figure out a way, 'I can't do this, but I can do that so maybe I will hang around a little bit longer"* But then, she added, **"***Whatever happens happens, but I don't want to linger, and I certainly don't want to linger in a vegetative state, and it would be difficult for* (name of husband)**.** *It would be very hard for him to say, 'Let her go.' I am not really sure he could do that."* **(IN)**

SUMMARY

Participants' narratives about their bodies revealed a wide range of bodily challenges and views about their bodies. Whilst this chapter has detailed specific comments about their bodies, it is important to reiterate that participants were not focused on bodily impairments as contributing to exclusionary processes. Whilst a few did report a litany of bodily challenges, those challenges were not associated with inability to participate in island life. Whilst I will return to the issue of inclusion and participation more specifically in Chapter 5, it is notable that despite substantial bodily challenges for some, participants were not focused on them and most described their health as good or excellent, while none thought it 'poor' nor leading to exclusion.

CHAPTER 4- THE ISLANDS- THE NEW, THE FAMILIAR AND THE FINAL MOORING

INTRODUCTION

This section details findings which either specifically or implicitly highlight the island environment as a component of participants' lived experience. Participants raised various issues which affected their ability to engage on island. As has been noted in Chapter 3, the bodily experiences of older islanders presented a heterogenous picture of lived realities, interests and needs, similar to general age-related studies aimed at theory building (Danefer, 2003). However, participants' views on experience of their bodies within the island environment presented a more homogenous picture of this interaction and its impact. Participants' residence on island ranged from 65 years living full time to a recent arrival one month prior to her interview, so some had grown old on island while others had moved to island post-working life at a later age. However, varying tenures of full-time island living, most had a long-standing relationship with their island either through a familial connection or seasonal and vacation related time there. As such, many had travelled back and forth to their island throughout their working lives, so familiarity was more common than not. Many had bought land there decades ago when it was more affordable than presently, in anticipation of retiring there full time at some future date.

Participants portrayed a powerful sense of awe with their initial introduction to the area, and impulsively made the determination to retire there eventually. Their land purchases followed, along with regular visits to the area throughout their younger lives. They noted island amenities including climate, lifestyle possibilities, and a sense of the area's natural beauty as primary and key factors underlying their intention to live full time on island later in life. With few equivocations, all intended to remain on island for the rest of their lives with little thought about leaving, despite acknowledging the possibility that increased physical challenges might arise. Most participants did not have a firm plan in place should they require care beyond what is available on their island, which does not include skilled nursing care[13]. For the more recent arrivals, a familial connection, always an adult child, served to lure them to island despite its vastly distinctive character to the large American cities they had called home during their working lives. Those who did so reported consistently that although the adult child initiated

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[13] In 2017, the only skilled nursing facility in the county closed its doors, leaving a substantial gap in services for those requiring skilled nursing care.

the relocation, they were not averse to it. Participants who relocated to be near a child sometimes came with a spouse, whilst some were widowed prior to arrival. Most who came with a spouse experienced the loss of their spouse at some point, but they remained on island, and as indicated, all participants indicated their intentions to continue doing so. Those widowed reported social changes in their daily lives which I will discuss in Chapter 5. Also, the experience of bodily decline of their spouses had a significant impact on their own feelings of how they would manage bodily decline (as noted in Chapter 3) on island if faced with such.

In this first section, **Migration to Island**, participants' reported reasons for moving to island will serve to introduce their descriptions of the island life they aspired to, anticipated, and planned for. The next section, **Island Life,** will detail participants' perceptions of the island environment, their island lives, and their social experiences currently on island. It is noteworthy that participants' descriptions of their island lives arose in the context of the interviews focused on their bodily experience and its impact on their social engagement and inclusion in their communities. The photographs participants provided highlight their island lives. As is evident in this Island Life section, much of what participants described experientially embodied their physical realities in the context of the type of community ethos detailed in Chapter 5 and their sense of inclusion within their communities.

MIGRATION TO ISLAND

While one participant was a native islander who had lived on island for much of her life, most had migrated from large cities in California or Washington[14], and a few from other American states. Familiarity with the island environment was a common thread within each of the reasons for migration. Each islands' amenities were also not an unknown though substantially different from their city of origin-sometimes favourably so, and sometimes causing a sense of 'culture shock' from the city environments from which they came. Economic realities also factored into decisions to move to island full time for some. Since many came from major cities where property values and costs were escalating, they imagined another type of life on island where they would build their home, sell their city property and have sufficient equity to have a comfortable life that may not have been possible if they had remained in their city of origin where quality of life was also seen as deteriorating. Their land purchases at a time

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[14] Washington state is a popular destination for Californians who can no longer sustain the escalating costs of living, high tax rates, and an outpriced real estate market. Washington has strong relocation appeal due to its scenic beauty and outdoor recreational possibilities, moderate temperatures, lack of an income tax, and job opportunities in the capital for younger people.

when values for island land and homes were considered reasonable enabled them to envision and realise their retirement goals.

At the time of their interviews, most participants had lived in their island homes for decades. While the reasons for moving to island full time may have been overlapping in some situations, findings in each area will be reported separately for descriptive purposes despite their interrelation.

Familiar space

As noted above, most participants had some familiarity with their island, despite elements of difference apparent with full time residence. Island, therefore, did not present a fully new or perceived risky situation (despite migration at a time when health care infrastructure on island was not as developed as it is today). The nature of participants' prior engagement with island had varied, yet this new home presented opportunities they actively chose in pursuit of something other than which they had been experiencing on the mainland. Natural beauty and a slower pace of life were commonly valued island characteristics.

KA moved to island with her wife 23 years prior. They were searching for a location where they could live privately as a couple. Despite periods of **KA**'s spouse working off island, they are both now retired living full-time on island.

> "*We came here in 1996 from* (Major American city). *We had lived in another location for about five years, we sold that place, and we moved here (*referring to current home*). Six months after we moved here, (*name of spouse*) had a, she got a job in (*name of Washington town*) which is south on the mainland…And I stayed here…and we did all this, a lot of work inside here.."* (80- year- old transgender woman living with her wife-**KA**)

DD and **DO,** a married couple of 62 years**,** had purchased land and a small cabin on island in 1982 and periodically vacationed there for many years, gradually making modifications to their rustic cabin. Their long- term home during their working lives was in a state where winters are prolonged and harsh with frequent snow and ice, a sharp contrast to the moderate island weather. **DD** noted the move full time to island was a desire to grow older in a more age friendly environment where harsh weather, ice, and snow were not the norm. Her husband sustained a significant back injury shortly after their move to this less harsh environment.

> "*And the ice, right? That was the irony, that we say old bones and ice don't mix. And we come down here and he breaks his back."* (80-year-old married woman living with her husband-**DD**)

IN stumbled upon her eventual island home upon the suggestion of a friend who recommended the island. While on a road trip without her children 34 years prior, she and her husband visited the San Juan Islands and purchased land the following year. They returned eight years later to live full time and have been there 27 years.

> "*It was the first vacation we took without them, we came here. And the next year, we came and bought a piece of property and that is why we are here now."* (80 -year -old married woman living with her spouse-**IN)**

Similarly, **ED** was living in an area of (name of state) where the area was changing. She and her husband were looking for something different to raise their children.

> "*…and we wanted our children to have a different type of life and my oldest daughter was interested in horses and so, we were looking for a small community to move to. And we had some friends in California that bought property up here, and so we came on our vacation and decided this would be a lovely place to finish raising our kids. And so, about a year later, we sold our home and moved up here."* (90 -year- old divorced woman living alone-**ED**)

PI similarly had a history with island from his youthful working days as a geologist for a major oil company. He was most comfortable in the outdoors and living a life surrounded by nature.

> "*Well, I lived in (*major American city*). When I was a kid in high school, I got a job working on freight boats that came up here at the time and that was in the early 1950's, late 1940's and early 1950's. There was a lot of culture (*sic*) here at that time, so we came up and picked up our bolts and things and batteries and stuff like that and loaded and took them back down. I just got sort of fascinated by the islands at that time. So, when I finally decided to retire, I thought I would go back and take a look at it, and I have been here e'er since."* ('88.5' -year- old widowed man living alone-**PI**)

PE similarly had a history with island. She first visited in 1945 when her husband purchased a parcel of land. Then, they purchased a mobile home to place on the land and later settled there following her retirement as a travelling nurse. She now lives there in this same home with her daughter who assists her due to her visual disability. Before full time living on island, she visited periodically.

> "*…came every once in a while, until 2005 when moved permanently."* (95 -year- old widowed woman living with her daughter-**PE**)

RO, an avid sailor**,** had been a frequent visitor to island. He had lived in a major American city where he commuted to island intermittently between contract positions in the city. He had been specifically looking for a property with outbuildings but couldn't afford anything until he found a property on island that resembled a family home. As a sailor, proximity to water was important to him.

> "*We've got the ocean around us. It's the ideal cruising place, and the ideal fishing place*. And the water… "*Oh, yea, it was the main attraction."*(80 -year -old divorced man living alone-**RO**)

Familiarity may have fuelled the draw to island for most participants, where planned full-time residence was common, voluntary, and sometimes, long awaited for. However, it was not the only draw for an island home.

Economic incentives

Some participants came to island for economic reasons, having migrated from communities, primarily in California where rapid development, escalating costs and increasing environmental problems were associated with a lower quality of life. At the time when most migrated to island, land and home prices were considerably lower than California real estate. The area was known to be environmentally conscious, had a relatively small population, and provided an imagined distance from the problems of the large American cities they had worked and raised families in.

In describing his journey to island from California, **AN** had originally moved to Washington to a community known for its maritime history but without a water view, which he longed for. He found that water view and finally found a place he could afford where he settled with his wife. The exodus from California was common at the time.

> "*…at that time, it was the cheapest place. We did it at the right time. Yeah, smartest thing we ever did*." (90- year- old married man living with his wife-**AN**)

Familiarity and economically advantageous moves to island were apparent for many participants, but several also had other reasons for re-locating.

Familial connection

The majority of participants had a family connection on island prior to moving there. Some who did not have a family connection already on island came with their family to settle there.

MA moved to island for a number of reasons but her family connection there played a primary role. Her sister lived there, and she had been visiting there throughout her working life. The death of her sister's husband played a role in the move there.

> "*…coming to island for years…and lived in a similarly remote community before relocating to island full time*." (82- year -old widowed woman living alone-**MA**)

A few participants came to island specifically upon the urging of a family member. **JO** wanted to be close to her daughter and granddaughter on island. She had visited island with her husband for five years prior and done various house-sitting jobs for island families, a service arranged by her daughter.

> "*So, we got an idea of what it was like*." (81- year- old widowed woman living alone-**JO**)

Her husband subsequently died after their move, but she intends to remain on island close to her daughter with whom she is very involved.

Similarly, **SUP** came to island with his wife a few years ago to live in an adult care home close to his daughter. He was reluctant to move but ultimately was persuaded by his daughter and his wife.

> "*My daughter and her husband lived here, and they wanted me to move here… No, I didn't really want to, to start with, but she told me about a lot of things to do over here that won't interfere with what you're doing now*." (102 -year -old widowed man living in an adult care home-**SUP**)

SU came to island to be close to her sister and niece following a severely debilitating stroke which left her substantially dependent. **SU**'s family arranged for care in an assisted living facility on island, which care was supplemented with private pay help given her dependence. She described the conversation with her sister which preceded the move.

> "*We had always agreed that no matter what happened we would always be together. So, I said, OK* (name of sister), *I can't move so you are going to have to be the one who moves. And she said she would never move out of her house so she was going to be here and so I said, 'I want to be with you. I want to come to* (name of island town)." (86- year -old single woman living in an assisted living facility-**SU**)

HO too came to island at the urging of a family member. Her son and daughter in law wanted her close by "*…to look after me*." She was happy to move and seemed to appreciate her son's interest in her well-being. She enjoyed being near them, as well as moving to a more intimate living situation on island.

Family connections to island were common and, in part, provided the familiarity discussed previously. But there was also more to the move to island. Participants had an idea about a life they wanted which was different the lives they had been leading.

Island imaginary

Islands have always held a certain lure giving rise to tropes depicting connectedness, juxtaposed with a potentially suffocating boundedness (Royle & Brinklow, 2018). Being surrounded by water makes escape difficult. As noted in the prior section, participants came to island for different reasons. Their views about their home reflected their desires for safer, smaller, and more intimate settings. For many, their prior experience on island shaped their views about what full time island life may be like, but also, many embraced an imagined life on island where life was easier, less complicated and safer.

Others had a sense of their own specific situations that shaped their view of island as a place to be without fanfare. **KA,** an 80- year -old transgender woman, expressed a sense of freedom to be as she wished. She spent most time at home working on Wikipedia and playing with several in residence cats. Living in a very remote location on island, **KA** was quite content with the opportunity island presented for privacy and simply being.

> "*I am pretty much a unique being. I navigate the world without worrying too much about what other people think. A lot of philosophy is that if they don't pay my rent, they don't keep me warm at night, they don't help me up the stairs, they can have their opinions, but they don't matter you know, they are not part of my life, so I don't really care what they think. I don't want to do harm to anybody, and I don't want to upset people you know. But I can tell you I have had fun with people, especially some people on island*

> *who will come up, this is some time ago. They would question me or question my identity or whatever and I had fun with them.*" (80 -year -old married woman living with her wife-**KA**)

Similarly, **PI** had learned of island earlier in life and found himself "*fascinated by the islands*," their natural beauty, and the remoteness to which he was accustomed in his earlier working life. Island, for him, was quiet, surrounded by nature, and provided a sense of peace and simplicity.

RO arrived on island after a search for a nostalgic return to something reminiscent of his childhood home, having travelled back and forth to California for many years before his full time move to island. When describing his choice of island, he noted its familiarity and sense that it was his fate to live there full time. Originally, he purchased a large farm on island but happened upon another house which he deemed a "*sign*" to return to his roots.

> "*…this house had the same tile on the kitchen floor as my Grandpa's cabin. If that isn't a sign, I don't know what is…It's my substitute for my Grandpa's cabin in (*name of rural state*) on the lake…This is the same. This is milder temperatures than (*name of rural state*). But the fir trees are very much like the pine trees, the forests. I traded freshwater for saltwater."*(80-year-old divorced man living alone-**RO**)

When speaking about his island journey, **LO** spoke of an earlier, very stressful life and work and the need to escape that life for something else. His sentiments reflected his sense that island life would provide much needed respite from the pressures and intensity of his work.

> *"It got to the point here I was carrying two loaded guns, one on my ankle and one my hip." (*83 -year- old widowed man living alone-**LO**)

MA viewed island as distance and separation to avoid an interpersonal situation. Island life provided her with an escape- much like **LO's** need to escape from a difficult work situation.

> "*Oh, I was with a big old boy who wanted to get married and I didn't. And I knew he would never, ever leave me alone so I moved up here with my sister so the only way he could get hold of me was through her. Might as well work between a rock and a hard place."* (82-year-old widowed woman living alone-**MA**)

SH, a relative newcomer to full time residence on island**,** had experienced her island home for years through her daughter's work on island. Her daughter was a familiar person who had been "*part of the island for a long time*" and was known for her work with young children and animals. Through this, **SH** felt she knew her new home and people on island. She was happy to be there where she appreciated the environment. She spoke of her desire to be …

> "*….close to nature…I am very familiar with the flowers and the water birds and just island people."* (92 -year- old widowed woman living in an adult care home-**SH**)

Participants' reflections span from a personal imaginary to a broader idea about island life as a safer, smaller, easier life. The simple complexity of island imaginaries characterises participants' notions of their island and what mattered to them. Shared imaginaries of natural beauty, a sense of island identity was evident in participants' narratives before they came to island and through the lived experience they had after becoming a full -time islander.

ISLAND LIFE

The imaginaries of islands are closely aligned with the geographic and maritime realities of land surrounded by water, disconnected from a mainland, and whose access inherently highlights the separation from larger, more complex infrastructures of mainland communities. Whilst not all island territories claim to be exotic, there remains a consistency about their lure that evades clarity but can be illustrated by the simple everyday experience of islanders. These expressions of daily life can be characterized as 'different' without necessarily articulating specific totalising differences in a way that social scientists prefer. Yet, islanders speak about this 'difference' without necessarily articulating exactly what that means, but generally exemplifies their views of island people.

Common themes which begin to frame this 'difference' emerged from participants' narratives when they spoke about their sense of inclusion/exclusion on their island. Whilst it is true that one might also employ these or similar characterisations to describe other rural or small environments, there is something else about islands which transcends these descriptions and is captured in the ordinary words of the islanders. In this section, participants' views will be detailed demonstrating the variety of ways in which island life was realised and experienced. Their geographical and societal boundedness contributed to a shared a sense of the special nature of their island and their connection to their fellow islanders (Royle & Brinklow, 2018). A sense of intimacy and fellowship was reflected in comments about the 'kind' of people on their island and their separation from 'outsiders' (Royle & Brinklow, 2018) despite the mere two- hour journey to the mainland, all of which contributed to a sense of inclusion.

In general, participants' views of island life were similarly favourable, revealing a sense of contentment and inclusion within the slower pace and rhythm that exemplifies island life. However, there was heterogeneity in what mattered to them and what they revealed as important to their daily lives, again reflecting the diversity of the participants' needs, interest, and desires. With some minor reservations, participants felt both their practical logistical needs (basic needs of everyday living, emergency health care access, and opportunities for art and culture) and their social needs were met on island. The depiction of those needs, interests, and desires embodied characteristics of island life that enmeshed both the intricate austerity of life in a 'bounded territory' along with the ease that smallness created for them.

Several representations reflected the participants' characterisations both about their island and their lives on island. Their photographs of the former demonstrated the importance of their natural surroundings, a phenomenon which was evident in many participants' narratives as well. They encompass a range of topics which may be viewed as external, such as their experience of their natural surroundings or internal, reflecting their perceptions of the quality of island life, its people and practices. The interplay of these external and internal experiences revealed a picture of island life that formed the basis of inclusive communities responsive to diverse bodily capabilities. Whilst the islands' distinguishing features shaping inclusivity will be discussed in detail in Chapter 6, the following thematic representations serve to illustrate the external and internal processes of island life that participants discussed and photographed. The role of the ferry as symbolic of the rhythm of island life, the city and work life left behind and the natural beauty all reflect the characterisations that emerged from participants' interviews and photographs.

Rhythm of the ferry

For islanders, the approximately two- hour public ferry is the primary and most affordable means of accessing the mainland. While a few islanders may travel to and from island by air, the expense involved is prohibitive for most, particularly where frequent medical or other appointments require such journeys to the mainland. Therefore, the coming and going of the ferry inherently sets a schedule both for one's own travel to the mainland, but also for the receipt of goods and essential services that originate on the mainland. The ferry's departure and arrivals are visibly dominant in the island centres as passengers and vehicles form a cue to embark and disembark. Even the anticipation of the movement of the ferry fills the town space with activity. The opportunity to greet and catch up with a fellow islander en route is a common happenstance for locals and service providers. This practical reality of accessing the mainland, however, also has a deleterious effect on those who find it arduous to endure the logistics of the travel required. The round- trip journey, coupled with time for any appointment on the mainland takes nearly a full day. Any appointments distanced from the point of disembarkation generally would require an overnight on the mainland. Participants reflected on these identified rhythms in the following excerpts.

FR, an engineer by trade**,** was intrigued with the ferry and its capacity. Its focal point of island life interested and inspired him to know more about the vessel and memorialize it in a familiar way. As a mechanical engineer, he immersed himself in the details of the vessel and built an intricate and detailed model of it. He was quite knowledgeable about the history of the ferry system and keen to share his passion for it and shared a photo of the model he built.

> “*Hiyu (*the precursor to the current larger capacity ferry*) was the smallest ferry, it only carried 40 cars, and it was an inter-island ferry…Yea, oh yea, this was way back. Yea, and uh, it was an unusual vessel too. It was not a diesel electric. It was diesel only.”*
> (82-year-old widowed man living alone-**FR**)

PHOTO 4.1 (FR) model of island ferry

The ferry presented complexity for those needing to travel to the mainland for medical care. **DD** travelled routinely to the mainland with her husband whose medical needs required frequent trips for medical appointments. She reported that the planning element for off island trips was significant and required substantial steps which were difficult and exhausting. The rhythm of the ferry was burdensome for them, yet an accepted part of island life. Each trip required a series of logistical considerations, including how much her husband could tolerate in a single stretch without rest periods due to his back and mobility problems.

> "*It's even more of a plan. When we lived in (*name of major American city*), we were five minutes from an airport. You could just call a taxi and he drops you in front of the airport…Now from here, from the island, we end up going on the ferry to Burlington. There is an airport bus that goes to SeaTac Airport, makes a couple of stops. And they have a place you can park your car for four bucks a day".* She spoke of another trip that required a number of steps. *"I went on the ferry, drove to Burlington, left the car, rode on the airporter bus to the hotel. Then to the airport. But by that time, it was too late to get a plane to New Hampshire from Alaska without coming in at 3:00 a.m. in the morning…So, then I had to call the hotel to come pick me up in their shuttle and spend the night at the hotel and then bring me back the next morning. So that type of thing you got to figure all that out, and uh, it's just a little more complicated, I guess now."* (81 -year -old married woman living with her husband-**DD**)

DO travels to the mainland with his wife **DD** frequently for a range of medical issues for which treatment is not available on island. The ferry trip is very difficult for him.

> "*Well, I told you that you have to go off island all the time. It destroys the whole day. Not like when we were in (*major American city*). We're ten minutes from the hospital to get to any kind of test or whatever. You know, it may take an hour of your day, but not a whole day where you take the ferry rides both ways. And yeah, this is different."* (88-year-old married man living with his wife-**DO**)

Many found the ferry journey physically exhausting requiring days to recoup, but **MA** spoke of the frequent off island trips coordinated by the senior centre as both exhausting and joyful. She appreciated the journey by ferry because it allowed her to take advantage of numerous social opportunities on other islands. She found great pleasure in the trips.

> "*We take the bus and off we go somewhere, maybe to another senior centre on another island or something like that. We just had a good day off island and come back and these trips are a lot of fun and*

> *when you come home you are just a worn-out noodle, and you are just exhausted."* She clarified. " *it is wonderful*" and then told a story about an upcoming trip she was looking forward to. (82 -year- old widowed woman living alone-**MA**)

Leaving the leviathan of the city behind

As previously noted, many participants left major American cities to settle on island, sometimes in search of respite from city pace, sometimes a simpler life, and sometimes a perceived escape from a personal albatross.

LO 's stressful professional life as an enforcement officer for child support payments in a large American city life presented a sharp contrast to island life. Despite continued employment opportunity**, LO** retired early to find respite on island.

> "*I would get death threats." (*83-year-old widowed man living alone-**LO**)

Whilst not similarly situated in a stressful work environment, **ED** spoke of the sprawling American city where she had lived before moving to island seeking "*a different kind of life*." While she acknowledged the limitations of island life, she spoke of the benefits of different kinds of activities her children could explore that would have otherwise not been possible and "*…a smaller way of life for a while."* (90- year -old divorced woman living alone-**ED***)*

For **IN**, island life has been momentous. She had lived long term in a western American city whose climate and culture she loathed but stayed on there due to work commitments and continuity of childrearing. Her career and financial needs kept her from moving to island full time for many years, but she reminisced about her first visit to island and subsequent purchase of land where she and her husband gradually built a home and settled on after her children were grown. She indicated that this new home "*…saved my marriage"* as they had a shared interest and had settled where they could leave the past behind. **(**80-year-old married woman living with her husband-**IN**)

It's different here.

Island spaces have historically been described differently than mainland spaces (Peron, 2003). Their distance from mainland territories created a sense of the unfamiliar, perhaps even strange, sometimes exotic. This has not changed with development where many islands now have a host of the accoutrements of mainland territories, yet the sense of difference remains.

Islander's sense of themselves and their island is strongly identified with this perceived difference.

Participants viewed their islands as different, a difference born partly from the types of people who lived there, along with the nature of their unique environment. This difference, whilst still acknowledging diverse and complex personalities, tensions, and conflicts, seemed to transcend individual issues in favour of a larger commonality of their communities on island. This, in turn seemed to contribute to an ethos which fostered inclusion, which will be discussed in more detail in Chapter 5.

While **DI** acknowledged that not everyone on island 'gets along,' he expressed a sense of reciprocity and generosity on island in sharp contrast to the mainland.

> "*…it is like on the mainland it might not be as bad because we are pretty liberal compared to the rest of the United States*." He elaborated that the people on island are "*…kind and caring and they are giving. And I know that when I had some heart problems or when my wife was dying of cancer, I didn't have to worry about anything. There were people showing up out of the blue "here you have a cooked dinner, we have cooked you lunch, can I help clean the house, do you need anything?' I never found that now maybe because I lived in* (name of large American city) *but I never found that on the mainland the close- knit community that we have here. It is the people that make it worthwhile."* (82-year-old widowed man living alone-**DI**)

MA, like **DI** shared the sentiment of island life as different and more congenial than his prior home.

> "*Island life is very tight, and there is lots of fellowship and you can talk to anybody here…it is a warm and friendly community*." (82-year-old widowed woman living alone-**MA**)

SUP had similar sentiments about his fellow islanders.

> "*They're working type of people. They'll help you if you have a problem or they'll be building their house, but they would quit and come over and help you. That's the type of people that's here. Very, very generous working and they'll help me…I can ask, if I said I need help…he'd be here".* (86-year-old single woman living in an assisted living centre-**SU**)

SH spoke of her experience of people on island.

> “I *find the island people a very...ah, unpretentious. They are people and they want you to know what kind of people they are. They don’t dress to kill, they don’t pretend they are somebody else, they are just people. And it is just refreshing to not see, I’ve been working as a counsellor, and you see so much artificial behaviour. And so, this is so refreshing. They are the same today as they were yesterday, and they make no excuses for it. I don’t know. It just appealed to me to come into island.”* (92-year-old widowed woman living in an adult care home-**SH**)

Natural beauty abounds.

Generally, participants moved to island from congested, busy cities, and although their reasons for relocation differed, the natural beauty of the island emerged in their narratives as important in their daily experience as islanders. Many participants commented on their surroundings, as well as provided photographs of island locales they found important. Following are excerpts from islander’s daily encounters of their surroundings illustrating the prominence in their lives.

LI, a European born artist, speaking about both her physical agility and the views from her home related the following.

> “*Okay, this is funny. This was in the morning about six o’clock, and my bedroom faces the sound, and maybe, I don’t know, four houses away, there is an overlook. I knew the time was limited, so I slipped my robe on and I ran to this overlook and saw a wonderful sunrise. So, I was so happy to see it.”* (83-year-old widowed woman living alone-**LI**)

Photo 4.2 (LI) emerging morning sunrise

When asked about how she mobilized so quickly, she was clear and confident in her agility.

> "*Oh, yea. I get going. Yeah, yeah, yeah. And took a couple of pictures, and they were maybe two minutes apart. But just so different and character, you know…things change, you know…from beautiful dark, bright colours*." (83-year-old widowed woman living alone-**LI**)

PHOTO 4.3 (LI) morning sunrise (moments after 4.2)

BU, an 82-year-old native islander with a nostalgic connection to the island lives on property homesteaded by her grandfather that she holds great pride in. She has lived on this property for 35 years since her mother died and she inherited it. In describing some of the detail in her home, she notes the type of trim used and the shelving she picked out with her family and other intricate details of the property. Her home is located right on the water.

> "*This is the view from my house. That is the water*." (82-year-old widowed woman living alone-**BU**)

Pointing to a section of the photograph she provided below, she noted the proximity to a commonly known waterway and proximal island.

PHOTO 4.4 (BU) misty views from living room

She spoke of the extent of her grandfather's land with great pride. She notes that she hopes to stay there for the rest of her life but acknowledges that may not be possible.

> *"This is right across from my mailbox, and this is the, the land that my great grandfather homesteaded…went from the water here this way down to the hill."* (82-year-old widowed woman living alone-**BU**)

PHOTO 4.5 (BU) expansive view from family homestead

PI, a retired scientist**,** similarly provided photos of the view from his living room, again with reference to Mount Baker in the background. He was proud of the view he had and enjoyed daily.

> *"That is the back of my house and water is on the other side*."
> ('88.5'-year-old widowed man living alone-**PI**)

PHOTO PI 4.6 (PI) view from PI’s home

PI also provided the photo below showing a place he walks frequently at the local airport, part of his daily routine with his cherished dog.

PHOTO 4.7 (PI) open field near airstrip for dog walking

SH, a recent arrival on island, yet with a long-standing familiarity with it, described the city from which she came. She acknowledged the difference from her prior home and was delighted to be in an environment surrounded by nature and the lessons she felt nature provided.

> "*Yes, everything was concrete, no trees, just concrete and everything was dirty because they used coal… Because I am into a new place, and I am out looking at trees. And I realise…I mean I am looking at this beautiful example here and trees don't go straight and have a lot of zig zag. Look at these branches. They are coming down and then they go up and I am seeing so much in nature that I haven't really looked at before and I am appreciating the beauty and what the trees do to adjust. And I am thinking, 'Why aren't people adjusting like the trees?'* (92-year-old widowed woman living in an adult family home-**SH**)

SUMMARY

Throughout this Chapter, I have reviewed participants' reported excerpts about their island. It is noteworthy that their reasons for moving to island full-time were both practical and in pursuit of an imagined new direction for their lives. Not a single participant expressed any sense of regret about moving full time to island. With few exceptions, all expressed unequivocally a desire to remain on island for the rest of their lives. Their imagined lives became their realities, where life was softer, slower, kinder. All had made island their home and became islanders.

CHAPTER 5 INCLUSION, COMMUNITY, AND OPPORTUNITIES

INTRODUCTION

This Chapter presents findings depicting participants' sense of inclusion on their island, along with their photographs illustrating same. Their views suggested four thematic foci: **engagement by choice**; **formal and informal structures supporting engagement**; **my community,** and **death, loss, and opportunity**. These thematic characterisations are imbued with heterogenous need and desire for inclusion, individual circumstances instrumental in a perceived sense of inclusion, and ideas about community which played a role in their sense of inclusion. While most individuals generally felt included for different reasons, a few participants detailed both physical and community characteristics which impacted this sense negatively. In addition, a particular life-course event, that is, death (and prior illness) of a spouse, proved significant for engagement and ideas about the possibility of their own possible future decline and sense of inclusion. This life course event differed in either an increased or decreased social engagement where the loss of a spousal 'social director' resulted in a diminished engagement. This latter change presented differently, whilst some longed for the previous level of engagement when partnered, and others found comfort in the relief from social engagement. These thematic categories reflect overarching concepts with constituent elements. They are not mutually exclusive nor inherently distinct but will be discussed separately in this section for illustrative purposes. In the Discussion chapter, their interrelationships and interdependencies will be explicated in greater detail.

ENGAGEMENT BY CHOICE

This first thematic category highlighted the diversity within the study group. The **opportunities and possibilities** they experienced for engagement, their **practices** and their challenges formed the basis of their choices. The nature and manner of engagement inherently involved the possibilities for engagement, which, in turn facilitated differing practices. For some, **corporeal challenges** limited choices for engagement within those structures available. These bolded subthemes further illustrate the diversity of the group.

The diverse engagement realities suggested a sense of inclusion despite the experience of impairments for many participants. Differences in need, interest, and capacity for engagement became apparent from their photographs and their descriptions of them, as well as lack of photographs due to the difficulty of providing same. Not only did they engage in different ways, but their practices also varied according to their unique wishes and capacities. The following typology of the forms and context of engagement depicts the diverse picture of their lived experience of inclusion and exclusion, by choice or not.

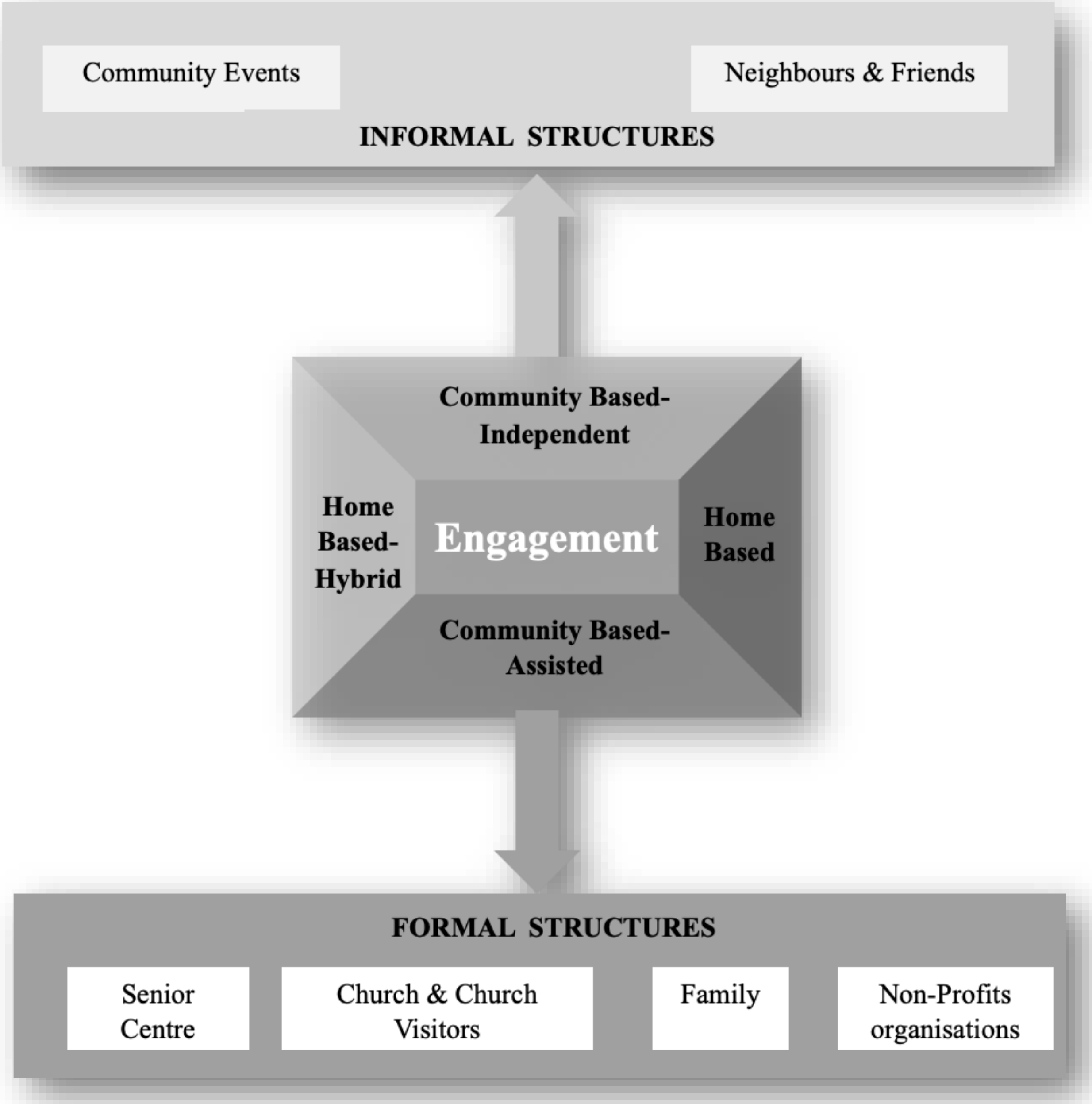

Figure 5.1 Typology of Engagement

Figure 5.1 illustrates the myriad of ways participants engaged on their island. The diversity of engagement reflected a wide variety of needs, interests, and desires.

Engagement – opportunities and possibilities

Participants spoke favourably about the many opportunities that influenced a sense of inclusion on their island. The possibilities for engagement suggested the foundation for their connection to island and generally involved opportunities to engage with fellow islanders. Accessible resources made choices possible. Activities on and off island within and outside their homes provided frequent connection to fellow islanders.

When asked about her inclusion on island, **MA** reported that she engaged with the senior centre frequently ("*every week at least once or twice*") and with trips to other islands offered by the centre. Despite occasionally feeling 'lonesome' and missing her last husband, she was unequivocal.

> "*I am happy. I am just a part of it ...well, it's good, you know, I know a lot of people. Like I house sit."* **(**82-year-old widowed woman living alone-**MA**)

She elaborated that the staff at the senior centre were great, particularly the Director[15] whom she noted was "*a jewel*" whom she enjoyed talking with. She spoke enthusiastically about the trips off island which are arranged by the senior centre.

> "*We take the bus and off we go somewhere maybe to another senior centre or something like that. We just had a good day off island and come back and these trips are a lot of fun and when you come home you are just a worn-out noodle and you are just exhausted".* **(MA)**

Further, when asked to speak more about whether she viewed this as a positive experience, she replied, "*Oh yes, it is wonderful*" and then told a story about an upcoming trip she was looking forward to. When asked if the senior centre was an important part of her social network, she indicated that it was, but only one of several ways she maintained connection on her island.

> "*Oh yes, I am a Red Hat*[16]*...I used to be in the grange, but I finally drooped out of grange... But, oh, there are lots of things to do and*

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[15] At each senior centre where I attended many luncheons, the Directors always sat at a table and joined a group during the meal-a much less hierarchical relationship than I had witnessed in other settings in my work as an attorney.

[16] The Red Hat Society (RHS) is an international organisation originally founded in the United States for women aged 50+. Today, membership has expanded internationally to include all women in pursuit of friendship, fun, fulfilment. The organisation was inspired by the poem "Warning" written by Scottish poet, Jenny Joseph in 1961. Its' first few lines reads "When I am an old woman, I shall wear purple…with a red hat which doesn't go, and doesn't suit me…" The poem was voted Britain's favourite poem. (Scottish poetrylibrary.org).

> *looking back now I wonder how I had time to work. There are lots of things going on…Well, Red Hats are big red hat, big purple feathers, red and purple, and they are all the things you wanted to do when you were younger like you didn't wear red and purple and nobody cares anymore".* **(MA)**

Also, she sees her sister daily, a well- known former business owner on island who is now blind and lives alone.

> *"I don't take care of her, but I just make sure she doesn't want for anything because I will take her wherever she wants to go."***(MA)**

EL, a visually impaired, house bound woman who has lived on island for 50 years now living alone, reported that trips to the senior centre are important to her.

> "*Well, we have a good cook which is a pretty good thing, and it is just companionship. You know the same people sit at the table and it is kind of nice you know… to find out how the week has gone and so forth. I don't have many conversations. I mean living alone it is my choice, but I don't get a lot of stimulus".* (88-year-old widowed woman living alone-**EL**)

When asked about contact with others beyond the senior centre, she spoke about home support services she receives.

> "*So, and then the lady comes and helps me with the house…and she can help me shop. In fact, we have a good time shopping*!" (**EL**)

When speaking about her involvement in island activities, she spoke about the connections made possible by the happenstance occasions to meet up with fellow islanders.

> "*It is a small community, and you know everybody…Oh, yes, every time you go someplace on (island name), it is a social event, you know… you are in the thrift shop, and you know the person working and then you see people in there you know. And same with the library…Oh, and I belong to the birthday club, and it is the oldest club on island, and you celebrate the members' birthday*." (**EL**)

For some participants, supported group home settings (known as adult family homes in Washington state) provided social connection and a sense of inclusion specifically within the home environment. The nature and limitations of those interactions, how they differed, and what impact it had on their sense of inclusion is exemplified in the following participants' interviews.

HO lives with five other residents in her adult family home. Her son and daughter in law live close by and take her out into the community sometimes. When asked about her social world, she commented positively about the staff in her home, but also noted the losses not uncommon to someone her age.

> "*They take good care of us…..There isn't much of a social world. My family and other people who live here and the caretakers…A lot of my friends have died. I'm quite the old one…I'm sad about it."* **(***94 -year- old woman living in an adult family home*-**HO**)

She spoke about social contact within her living situation that comprised an important part of her daily routine, partially to occupy the day. Sometimes, she also walks in the evening with this same fellow resident.

> *"Well, I read a book, and go for lunch, and then (name of fellow resident) and I usually walk around the cottages".* **(HO**)

Similarly, **SU**, living in a larger assisted living facility for the past few years, spoke about daily contact with people who care for her. She is dependent on others for most activities except feeding herself. She acknowledges that caretakers don't have much time to interact with her beyond the task at hand.

> *"And now it is hard to be a social person because I am finding a lot of people, for instance my connections are very limited because the only people that I really talk with are the people who are helping me like the aides and you know I can't be too, I mean they are busy so I can't do social things with them*."(86-year-old woman living in an assisted living facility-**SU**)

Later in the interview, she did refer to "*friends*" in her environment with whom she has daily contact at mealtimes.

> *"I am very grateful for my friends here in this facility…For instance, the ladies that sits (sic) at my table. So, I go to meals. I never miss breakfast and I never want to eat; I mean a lot of people are in their room and I see the people take trays for them to eat in their room and I said ' I don't want to eat in my room, I want to eat in the dining room at the table with my friends'.* (**SU**)

SUP, a resident of the same adult family home as **HO** spoke of the kinds of connections that his island environment affords.

> *"Oh yea, you can get it here. That's about all. We go to some of their special things they put on at school and some things they put on the bulletin board, have different things to do. They're working type of people. They'll help you if you have a problem or they'll be building their house, but they would quit and come over and help you. That's the type of people that's here. Very, very generous working and they'll help me."* (102-year-old man living with others in an adult family home-**SUP**)

When asked about her involvement in the local senior centre, **BU**, the only native islander participating in the research has strong roots on island and with the senior centre.

> "*Yes, that is really important to me, the social part of it. It is really…I guess just conversation, it is someone to have beside you…the same people sit on it all the time. We even have a spot for another guy just so he has a spot you know. But the same group of people sit there."* (82-year-old widowed woman living alone-**BU**)

PE echoed the sentiment about the importance of the senior centre when asked if she attended the senior lunches three times per week.

> *"Yes, my make (sic) it so….socialize and find out what's going on in the community."* (95-year-old woman whose daughter lives with her-**PE**)

FR was one of only a few participants who commented on limited possibilities for engagement on island. Despite attending creative writing classes which afforded opportunity for social connection, he noted that his social life was less than he would like.

> *"..limited…I belong to the sports car club here on the island and once a year we put on a car show, if you will. We call it a concourse, the Elegance, but it's far short of what it should be {laughs}…it's something to do". He clarified …"since turning the 'grunt work' over to the Rotary Club, we have relatively little to do and not only that, but all the members are also getting old like me…".* (82 -year-old widowed man living alone-**FR**)

Unlike **FR, RO** found many opportunities to engage on island. He attended senior lunches three times per week, had regular church involvement, and attended many evening island talks or artistic events at the local library.

> *"I go to several churches…I'm in contact with four men's groups…one is three times a week coffee group…I've been disciplined, scheduled going to all of them…and two and a half*

> *churches. I also have a men's breakfast from a third church, with half a dozen guys or so, six o'clock Tuesday morning…oh, and then I have a men's group at the (name of church) on Wednesday lunchtime".* (80-year-old divorced man living alone-**RO**)

For several participants, the senior centre arose as one primary social contact amidst several other forms of engagement. **AN,** like **PE, BU,** and **MA** and several other participants found the senior centre to be a place of regular social contact and each attended the senior luncheons consistently.

> "*I do meet friends. I do meet people here who have become my friends. It wouldn't have to now, maybe I don't look like it, but I'm an introvert. But even as an introvert, like, I'm involved in, I sing with the barbershop quartet. I just started singing with my church choir. I'm generally involved in something."* (90-year-old man living with his wife-**AN**)

ED, a homebound woman, spoke of a different kind of engagement within her home sewing, quilting, and reading, along with socialising on the phone.

> "*And I socialise a lot on the phone too, as you probably know, (name of another participant) is quite a talker, and I thought I was quite a talker, until I met (name of other participant)…So, we'll get on the phone and sometimes it will be almost an hour. And I talk with other people too. I call my daughter in (name of state) and my daughter in (name of town) and my son in (name of town). Because I have the phone plan that I don't pay long distance calls, so, I can make outside calls as often as I want…which is really nice. "*(90-year-old divorced woman living alone-**ED**)

Practices of engagement

Whilst Figure 5.1 broadly characterises the types of engagement participants revealed, this section details the specific varied practices within a more individualised context. While there was a wide range of what held meaning for individual participants, their practices also embodied differences in personal needs and desires. Volunteering, socialising, and passive consumption of the environment broadly characterised their specific practices.

PI described numerous volunteer positions he held as "*professional activities*" that he participates in on his island, but each inherently involved an element of social contact.

> "*Well, I am on the Board of (agency name) and I am busy with that. And also, I am on the (agency Board name) and I am a member of*

> *the (Board name)…and all three of those are sort of intermittently active."* ('88.5' year old widowed man living with his constant companion dog-**PI**)

Despite his volunteer contacts, **PI** spoke of little need to be with others exclusively socially. He reflected on his working life which involved periods of time in the wilderness alone.

> "*…I have always enjoyed being on my own a bit. Back when I did fieldwork with the (Name of company), all our work was in the Arctic, and I enjoyed going out and camping by myself somewhere …maybe have five days or a week working by myself. I really enjoyed that you know with the bears and animals and squirrels…I enjoyed that more than being in the basecamp where there was activity and a lot more sociability…so, as I said I really don't, I could be more social if I wanted to. I presume I just don't feel the necessity for it…we have a neighbourhood, the little neighbourhood gets together on the 4th of July and Christmas and that is fine. I will go to those for an hour or two but if I missed them it wouldn't break my heart a bit so I just do it partly because I should not look like too much of a recluse".* **(PI)**

While engaging in community-based activities was important to him, **LO** similarly expressed a need for solo time.

> *" I am not hurting for socialisation. I grew up as an only child, so I need some alone time, my need for alone time is umm, is mandatory…"* (83-year-old widowed man living alone-**LO**)

Emphatically, **LO** talked about how he spent his days reading, gardening, and meeting friends for lunch, activities which fulfilled him. He had an active social life infused with a sense of connection and optimism.

> *"…You can choose to play a funeral dirge, or you can choose to play gaiety Parisiana…I am going to live my life and do the things that give me pleasure and I enjoy and make me laugh and please me, they uplift me. That is what I am going to do and do do".* **(LO)**

LO's engagement with a local band represented another source of social connection to enjoy music and friendship with those similarly situated (i.e., widowed).

> "*…these are friends… friends of mine. In fact, the second trumpet player he and I we have dinner every Wednesday night together before going to band, before going to the orchestra rehearsal. And*

> *there are three other guys I have lunch with every Thursday…all of us lost our wives at one time*.” (**LO**)

He also spoke of his extensive gardening hobby, the fruits of which he enjoyed sharing.

> “*…kept part of the neighbourhood supplied with certain fresh vegetables and things every summer.”* (**LO**)

Some participants spent time connecting online. **DO (**like **KA)** spent considerable time doing genealogy research which connected him to a whole community who shared his enthusiasm about tracing one’s roots.

> *“You are online with other members of your family or different parts of it…meeting people interested in the same thing”.* (88-year-old married man living with his wife-**DO**)

But he also expressed some ambivalence about how extensive his need for social contact was.

> *“…wish (sic) there’s a little more, but I mean, like I say, I can be a loner. It doesn’t bother me that much, but I do enjoy being around people. So ah, I couldn’t be a complete loner.”* **(DO)**

DD, like **RO**, noted a number of opportunities she participated in on island.

> *“Yeah, I’m fairly active here on island. I belong to a crocheting group, and there’s a county textile group I’m a member of. There is a little chorus that I sing with. And of course, we go to the senior lunches usually Wednesday’s and Friday’s. There’s a play showing tonight. We’re going to go see that, local kids’ type of thing.”* (81-year-old woman living with her husband-**DD**)

Yet, she clarified. Like her husband **DO**, **DD** had some ambivalence about the need for social contact.

> *“Well, it’s good for me to get out, too, because I can get overly preoccupied just doing my crochet and you know, you could give me my hook and my yarn and I’ve got my knitting right here while you’re talking with him, and leave me all alone, you know, and uh, so I need to get out and be more social.”* **(DD)**

ANG spoke of regular engagement arising out of her passion for weaving. The connections she made extended beyond the senior centre to other circles of friendship and opportunities.

> “*Every Tuesday night I go to a friend’s house for spinning or whatever project you’re working on at the moment, and sometimes, we go to lunch a lot, more than dinner a lot.”* (81-year-old widowed woman living alone-**ANG)**

KA, like **ED,** spoke of a finite social circle that was primarily home-based. She was quite proud of her extensive involvement and authorship on Wikipedia. It provided her with the amount of social connection she was comfortable with without burden to engage in other ways.

> “*My social life is basically (spouse name), my kitty cats, and the internet. I just don’t have that need to socialise. I don’t need to be with other people or need to be with a crowd”.* (80-year-old woman living with her wife-**KA**)

When asked about any involvement in the local senior centre, **KA**, not unlike a few other participants (**DI**, **LO**, **LI** and **PI**), indicated she wasn’t interested in going there. Whilst others didn’t share her sentiment of being “*too young*”, **KA** was clear that the centre was not for her. She did not appear to have any interest in groups or activities on island and was content with her Wikipedia involvement and her private life on island.

> “*… they are not my people. I am too young for them. I know that sounds silly I am 80 years old, and I am too young, but these are old farts and I have got nothing in common with them you know?”* (**KA**)

ED did not attend social activities on island beyond church most Sundays, assisted by her son or other church members who drive her there and back in her own vehicle, which is more suited to her comfort level (a large van). She acknowledged some possibilities for engagement outside her home environment beyond church but similarly to **KA**, indicated she is content at home.

> “*… pretty well satisfied at home, because I find enough things to do. I think that’s important, to find things I want to do. There are things that have to be done, but it’s my choice.”* (90-year-old homebound woman living alone- **ED**)

Corporeal challenges impacting choice of engagement.

Several participants noted physical challenges to engagement, some of which suggested a significant loss while others felt less so. Those who experienced physical challenges to community access made choices to remain at home and opt for infrequent journeys outside of the home (**ED**) or telephone-based connection. Others had substantially limited choices due to significant physical disability which made community access extremely difficult (**SU**). Those whose limitations prevented solo access to the community had supports which enabled access, albeit within the confines of the availability of supports (**EL, PE** and **SH**). **SUP** acknowledged his desire to see more of his island but acknowledged he could not venture out on his own.

Whilst limitations to engagement were evident in participants' narratives, most reported a sense of peace with the limitations, with a few exceptions. **DI** found his inability to dance due to shortness of breath a significant loss for him. Dance was a social activity for him which he no longer had, but he did express some optimism that he may regain the ability to dance (and teach dance) once again.

Several participants described bodily issues that presented obstacles to their desired level of engagement. Whilst some had physical challenges that prevented or complicated engagement, this section addresses only those participants who expressed concern about obstacles and does not include participants whose engagement was limited but which were deemed inconsequential to them.

FR spoke of multiple medical issues that presented practical challenges impeding spontaneous engagement. He provided the photograph below relative to one of his medical concerns.

> *"The cancer, the prostate cancer, has left me with the fact that I've got to be close to a restroom all the time… so, I do have problems like that."* (82-year-old widowed man living alone-**FR**

PHOTO 5.1 (FR) adult diapers

He also commented on his high blood pressure and its impact on being out in the community alone.

> *"…I'm always aware of it all the time and I check my blood pressure periodically…my biggest fear is I'm going to stroke out and nobody's going to find me until it's too late and I'll be a vegetable".* (**FR**)

A pre-existing condition with foot drop due to a prior surgical procedure was also a substantial issue for him. It had caused him embarrassment in public.

> *"About a year and a half ago, I was at a creative writing course, actually poetry course, and it was the last day of the course, and everyone was going to bring in food. So, I came in with a- I had made a peperonata sauce with pasta, and I'm bringing it in …and I'm getting ready to go in the room and I tripped…. Oh yeah, the whole thing just hit the ground, dish broke, the mess and everything all over. So, I was mortally embarrassed by it, but again, because of the foot."* (**FR**)

STRUCTURES SUPPORTING ENGAGEMENT

Senior centres

The senior centres on each island emerged as primary institutions providing opportunity for social contact for most participants. They provided luncheons two or three times per week (depending on island), sponsor talks on age related and general community issues. They provide transport for those with mobility or other access issues so that attendance is possible if desired. In addition, they often provide free produce donated by local farmers, offer various social clubs, sponsor trips off island, and provide an access point for assistance to connect with resources on a wide range of issues. In addition, the centres each have delivery staff who will deliver a hot meal to anyone who cannot make the trip to the centre. The delivery person also provides a brief social exchange with the recipient of the meal and allows for a short face-to-face interaction.

While **ANG** described an initial issue of an exclusionary clique at the centre, she was able to navigate her way into a group when she recognized a familiar face at the centre. Now, she attends the luncheons three times per week and has a regular table she sits at with her friends.

> *"And I walked up to her and said, hi (Name of person), is there space at this table for me to join you? And she said, oh, park it. And so, I did (Laughs). And we get along*." (81-year-old widowed woman living alone-**ANG**)

BU highlighted the importance of being able to eat a meal with others at the senior centre lunches where she also volunteers to help prepare the dining room to receive guests before the lunches.

> *"The social activity of it and eating with someone else otherwise at home I sit in my chair and my catty sits on my lap and my dog sits at my feet and licks my plate (Laughs*)." (82-year-old widowed woman living alone-**BU**)

HO, who required assisted transport to attend the weekly luncheons enjoyed the trip to the centre. She told the story of her journey to the centre with delight.

> *"Yea, a big van comes and gets us. (Name of another attendee) and I go, and (other attendees). So, four of us. And I have to sit on the jump seat because I'm the smallest (laughs)."* (94-year-old widowed woman living in an adult family home-**HO**)

Other participants also noted that the van transport enabled them to attend the luncheons. **EL**, a visually impaired homebound woman, attended and participated in a club offered by the senior centre which honoured fellow islanders' birthdays. She was proud of the club, its history, and grateful she was able to participate.

Both **DD** and **DO** (a married couple) and relatively new to full time island living saw the senior centres as an opportunity to connect with others. Unlike some participants who noted a regular seating arrangement, **DO** commented on their attendance and strategies for making new friends.

> "*Yes, we try to sit at different tables. So, we meet different people….It's a cheap meal for five bucks…But the thing is by doing that you are meeting other people and socialising, talking and some very interesting people there."(*88 -year -old man living with his wife-**DO**)

Churches and other institutions

Church attendance and membership also provided a measure of inclusion within the community for several participants. **AN** spoke about his church community connections which embodied his faith and provided comfort to him, particularly surrounding the issue of mortality. He provided a photo of the church and described its importance to him. Whilst he was never a New Englander, the church had some special meaning for him.

> *"Looks like a little New England Protestant church. Those little peaks. And I just love this church."* (90-year-old man living with his wife-**AN**)

PHOTO 5.2 (AN) local church

Informal groups and activities also provided valued opportunities for engagement for a number of participants. **AN** spoke of singing in a local barbershop quartet. **ANG** had luncheon dates with friends from her Tuesday evening weaving group, **MA** joined Red Hat activities, **JO** had regular visits from missionaries working on the island, **LI** took advantage of island artistic and film happenings, and **DI** belonged to a local charitable club which sponsored many island events to raise money for scholarships for local youth. **LO** described a pilot friend who, similar to him, had lost his wife. They shared a kindred spirit and exciting adventures to the mainland.

> "*…he also has an airplane and with me being a pilot, I fly co-pilot with him frequently. About once a month, we fly to the mainland just to get some Chinese food (laughs) and then of course we take along our to do lists which means you go to Costco.*" (83 -year- old widowed man living alone-**LO**)

Individual differences and structural gaps

While most participants reported satisfactory and welcomed opportunities for inclusion and engagement within their communities, several noted circumstances they wished were different. Whilst no one expressed a strong position of isolation or exclusion, some were equivocal about their levels of engagement. Here, individual preferences for engagement were apparent and, in part, attributable to the nature of small island territories. Some mentioned activities that were missing from their lives, but also seemed resolute that things could not change, but for one exception where the individual considered the possibility of moving off island to remedy his concern.

DI, a recent widow, spoke of loneliness when referring to the death of his wife of over 50 years. As a lifelong ballroom dancer, he longed for more opportunities to dance, particularly to fill the space in his life.

> "*…it is extremely limited on the island. So, I like to stay because I don't think there is a better place to live than (name of island) but at times I am really lonely and if anything is going to force me to leave the island it is loneliness…I would probably go to Anacortes*[17] *or to Bellingham*[18] *which are large enough where they have a large community and the dancing especially."* (82-year-old widowed man living alone-**DI**)

HO wished to be busier than she is, despite her daily exercise routines of walking, and attending weekly senior lunches. Her adult family home did not have the number of structured activities offered by the larger assisted living facility where **SU** lived. **HO** seemed to create her own daily routine with exercise and reading but expressed some desire for more.

> *"I'd like to play bingo a bit more often. We do that once in a while. To be busy….well, just to have fun with others and play games."* (94-year-old widowed woman living in an adult family home-**HO**)

EL, a homebound woman, longed for more activities outside her home beyond her weekly attendance at the senior lunches. She expressed a sense of loss from her former very busy life before the onset of her current visual limitations. Her ability to be as spontaneous as she had been earlier in life presented a loss.

> *"Oh my gosh, yes. I had a car. I had a van and yes and I went out just about every day. I had a friend we would go for coffee, but she*

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[17] Anacortes is in Skagit County and the site of the Washington State Ferries dock and terminal serving many islands in San Juan County It is where many islanders go for specialty medical treatment when required. It's total population as of 2020 exceeds the population of the whole of San Juan County.

[18] Bellingham is in Whatcom County not far from the Canadian border. Its' population exceeds five times that of San Juan County.

> *had a bad fall and died so, I really miss her because we had a lot of fun."* (88-year-old widowed woman living alone-**EL**)

She clarified that her life was "*somewhat*" active but "*not like it used to be."* In a further clarification about the frequency of her social contact within the community, she seemed to be satisfied, despite the losses she described.

> *"I think it is enough, senior centre and then on the weekend I see my son (pause) I think so." (**EL**)*

SUP spoke of his fondness for the outdoors but that he could not go out without assistance. It seemed that he only went outdoors when his daughter takes him out.

> *"…oh, I wouldn't alone...I'd get lost, just as sure as shooting…and that he relies on his daughter to take him out but that she was away for 10 days*." (102-year-old widowed man living in an adult family home-**SUP**)

MY COMMUNITY

As noted previously, most participants had settled on island following their working lives in large American cities. Their familiarity with the rhythm of their new home provided respite from a busier time when raising children and providing for their families were primary and all -consuming activities. Their move to island signalled a transition which afforded a slower pace and opportunity for a "*smaller life*" (**ED**) with relief from the pressures of the modern urban world (Osbaldiston, 2013). While the move was a dramatic change of lifestyle, it also held a measure of familiarity.

Familiarity-it's my home.

Initially, participants spoke of long histories with the island contributing to the decision to move full time to island. That familiarity however also seemed to contribute to their sense of connectedness and inclusion. **PI** had a connection to the island from his youth.

> "*When I lived in Seattle when I was a kid in high school, I got a job working on freight boats that came up here at the time and it was in the early 1950's, late 1940's and early 1950's. There was a lot of {inaudible} here at that time so we came up and picked up our bolts and things and batteries and stuff like that and loaded and took them back down… and I just sort of fascinated by the islands at that time. So, when I finally decided to retire I thought I would go back and*

> *take a look and I have been here ever since.*" ('88.5' year old widowed man living alone-**PI**)

While **DD** had only been on island full time for one and a half years, she described her long-standing connection to the island. She and her husband had vacationed there for many years, slowly making improvements to a small rustic cabin they would eventually call home.

> *"We own property on island. We have a cabin we bought in 1982. We were part-timers."*(81-year-old married woman living with her husband-**DD**)

BU, the only native islander who participated in the research, had a special history with her island, providing strong roots and a sense of belonging and ownership.

> *"I live on property that was homesteaded by my grandfather and I really am proud of that you know so I don't want it to be sold…You can look at the door jams and say, 'I remember the conversation the day when we decided, we want that kind of brick and wouldn't it be nice to have a little shelf'*. (82-year-old widowed woman living alone-**BU**)

AN spoke of his neighbourhood and church as integral parts of his social network. He noted the character of the minister and the congregants he knew.

> *"We have a great neighbourhood. I love my church. Um, I even love the Presbyterian church, because I have a number of friends who go there. Uh, I love their minister, he's a great guy. But (name of church) is wonderful, the people there, they're very loving. Just incredible."* (90-year-old married man living with his wife-**AN**)

After living on island for fifty years, **EL** indicated that she would never move off island. It was her home.

> *" Oh heavens no. I would not survive on the mainland like I did not survive in the Village (referring to a short-term residence in a local assisted living facility). I had never lived in a place that had so much traffic. I am, just a very country person."* (88-year-old widowed woman living alone-**EL**)

It's different here.

As previously noted, the move to island offered a wholly different kind of environment from the busy cities where participants had spent their working lives. But that difference was not limited to the physical surroundings or the pace of life. Participants spoke about the people they knew and encountered on island, from neighbours to fellow church patrons and administrators at the local senior centre. On these islands, due to their small size, contact with fellow islanders was frequent and layered where people held multiple roles. Opportunities for cross-connections were not unusual and helping out a fellow islander was never a question. It simply was what you did- in sharp contrast to the more anonymous city lives they had known.

DI noted the abundance of volunteer efforts he was involved in with fellow islanders highlighting a sense of giving back to the island through scholarship activities, food drives, and social events. He drew attention to the meaning that had for the island, a reality memorialised at the local senior centre by the painted mural he photographed and described below.

> *"It is meaningful because each one of these things designate individuals who contribute to the senior centre above and beyond what they raise here or anywhere else… this is the tree of giving. It just shows how many people are involved".* (81-year-old widowed man living alone-**DI**)

PHOTO 5.3 (DI) the giving tree

I get help and I give help.

Participants spoke of the generosity and reciprocity of their fellow islanders. This ‘give and take’ dynamic was common in many participants’ narratives. **JO** prepared a lesson plan and taught Sunday school classes once monthly. **RO** provided companionship and assisted a dying woman without family to obtain services at the end of her life. **FR** volunteered to coordinate a local antique car event. Up until recently**, MA** made holiday cookie trays to distribute throughout island. **LO** distributed produce from his garden throughout his neighbourhood. **PE** helped a woman who had a stroke with feeding so that she could attend the senior lunches. **IN** volunteered weekly at the library shelving books. **ANG** solicited volunteer pilots to fly people to the mainland for non-emergency medical care. Up until recently, **DI** coordinated a community wide Thanksgiving dinner for those who wanted company during the holiday. **SH** sat daily with another bed-bound woman in her adult family home who didn’t have family to visit. **BU** volunteered teaching nature classes at the local historical museum to the young people on island. **PI** served on several professional boards concerning island infrastructure. Much reciprocity was apparent in participants’ narratives, even involving those who had their own physical challenges. Those who needed help received the help which allowed them to remain part of activities and events.

PE, a visually impaired woman, spoke of how she navigates getting out into the community when her live-in daughter is away.

> *“Well, I ask other people to, uh, for a ride. This is a nice community. That’s why this community is so perfect for people that get older.”* (95-year-old woman whose daughter lives with her-**PE)**

ANG spoke of the assistance a community organisation provided; an organisation that she now leads as a volunteer. The organisation had recently planned a dinner to honour her for her service.

> “December*, I think, 10th, the Lions Club is going to honour me for community service, because I coordinate mercy flights. Mercy flights are not emergency flights. They are nothing to do with ambulances, they’re taking people like when I went through radiation, I went to Bellingham for it, because I was flown every single day every single day, five days a week over to Bellingham.”* (81-year-old widowed woman living alone-**ANG**)

ED spoke of family involvement and help she gets from her son for various chores she is unable to do. She sees him weekly.

> "*My son does my shopping for me, and I have meals on wheels three times per week."* (90-year-old divorced woman living alone-**ED**)

DEATH, LOSS, AND OPPORTUNITY

Several participants spoke of life course events which had an impact on their engagement and inclusion on their island. Some experienced a period of isolation prior to the death of a spouse, followed by a freedom to engage once again as they chose, sometimes quite active, and others less so. Others felt a strong sense of social loss with the death of a spouse. Sometimes, the death of a spouse allowed for opportunities for engagement in ways not previously possible.

Death

PI talked about the loss of his wife and how it changed his patterns of contact with others. He was comfortable and embraced the change.

> "*…we did more things when she was with it…we went to more social gatherings and the centre and made some trips and things like that which I don't do anymore and none of those.. so, I suppose you would say that had shrunk. But it is not necessarily something I miss."* ('88.5' year old widowed man living alone-**PI**)

PI was clear that his social engagement was less, but that he was happy with the solo time he spent. He did however note the constant underfoot companionship of his dog (who slept at my feet throughout interview), whom he commented "*wouldn't know what to do without him.*"

FR, in noting the recent death of his wife, talked about changes in his social circle less favourably than **PI**. While his wife had been the primary social motivator, **FR** had found it difficult to assume the role. He yearned for more social contact but was less active since his wife's passing. He also imagined he might have a more active social circle on the mainland but, for other reasons, was unlikely to return to California.

> "*She pretty much was my social circle. She had friends on the island, and I still see them, and they're nice people and try to get*

> *together with them, whenever I can, ah, but it's not quite the same. She was the glue that kept us together. She had about maybe a half a dozen people like this on the island that she knew really well, and I was with her."* (83-year-old widowed man living alone-**FR**)

Reflecting on an energized and exciting social engagement, **LI** spoke about newfound explorations following the death of two spouses. Her life had expanded with the death of each in ways she had not previously imagined.

> "*…we had a film festival here. I've gone to six movies. I didn't, I've never gone to movies, you know. My deceased husband he wouldn't no, no…and I think, you know, my second husband cut himself off from experiences. You know, like I love jazz, you know, and we have a wonderful three- day jazz festival here, but he never wanted to attend…and I go now, I mean, it's fantastic because I only listen to American jazz, didn't listen to South America jazz or really have African music combined with you know, and it was just yeah, mind opening. I love it. You know, it's all the stuff that I'm experiencing."* **(**81- year- old widowed woman living alone-**LI**)

When talking about caretaking his wife who died eight years earlier of cancer, **LO's** sense of what he had given up throughout that time was unequivocal. His wife's passing had resulted in a renewed sense of himself and pursuit of pleasure and indulgence. His life was full and varied.

> *"I could hardly get out to, well I had to give up a lot of things. I gave up my music, I gave up my shooting and many times I didn't know what the hell day of the week it was. I am more relaxed now than I have been any time in my life, I have put stress behind me. I am back to having all my music and I am back to having the shooting and I am very content."* (83- year- old widowed man living alone-**LO**)

Opportunity

For some, opportunities arose following the death of a spouse. Time to reconsider what mattered to them and to pursue pleasures long lost emerged.

LI, reflecting on her earlier life and career reclaimed her interest in art. She provided the photo below as evidence of one of her recent creations. She was delighted with her work and the possibilities she imagined for her creative self going forward.

> *"Look at what happened to me. I was in real estate and had not time for art, because people own you, you know, because they feel, you know, she's going to get a commission. So, therefore, she'd better be*

> *there every minute. And so, I couldn't be creative because I had too much to do. So, when I came up here and it all came back, and I've just had the best time. And it's really independent from, you know, how other people feel. But it's my own, you know, satisfaction. Feeling good about what I do.*" (83-year-old widowed woman living alone-**LI**)

PHOTO 5.4 (LI) recent painting

SUMMARY

Whilst the findings demonstrate that the advanced old age body may present obstacles to specific types of engagement, its salience for these participants on these islands suggested their role may be malleable, subject to other factors that play a role in the totality of daily lived experience and in which the island plays an important part- as much if not more than the participants' corporeality. Here, the contextual realities of very old bodies suggested the incomplete nature of a singular model (i.e., decline) which characterises and situates advanced old age within such limited parameters. Whilst challenged bodies cannot be denied as having the potential for exclusionary practices, most of the participants felt at home and included in island life.

CHAPTER 6-DISCUSSION- AGED BODIES, CONNECTION, AND BELONGING ON ISLAND

INTRODUCTION

In Chapters 3, 4 and 5, I have reported detailed findings that address the research question of the role of the body in advanced old age and its exclusionary possibilities for those living on an island. While ageing trends in developed countries worldwide are increasingly highlighting the need for examination of the lived corporeal realities of advanced old age, the findings here provide an important step forward in addressing this issue and its exclusionary possibilities for those 80+. While previous research efforts to quantify specific domains and mitigators of inclusion/exclusion have shed some light on these possibilities, such approaches have limited applicability in providing the nuanced view of the lived experience essential both for theoretical development in the study of advanced old age and realising its potential.

The findings suggest two important foundational elements underlying the lived experience of the body for these research participants. The first is the body in its' contextual environment, and the second is the heterogeneity of needs, interests, and desires independent of bodily experience. Various corporeal challenges exist within specific contexts which contribute to the lived experience of inclusion/exclusion by either enhancing or constraining possibilities. This contextual element gives rise to consideration of the practicalities of a given setting (service infrastructure, health care access, and accessibility, etc. as expressed in domains and mitigators). It provides us with a framework within which to understand the individual stories that suggest constructs within gerontological discourse and theory development.

Secondly, this context, in turn, presents possibilities for individual variability that plays an important role in the experience of inclusion-or not, a notion not readily construed within the dominant domain-mediator based analyses of social inclusion/exclusion (which tend toward structural, non-agentic frameworks as explanation and understanding). In this thesis, I have often referenced the needs, interest, and desires of the participants in describing their narratives in each of the three substantive components (body, island, social inclusion/exclusion) of the research. These needs, interests, and desires suggest their role as major influences on the lived experience of inclusion/exclusion with contrasts apparent despite a common corporeal status.

In the following sections, I will review some of the key substantive themes in the components of the research beginning with the body, its limitations, restrictions, and losses followed by a discussion of the context of participants' daily experience on island, and the way in which their island lives framed their sense of inclusion, ability to participate as they choose, and served to render bodily impairments less controlling of everyday life.

The body-limitations, realities, and experience

Whilst participants' limitations, restrictions, and losses revealed varied health statuses, the lack of salience of these limitations in participants' narratives suggest that their lived experience reflected a capacity for adaptation, accommodation and acceptance, accompanied sometimes, with humour. Their reported daily experience appeared to extend beyond, perhaps even to transcend actual bodily limitations, that is, their lived experience went beyond the singularity of their body. In reviewing the participants' various bodily challenges, the characterisations of decline and decrepitude in later life did not embody the totality of their experience nor suggest its' dominance. This 'absence of the body' rather than reflecting a flaw in social gerontological scholarship, seemed to characterise the participants' lived experience, supporting the need for a more nuanced understanding of the body's role in living in and experiencing advanced old age. Despite the body's prominent place in experiencing the world as the "corporeal core of all human action" (Loy, 1991, p. 119), participants were aware but did not appear to be consumed by their bodily limitations (Leder, 1990; Oberg, 1996.)

The findings highlighted an absence of the body in participants' narratives, consistent with Leders' (1990) account of the body where it is seen to 'dys-appear' until the occurrence of an event which highlights a dysfunction demanding attention. Leder's description of the body as fundamental to our experience and perceptions (Rakhra & Grinfelde, 2019) underlies the paradox of its absence in participants' daily life**.** Whilst Turner (2008) has referred to the absence of the body in gerontological discourse as a "theoretical prudery with respect to human corporeality which constitutes an analytical gap" (p. 33), participants were not 'body pre-occupied' but rather experienced their sense of self within their island, not in an ageless sense but in a more present capacity of what their daily lived experience was. Foucault's analysis of the body as "the constitutive effect of processes and practices which occur in and through relations with others" (Sullivan, 2012, p. 106) provides some context for participants' responses illustrating narratives embedded within interactions, perceptions, and thoughts about fellow islanders and the island environment-as characteristic of their daily life in this small, isolated locale. Their experience, embedded within a strong social context, exemplifies the notion that underlies the paradox of the absent body and its relational, experiential reality “through the intentional involvement with the world” (2019, p. e12235.)

When asked specifically to consider the possibility of bodily changes which could not be accommodated on island, participants’ responses evoked the distinction drawn by Husserl (1952) of the lived body versus the object body (Rakhra & Grinfelde, 2019) and further, evoked the dark shadow commonly associated with the fourth age dependency and decline narrative (Higgs & Gilleard, 2015). Some, however, had not contemplated such a situation, as noted by a 90-year-old homebound woman. *“I don’t know. Haven’t looked into it. {laughs} To tell you the truth, I have no idea* **(ED).”** Similarly, whilst the body has a basis in everyday life, its familiarity can elude everyday consciousness, even when significant ‘bodily betrayals’ are present (Featherstone & Hepworth, 1990). Oberg’s (1996) suggestion that the body and self-constitute a unit exemplifies the participants’ narratives as focused elsewhere than their bodies.

While participants demonstrated a prescient understanding of the realities of their age, their bodily status, and the possibilities that implied for their bodily functioning, bodily challenges were at a distance for most. Some actively engaged with a position to keep any challenges at bay as noted by an 81- year -old woman with substantial mobility challenges (**JO**). Despite substantial periods of physical incapacity, she found ways to escape the institutional structures of the fourth age (Lloyd, 2015.) *“The one thing you have to fight when you’ve got things wrong with you is to keep thinking healthy. Don’t think like a sick person. Because it just intensifies your state of mind* (**JO**)*”.*

This lack of focus on their bodies presented the familiar absence that Oberg (1996) noted. The absence here, in favour of discussions about their lifestyles is noteworthy in several respects. Without specific probing, their bodies assumed a subordinate role to their social selves, a finding consistent with “the meaning of that body and the meaning that confers on the self who owns the body is realised only and necessarily within social relations” (Gilleard & Higgs, 2013, p. 159). Their ability to remain vibrant socially (in the manner they chose) contributed to this subordination. In a sense, participants ignored their physical realities unless specific attention was placed upon them by my probing. Their bodily experience appeared secondary to social experience, a finding at odds with the way the negativity of advanced old age is generally characterised within the fourth age.

Yet, participants engagement with body projects (detailed in Chapter 3) suggests an underlying tension between an absent body and an imagined and feared future one. Their practices enabled them to achieve a certain level of self-monitoring and self-management, a ‘self-valourisation’ of continued vitality in furtherance of a social obligation of good health so as not to become a burden, and lapse into that state of abjection associated with the fourth age (Brodwin, 2017; Higgs & Gilleard, 2015).

However, this ‘submerged’ body (Shilling, 2012) did emerge as a focal point when participants engaged with the possibility of a future body and further decline, evoking concerns of dependency, loss of dignity and a feared loss of control over one’s own life (Higgs & Gilleard, 2015). Participants’ engagement with projects or ‘technologies of the self’ (Mitcheson, 2012), was arguably aimed to preserve functionality and maintain their current capabilities. Such efforts to minimise the possibility of further decline suggested that the dark shadow of dependency was embedded within their lifestyles, despite its concealment within their daily doings (Gustavsson, Liedberg & Ranada, 2015). The narratives that emerged when participants contemplated future bodies highlighted this presence of the dark shadow of advanced old age, eliciting intense reactions describing a dependent, burdensome life not worth living. For a few, this was then followed by bold assertions of an exit strategy in which ending one’s own life was considered.

Having reviewed the findings in which the participants’ experience of their bodies was not central to their narratives, I will now turn to two aspects of their reported lived experience as it did reflect upon issues concerning (a) the connections between the nature of their corporealities and its specific impact on inclusion, and (b) the concepts of the third and fourth ages and how well (or badly) they shape individual and societal accounts of advanced old age.

It is noteworthy to reiterate that individual physical challenges were not readily forthcoming from most participants and repeated, targeted queries were necessary to elicit specifics, which were often followed by a narrative minimising such challenges. The short references to participants’ musings about their bodies often reflected the only reference to their body throughout the entire interview (that is, their absent bodies).

As I have indicated in the findings, albeit reluctant to discuss them, many participants did face bodily challenges which limited their engagement without support and assistance of others. The interface between those challenges and engagement possibilities and practices highlights the need for a perspective which integrates the corporeal realities of advanced old age and the discourse surrounding those realities, which has the potential to enhance or minimise exclusionary possibilities (Gilleard & Higgs, 1998). Here, participants spoke of their lived experiences of bodily decline and focused upon their own choices for engagement. Their narratives reflected a continuity embedded within the changes they had experienced, a sense of ‘less’ that was still judged insubstantial to their daily lives.

Those with visual challenges needed to rely on others to engage. Those with hearing difficulties preferred one on one interactions to enable conversation. The impact on daily life of these bodily challenges implicated the ways, manner, and timing of engagement rather than engagement per se. This is reflected in participant's narratives illustrating the context of their engagement, as suggested by a 95- year -old visually impaired woman (**PE**) and **a** 102-year-old- man (**SUP**), both dependent on others to access the community. Each found ways to engage within and outside their home, therefore minimising impact of any exclusionary processes. **PE** found her daughter instrumental in assisting her and that she is *"very, very, reasonable and generous"* in accommodating her wishes for attending activities. She also clarified that she had other friends who would transport her if her daughter was not available. Similarly, **SUP's** activities primarily within his group home, albeit not exactly as he wished, provided him with a sense of freedom to continue his life-long passion for building models. He was supported and stressed his keen ability to manoeuvre his wheelchair to carry out his hobby, in addition to community- based activities with assistance. "*Well, not the way I want, but it gets around because I can back it up, and go in any direction, but you've got to be pretty careful, and that's the only thing* (**SUP**)."

These findings present a counter-narrative of exclusionary processes for those in later life (Walsh, Scharf & Keating, 2017; Gilleard & Higgs, 2017; Scharf, Phillipson & Smith, 2005; Scharf, Phillipson, Kingston & Smith, 2001), whilst lending support to narratives where those in later life establish new or adapted patterns in response to bodily challenges (Lloyd et al, 2014, 2012; Peace, Wahl, Mollenkopf & Oswald, 2007), thereby minimising exclusionary processes. Accommodation and adjustment to bodily changes was a common refrain when participants spoke about their daily lived experience (von Humboldt, Leal & Pimenta, 2015a,b). **EL,** an 88- year- old visually impaired, homebound woman also required assistance to access the community. She had adjusted accordingly and took advantage of various community helpers to visit local shops- a uniquely social island experience she enjoyed. Similarly, a 92-year-old woman with mobility challenges boasted of her assertiveness when accessing the community. *"I make sure I am not bashful of asking, 'May I hold your hand? May I hang on to your shirt tail* (**SH**)*"* ?

Despite substantial impairments, each of these participants accessed resources, familial or otherwise, which minimised the impact of obstacles to engagement. Doing so allowed them to remain part of the island fabric and contributed to a sense of inclusion. Their participation illuminated the ways they adapted to ensure engagement was still possible for the activities that mattered to them. Otherwise, exclusionary possibilities would likely have resulted from the individual realities of their bodily challenges (Paine, Lowe, Rachele & Turrell, 2022).

Whilst some with mobility or musculoskeletal challenges spoke of activities they could no longer do, they disclaimed any real sense of loss associated with the bodily change which precluded the activity. **PI,** an ***"****88.5- year- old"* spoke of his youth as a runner but expressed little sense of loss in his current inability to run as before. In contrast, he did lament his inability to renew his pilot license due to a pacemaker he now requires. A similar situated 90 -year -old man (**AN**) and youthful runner as well, now walks one mile per day but finds joy in many other socially based activities at the senior centre, his neighbourhood, and through church affiliations. Adapting to changes, a 95-year-old, visually impaired woman exhibited a sense of humour when asked about whether she was able to do the activities she wanted. "*Well, I don't climb trees anymore"* (**PE**)!

Other participants spoke of an unpredictability of bodily concerns, but again, presented same as minimally disruptive to their daily lives. Unlike most participants who reported minimal loss as a result of bodily challenges**,** an 88-year-old man with chronic pain sequalae from a spinal fusion, did experience an unpredictability of daily ability, yet found ways to adjust and continue on. "*…if my back starts bothering me, you sit down for 5, 10 minutes and it kind of settles down and you just go about doing what you want to do"* (**DO**).

Some participants experienced bodily challenges which did infringe upon specific activities, whilst expressing hope the challenge would subside in order to resume the activity, or in the alternative, finding modified ways to engage, albeit in a different way than previously accustomed to. Due to shortness of breath from cardiac problems, and 82 -year- old man had stopped dancing, his life- long passion. He did report that he spent one hour per day walking on a treadmill in hopes of building stamina with an eventual return to dancing. Another 90-year-old homebound woman adjusted her socialisation to phone- based where she would talk with friends to remain connected- sometimes several hours per day (**ED**).

Notwithstanding the range of physical limitations participants experienced, their bodily issues remained secondary with accommodation, adjustment, and the totality of their experience outwardly most important to them (Larsson, Haglund & Hagberg, 2009). With this latter notion of the totality of their lives, whilst their bodies may have acted as 'limiting conditions' (Gilleard & Higgs, 1998), their narratives were not focused on these limits, nor substantially impeded their engagement of choice (Larsson et al, 2009). Rather, their everyday experience illustrated a focus on something other than the bodily challenges, suggesting a contextual influence on the aged body and its consequently limited potential for exclusionary processes. This context of their bodily experience will be explored in more detail later in this Chapter.

This lack of centrality of their bodies is important when we consider how we speak about and understand the social and cultural meaning attached to those age -related changes associated with 'deep' old age, and the characterisations which contribute to classifications forming the basis of divisions and exclusionary processes within later life. This leads me to a discussion of the place of the third and fourth age in relation to these findings.

Third and fourth age

The classifications of later life into a third and a fourth age present age as a "social and cultural location, or more accurately a series or set of interlinked locations as often associated with advantage or disadvantage" (Gilleard & Higgs, 2020, p. 2). Whilst Gilleard and Higgs (2020) acknowledge the problem inherent in viewing agedness within a division-based framework, the negative effects associated with increased agedness (those associated with disability and declining health) arguably warrant a rethink of this classification/division. Participants' experiences in this research did not suggest that their respective disabilities inculcated them into making such categorical distinctions nor in framing their lives within such a framework.

Whilst the perceived historical roots of the terms third age and fourth age remain contested (Gilleard & Higgs, 2007; Laslett, 1994), and their very existence denied by some (George, 2011), the terms are nonetheless used extensively to describe later life, shape policy, and arguably shape societal perceptions. These conceptual categories specifically rely upon divisions between those engaged with active lifestyles (i.e., able-bodied) and those who are not (often referred to as frail), a duality created by the imaginary of the terms and their applications to later life**,** yet not reflected by the daily lived experience of participants in this research. Here, the findings present a compelling argument why, in this time of increased longevity and rapid growth of the 80+ population throughout developed nations, their utility for understanding later life is limited and arguably creates artificial divisions capable of fostering exclusionary processes for those in advanced old age.

As previously noted in the findings, here, the participants, who by some accounts would be in the fourth age (as per both Baltes' and Laslett's model where later life remains characterised by agedness and a lack of health and vigour), reported active engagement within their islands despite limitations. Their typical age-related physical challenges (Jaul & Barron,

2021) spanned multiple bodily systems, were in some cases substantial and multiple, yet their impact on engagement was reportedly limited to a few person-specific activities no longer possible[19], albeit of varying import to their daily lives.

The findings suggest that the the concepts of the third and fourth ages may not fully embody a nuanced understanding of the realities of life in the ninth decade and beyond. Further, these current conceptualisations do not consider an essential distinction between ageing and that which Higgs (2022a) coins the 'status or social category of old age' reflected in the epidemiologic trends contributing to our understanding of age as situated within social and cultural trends. Further, Higgs (2022a) draws attention to the disparity between society's recognition of 'successful ageing' versus the treatment of those with significant vulnerabilities, or those in advanced old age. Whilst the concept of 'successful ageing' has seen an expansion in its application (Evseeva, 2019), it remains foundational to distinctions embedded within the third and fourth age. While Higgs (2022b) references the disparity posed by the concept of 'successful ageing' relative to Covid related sequalae, this disparity has arguably been in existence for decades, yet has not received critical attention. Precisely for the reasons Higgs argues, advanced old age has long been a marginalised field where its inhabitants suffer from the abject characterisations of a body in decline (Higgs & Gilleard, 2017), and where living in the ninth decade and beyond is perceived primarily and singularly as a period of functional and biological decrepitude (James, Wilson, Barnes & Bennett, 2011).

In this research, most participants reported active lifestyles of their choosing typically associated with the notion of a successful ageing (and correspondingly the third age) where optimum functionality contributes to an ability to remain active and engaged with society and exhibiting a low level of disease (Rowe & Kahn, 1997). It is noteworthy here that 'optimum functionality' would not necessarily characterise the research participants who did report activities akin to third age lifestyles. These 'essentialist assumptions' about the body in advanced old age are shaped by culture, yet here, their bodies did not lead to such assumptions (Gilleard & Higgs, 2013; See also Pickard, 2014b.) Old age for these participants was not a primary focus of daily life. They were not relegated to the 'foreign species' which de Beauvoir (1972) referred to (Kruks, 2022). Their social status afforded primarily as fellow islanders

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[19] Note: DD's inability to dance as desired due to breathlessness, PI's inability to renew his pilot license due to a pacemaker, ED's inability to do her own shopping for fabric due to difficulty accessing the community, SU's inability to access community due to a poor recovery from a stroke, and SUP's inability to attend favourite shop on island without assistance, PE's and EL's need to rely upon others in order to access the community- each of these limitation was of varying impact and for some, a minor inconvenience, but for others represented a major lifestyle change.

suggested another identity which superseded their agedness, whilst still acknowledging that agedness by providing supports to enable engagement of choice.

While the body did not appear to play a central role in participants' everyday experience, determinations of a successful or failed old age often rest upon bodily capacity, and the latter characterisation often associated with negative stereotyping, stigma, and an imaginary of a failed old age (Gilleard & Higgs, 2013). The indignities associated with a 'failed body' did not present as signifiers of self or an existential justification of the self by participants in sharp contrast to the bodily basis of the fourth age.

In such determinations, the process of ageing (the inevitable and unavoidable changes in bodily systems) is confounded with one's status as an older person (Higgs & Gilleard, 2015; Hall, 2014.) Participants reported active lives presented an important line of division between what is represented (the imaginary of the fourth age) to exist in advanced old age and what diversity and realities have emerged in contemporary society. This may present possibilities for imagining new practices and narratives.

Whilst the research participants experienced a range of 'failed' bodily functions, their reported level of engagement suggested a minimal impact of such an imagined status-one occurring as a result of a perceived "terminal destination in life-a location stripped of the social and cultural capital of later life which allows for the articulation of choice, autonomy, self-expression and pleasure" (Gilleard & Higgs, 2015, p 1; see also Hall, 2014.) Their narratives exemplified the antithesis of what Gilleard & Higgs (2015) captured in this articulation of an imaginary which precludes any meaningful, agentic engagement with daily life. The participants presented a contrast to the notion of a failed, decrepit, dependent body incapable of leading a productive, agentic life after 80 years, except notably, when participants considered a decline which would change their current lives, a topic which I will return to later in this Discussion.

Laslett's (1991) seminal work on the distinction between the third and fourth age did not envision the possibility of something other than a mutually exclusive categorisation rendering one in either of the two statuses- a notion further exemplified by Gilleard and Higgs' (2013, 2015) call for a more nuanced understanding of later life. The findings here suggest that the third and fourth age categories may not fully capture the lived experience of the body at 80+, as narrated by Baltes (1998) and Smith (2003). Current physical challenges alone did not suggest a pre-determined trajectory of decline anticipated by Laslett (1991), nor did the participants themselves engage with a current decline narrative, except when specifically probed about a future which might necessitate leaving island in search of more or specialised support. It was this latter idea of having to leave the island which seemed most prominent in participants' narratives when considering future decline. While I will return to this later in the Discussion, the possibility of a further 'failed' body did elicit narratives of an imagined status of dependency in contrast to the everyday lived experience upon which they were focused and engaged.

The findings further suggest that the categorisation of later life into the constructed categories of third and fourth age may limit the conceptualisation of possibilities for later life. Such a binary view fuels an imaginary which not only does not reflect the heterogeneity of lived experience in advanced old age, but also constrains consideration of the possibilities for re-imagining later life and inclusivity in the context of contemporary demographic trends. Today, life in the ninth decade in America has become less characterised by disabling conditions (Crimmins, Zhang, Kim & Levine (2019); Crimmins & Beltran-Sanchez, 2011; Suzman, Willis & Manton, 1996) notwithstanding an increased prevalence of disease in later life (Crimmins, 2015). Whilst incidence and prevalence of disease in later life in America requires an examination of multiple factors (i.e. increased longevity trends coupled with age of diagnosis, advances in medical science, early detection, effective treatment modalities, etc.), it is likely that longevity increases will require additional resources to manage any disability arising (Crimmins, Zhang, Kim & Levine, 2021; Crimmins, Zhang, Kim & Levine, 2019) as well as address differential rates of disability in women (Freedman, Wolf & Spillman, 2016.)

As noted, participants' narratives showed a lack of focus on any bodily 'failures' and suggested the salience of other aspects of their lives. Their choices for engagement may suggest that the shadow of advanced old age is capable of being avoided, distanced or at least attenuated especially as a result of individual choice and the lived experience of the participants' agency. How this relates to the construction of the third and fourth age is the next topic for discussion.

Agency -third versus fourth age constructions

The prolific use of the term agency has dominated much gerontological discourse relative to the categorisations of the third and fourth age, its associations with well-being and happiness (Welzel & Inglehart, 2010), the disempowering impact of its absence in the "objectifications of frailty" (Higgs & Gilleard, 2015, p. 63), and as a factor in subjective health assessments (Leonavicius & Zilys, 2022). Whilst its interplay with a sense of belonging is the subject of underdeveloped theoretical understanding (Wahl, Iwarsson & Oswald, 2012), agency emerged here as an important lived component when participants spoke of their choices, opportunities, and preferences for engagement despite the various physical obstacles to engagement and participation.

Their narratives all suggested agentic lives despite substantial impairments. Their experience reflected agency in two time frames, one located in the present, the other in the future (when they imagined a loss of choice). First, I will start with a brief discussion of what participants suggested about their agency amidst multifaceted possibilities and relation with structure.

For present purposes, agency, as described by participants' ordinary language of choice, referred to the possibilities for engagement available to them within the island structures, akin to Bandura's (2006) characterisation of same as perception that one is influencing one's own behaviours (Corbett et al, 2022). The ability to make choices consistent with their social or other goals characterised their narratives (Leonavicius & Zilys, 2022) and as indicated, reflected a heterogeneity of interest and desire for diverse types of engagement; or as described by Giddens "the intentional and purposeful direction of human behaviour" (Sahay, Willis, Kerr & Rasmussen, 2022, p. Section, Agency and Structuration Theory). Their choices were made possible both by island structures and informal systems, whose actors act to enable inclusionary possibilities for themselves, undertaken within a cultural practice suggesting a value upon that inclusion. Further, the opportunity for agentic action suggested a rejection of the limitation of third age conceptualisations serving to promote the interests of more able -bodied individuals. The fourth age characterisation pre-supposing a loss of agency when bodily deficits prevent fully independent action did not reflect participants' choices. Participants had chosen the smaller, more intimate environments of their islands for this later time in their lives- a place where life was slower, and there would be time for a different kind of life than working and child rearing years allowed. In this regard, they appeared to be living the lives they imagined their island lives to be despite challenges. Perhaps the imagined life of dependency was only relatable when confronted with a query about having to move off island- something in contravention to the lives they were presently realising. This tension may account for the practices participants engaged with to maintain their present capabilities.

Corporeality vs embodiment: The paradoxical presence of bodily practices

As noted in Chapter 3, participants' practices revealed a tension that is embedded within the third versus fourth age dialectic and its underlying reliance on bodily capacity in defining its parameters. Preserving functionality involved both a physical component imagining a future body (Bergland, Fougner, Lund & Debesay, 2018), as claimed by **AN** with his calisthenics, as well as a social function for others who walked or swam with others as did **HO** and **MA.** Their practices (walking, stretching, going to the gym, self and family prescribed supplements, listening to music, meditation, etc. versus anti-aging interventions) did not appear aimed at achieving a cultural identity of a younger self (Gilleard & Higgs, 2000). Rather, they suggested an interest in maintaining current functionality, albeit varied, within the context of that distant, yet prescient awareness of possible future bodily functioning. An imagined future body, one dependent and lacking opportunity for choice seemed to fuel a third age lifestyle – a means of staving off the imagined 'black hole' associated with the fourth age.

These self-care activities reflect the notion that "subjects subjectivize themselves by orienting their behaviour on maxims defining the right or appropriate way of life" (Keller, 2008, p. 123; See also Tiefenthaler, Schmidt & von Koppen, 2022.) Participants' efforts suggested an identification with a defined prescription of avoiding the decrepit possibility of advanced old age through agentic action. The breadth and depth of practices illustrate the pull of the 'black hole' and where participants engaged in ways they did not enjoy (**AN**) or through the type of lengthy and involved routine described by a 94-year- old woman (**HO**). *"I lie on the bed and I breathe and I go like this (*while demonstrating throughout to me*), and then I come and go there and I go like this and I go over to the desk and I take my legs and I go side to side, and then I come over here and pick this up and connect it on the doorknob over there and sit on the chair…oh, and then, I come back here and do it this way, 20 times each, and then I go back there and do more leg exercises by the desk* (**HO**)*."* Participants like **ANG,** an 81-year-old woman who had undergone an urgent aortic valve replacement in the prior year, spoke of preserving her longevity with a defined exercise routine and a pre-determined longevity. *"I'm walking five to six miles per day on average …I have a plan. 100 and then I'll negotiate for more, it depends on how I feel at 100* (**ANG**)*.*"

Whilst these practices were not specifically directed toward anti-ageing embedded within a consumerist oriented third age culture (Gilleard & Higgs, 2015), the tension of the body at a distant place, yet working to maintain the status quo, reflected the imaginary of the fourth age and its dark shadow. When asked to contemplate further bodily changes, participants consistently highlighted their engagement on island as primary to their lived experience and a "*good place to grow old* (**MA**)." Yet, the possibility of bodily decline which could not be accommodated on island evoked a dark shadow, "the collective imagination of a feared old age" where the nursing home is its 'iconic image' when an active lifestyle is no longer possible (Gilleard & Higgs, 201, p. 61.)

This consideration of future bodies elicited notions of being separated from the world they currently enjoyed – one relegated to a focus on a life "bound up in the narratives and practices of health and social care" (Gilleard & Higgs, 2015, p. ix) inherent in the complex realities of bodily decline primarily managed within systems of biomedicine (Gilleard & Higgs, 2015). Embedded within this scenario inevitably implicates a change in social relations resulting from such a state of dependency, further reflecting the status of people whose bodies no longer function in optimal ways (Wood & Ryan, 1991).

Now, a brief return to the discussion of agency, albeit a contested term, will serve to position participants' responses when asked about their choices for future body possibilities which I will discuss following. "Agency can be described as space or capacity for independent action by individual in society" (Tiefenthaler, Schmidt & von Köppen, 2022, p. 5). The term invokes the ongoing debate about structure's relation with agency and its foundational origin (that is, individual versus relational) a topic to be discussed later in the conclusion. Here, for purposes of illustrating its relevance to participants' narratives about their future bodies, its context shall refer to choice made possible because of the "objective existence of institutional structures" (Tiefenthaler et al citing Raithelhuber, 2008, p. 37). Agency can be viewed to overshadow a decline narrative (Jolanki, 2009; Gilleard & Higgs, 2000) or as below, a total loss of control inherent in bodily incapacity that infringes upon independent action and becoming the 'Other' (Jolanki, 2009; Gilleard & Higgs, 2000). Participants' views of dependency and loss of autonomy arose specifically from consideration of decline necessitating a move from their chosen island homes. Whilst acknowledging that the perception of agency may have a contextual point of reference, the participants were all American with one European participant who had been living in America long term and shared a common understanding of agency associated with dominant Euro-American understandings (Wray, 2004). Here, for many, their narratives changed substantially from a focus on their active engagement with their island and fellow islanders to a narrative reflecting Gilleard and Higgs' (2015) previously noted characterisation of advanced old age as "…a terminal destination in life-a location stripped of the social … which allows for the articulation of choice, autonomy, self-expression, and pleasure" (Gilleard & Higgs, 2010, p.123). The notion of future bodies changed the narrative for many participants.

Future bodies

As previously noted, participants' 'submerged' bodies arose when they were asked to reflect upon a different level of functioning than currently enjoyed, and what that might mean to them (DeLeo, 2022; Dahlberg, 2019; Leder, 1990). In this sense, participants considered a possible future body. This re-positioned their bodies centrally, thus, distinctly different from their reported daily lives where challenges were not primary to their sense of inclusion. Here, a distinct imaginary emerged over a body which had become dependent, a familiar shadow exemplified by the fourth age in which decline and dependency are definitive and inescapable (Wahl & Ehni, 2020; Higgs & Gilleard, 2015). This fear of dependency, lack of mobility, and loss of control elicited narratives of suicide (*exit plan*), some directly, others through metaphorical phrases illustrating an unwillingness to endure a period of dependency. Losing one's autonomy and ability to direct one's affairs, make decisions, and manage one's life evoked participants' strong sentiments of inhumanity and despair (Pulido & Fernandez, 2022). This notion of the inhumanity of a 'failed' body, while manifested individually in participants' narratives, depicts a larger conception of the transition from the 'cultural field' of the third age to a place relegated to an imagined, 'distasteful…black hole' (Gilleard & Higgs, 2010, 2006, 2005).

Participants' narratives demonstrated the depth of the space constituting "passing beyond the social world, beyond its comforts" (Gilleard & Higgs, 2009, p. 125) where some envisioned the 'event horizon' in which agency becomes an unreachable commodity (Gilleard & Higgs**,** 2009.) In this realm, some referenced suicide directly. *"If I ever got to the point that I had to stay in a nursing home or something, I would just rather be dead. I have made clear to everybody else including my family doctor so there are ways of handling that* (**PI-** an '88.5' year old man**)".** An 83-year-old woman expressed similar sentiments "*You know, if I get anything really bad happening, I just want to go out the door, you know, out the door…meaning death…you know, let me slide under the door* (**LI**)*."* Others expressed more ambivalence about what might be possible if bodily challenges became more pronounced. *"I think that would be where I start thinking, I don't want to do this anymore"* but then equivocated *…I mean I kind of talk about suicide, but I also know that I am adaptable enough to think that I would probably find a way to muddle through, you know and figure out a way. Maybe I will hang around a little bit longer* (**IN-**80-year-old woman)." Some were very direct about what bodily dependency would mean for them. *"I think my exit strategy would be suicide…I would not make myself a burden or to suffer unnecessarily* (**LO-**83-year-old man)." **EL**, an 88 -year- old visually impaired woman, expressed similar definitiveness when posed with the possibility of bodily needs beyond what could be met on island. Her connection and identity as an islander foremost were strong and characteristic of what Weale (1991) referred to as ‘soul-destroying failure’ when speaking about the identity islanders feel when something interferes with that identity. *“Well, suicide is on the bottom of my bucket list but if it was something like that, I would definitely take my life because I am 88 and I just don’t want to be a burden* (**EL**).”

Participants’ narratives of likely future bodies are noteworthy for their invocation of the dark shadow of the fourth age with its themes of dependency and loss of choice. Their references to suicide are consistent with findings of death wishes of those over 65 with significant bodily challenges who were being evaluated for home care services, those over 70 who would choose death when their physical challenges were significant despite a lack of a terminal disease, and those who would hasten death in order to avoid being a burden (Harmer, Lee, Duong & Saadabadi, 2022). The narratives suggest participants’ own sense of divisions, “separating those who are merely older from those who are too old” (Gilleard & Higgs, 2016, p. 1681). Participants’ sense of being relegated to a different status where “corporeal ownership” rests in others (Gilleard & Higgs, 2011a, p. 139), which gaze objectifies the body creating the insurmountable task of re-asserting one’s own subjectivity, a ‘Sartrean notion’ of the body’s otherness as it presents to the world (Fuchs, 2020). According to Gilleard and Higgs (2013), this future body suggests a “kind of stranger we fear ourselves becoming” (p. 375). These narratives may have cultural determinants peculiar to western cultures which don’t necessarily invoke these associations with advanced old age and may contain threads of a re-imagined advanced old age (Padilla & Chavez-Hernandez, 2020) lending support for an enhanced view of advanced old age proffered by Gilleard and Higgs (2015).

In the preceding sections, I have situated participants’ narratives about their bodies within the foundational elements I noted previously, that is, the **body in context** and **individual needs, interests and desires**. I have suggested that participants’ daily lived experience does not illustrate a centrality of the body characteristic of third or fourth age classifications where bodily integrity is defining. Further, I have noted that a dark bodily presence emerged when participants were asked to contemplate bodily changes which might necessitate a move to the mainland for more support or specialised services. The present absence of the body was apparent amidst a tension with simultaneous efforts to preserve the body and keeping a dependent body at bay.

In the following section, I will discuss the body beyond the constructs of the third and fourth age, absent bodies, and dark shadows of future bodies. Now, I will turn to the context in which participants' daily lived experience occurred- a context which implicates the participants' experience beyond the body- that is, a malleable experience subject to factors enhancing the possible transcendence of singular corporeal realities. The context emerged in participants' narratives about their island, their relations with fellow islanders, and the natural beauty of their surroundings as primary to their lived experience.

Oldest old bodies in situ: Being and belonging on an island.

The role of geography and 'place-embedded experience' (Skinner, Andrews, and Cutchin, 2017) and its impact on how ageing occurs within those places has received increased attention in ageing studies. I will discuss these place related lived experiences here to support my argument that the role of the body and its exclusionary possibilities would benefit from examination of its contextual realities and that, failure to do so, would neglect the nuances of the ageing experience. Further, any failure to explore context would reinforce the current characterisations of third and fourth ages as immutable conceptualisations reflecting universal experience shaping our views of advanced old age.

Participants' narratives demonstrate how their particular place spawned narratives primarily centred on place, and their relations within that place. These narratives suggested something beyond the 'black hole' of the fourth age (Wahl & Ehni, 2020; Higgs & Gilleard, 2015.) The participants' narratives reflect the possibilities for building theory specifically for advanced old age that moves the discussion forward in ways that may contribute to inclusionary policies and practices that consider corporeality alongside other factors enabling inclusionary environments.

As the findings illustrate, participants' daily doings suggested that their bodies, albeit limited, did not present substantial impediments to engagement and the consequent inclusion within their island that they reported. Within this context, most participants did not view their bodies as bound within any particular physical challenge, despite reluctantly acknowledged limitations. Van Rhyn, Barwick and Donnelly (2021, 2022) found that those eighty-five and over experienced their bodies as unable to do certain activities, uncooperative, or dependent, alongside contrasting findings of resilience and adaptation. Gilleard and Higgs (2018) noted difficulty reconciling self with the body, a sense of betrayal of the self with such bodily changes. Whilst participants also acknowledged some of these bodily experiences, their focus otherwise demands an examination of how bodily realities shape our understanding of advanced old age whilst not relegating one to the marginalised fourth age. Their bodies were simply not singularly ‘failed’ as identified with their generational cohort (Gilleard & Higgs, 2015), but rather situated in place which played a role in their experience.

In addition to the significance of place when examining corporeality, the concepts of habitus and capital will be introduced here for their relevance in understanding diminished bodily capacities. The role of social capital specifically will be discussed in more detail later in this Discussion but first I will situate some background to foreground its application to the findings here. Bourdieu’s concept of capital incorporating individual circumstance alongside societal response to circumstance (Antoninetti & Garrett, 2012) has particular relevance to the context of the island research sites. “The body takes us to and through most places according to acquired attitudes that are maintained and repeated in a semi-autonomous mode until the body’s capacity for changes or external new conditions intervene” (Antoninetti & Garrett, 2012, p. 366). On the islands, infrastructures, both formal and informal appeared to mitigate the impact of physical challenges by providing person- specific supports essential to inclusion.

Antoninetti and Garrett (2012) suggest the concept of body capital as an expansion of Bourdieu’s three capitals, to properly attribute one’s position within a field, an idea useful when contemplating the characterisations of those similarly situated to the participants. They note the ability or disability to function in environments as a reflection of both personal capacity but also “socially constructed external opinions and attitudes toward such (dis) abilities” (p. 368). Most participants who engaged with island services were able to do so because of support designed for them, implying a concerted effort to accommodate whatever the individual needed to participate. Those who did not utilise activities specifically designed for the older population on island engaged with other social networks of their choosing through church affiliations, social and philanthropic clubs, online, or through a panoply of island offerings located in the town centres of each island site. Their bodily capacities, albeit varied, were engaging in small, centralised locales where activities were easily accessible and where spatial realities made bodily challenges less salient, and social encounters more readily available, accessible, and familiar. Diminished body capital, in the context of these small environments did not appear to suggest a distinction based upon corporeal capacity, nor did a diminished body capital appear to threaten other forms of capital.

Whilst their corporeal capital was limited, participants appeared to experience life beyond their limitations rather than consumed by them. Perhaps this was possible through a combination of structural supports and an island ethos that did not embrace the negative components of a fourth age designation often associated with this age group (Antoninetti &

Garrett, 2012). Physical challenges to inclusion were not central to their engagement as had been anticipated.

Whilst participants reluctantly acknowledged their limitations, focus on a shared sense of island rhythms, the lives they left behind, and the different kinds of people who lived on island contributed to the context of daily life and the possibilities for engagement. Despite limitations, participants did not present primarily as dependent or lacking agency as suggested by clinical representations of an advanced old age corporeal phenotype of cumulative deficits (Pickard, 2013). Nor did participants engage with the dread and fear typically associated with advanced old age (Gilleard & Higgs, 2015; Wahl et al, 2012) except when specifically asked to consider the possibility of further bodily decline which could not be accommodated on island (Koss & Ekerdt, 2017) as discussed in Chapter 3 previously.

Whilst minimising their various and sometimes substantial physical limitations, participants repeatedly referred to their embedded lives on island and their social relationships with each other and family members, rather than focus on their physical statuses. These findings are consistent with the central idea of community as a "network of social relationships that provide support and meaning to people as socially constituted beings" (Gilleard & Higgs, 2005, p. 138), a useful lens upon which to understand the impact of ageing bodies in context. Participants island identity foremost shadowed their status as an older person, except when that island identity was perceived as no longer practical. Following I will discuss the significance of the particular place situating participants' narratives, followed by its role in shaping a sense of community and belonging.

Place and the aged body

In this section, I will discuss the Findings which suggested that the intersection of aged bodies and some specific attributes of place had salience in participants' daily lived experience of their bodies. While some have argued that place is no longer relevant in modernity, Giddens critique that 'antispatiality' resulting from an aversion to environmentalism has now given rise to scholarly interest in how spatiality and temporality form critical components of social structures (Friedland, 1992). Place has been associated with a spirit of collectivity (Gieryn, 2000) as was apparent in the participants' narratives about their island and its people. Gieryn (2000) further argued "that place matters for politics and identity, history and futures, inequality, and community. Is there anything sociological not touched by place? Probably not" (p. 482).

This latter recognition of collectivity as spatially associated illuminates the findings that further highlight the relational aspect of the corporeal in this research. Elias' notion that the body presents not singularly as a biological entity but that which emerges and evolves in response to cultural processes offers some explanation as to why participants' bodily challenges did not present substantial impediments to inclusion in the particular places of their islands (Howson, 2013). This further supports the benefit of examining place alongside corporeality.

The complexity of place has been examined in the context of 'ageing in place' from multiple theoretical perspectives (i.e., built environments, structuralist, phenomenological or lived experience, and ecological). Elements from each of these models highlights the role that each play in understanding corporeality in advanced old age (Bigonnesse & Chaudhury, 2019; Van Dijk, Cramm, Lotters, Van Exel & Nieboer, 2015). Each model incorporates a corporeal component in its analysis and therefore, may further shed light on the role of the advanced old age body by culling a common salient element from each. Firstly, the built environment approach to ageing is designed to optimise favourable health outcomes, improve quality of life, and facilitate agentic living in later life (Engelen, Rahmann & de Jong, 2021) with its core component lying in individual capacity, both physically and cognitively. The model's relevance for this research lies in its core in addressing capacity[20] issues to achieve accessibility for those with hearing or visual obstacles or endurance challenges – each of which has determinants in the corporeal. It is note-worthy here to reiterate that these types of bodily changes of advanced old age, were apparent to some degree for most participants Secondly, a structuralist approach to ageing would inherently invoke priorities of inclusion and incorporate features that make communities supportive to older adults, enhance social opportunities, and provide a range of formal and informal supports to facilitate autonomy and promote dignity (Bell & Menec, 2015; Menec, Means, Keating, Parkhurst & Eales, 2011). The lived experience approach undertaken in this research highlights the daily doings of the body in its interface with place-again, a primary reliance upon its corporeal capital to do so (Larsson, Haglund & Hagberg, 2009). Lastly, the ecological approach, with its primary reliance upon Lawton and Nahemow's (1973) competence-press model places a fundamental importance upon bodily capacity as people navigate their environments (Wahl, Iwarsson & Oswald, 2012). Each of

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[20] Note: only physical capacity was at issue in this research as those with cognitive deficits were not included in the study sample.

these approaches calls attention to the corporeal and its capacity for processes of exclusion, which did not appear to operate on any significant level for these participants.

Looking at ageing on an island through an interdisciplinary lens

The increasing longevity trends of the twenty-first century (Skinner, Andrews & Cutchin , 2017) have prompted examination of spatial contexts of ageing and highlighted the need for interdisciplinary exploration (Peace, 2017). Since everyday living for the research participants centred on both micro (primary face to face interactions) and macro level engagement (formal and informal supports available) in the type of confined locale that an island environment presents, the context of their age-related physical challenges occurred in that specific physical and cultural environment which appeared to be enabling (Peace, 2022). Given the relatively small geographic area of each of the island sites[21], participants' activities were close to their homes and neighbourhoods rendering place central to daily life (Berkman & Clark, 2003; Glass & Belfour, 2003). This centrality may enhance understanding of the Findings where focus on island identity and a sense of belonging appeared to override physical realities in shaping inclusion (Mahmood & Keating, 2012). As noted by many, the place in which ageing occurs has implications for how ageing occurs, is experienced and shapes society (Skinner, Andrews & Cutchin, 2018).

The peculiarities of island environments suggest that the specific research sites contributed to a sense of inclusion for its older residents. The contextual background of the participants' ageing bodies was a common refrain in their narratives, exemplified by their noted focus on their island instead of their bodies. This notion of landscape as a referential point for identity is not new (Kearns & Coleman, 2017; Blaikie, 1999) yet prior research in island territories has revealed older people's diversity of experience, despite a referential point of place. The "transactional and mutually constitutive relationship between older people and the spaces and places through which ageing occurs" (Skinner, Andrews & Cutchin, 2017, p. 4) suggests that participants' narratives of inclusion reflect both their role as beneficiaries of an inclusive island culture, but also as active participants in reproducing that culture through the experience of shared hardships, acts of good will and generosity toward fellow islanders- along with a shared value for their space as a unique entity in their daily lives. Baldacchino (2012) noted the ways in which spatial considerations in island environments play a critical role in meaning making, resembling the way participants spoke about their island. He has drawn upon

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[21] San Juan Island-149 km2; Orcas Island-148 km2; Lopez Island-77.2 km2

Foucault's analysis of power of physical buildings to wield power over people, and Massey's (1999) view that space may present vignettes of everyday life. This analysis of space and power dovetails the status that the older people on the islands enjoyed in creating their everyday lives, which realities appeared to deflect the myriad of physical challenges they experienced. Their depictions of fellow islanders demonstrated the role of space in their intimate relations with other islanders whose lives were entangled in ways of choice (Y-Fu Tuan, 1977). Shields (1991) explication of the role of modernity on the role of space has shed light upon the interplay between space and the social structures embedded within it, thereby interacting with, and shaping the mechanics of everyday interaction and engagement. This was distinctly apparent within the senior centres[22] on each island which served as hubs for gathering, dining, comprehensive social programming, and opportunity for self-directed activities within the space. This backdrop provides an apt reference point for agentic possibilities, particularly for a group whose physical limitations may complicate engagement practicalities.

Participants spoke about their island in distinct ways. First, their primary representations were about their life as islanders, which they bifurcated relative to geography and people. They spoke about living in naturally beautiful places (Conkling, 2007), similar to findings of Kearns and Gesler (1998) where older islanders reported a sense of well- being they attributed to their scenic New Zealand landscape. Participants here also spoke of their fellow islanders of kindred spirit, along with a sense of shared values, and again, these narratives arose as a result of questions about their bodies and how any physical challenges they may have impacted their ability to participate in ways they chose. These two elements present participants' binary characterisations of space-that are, its pure physical presentation or 'crude space 'and its more nuanced and layered role as 'social space' (Baldacchino, 2012). Baldacchino (2012) further explicates this binary with reference to Lefebvre's analysis of 'social product' constructed upon shared values and meaning making that are realised in practices and perceptions. He then offers a more detailed analysis of space as represented, representational, or experiential. It is this latter characterisation which offers most insight into the participants' responses about place (when asked about their bodies.) This 'situation-specific lived space' highlights the uniqueness of the island environment and its potential for extracting itself from the narrative systems characterising the oldest old, and the types of actions and interventions which flow from this type of narrative. I refer specifically to the narrative which

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[22] Each island's senior centre offered weekly affordable lunches 2-3 times per week, clubs for socialising around common interests (playing cards, checkers, etc.), a library, presentations on topics of island interest (ferry difficulties, white deer population, island history, etc.).

often captures those in this age group as inhabitants of the fourth age, where agedness is uniformly defined as a period of decline accompanied by a deepening disdain for the signifiers of an ageing body- each set alongside the indignities which flow from those signifiers (Gilleard & Higgs, 2015).

Largely, participants did not report evidence of such indignities[23], despite the presence of signifiers of their ageing bodies. Rather they displayed strong narratives of engagement of choice, albeit not always exactly how they wished. The beneficence of the formal and informal systems on island upon which they relied and their relations with others were most prominent in their narratives. Despite a wide range of physical impairments, there was substantial homogeneity in the secondary importance of their bodies in favour of a social focus. Illustrative of the point were previously reported findings about participants' perceptions about the different type of place their island was, with a focus on its natural beauty and evidenced by the photographs they provided of natural island settings-despite a requested focus on their bodies. Participants' narratives about fellow islanders as kind, willing to help, and simply 'different' than mainland folks suggested an inclusive environment and a sense of community that facilitated engagement.

Community, belonging and inclusion.

What does the community where people live have to do with ageing bodies and inclusion? Some have approached community and ageing as a set of structural considerations (Zeitlow & Wong, 2022). Others have promoted a more expansive notion of community and its possibilities to support 'enabling places' beyond mere spatial considerations- that is, spaces which facilitate connection and inclusion (Li, Yu & Rosenberg, 2022.) Block (2018) described communities as places of belonging whilst also recognizing the spatial component that may facilitate community. Community has also been linked with social capital (Lochner, Kawachi & Kennedy, 1999.) The concept of community emerged frequently in participants narratives in a number of ways which I will explore now.

In Chapter 1 (Introduction) of this thesis, I noted the concept of community as an apt analytic for understanding its impact on the aged body and inclusion/exclusion which might flow from such bodily capacities. Whilst acknowledging that the concept is contested and may

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[23] One participant spoke unfavourably about particular younger staff at a senior centre who did not, in their view, appreciate the meaning of the American flag and the pledge of allegiance when the practice was suspended during the highly contested Trump administration. The participant thought it was "ridiculous" that the pledge was suspended primarily because younger people didn't understand older people and the importance of the flag.

have definitional differences due to disciplinary peculiarities, here it is noteworthy for its core tenets of “caring for the well-being of the whole” (Block, 2018, p. xv), a concept directly relevant to the inclusion of those in advanced old age. Bauman (2001) had earlier made such a proclamation of the benefit of community in suggesting that the insecurities of contemporary life may be side-lined by a sense of community in which “equality of the resources necessary to recast the fate of individuals de jure into the capacities of individuals de facto, and collective insurance against individual incapacities and misfortunes” (p.149). Albeit a contested breadth and depth, the valour of community may have important ramifications for those in advanced old age who may experience bodily challenges.

Specifically, these notions of community may have particular salience for the mitigation of bodily incapacities which might impinge upon daily living, as I found in this study. Bauman noted the interdependency of modern life and the realities of individual action not always possible, a notion that further supports its utility when considering corporeal capacities of advanced old age. His focus on the importance of collectivity when facing challenges parallels participants’ narratives about support from fellow islanders and a general beneficence about their island.

The emergence of individualisation in post modernity and rapid advances in science and technology have enormous potential for both addressing some social ills and producing them. The enormity of the changes in modern life arguably disproportionately impacts those who are unable to keep pace. Block (2018) argues that these advances may have limited efficacy in eradicating poverty and violence where he argues, community and belonging may be useful tools, an argument shared by Tjora and Scambler (2020). Here, the participants reliance on community as a “set of meaningful relationships…and mutual responsibilities” (Charles & Davies, 2005, p. 673) enabled those with obstacles to engagement to participate as they wished. In contrast to this structural view of community, Cohen’s (1985) notion of symbolic communities offers another view in which the “assertion of community, not as an aberration to be explained, but as a normal, expectable expression of the resilience of culture: of people’s sense of self” (p.117). Each of these conceptualisations of community reflect elements of participants’ narratives suggesting a complex interface between reliance on structural support coupled with a less tangible ethos of place characteristics and kinship embedded within networks, neighbours and friends as fellow islanders (Charles & Davies, 2005.)

This interface suggests the lynchpin connecting community and inclusion/exclusion is the notion that “participation in social, economic, and political arenas is the main objective of both" (Chow & Lou, 2015, p. 42). Participants' focus on island and belonging, and how this latter sense deflected the corporeal realities of their ageing bodies suggested a sense of inclusion that may have been been pre-empted by practical physical barriers to participation.

As noted, the Findings revealed that participants experienced a wide range of physical challenges, yet unexpectedly and largely reported engagement of choice (see Figure 5.1, Typology of Social Engagement.) These Findings support the notion of an added contextual dimension to the possibility of a singular, bodily-based exclusionary line of fracture noted by Gilleard and Higgs (2017). This element does not preclude or subrogate the issue of bodily compromise as an exclusionary possibility, but rather implicates that its source of exclusionary impact may vary. Here, whilst not denying bodily challenges, bodies were not central in the way originally envisioned in these remote island environments. Specialised systems and services of the mainland not easily accessible may have played a role in the absence of the types of characterisations that flow from those systems. Participants' needs on island were cared for in different ways than likely would have occurred on the mainland.

Island as community

As I have suggested, the concept of community, as expressed through participants' identification as islanders, provides an analytical lens to understand why the presence of a range of physical challenges and their potential for exclusion did not appear prominently in participants' narratives, nor suggest exclusionary practices. The allusivity of community has been viewed differently within and across disciplines. It has conjured up tensions inherent in debates about individualism versus collectivism, stagnation versus progress, and raised questions of morality when its boundaries are explored (Day, 2006), yet here, its principal place in participants' narratives supports its' utility to situate the advanced old age body in these specific island settings. As illustrated by one visually impaired participants' need for others to transport her due to a visual disability, reliance upon others on island to ensure engagement was not uncommon. "*I ask other people for a ride. This is a nice community. That's why this community is so perfect for people that get older* (95-year-old woman-PE)." A similar sentiment was evident from a 102-year -old's comments about fellow islanders. *"They'll help you if you have a problem. They'll be building their house, but they would quit and come over and help you. That's the type of people that's here. Very, very generous and they'll help me* (102-year-old man-**SUP**)*."* Another referenced community directly. *"Island life is very tight, and there is lots of fellowship… Not like you go over to the mainland and ask them what time* *it is, and they get away quick from you like you got the plague or something. It is not like that on island, it is a very warm and friendly community* (82-year-old woman-**MA**)*."*

As islanders, participants expressed "a strong feeling of collective identity asserted against an outside world" (Richards, 1982, p. 170.) Helping others was common.*" If somebody comes in and they have got some kind of problem, well, if you can just sit down and talk it out and try this or go and talk to so and so and it is not a problem. And we are all in the same boat* (**MA**)." This notion of community arose concerning a taxi service on one of the islands which enabled a participant to attend night activities she otherwise would have foregone due to difficulty with night vision. The service owner shared a similar spirit of reciprocity. "*It is a wonderful service and if somebody can't pay, he just takes them* anyway (**MA**)."

Island inclusion-third age engagement, fourth age at a distance

The findings suggest that participants, in large measure, reported inclusion in their island environments despite bodily statuses' that may have otherwise resulted in exclusion. While it is important to reiterate that the parameters of the term social inclusion/exclusion are contested, it is undisputed that exclusion is a process of lessened opportunity to participate in society in the ways that afford equitable access to rights and benefits afforded to others (MacLeod, Ross, Sackler, Netuvelli & Windle, 2019), a fundamental risk for those in advanced old age. Coincident with opportunity, the ability to achieve personal and social goals by access to participation (Burchardt, Legrand & Piachaud, 1999; See also Burchardt, Legrand & Piachaud, 2002a) is of primary relevance to those in advanced old age whose physical realities may place them at increased risk of exclusion. In this regard, exclusionary processes for participants proved to present unique and unexpected results discussed below. First, I will briefly explore aspects of social exclusion to foreground its relevance to participants' narratives focused on their island community, yet one not previously applied specifically in the context of its relation solely to bodily capacity.

Walsh et al (2016), whilst acknowledging the ambiguity of the applicability of the concept in later life, identified community and neighbourhood as one of several domains of exclusion, along with others such as services, amenities, social relations, and resources. Arguably, community and neighbourhood are embedded within the structures of amenities, services, and resources both contributing to and responding to such structures. Further, Grenier and Guberman's (2009) and Walsh and Burchardt's characterisation of exclusion contemplates elements of community as fundamental to processes of inclusion. Participants' identities as a member of a community of islanders, rather than 'old people' whose bodies were changing and distinctly different than their younger selves, were most salient. This primary identity as an islander has roots in the idea that "islandness is a sense that is absorbed by islanders through the obstinate and tenacious hold of island communities" (Conkling, 2007, p. 191), and further delineated as a "construct of the mind" (Conkling, 2007, p. 192). This notion of 'islandness' provides some explanatory value for why the participants spoke primarily about their island, rather than the body focal point of the research.

Whilst islands have been characterised as both united and separate and inclusionary and exclusionary (Baglole & Weale, 1973), island residents have been seen to be bound together due to the small scale of everyday life (Warrington & Milne, 2018), a sentiment expressed throughout participants' narratives. Shared hardships and values and a consequent self-sufficiency coupled with the realities of frequent social interaction and a safe environment appeared to transcend the physical realities that might infringe upon a sense of belonging or connection (Burholt, Scharf & Walsh, 2013). This sense of belonging may preclude any structural or other inclination to categorise groups in ways which may exclude them. Whilst their older status was undeniable, being on their island was at the forefront. Royle and Brinklow (2018) have described the remoteness and bounded territories of western islands as instrumental in creating a collective identity of the type participants spoke about. Warrington and Milne (2018) speak about islands as tightly woven communities (Warrington & Milne, 2018**).** This islander identity has relevance for the findings here as participants spoke of belonging as key to island life.

This islander identity embeds within its notions of "local identity, community sign systems, and acceptance" (Cottrell, 2017, p. 183) all contribute to the prominence of the situatedness of such identity. Arguably, these identities, sign systems, and acceptance were reflected in the ways in which those whose daily lives were characterised by physical compromises did not report exclusion, and with few exceptions found their lives on island to be full, despite their impairments. Inclusion and exclusion in island environments have been classified as "the local residents sharing the island environment; the local residents accepted by the local environment; the local residents accepting the island environment; the local residents as interpreters of the local sign system" (Cottrell, 2017, p. 183.) These elements of sharing, accepting the local environment, and purveyors of island values depicted the lives of the older residents in ways that served to distance the dark shadow of advanced old age in favour of a shared citizenship as an islander, undistinguished as to a status oft associated with advanced old age. The islander identity appeared to be a primary way of being in their worlds, regardless of any impairments. This identity has been described as comprising "a set of discursive strategies for safeguarding not just the distinctiveness and uniqueness of the in-group, but its internal homogeneousness as well" (Colombo & Senatore, 2005, p. 59). Whilst this reference to the ingroup in island contexts generally refers to native versus non-native islanders, the ingroup within this research referenced a distinction from those on the mainland and not necessarily native versus non-native islanders, consistent with the notion of boundaries. It is noteworthy that one non-participants' reference to a trip to the mainland as '*going to America*' exemplified the sense of 'us' and 'them' that distinguished island community from the mainland and suggested the distinction fostered a sense of togetherness and inclusion. This distinction between the mainland as 'different' may have strengthened any sense of belonging on island. Their inclusion was multifaceted, varied, and characterised by participation of choice. Scharf, Phillipson, Kingston and Smith (2001) noted the inclusion/exclusion of older people has its' foundation in connection to the activities of mainstream life, whatever the specific context was. Here, participants' ability to engage with and integrate in island life as they wished was facilitated by availability of person-specific supports (Scharf et al, 2001). These supports provided a structural backdrop for the cultivation and maintenance of relationships and connection.

The relational aspects of inclusion/exclusion beyond those provided by participation in the labour market (Walsh, Scharf & Keating, 2017; Townsend, 1979) suggested that the participants on the islands possessed a high degree of social capital in a number of ways. Firstly, many performed volunteer work in service to both individuals and institutional recipients. Interpersonal solidarity with their fellow islanders reflected that. Strong social support and resources, and a sense of mutuality in life as an islander distinct from the mainland (Scharf et al, 2001) all appeared to facilitate a sense of social connectedness. Their experience suggests that an active lifestyle possible on island, enhanced opportunities for engaging within a third age culture. Active lifestyles, however adapted, suggested a third age lifestyle whilst living "at a considerable physical and psychological distance from it" (Gilleard & Higgs, 2000, p. 45). Their impairments have not relegated them to a different status as those associated with the fourth age, or, as coined by Gilleard and Higgs (2000), "nature's casualties" (p.162), and most importantly, did not seem to reflect a societal view of such, but rather simply experienced as fellow islanders.

Higgs and Gilleard (2015) have described the distinction between active engagement in the culture of the third age and the transition from 'we-ness' to 'otherness' (p.19) epitomising the divide between the fit and the frail. The processes associated with this transition play a role in shaping perceptions, practices, and narratives surrounding later life in ways that were not apparent in this research. While it is not possible to know with certainty why these island environments presented differently, some discussion of possibilities is useful. First, the relative isolation of the islands placed obstacles in assessing frailty or incapacity determinations or inability to manage in the community which may have otherwise occurred routinely in mainland or urban settings. The complexities of accessing mainland systems empowered to make such determinations may have been a substantial factor in staving off larger system interventions that might have resulted in exclusionary processes. Most interventions would likely have to have been implemented on the mainland. The logistics of remoteness and smallness, while often deleterious to island viability structures may have served here to facilitate an ongoing engaged life (Royle, 1989).

Whilst the complexity of accessing mainland systems may have served to prevent the imposition of such determinations, that alone is not likely solely determinant of the possibilities for engagement afforded participants with substantial impairments, nor does it likely account for the absence of a decline (or fourth age) discourse resulting in practices on island which could have been inclusionary. Following is a discussion of capital which may offer some explanatory value for the participants engaged lives. Whilst social capital is often discussed within a relative framework of the individual's position in life, the older person's position on island did not appear to suggest a negative distinction. This positionality on the islands is note-worthy as it suggests that a sense of community played a role in participants' views of inclusion despite physical challenges. Following is a discussion of the role that capital may serve to facilitate alternatives to the decline narrative.

A perfect place for ageing bodies - territories filled with social capital?

Social capital theory provides a useful lens to understand the role that the specific environments may have played for participants in navigating their ageing bodies. Small island territories have been associated with the type of dense social networks participants spoke about (Petzold & Ratter, 2015). The sense of collectivity, "networks, norms, and trust" (Putnam, 1995a, p. 664) envisioned by Putnam resulting from face-to-face interactions in which players engaged with an enhanced disposition to trust (Mohan & Mohan, 2002) characterised participants' narratives. Notwithstanding the possibilities for exclusion inherent within social networks, participants spoke of their relations with fellow islanders in a spirit of trust and good will (Mohan & Mohan, 2002). Whilst arguing that social capital is a geographic concept, Mohan and Mohan (2002) note that "social capital is created through interactions between individuals, it would seem reasonable to argue that the quality of relationships between individuals is shaped by, and itself shapes the character of, the contexts in which they live" (p.193). They further argue that social capital has beneficial effects on communities as previously noted.

Further, the role of spatiality in Bourdieu's concept of habitus acknowledges the role environment has on individuals, their habits, rituals, and customs and its impact on various forms of capital (Antoninetti & Garrett, 2012). Whilst definitions of social capital have varied over time, there is consensus that it is multidimensional and facilitates social networks, connections and norms which may form the basis of community (Petrosillo, Costanza, Aretano, Zacarelli & Zurlini, 2013) of the type the research participants spoke about. Lu and Wu (2022) have noted a community based social capital to be an important social supportive resource embedded within social connections with import to the well-being of older adults.

In the island context, social capital theory may elucidate a position that the island people are resourceful by nature, and able to respond effectively to issues requiring attention (Baldacchino, 2005). As noted in the prior section, the logistics of access to mainland institutional systems created the need for island centred systems responsive to resident needs, one of which arguably was ensuring the inclusion of residents with physical challenges. The experience of the older participants on island revealed networks of services with shared values and collective cooperation (Helliwell, 2003) capable of responding quickly and efficiently to the needs of its older residents and with a familiarity not possible in larger territories. Islanders typically engaged with multiple roles on island **(**Baldacchino, 1997**)**, so the local emergency medical technician might also see you several times per week at the supermarket or have responded to a call for help at your home These polyvalent roles may provide support for older bodies where webs of familiarity extend throughout island communities contributing to a ‘social fabric’ in which older bodies may thrive (Baldacchino, 2007).

As noted in the findings, most participants migrated to island for their post working lives after a long history with island- as such, the environment was familiar to them, a place they specifically chose for their post-working lives. They knew others on island and knew what type of environment they were settling into. It is possible this contributed to an enhanced sense of belonging, particularly in the boundary created by their isolation from the mainland and all that represented to them- namely a different, faster way of life reminiscent of their younger lives where work and family responsibilities dominated…and one they wanted to leave behind.

Social capital on islands has roots in the notion that islands are in part responsible for their own futures, asserting their autonomy strategically and beneficially to ensure their survival (Baldacchino, 2005). This necessitates a form of cohesive action, “partaking in a collective destiny” (Baldacchino, 2005, p. 41) which provides some explanatory value to the efforts island systems (formal and informal) and people engaged with to ensure those with physical challenges could remain active citizens. This, in turn, may enhance a more positive view of advanced old age as it speaks to how society views and responds to those with age related challenges. Social capital emerging from a collectivity on islands may provide a foundation for understanding ways in which transforming the imaginary of the fourth age may enhance understanding of the role the body and its role in shaping the lived experience of advanced old age and the exclusionary possibilities which might flow from that.

Whilst Putnam’s work has been criticised for its neglect of the role of structures and institutions capable of destroying social capital (Mohan & Mohan, 2002), the structures and opportunities on each island research site enhanced the possibilities for engagement for those who desired such. For those whose activities were more home based, extensive volunteerism on island contributed to social capital (Mohan and Mohan, 2002) of those who might otherwise be excluded.

Concluding Summary

In summary, the Findings of the research suggest some important considerations as we endeavour to understand the nuances of advanced old age. The bodily lived experience, whilst undeniably subject to physical challenges, may not necessarily be a salient presence of everyday life for some. Whilst those challenges are embedded within prescient concerns about future capabilities and a dark shadow of dependency, the other realities of daily life may serve to mitigate any exclusionary processes. Notwithstanding that our imagined later life holds a certain distant presence, its invocation may remain distant. Contextual realities of bodily capacity embedded within a culture of community may minimise possibilities for division of later life between those with able bodies and those with challenges. The nature of the contextual realities should not be underestimated for its potential for challenging existing models of later life. The social and relational aspects of community are noteworthy for their potential to mitigate exclusionary processes when bodily challenges are present.

This discussion of the findings has revealed the limits of the categorisations of the third and fourth age whilst suggesting consideration of a ‘contextual corporeality’, which mandates a broader consideration of the context in which ageing occurs. This context elicits the need to examine the realities of the bodily challenges of advanced old age in ways that foster and integrate the voices of older people in defining their experience. Such an approach will undoubtedly have policy implications which transcend the categorical limits linked to the third and fourth age distinctions and qualify the dominance of a ‘de-contextualised’ chronology and corporality . In the final chapter of this thesis, I will review the key findings and their implications for new ways of thinking about later life, and specifically advanced old age.

CHAPTER 7 -CONCLUSION- LOOKING AT LONG LIVES DIFFERENTLY

INTRODUCTION-ANSWERING THE RESEARCH QUESTION

What is the role of the body in advanced old age and its impact on inclusion/exclusion? In designing the research and answering the research question, a number of ancillary questions arose- what are the theoretical imperatives and implications for understanding the body in advanced old age? What, if any, impact does the body have in exclusionary possibilities or practices? Does the social and totality of external influences constituting context matter for those with ageing bodies ? Each of these questions and the answers I have provided contributes to a discussion regarding the distinctions made between a third and a fourth age and in particular the related theoretical models explicating these concepts. In focusing on the contextuality and contingency of bodily challenges in the lives of my research participants I believe that I have contributed to widening the discourse of inclusion/exclusion in advanced old age by moving debate beyond the primacy given to body-centric social divisions. In developing an approach advocating 'contextual corporeality' in opening up the possibilities for interdisciplinary engagement with the concept of advanced old age I believe that I am contributing to the development of a more nuanced of the role of the body in advanced old age.

Bodies, Islands, and Social Inclusion/Exclusion

This research was aimed at developing an understanding of the role of the body in advanced old age, for people in their ninth decade and beyond, living on the San Juan Islands in the Pacific Northwest USA. In particular, it was designed to address the impact that the aged body may have on inclusionary or exclusionary processes. My empirical findings allowed me to draw several important conclusions. The first involves the importance of considering factors beyond the over-determining biomedical diagnoses common with the body at this stage of life. The research indicated that, even those with significant physical challenges, reported a sense of inclusion on their island. Whilst specific activities may not have been possible for some, the presence of particular impairments did not necessarily lead to their exclusion. Further, this sense of inclusion between those who 'age successfully' or 'actively' (and generally have fewer bodily impairments) need not be completely subsumed by the cultural representations or social imaginaries of the third or fourth age. My research consequently suggests that some generalisations about the challenges confronting advanced old age may not fully capture the possibilities of inclusion, at least in the specific contexts of these islands. Furthermore, when considering theoretical models of later life it is important to recognize that the use of some categories such as third age and fourth age may unintentionally create divisions which in turn may lead to exclusion. Conversely, the experiences of not a few of the participants in the research suggested that for them it was possible to overcome some of the exclusionary expectations of advanced old age and in doing so blur the salience of distinctions between this group and those more physically able to participate in the community.

This latter consideration allows for the research to contribute to the refining of theory building in the social scientific understanding of later life. In essence it offers a more nuanced view of advanced old age; one that doesn't essentialise the ever-present capacity for decline. By accepting the objective importance of the biomedical features of advanced old age but connecting them to the equally important capacity of being able to engage with the daily doings of island life, the research highlighted the role of context in enhancing inclusionary possibilities. I have termed this 'contextual corporeality' and I believe this interpretation can inform our understanding both of the relative heterogeneity of experience among those in advanced old age as well as foregrounding the possibilities for individuals navigating their bodily challenges with a possibility of inclusion rather than being reduced to a summary of their functional limitations.

The importance of a sense of inclusion and belonging found in the research suggested the significance of context in shaping the personal experience of inclusion or exclusion. This awareness went beyond the categories of the structurally based domain mitigators outlined by writers researching social exclusion (Walsh, Scharf & Keating, 2017). For the participants in my research, the island environment and its naturally occurring pristine surroundings, its population, and the nature of formal and informal supports provided them with a sense of inclusion. The reported sense of community, that being an islander seemed to confer on those participating in the study, suggested an important environmental context in which those in advanced old age experienced a 'contextual corporeality', in which their bodily limitations allowed for engagement possibilities (if desired) and were accommodated and enriched as part and parcel of their status as an islander. This contextual element of corporeality in the environment of these specific circumstances suggests that it is possible to mitigate against some of the more over-deterministic assumptions about bodily impairment in advanced old age.

Such findings and conclusions can have a beneficial impact on social gerontology. Recent work in various branches of gerontology (environmental gerontology, geographical gerontology, critical gerontology, cultural gerontology, etc.) have raised the prospect that interdisciplinary engagement might extend our understanding of later life. The contextual emphases reported in this research lend support to the idea that there is much to be gained by an interdisciplinary lens. While the role that context played in this research suggested that a sense of inclusion was mainly a function of the island environment, the peculiarities of which shone a spotlight on the multiple environments (physical, social, geographical, etc.) present and how they fostered inclusion for those with a range of bodily impairments. I think that if the idea of contextual corporeality was to be adopted by different approaches in gerontology it might be that different studies could identify those elements of context which may have differential impact for those with bodily challenges.

The contextual elements capable of contributing to an inclusionary environment in different arenas, such as opportunities for leisure activities, social connections and social recognition, outreach to homebound individuals, an engagement with one’s environment, personal and collective efforts to promote well-being, may further our understanding of the experience of inclusion for those in advanced age. These opportunities for leisure and social interaction were common amongst study participants alongside efforts to reach out to homebound individuals through meal provision and “check in” interactions associated with the meal deliveries. The natural beauty of the island environments also provided rich opportunities to walk with friends and likely fostered a sense of their islander identity, each of which contributing to a sense of belonging and community.

In support of the conclusions, I will first summarize the rationale for the methods chosen, followed by key findings in each of the elements of the research, namely the body, the islands, and social inclusion/exclusion. Following the summary of the findings, I will then reflect upon the study’s main contributions in the light of existing scholarship. I will then delineate limitations of the present study. Lastly, this chapter will present recommendations for future research aimed at theory building in the study of advanced old age.

SUMMARY OF RESEARCH PROCESS

The study was motivated by a reading of Gilleard and Higgs’ (2017) article suggesting that current research on exclusion in later life attributable to race, gender, socio-economic status, etc. was limited in its theorising of advanced old age and proposing that corporeal competence might be a factor that, in and of itself, that leads to exclusion. It was this capturing of the bodily dimension as an important dimension in advanced old age that informed and motivated the study.

My research design decisions and the choice of a qualitative, participatory methodology (detailed in Chapter 2) reflected my analysis of how best to study the exclusionary impact of bodily challenges in advanced old age based on the accounts of the lived experience of those who because of their age were likely to have experience of those bodily challenges. The island research sites were chosen because they were environments where daily life presented less convenient or available resources for daily living and the meeting of medical needs than other less isolated environments where these resources could be more readily found. The choice of the islands highlighted the obstacles inherent in the bodily status of those in advanced old age. The use of photographs taken by the participants (photo-elicitation) was chosen as a research technique to support the semi-structured interviews and facilitate participant involvement in the research process. This participatory methodology has been shown to integrate the individual voices of those who may be marginalized politically, socially as well as economically. It also contributes to the construction of a patchwork of narratives that reflect the breadth and depth of the subject matter (Clarke, 2023). Whilst participatory methods with those in later life can present logistical difficulties, here, its use in this study highlighted its potential to give voice to participants' choice of what to photograph and consequently thereby facilitate what they wanted to discuss in the interview (Doran, Goff & Phillipson, 2023). Previous scholarship noting the benefits that participatory methods afforded in ageing research played a role in designing the study.

These design determinations, albeit with limitations discussed later in this chapter, also reflected my intent to adopt an inclusionary process capable of eliciting rich information about daily life that could lead to theory building in understanding advanced old age. Increased longevity trends indicate that this matter of bodily competence is an important area of investigation in contemporary societies.

SUMMARY OF KEY FINDINGS

The study suggested the ways in which participants often adapted and accommodated their bodily changes to maintain autonomy and allow them to remain socially engaged. Based upon the empirical findings, the body played a role in the manner and timing of engagement in island life (primarily those engagements that involved independent or unsupported community access), yet its dominance in daily lived experience did not suggest that the body itself played a pivotal role in leading to social exclusion.

Following on from this observation, I will summarise the key findings of each of the elements of the research, namely the body, the islands, and social inclusion/exclusion. I will show how their interplay is crucial to understanding and answering the research question of the thesis.

Bodies

The findings on the body revealed a wide range of corporeal incapacities that were present but did not seem to be dominant in the participants' experience of inclusion/exclusion. Sensory challenges (predominantly hearing and sight) and varying degrees of mobility challenges were common. While the body and its capacities played some role in the ability of participants to engage fully and unimpeded in the specific activities available on island (primarily those that involved engagement without support and assistance), its role in daily life did not suggest that it substantially contributed to exclusionary processes. Specific activities such as night driving, maintaining a garden, holiday baking for the community, carrying groceries, etc. posed difficulties for some, others continued to engage in everyday activities without significant challenge. Person-specific interests (maintaining a pilot license, bicycle riding, home repairs, etc.) presented challenges that were not primarily of an exclusionary nature, rather they represented a loss which was acknowledged as a reluctantly accepted reality.

Most participants generally characterised their health positively, despite the presence of a variety of bodily impairments and an acknowledgement of limitations. Adaptive measures such as the use of walking frames and canes, shower bars, grabber reacher aids, glasses and hearing aids, etc. were common. These were used to maintain a sense of independence and autonomy to facilitate independent community access, maintain autonomy in personal hygiene tasks and assist with social interactions rather than being simply characterised as constituting dimensions of dependency. Notwithstanding positive characterisations of health and engagement, it was apparent that there were tensions related to the body 'projects' participants engaged in as ways of both maintaining current functionality and as means to stave off further bodily decline. Some engaged happily with such projects as walking, swimming and strength building exercises, while others seemed to do so reluctantly (eg. flexibility exercises) or not at all, while yet others did so with a perceived sense of personal responsibility to ensure continued level of functioning (eg. calisthetics).

The prospect of a future body less able than their present one did give rise, for some, to intimations of restricted longevity and projected mortality. This prospect of further bodily decline and related issues of dependency, burden, and loss of autonomy was noted and for some, invoked their consideration of end-of-life issues. Suicide was considered an option for several participants, whilst others contemplated the possibilities of adapting and coping with any further changes in functionality. Some had a general sense that bodily limitations which created significant dependency and lack of autonomy in everyday life was a status they could not accept (eg. nursing home admission that would cause the need to leave island, inability to care for oneself in everyday matters of cooking, bathing, etc.). Others offered a more optimistic picture of a future, more limited body that would adapt and find ways to engage that were fulfilling such as shifting to activities that could be done in a wheelchair or doing more of those activities that were more home based.

Bodily capacities and incapacities varied considerably amongst the study population, even though their experiences of exclusion (or lack of it) were less variable. This lack of exclusion was reflected in most participants' narratives about their island which suggests its critical, contextual role in facilitating inclusionary experiences.

Islands

For most, island life was a path to promote a chosen change of lifestyle, a 'smaller' life, and one surrounded by natural beauty in a place they had often grown familiar with throughout their earlier, working lives. Family connections were present for some while others had economic considerations for choosing island life. A common thread for all participants was the simple everyday experience of island life which contributed to a sense of inclusion and the 'different' way of life they aspired to away from the pressures and busyness of city life. They valued their interactions with each other and distinguished themselves as 'different' from mainland residents – sometimes distinguishing themselves from mainland 'America'.

Aside from the purely social aspects of life on the islands, what was also evident was their appreciation of the natural beauty that their island offered. The natural environment as much as the island community offered opportunities for pleasure. Both types of affordance were common themes brought up in the interviews and in the photos. With few exceptions, most considered island life their final home despite the open possibility that they might require health services not available on island at some future point.

Social inclusion/exclusion

Findings on inclusion/exclusion highlighted the sense of belonging and community that ran through participants' narratives. Their engagement with their island, although demonstrating a wide range of individual needs, interests and desires, highlighted the choices they made which in turn contributed to the sense of community many spoke about; a phenomenon less attributable to specific domain or mitigator representations identified in much inclusion/exclusion scholarship. Many reported a mutual sense of giving and receiving help when needed which they generally saw as underlining this sense of community that they were proud to be a part of.

Whilst the range of corporeal challenges had some effect on the manner and timing of engagement possibilities as well as precluding some activities such as driving and independent access to the community at will, most participants reported a sense of inclusion despite some activity specific limitations such as group socialising in noisy environments (eg. restaurants), attending church regularly, travelling off island to visit family, etc. For most (with the one notable exception of a lifelong dance enthusiast who no longer had the stamina to dance), these challenges were generally not seen to negatively impact on their engagements of choice.

Interplay of bodies, island and social inclusion/exclusion

The findings within each analytic theme highlighted the interaction between each of them. In other words, the research indicates that the experience of bodily challenges in the unique geographic locations of the islands could often allow for and enhance a sense of inclusion. The analyses suggest that that there were positive ways for understanding the corporeal in terms of context which would provide a counterweight to simple unmediated assumptions of decline in advanced old age.

Whilst the range and significance of corporeal challenges faced by participants was apparent in the research, their experience of them did not suggest that they represented an unbreachable barrier to engagement on the islands; rather it suggested that such challenges existed within a context that contributed to a sense of belonging and community.

MAIN CONTRIBUTIONS OF THE RESEARCH

In examining the role of the body and its impact on inclusionary/exclusionary practices, the findings of this study address a gap in contemporary thinking about advanced old age.

Given the importance of the ageing of the older population with the potential for bodily challenges, the empirical findings of this study contribute to an approach which looks beyond the ‘objective’ assumption of limiting corporeal changes in advanced old age. Consideration of the subjective experience of the island based daily lives of the participants in this study provides evidence of the importance of contextual corporeality for understanding the nature of ageing bodies within specific environments. Such a recognition, I believe, will contribute to theory building within social gerontology.

It will do so by: 1) suggesting that *bodily challenges* alone associated with advanced old age need not lead to exclusion ; 2) that the *context* in which ageing bodies experience daily life may serve to enable those with significant bodily challenges and therefore contribute to an inclusionary environment; 3) allowing us to critically examine the unnecessary *binary oppositions* often used to describe later life which are implicitly embedded within many existing theoretical models; 4) suggests that more amorphous concepts of *community and belonging* may have salience for those with bodily challenges rather than attributing primacy to the bodily challenge that accompany advanced age. In addition, the study also lends support that participatory methodologies are possible when examining advanced old age and may add nuance and give voice to this emerging group.

Bodily challenges

It is undisputable that physical challenges may present obstacles to individuals engaging in society as they desire. However, this study posits that a singular vision of bodily challenge does not necessarily lead to exclusion. The presence of bodily impairments, often measured, scaled and defined by various instruments (eg. electronic frailty index-eFi, clinical frailty scales, timed up and go tests -TUGT, gait speed tests, etc.) does not capture the totality of the experience of the challenged body and its role in inclusionary/exclusionary possibilities. While these scales, measures, assessments, etc. may provide useful biomedical information, they are not designed (nor are they intended) to measure inclusion/exclusion, yet their use may (and often does in cases of both physical and cognitive impairments) suggest lines of distinction and division between those more or less ‘capable’. These lines of distinction may, in turn, however unintentionally, form the basis of policy and practice which reproduce lines of division and distinction. This leads to a second major contribution of this research which suggests the contextual realities of bodily challenges may have implications not suggested by corporeality or chronology alone.

A contextual lens

Emerging scholarship within disciplines of geographical gerontology, environmental gerontology, studies of the meaning of place and home, etc. suggest the relevance of contextual elements to the ageing process and to experience, each of which may play a role in inclusionary/exclusionary processes. Within each disciplinary lens, participation in society for older people has been associated with well-being, highlighting the importance of inclusion for those who may face challenges to engagement. This study adds to existing scholarship by challenging the idea that bodily challenges should necessarily lead to exclusion from ordinary activities of everyday life. The inclusive environment of the islands highlighted an enabling ethos where various bodily obstacles to engagement were not determinative of a sense of inclusion. The possibilities for later life suggested by this 'contextuality' of the corporealities of advanced old age enables us to imagine a late later life enhanced by context and still aimed at promoting inclusion.

Whilst structural realities contribute to inclusion, a broader framing of the subjectivities of inclusion allows us to move beyond structural considerations to embrace the lived realities of inclusion whilst simultaneously serving to revisit advanced old age as an oft described period of decline and dependency. Such a contextual lens may also extend beyond a vision of imagining the opening of possibilities for advanced old age to those matters which develop our understanding of the objectification of later life, which is often implicit in the models of ageing which rely upon chronology and corporeality as deterministic of advanced old age.

Rethinking binary oppositions

In Chapter 1, I highlighted the abundance of biomedical research on later life which informs our understanding of scientific advances contributing to longer lives. Whilst these biomedical 'facts' may not fully address issues of inclusion/exclusion, they are embedded within theoretical models of later life which suggest the existence of binary oppositions depicting more abled bodies in contrast to those less abled.

This research has highlighted the complexities of the models and the difficulty in theorising advanced old age. Beginning with Neugartens' (1974) characterisation of the 'young old' and the 'old old' , functional health is deemed to be declining in this latter group. Further, Neugarten noted a heterogeneity of lifestyle common to the 'young old' but not necessarily the 'old old'. My research takes issue with such a binary opposition, which does not fully embrace the possibilities for advanced age in the presence of functional challenges. Further, this study posits that theorising about ageing may benefit from a view which recognizes both contingency and diversity within advanced old age, untethered by a characterisation principally founded in functionality.

Laslett's (1991) emphasis on the third and fourth ages presented similarities to Neugarten's distinction of 'young' versus 'old old' with a focus on the former as responsibilities and constraints transition, allowing for what is referred to as the 'peak' of life. Here, opportunities, engagements, personal fulfilments and potential were central, in contrast to the "clear border to the fourth age", a time of transition, as described by Wahl & Ehni (2020, p.3), though disputed as a temporal transition by Gilleard and Higgs (2015).

My research identifies the existence of the blurring of the 'boundary' between those whose lives were filled with choice, engagement, and personal pursuits and those with corporeal challenges who nevertheless also demonstrated many components of a life of choice and the pursuit of personal interests. The empirical findings of the research presented in this thesis question the distinction made between those in the third age and those who have crossed the 'border' into the fourth age (Wahl & Ehni, 2020) – suggesting that this boundary may not be as clear-cut as some of these categorical descriptions imply.

Similarly, Baltes' conception of an inevitable decrease in functionality and pathology is presented as a central defining elements of advanced old age which cannot be compensated for by society also leads him to the conclusion that the 'fourth age' is qualitatively different from the rest of ageing. Again, his view also blurs the distinctions between those with more able-functioning bodies when compared with those less so. In light of the experience of contemporary extended longevity, these categorical boundaries may not enhance understanding of the nuances of the experience of bodily decline and the role those changes play in the experience of inclusion/exclusion. These boundaries create lines of distinction which may inherently be exclusionary.

Gilleard and Higgs (2015) notion of the fourth age as a social imaginary also suggests that the essentialist assumptions that underline the above models is present in their work and may not enhance a more nuanced way of understanding the lived experience of advanced old age. While the 'imaginary' is social, not individual and asserts that the fourth age is a collective representation (or set of representations) of figures incapable of navigating everyday life, the approach still has effect of reasserting the importance of the dichotomy between those resisting the fourth age and those overshadowed by it. While Lloyd (2023) has critiqued Gilleard and Higgs' notion of a 'social imaginary' embedded within institutional structure suggesting that it is more real than imaginary, the critique does not undermine the categorical assumptions made . The 'imaginary' may both reflect and contribute to actual practice (see Szanto & Sanchez, 2023), and as part of a collective consensus, its impact may 'in reality' be deleterious to the options for inclusion for those in advance old age.

Each of these models (Baltes, Laslett, Neugarten – even Gilleard and Higgs - is therefore, I would argue, underpinned by the essentialist assumption of a core binary; a successful versus unsuccessful old age, and a chronology and corporeality that constitutes the distinguishing features characterizing later life and distinguishing advanced old age. The diversity of decline and/or the experience of decline is consequently not fully captured in these models which rely upon a characterisation of advanced old age that may be changing with increased longevity trends.

The research here, albeit a small sample in unique geographic settings, highlights the diverse states of decline/corporeal challenge and their impact in everyday life on the possibilities for inclusion. These findings and their interpretation provide a nuanced understanding of the experiences of advanced old age bodies which could in time be "incorporated into the scholarly analysis of narrativization of the aging experience" (Llena, 2019).

Community and belonging

The research participants were engaged, they were interdependent on one another, they were part of a collectivity, a community of islanders, yet they still had a sense of individuality in their needs, interests, and desires. They spoke freely about community and belonging in the everyday sense of the words consistent with sociological models defining community by a sense of solidarity, and assimilative opportunities (Day, 2006).

The notion of reciprocity embedded within their communities illustrated the relational importance of life on the islands to participants, validating its value in understanding the inclusionary possibilities that could transcend the bodily challenges otherwise impeding engagement. The findings suggest that these broad and often contested concepts of community and belonging had value to these participants and played a role in their sense of inclusion. Community in sum made the corporeal contingent.

Inclusive methodological innovation

Despite well documented use of participatory methodologies in numerous areas of later life, little research has engaged fully with the breadth of methodological innovation possible for those in their eighties and nineties. The use of various co-production, participatory, co-creation, research partnerships, etc. approaches to research have gained traction in many disciplines, particularly healthcare (Cowdell, Dyson, Sykes, Dam & Pendelton, 2020).Whilst there may be limitations with particular methodological approaches which may require adaptation or flexibility, the depth of data that may result from more inclusive participatory methods will likely support a more nuanced understanding of lived experience - one allowing for the needs, interests, and desires of those in advanced age to inform theory building and ultimately enhance practice aimed at an inclusive society . This research suggests that efforts to extract rich detail about lived realities contributing to inclusion is possible despite a range of everyday physical challenges associated with (though not necessarily defining) advanced old age.

FUTURE RESEARCH SUGGESTIONS

The research gives rise to a number of areas for further scholarly inquiry which could build upon the findings of this small-scale study in unique geographic locations. Since the context of challenged bodies was salient here, different contextual environments with geographic, social, or economic differences may provide additional information regarding the experiences of inclusion and what forms that experience may take. The contextual environment of belonging and community may also be further explored through a more systematic study of what that entailed for people, given the diversity of engagement noted here. While not specifically explored in this study, any gender differences in experiences of inclusion (or not) might also be useful to pursue.

Another possible future study might explore priorities for inclusion for those in advanced age. Whilst this might dovetail what inclusion ‘means’ for this diverse group, delineating priorities might further enhance understanding of the experience of bodily challenges relative to ability to participate in chosen ways. In order to determine the extent to which context may ‘mitigate’ any inclusionary/exclusionary practices, it would be useful to engage in a longer-term study in which the impact of context could be tracked over time. Is there a point where context plays a less substantial role in experience? Are there situations where context does not matter or where extent of bodily challenge is most salient? The possibility of course remains in which the corporeal does become determining.

LIMITATIONS

This leads to considering a few important limitations to the present study. First, a more sustained engagement throughout the research process may have yielded additional data about the role of the body in inclusionary/exclusionary process. Such sustained engagement both with participants (eg. more than one interview) and in general observation within community settings might have highlighted more subtle exclusionary processes that participants did not feel free to speak about in a one-time interview. This might have resulted in a more intimate exchange with me. While I was living in the research environment and hosted by a long-term well-known family known by most participants, additional engagement may have been fruitful. While on balance, a more sustained engagement with participants might have posed recruitment issues, further research could attempt such a lengthier engagement in order to examine this issue.

Secondly, while the study sample included more than one-third of participants who either were unable to access the community without substantial support (making access infrequent or virtually impractical) or who were entirely homebound (for a myriad of reasons), greater efforts to reach home-bound individuals may have enhanced a more critical understanding of the impact of the body on exclusionary processes. More in depth recruitment of those known to experience bodily challenges may have resulted in more nuanced information. While many participants had substantial impairments, not all had significant challenges. While recruitment might have been more difficult in order to engage with those more specifically who had substantial impairments, greater efforts over a longer period of time may have provided more participants with greater challenges and therefore adding to the richness of the data. Whilst possibly giving rise to ethical concerns from the UCL Research Ethics Committee, the absence of those with cognitive impairments from the study population should be noted. Their absence from the study necessarily limits the findings to those specifically with corporeal challenges.

With regard to methodological considerations, participants were given a broad- based instruction about taking photographs that related to their inclusion/exclusion on their island relative to their bodily challenges. It is possible that a more specific or detailed instruction might have resulted in their taking different photographs that went beyond the two main subjects that they did photograph; namely aids which supported their daily functioning and helped them to maintain autonomy and access to the community and aspects of their daily island lives as islanders. Whilst each of these choices speaks to the potentiality of the body for contributing to exclusionary processes, more detail might have been forthcoming had the instruction been more specific.

More extensive recruitment efforts may also have afforded greater opportunity to reach those who were unable to access the community, even with support. Whilst slightly more than one third of the participants were recruited through the local senior centre, word of mouth on each island or through the senior centre directors, efforts to reach those unable to access the community, even with support, might have been fruitful. Despite those attending the centres having a range of functional capacities, and accepting that most could not have accessed the centre without support, further outreach could have resulted in additional information about participatory possibilities for those with more limited capability to access the community even with support and assistance. More extensive recruitment efforts might also have reached those who were not able or interested in attending , even with assistance.

Lastly, whilst access to those who have moved off island due to the challenges they faced on island would have been difficult to secure, further research involving those islanders who were required to move off island for specialised services could have resulted in different data than that obtained from those who remained on island. This group of individuals may have presented with more substantial bodily challenges playing a role in exclusionary processes. But despite these limitations and potential absences, the study has demonstrated that in advanced old age no less than at other stages of life, context and community still matter.

REFERENCES

Achenbaum, W. A. (1974). The obsolescence of old age in America, 1865-1914. *Journal of Social History, 8*(1), 48–62.

Adams, K. B., Roberts, A. R., & Cole, M. B. (2011). Changes in activity and interest in the third and fourth age: Associations with health, functioning and depressive symptoms. *Occupational Therapy International*, *18*(1), 4-17.

Albuquerque, P.C., Fontainha, E. (2023). Social exclusion in later life, evidence from the European social survey. In N. Burnay, J. Ogg, C. Krekula, P. Vendramin, (Eds.) *Older workers and labour market exclusion processes* (14, pp. 191-209). Life Course Research and Social Policies.

Alexander, J. C. (1992). Some remarks on 'agency' in recent sociological theory. *Perspectives*, *15*(1), 1-4.

Alley, D. E., Putney, N. M., Rice, M., & Bengtson, V. L. (2010). The increasing use of theory in social gerontology: 1990–2004. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *65*(5), 583-590.

Allman, D. (2013). The sociology of social inclusion. *Sage Open*, *3*(1), 1-16.

Anckar, D. (2002). Why are small island states democracies? *The Round Table*, *91*(365), 375-390.

American Academy of Orthopedic Surgeons. Effects of aging. https://orthoinfo.aaos.org/en/staying-healthy/effects-of-aging/ (Accessed 17 August 2022).

Andrews, G. J., Cutchin, M. P., & Skinner, M. W. (2018). Space and place in geographical gerontology:

Theoretical traditions, formations of hope. In M. W. Skinner, G. J. Andrews, & M. P. Cutchin (Eds.), *Geographical gerontology: Perspectives, concepts, approaches in gerontology* (pp. 11– 28). Routledge.

Andrews, G. J., Cutchin, M., McCracken, K., Phillips, D. R., & Wiles, J. (2007). Geographical gerontology: The constitution of a discipline. *Social Science & Medicine*, *65*(1), 151-168.

Andrews, G. J., Evans, J., & Wiles, J. L. (2013). Re-spacing and re-placing gerontology: Relationality and affect. *Ageing & Society*, *33*(8), 1339-1373.

Antoninetti, M., & Garrett, M. (2012). Body capital and the geography of aging. *Area*, *44*(3), 364-370.

Atkinson, A. B., & Hills, J. (1998). Exclusion, employment and opportunity. *LSE STICERD Research Paper no. CASE004*.

Awang, H., Mansor, N., Peng, T., Osman, N. (2018). Understanding ageing: Fear of chronic diseases later in life. *J. Int. Med Res.*, *46*(1), 175–184.

Bak, C.K. (2018). Definitions and measurement of social exclusion—a conceptual and methodological review. *Advances in Applied Sociology, 8*(5), 422-443.

Baker, S., & Edwards, R. (2017). How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research. *National Centre for Research Methods Review Paper.* 1-43.

Baldacchino, G. (2004). The coming of age of island studies. T*ijdschrift Voor Economische en Sociale Geografie*, *95*(3), 272-283.

Baldacchino, G. (2005). The contribution of 'social capital 'to economic growth: Lessons from island jurisdictions. *The Round Table, 94*(378), 31-46.

Baldacchino, G. (2007). Introducing a world of islands. In G. Baldacchino (Ed.) *A world of islands: An island studies reader* (1-29). Island Studies Press.

Baldacchino, G. (2012). Islands and despots. *Commonwealth & Comparative Politics*, *50*(1), 103-120.

Baldacchino, G. (2013). Island landscapes and European culture: An 'island studies' perspective. *Journal of Marine and Island Cultures*, *2*(1), 13-19.

Baldacchino, G. (Ed.). (2018). *The Routledge international handbook of island studies: A world of islands*. Routledge.

Baltes, M. (1996). *The many faces of dependency in old age*. Cambridge University Press.

Baltes, M. M. (1998). The psychology of the oldest-old: The fourth age. *Current Opinion in Psychiatry, 11*(4), 411-415.

Baltes, P. B., & Smith, J. (2003). New frontiers in the future of aging: From successful aging of the young old to the dilemmas of the fourth age. *Gerontology*, *49*(2), 123-135.

Baltes, P. B. (2006). Facing our limits: Human dignity in the very old. *Daedalus*, *135*(1), 32-39.

Bandura, A. (2006). Toward a psychology of human agency. *Perspectives on Psychological Science*, *1*(2), 164-180.

Banerjee, M., & Velten, J. (2020). The elephant in the living room: Centenarians' autobiographies, co-authorship and narratives of extreme longevity. *Journal of Ageing Studies*, *52*, 1-8.

Barken, R. (2019). "Old age" as a social location: Theorizing institutional processes, cultural expectations, and interactional practices. *Sociology Compass*, *13*(4), 1-14.

Barnes, M., Blom, A. G., Cox, K., Lessof, C., & Walker, A. (2006). *The social exclusion of older people: Evidence from the first wave of the English Longitudinal Study of Ageing (ELSA), Final Report*. Office of the Deputy Prime Minister. The Institute for Fiscal Studies. https://www.ifs.org.uk/docs/odpm_social_exclusion.pdf

Bates, L., Coleman, T., Wiles' J., & Kearns, R. (2019). Older residents' experiences of islandness, identity and precarity: Ageing on Waiheke Island. *Island Studies Journal, 14*(2), 171-191.

Bell, C., & Newby, H. (1971). Theories of community. In C. Bell, & H. Newby (Eds.), *Community studies: An introduction to the sociology of the local community* (pp. 21-53). George Allen and Unwin.

Bell, S., & Menec, V. (2015). "You don't want to ask for the help" The imperative of independence: Is it related to social exclusion? *Journal of Applied Gerontology, 34*(3), NP1-NP21.

Bellamy, A., Clark, S., & Anstey, S. (2022). The dying patient: taboo, controversy and missing terms of reference for designers—an architectural perspective. *Medical Humanities*, *48*(1), e2-e9.

Bengtson, V. L., Burgess, E. O., & Parrott, T. M. (1997). Theory, explanation, and a third generation of theoretical development in social gerontology. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *52*(2), S72-S88.

Bengtson, V. L., Parrott, T. M., & Burgess, E. O. (1996). Progress and pitfalls in gerontological theorizing. *The Gerontologist*, *36*(6), 768-772.

Bengtson,V., Gans D, Putney N., & Silverstein, M. (2009). *Handbook of theories of aging* (2nd ed.). Springer Publishing.

Bengtson, V. L., Parrott, T. M., & Burgess, E. O. (1996). Progress and pitfalls in gerontological theorizing. *The Gerontologist*, *36*(6), 768-772.

Bergland, A., Fougner, M., Lund, A., & Debesay, J. (2018). Ageing and exercise: Building body capital in old age. *European Review of Aging and Physical Activity, 15*(7), 1-9.

Bergold, J., & Thomas, S. (2012). Participatory research methods: A methodological approach in motion. *Historical Social Research/Historische Sozialforschung*, *37*(4), 191-222.

Bergström, A. L., Eriksson, G., Asaba, E., Erikson, A., & Tham, K. (2015). Complex negotiations: The lived experience of enacting agency after a stroke. *Scandinavian Journal of Occupational Therapy*, *22*(1), 43-53.

Berkman, L. F., & Clark, C. (2003). Neighborhoods and networks: The construction of safe places and bridges. In Kawachi, I. & Berkman, L. F. (Eds.), *Neighborhoods and health* (pp. 288-302). Oxford University Press.

Bernard, H. R., Wutich, A., & Ryan, G. W. (2016). *Analyzing qualitative data: Systematic approaches* (2nd ed.). SAGE Publishing.

Bianchi, E. C. (1970). John XXIII, Vatican II, and American Catholicism. *The ANNALS of the American Academy of Political and Social Science, 387*(1), 30–40.

Bigonnesse, C., & Chaudhury, H. (2022). Ageing in place processes in the neighbourhood environment: A proposed conceptual framework from a capability approach. *European Journal of Ageing, 19*(1), 63-74.

Birkeland, A., & Natvig, G. K. (2009). Coping with ageing and failing health: a qualitative study among elderly living alone. *International Journal of Nursing Practice, 15*(4), 257-264.

Birren J., (1999). Theories of aging: A personal perspective. In V. Bengtson & K. Schaie (Eds.), *Handbook of theories of aging* (pp. 459-471). Springer.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802-1811.

Blaikie, A. (1999). *Ageing and popular culture*. Cambridge University Press.

Boulton, M., Fitzpatrick, R., & Swinburn, C. (1996). Qualitative research in health care: A structured review and evaluation of studies. *Journal of Evaluation in Clinical Practice, 2*(3), 171-179.

Bowling, A., (2014). *Research methods in health: Investigating health and health services* (4th ed.), McGraw Hill Education.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Braun, V. & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. Camic, D. Long, A. Panter, D. Rindskopf & K. Sher (Eds.), APA handbook of research methods in psychology, Vol. 2 Research designs: Quantitative, qualitative, neuropsychological, and biological (pp. 57-71. American Psychological Association.

D. Rindskopf, & K.J. Sher (Eds.), *APA handbook of research methods in psychology, Research designs: Quantitative, qualitative, neuropsychological, and biological* (Vol. 2, pp. 57-71). American Psychological Association.

Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*(1), 37-47.

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology, 9*(1), 3-26.

Britannica, T. Editors of Encyclopaedia (2023, April 13). black hole. *Encyclopedia Britannica.* https://www.britannica.com/science/black-hole

Brodwin, P. (2017). Technologies of the self and ethnographic praxis. *Medical Anthropology, 36*(1), 77-82.

Bulmer, M. I., Lewis, J., & Piachaud, D. (Eds.). (2022). *The goals of social policy*. Routledge.

Burchardt, T., Le Grand, J., & Piachaud, D. (1999). Social exclusion in Britain 1991—1995. *Social Policy & Administration*, *33*(3), 227-244.

Burchardt, T., Le Grand, J., & Piachaud, D. (2002). Degrees of exclusion: Developing a dynamic, multidimensional measure. In J. Hills, J. Le Grand, & D. Piachaud (Eds.), *Understanding social exclusion* (pp. 30–43). Oxford University Press.

Burholt, V., Scharf, T., & Walsh, K. (2013). Imagery and imaginary of islander identity: Older people and migration in Irish small-island communities. *Journal of Rural Studies*, *31*, 1-12.

Burholt, V., Winter, B., Aartsen, M., Constantinou, C., Dahlberg, L., Feliciano, V., & Waldegrave, C. (2020). A critical review and development of a conceptual model of exclusion from social relations for older people. *European Journal of Ageing*, *17*(1), 3-19.

Burrow, J. A. (1986). *The ages of man.* Clarendon Press.

Butler, R. N. (1969). Age-ism: Another form of bigotry. *The Gerontologist*, *9*(4_Part_1), 243-246.

Buz, J., Sanchez, M., Levenson, M. R., & Aldwin, C. M. (2014). Aging and social networks in Spain: The importance of pubs and churches. *The International Journal of Aging and Human Development*, *78*(1), 23-46.

Calhoun, C. (1998). Community without propinquity revisited: Communications technology and the transformation of the urban public sphere. *Sociological Inquiry*, *68*(3), 373-397.

Carlson, J. A. (2010). Avoiding traps in member checking. *Qualitative Report*, *15*(5), 1102-1113.

Carver, L. F., Beamish, R., Phillips, S. P., & Villeneuve, M. (2018). A scoping review: Social participation as a cornerstone of successful aging in place among rural older adults. *Geriatrics*, *3*(4),75, 1-16.

Casanova, G., Machado, I., & Melo, S. (2020). The role of the gerontologist in the fight against ageism. *Sociologia: Revista da Faculdade de Letras da Universidade do Porto*, *XXXIX*, 5-18.

Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, *10*(6), 807-815.

Cavalli, S., & Bickel, J. F. (2007). Exclusion in very old age: The impact of three critical life events. *International Journal of Ageing and Later Life*, *2*(1), 9-31.

Cemlyn, S., Patsios, D., Bell, K., Heslop, P., Gordon, D., & Sardinha, L. (2011). *Guernsey voluntary and charitable sector study*. Guernsey Community Foundation.

Chandler, D., & Pugh, J. (2019). Islands and relationality and resilience: The shifting stakes of the Anthropocene. *Area, 52*(1), 65-72.

Charles, N., & Davies, C. A. (2005). Studying the particular, illuminating the general: Community studies and community in Wales. *The Sociological Review, 53*(4), 672–690.

Chatterji, S., Byles, J., Cutler, D., Seeman, T., & Verdes, E. (2015). Health, functioning, and disability in older adults—present status and future implications. *The Lancet*, *385*(9967), 563-575.

Chivers, S. (2021). "With friends like these": Unpacking panicked metaphors for population ageing. *Societies*, *11*(3), 1-11.

Clarke, N. (2023). Crafting during coronavirus: Participatory methods with older adults during COVID-19. *Z Gerontol Geriat 56*, 195–200.

Clarke, L. H., & Korotchenko, A. (2011). Aging and the body: A review. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, *30*(3), 495-510.

Clarke, V., & Braun, V. (2013). *Successful qualitative research: A practical guide for beginners.* Sage Publishing.

Cluley, V., Martin, G., Radnor, Z., & Banerjee, J. (2021). Talking about frailty: The role' of stigma and precarity in older peoples' constructions of frailty. *Journal of Aging Studies*, *58,* 1-8.

Cobigo, V., Martin, L., & Mcheimech, R. (2016). Understanding community. *Canadian Journal of Disability Studies*, *5*(4), 181-203.

Cohen-Mansfield J., Shmotkin D., Blumstein Z., Shorek A., Eyal N., & Hazan H. (2013). The old, old-old, and the oldest old: Continuation or distinct categories? An examination of the relationship between age and changes in health, function, and wellbeing. *Int J Aging Hum Dev*. *77*(1). 37–57.

Colclough, G., & Sitaraman, B. (2005). Community and social capital: What is the difference? *Sociological inquiry*, *75*(4), 474-496.

Colley, H., & Hodkinson, P. (2001). Problems with bridging the gap: The reversal of structure and agency in addressing social exclusion. *Critical Social Policy*, *21*(3), 335–359.

Collier, J. (1957). Photography in anthropology: A report on two experiments. *American Anthropologist*, *59*(5), 843-859.

Conkling, P. (2007). On islanders and islandness. *Geographical Review*, *97*(2), 191–201.

Corbett, T., Lee, K., Cummings, A., Calman, L., Farrington, N., Lewis, L. & Bridges, J. (2022). Self-management by older people living with cancer and multi-morbidity: A qualitative study. *Supportive Care in Cancer*, *30*(6), 4823-4833.

Cottrell, J. R. (2017). Island community: Identity formulation via acceptance through the environment in Saaremaa, Estonia. *Island Studies Journal*, *12*(1), 169– 186.

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124-130.

Crimmins, E. M. (2015). Lifespan and healthspan: Past, present, and promise. *The Gerontologist*, *55*(6), 901-911.

Crimmins, E. M., & Beltrán-Sánchez, H. (2011). Mortality and morbidity trends: Is there compression of morbidity? *The Journals of Gerontology: Series B*, *66*(1), 75-86.

Crimmins, E. M., Zhang, Y. S., Kim, J. K., & Levine, M. E. (2019). Changing disease prevalence, incidence, and mortality among older cohorts: The health and retirement study. *The Journals of Gerontology: Series A*, *74*(Supplement_1), S21-S26.

Crimmins, E., Zhang, Y., Kim, J., & Levine, M. (2021). Trends in morbidity, healthy life expectancy, and the compression of morbidity. In N. Musi & P. Hornsby (Eds.), *Handbook of the biology of aging* (pp. 405-414). Academic Press.

Crossley, N. (2022). A dependent structure of interdependence: Structure and agency in relational perspective. *Sociology, 56*(1), 166–182.

Crow, G. (2018). *What are community studies*? Bloomsbury Academic.

Crow, G. and Allan, G. (2013). *Community life: An introduction to local social relations*. Routledge.

Cumming, E., & Henry, W. (1961). *Growing old, the process of disengagement*. Basic Books.

Cuyvers, G., Thomése, F., & van Tilburg, T. (2018). Participation narratives of third age adults: Their activities, motivations and expectations regarding civil society organisations. *Journal of Aging Studies*, *46*, 10-16.

Dabelko-Schoeny, H., Fields, N., White, K., Sheldon, M., Ravi, K., Robinson, S. …& Jennings, C. (2020). Using community-based participatory research strategies in age-friendly communities to solve mobility challenges. *Journal of Gerontological Social Work*, *63*(5), 447-463.

Dahlberg, H. (2019). Beyond the absent body—A phenomenological contribution to the understanding of body awareness in health and illness. *Nursing Philosophy*, *20*(2), e12235.

Dahlberg, K., Dahlberg, H., & Nyström, M. (2008). *Reflective lifeworld research* (2nd ed.). Lund Student Research.

Dahlberg, L. (2021). Introduction: Framing exclusion interrelationships. In K. Walsh, T. Scharf, S. Van Regenmortel & A. Wanka (Eds.) . Social exclusion in later life. International Perspectives on aging (Vol. 28 pp. 289-295). Springer.

Dahlberg, L., & McKee, K. J. (2018). Social exclusion and well-being among older adults in rural and urban areas. *Archives of Gerontology and Geriatrics*, *79*, 176-184.Dahlberg, L., McKee, K.J., Lennartsson, C. & Rehnberg, J. (2022). A social exclusion perspective on loneliness in older adults in the Nordic countries. *European Journal of Ageing*, *19*(2), 175-188.

Daly, M., & Silver, H. (2008). Social exclusion and social capital: A comparison and critique. *Theory and Society*, *37*, 537-566.

Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *58*(6), S327-S337.

Davern, M., Winterton, R., Brasher, K., & Woolcock, G. (2020). How can the lived environment support healthy ageing? A spatial indicators framework for the assessment of age-friendly communities. *International Journal of Environmental Research and Public Health*, *17*, 7685.

Davies, K., Collerton, J. C., Jagger C., Bond, J., Barker, S. A., Edwards, J. & Robinson, L. (2010). Engaging the oldest old in research: lessons from the Newcastle 85+ study. *BMC Geriatrics*, *10*, 64.

Day, G. (2006). *Community and everyday life.* Routledge.

De Leo, D. (2022). Late-life suicide in an aging world. *Nature Aging*, *2*(1), 7-12.

Denzin, N., Lincoln Y. (2011). *The Sage handbook of qualitative research* (4th ed.) SAGE Publishing.

Depraetere, C., & Dahl, A. (2007). Island locations and classifications. In G. Baldacchino (Ed.) *A world of islands: An island studies reader* (pp. 57-105). Agenda Academic Publishers.

DiNapoli, R. J., & Leppard, T. P. (2018). Islands as model environments. *The Journal of Island and Coastal Archaeology, 13*(2), 157-160.

Dixon, A. (2021). Why we need to face up to an ageing population? *Health Economics, Policy and Law, 16*(4), 379-382.

Doran, P., Goff, M., & Phillipson, C. (2023). Interventions to promote ageing in place: developing the Village model in Manchester. *Quality in Ageing and Older Adults*. DOI 10.1108/QAOA-03-2023-0022

Dortmans, A., Thölking, T. W., & van Wijngaarden, E. J. (2022). Turning grey is not a black-and-white experience: A phenomenological study on the lived experience of old age among Dutch Franciscan friars. *Journal of Aging Studies, 61*, 101004.

Durkheim, É. (1897). *Suicide: A study in sociology.* The Free Press.

Emlet, C. A., & Moceri, J. T. (2012). The importance of social connectedness in building age-friendly communities. *Journal of Aging Research*, 172347.

Escourrou, E., Laurent, S., Leroux, J., Oustric, S., & Gardette, V. (2022). The shift from old age to very old age: An analysis of the perception of aging among older people. *BMC Primary Care, 23*(1), 3.

Engelen, L., Rahmann, M., & de Jong, E. (2022). Design for healthy ageing–the relationship between design, well-being, and quality of life: A review. *Building Research & Information*, *50*(1-2), 19-35.

Eriksen, T. H. (2018). Small is beautiful, but is it viable? In R. Ramtohul & T. Eriksen (Eds.), *The Mauritian paradox: Fifty years of development, diversity and democracy* (pp. 123-133). University of Mauritius Press.

Evseeva Y. (2019). Successful ageing: State of the art and criticism. In Ł. Tomczyk & A. Klimczuk (Eds.), Between successful and unsuccessful ageing: Selected aspects and contexts (pp. 7-22). Uniwersytet Pedagogiczny w Krakowie.

Featherstone, M., Turner, B. S., & Hepworth, M. (1990). *The body: Social process and cultural theory*. SAGE publishing.

Feng, Z., Phillips, D. R., & Jones, K. (2018). A geographical multivariable multilevel analysis of social exclusion among older people in China: Evidence from the China longitudinal aging social survey ageing study. *The Geographical Journal*, *184*(4), 413-428.

Fine, M. (2014). Nurturing longevity: Sociological constructions of ageing, care and the body. *Health Sociology Review*, *23*(1), 33-42.

Fitzhugh, B., & Hunt, T. L. (1997). Introduction: Islands as laboratories: Archaeological research in comparative perspective. *Human Ecology*, *25*(3), 379-383.

Fitzpatrick, R., & Boulton, M. (1996). Qualitative research in health care: I. The scope and validity of methods. *Journal of Evaluation in Clinical Practice*, *2*(2), 123-130.

Formby, E. (2017). *Exploring LGBT spaces and communities: Contrasting identities, belongings and wellbeing*. Routledge.

Formosa, M. (2013). Population trends and ageing policy in Malta. *Social Sciences*, *2*(2), 90-96.

Fotaki, M. (2022). Solidarity in crisis? Community responses to refugees and forced migrants in the Greek islands. *Organization*, *29*(2), 295–323.

Fox, J. (2016). *Marx, the body, and human nature*. Palgrave Macmillan.

Frank, A. W. (1991). For a sociology of the body: An analytical review. In M. Featherstone, M. Hepworth & B. Turner (Eds.), *The body: Social process and cultural theory*, (pp. 36-102). SAGE Publishing.

Fraser, M., & Greco, M. (2005). Bodies and social (dis)order. In M. Fraser & M. Greco (Eds.), *The body: A reader* (pp. 67-71). Routledge.

Freedman, V. A., Wolf, D. A., & Spillman, B. C. (2016). Disability-free life expectancy over 30 years: A growing female disadvantage in the US population. *American Journal of Public Health*, *106*(6), 1079-1085.

Friedland, R. (1992). Space, place, and modernity: The geographical moment. *Contemporary Sociology, 21* (1), 11-15.

Friel, S., Loring, B., Aungkasuvapala, N., Baum, F., Blaiklock, A., Chiang, T. L., ... & Surjadi, C. (2012). Policy approaches to address the social and environmental determinants of health inequity in Asia-Pacific. *Asia Pacific Journal of Public Health*, *24*(6), 896-914.

Fuchs, T. (2022). The disappearing body: Anorexia as a conflict of embodiment. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *27*(1), 109-117.

Gallagher, S. (1986). Lived body and environment. *Research in Phenomenology*, *16*(1), 139–170.

Garfein, A. J., & Herzog, A. R. (1995). Robust aging among the young-old, old-old, and oldest-old. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *50*(2), S77-S87.

Gaya, B. (2002). Mapping minorities and their media: The national context: Spain. *European Media Technology and Everyday Life Network (EMTEL) project*. 1-51.

Gee, E., & Gutman, G. (2000). *The overselling of population ageing: Apocalyptic demography, intergenerational challenges, and social policy*. Oxford University Press.

Gentles, S. J., Charles, C., Ploeg, J., & McKibbon, K. A. (2015). Sampling in qualitative research: Insights from an overview of the methods literature. *The Qualitative Report*, *20*(11), 1772-1789.

George, L. (2011). The third age: Fact or fiction—And does it matter. In D. Carr & K. Komp (Eds.), *Gerontology in the era of the third age: Implications and next steps* (pp. 245-257). Springer.

Gibbons, H. M. (2016). Compulsory youthfulness: Intersections of ableism and ageism in “successful aging” discourses. *Review of Disability Studies: An International Journal*, *12*(2 & 3), 1-19.

Gieryn, T. F. (2000). A space for place in sociology. *Annual Review of Sociology*, *26*, 463-496.

Gilleard, C. (2022). Old age as a new class or an outdated category? Objective and symbolic representations of later life. *Ageing & Society*, *42*(7), 1499-1512.

Gilleard C., Higgs P. (2000). *Cultures of ageing: Self, citizen and the body*. Prentice-Hall.

Gilleard, C., & Higgs, P. (2002). The third age: class, cohort or generation? *Ageing & Society*, *22*, 369-382.

Gilleard, C., & Higgs, P. (2005). *Contexts of ageing: Class, cohort and community*. Polity Press.

Gilleard, C., & Higgs, P. (2007). The third age and the baby boomers. *International Journal of Ageing and Later Life*, *2*(2), 13-30.

Gilleard, C., & Higgs, P. (2010). Aging without agency: Theorizing the fourth age. *Aging & Mental Health*, *14*(2), 121-128.

Gilleard, C., & Higgs, P. (2011a). Ageing abjection and embodiment in the fourth age. *Journal of Aging Studies*, *25*(2), 135-142.

Gilleard, C., & Higgs, P. (2011b). Frailty, disability and old age: A re-appraisal. *Health, 15*(5), 475-490.

Gilleard, C., & Higgs, P. (2013). The fourth age and the concept of a 'social imaginary': A theoretical excursus. *Journal of Aging Studies*, *27*(4), 368-376.

Gilleard, C., & Higgs, P. (2014a). *Ageing, corporeality and embodiment*. Anthem Press.

Gilleard, C., & Higgs, P. (2014b). *Cultures of ageing: Self, citizen and the body*. Routledge.

Gilleard, C. & Higgs, P. (2014c). Third and fourth ages. In E. Green, E. Murphy & H. Model (Eds.) *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society* (pp. 2442-2448). Wiley and Sons.

Gilleard, C., & Higgs, P. (2015). The cultural turn in gerontology. In J. Twigg & W. Martin (Eds.), *Routledge handbook of cultural gerontology* (pp. 29-36). Routledge.

Gilleard, C. & Higgs, P. (2017). Ageing, corporeality and social divisions in later life. *Ageing and Society*, *37*(8), 1681-1702.

Gilleard, C., & Higgs, P. (2018). Gender and the social imaginary of the fourth age. In S. Westwood (Ed.), *Ageing, diversity and equality: Social justice perspectives* (pp. 48-65). Routledge.

Gilleard, C., & Higgs, P. (2020). *Social divisions and later life: Difference, diversity and inequality*. Policy Press.

Gilleard, C., Hyde, M., & Higgs, P. (2007). The impact of age, place, aging in place, and attachment to place on the well-being of the over 50s in England. *Research on Aging*, *29*(6), 590-605.

Gimlin D. (2006). The absent body project: Cosmetic surgery as a response to bodily dys-appearance. *Sociology*, *40*(4), 699-716.

Glass, T. A., & Balfour, J. L. (2003). Neighborhoods, aging, and functional limitations. In I. Kawachi & l. Berkman (Eds.) *Neighborhoods and health,* (pp. 303-34). Oxford University Press.

Glaw, X., Inder, K., Kable, A., & Hazelton, M. (2017). Visual methodologies in qualitative research: Autophotography and photo elicitation applied to mental health research. *International Journal of Qualitative Methods, 16*, 1-8.

Goffman, E. (1959). *Presentation of self in everyday life*. Random House.

Grenier A. (2012). *Transitions and the lifecourse: Challenging the constructions of 'growing old*'." Policy Press.

Grenier, A. (2022). *Late-life homelessness: Experiences of disadvantage and unequal aging*. McGill-Queen's University Press.

Grenier, A. M., & Guberman, N. (2009). Creating and sustaining disadvantage: The relevance of a social exclusion framework. *Health & Social Care in the Community*, *17*(2), 116-124.

Grenier, A., & Phillipson, C. (2013). Rethinking agency in late life: Structural and interpretive approaches. In J. Baars, J. Dohmen, A. Grenier & C. Phillipson (Eds.), *Ageing, meaning and social structure. Connecting critical and humanistic gerontology* (pp. 55-80). Policy Press.

Grenier, A., & Sussman, T. (2022). Poverty and late-life homelessness. In S. Torres & S. Donnelly (Eds.), *Critical gerontology for social workers* (pp. 66-80). Policy Press.

Grenier, A., Lloyd, L., & Phillipson, C. (2017). Precarity in late life: rethinking dementia as a 'frailed'old age. In P. Higgs and C. Gilleard (Eds.), *Ageing, dementia and the social mind* (1st ed., pp. 142-154). Wiley-Blackwell.

Grydehøj, A. (2018). Islands as legible geographies: Perceiving the islandness of Kalaallit Nunaat (Greenland). *Journal of Marine and Island Cultures*, *7*(1), 1-11.

Grydehøj, A. (2020). Critical approaches to island geography. *Area*, *52*(1), 2-5.

Grydehoj, A., Nadarajah, Y. & Markussen, U. (2019). Islands of indigeneity: Cultural distinction, indigenous territory, and island spatiality. *Area*, *52*, 14-22.

Gur A. & Bina R. (2022). Facilitators of sense of belonging among people with intellectual and developmental disabilities: A systematic review. *Journal of Intellectual Disabilities*, *0*(0), 1-23.

Gustafson, D. & Brunger, F. (2014). Ethics, "vulnerability," and feminist participatory action research with a disability community. *Qualitative Health Research 24*(7), 997-1005.

Gustavsson, M., Liedberg, G. M., & Larsson Ranada, Å. (2015). Everyday doings in a nursing home–described by residents and staff. *Scandinavian Journal of Occupational Therapy*, *22*(6), 435-441.

Hallett, R. E. (2013). Dangers of member checking. In K. Makar & M. O'Brien (Eds.), *The role of participants in education research: ethics, epistemologies, and methods* (pp. 29-39). Routledge.

Harmer, B., Lee, S., Duong, T. H., & Saadabadi, A. (2022). *Suicidal ideation*. StatPearls Publishing.

Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies*, *17*(1), 13-26.

Hay, P. (2003). The poetics of island place: articulating particularity. *Local Environment*, *8*(5), 553-558.

Hay, P. (2006). A phenomenology of islands. *Island Studies Journal*, *1*(1), 19-42.

Hay, P. (2013). What the sea portends: A reconsideration of contested island tropes. *Island Studies Journal*, *8*(2), 209-232.

Hayflick, L., & Moorhead, P. S. (1961). The serial cultivation of human diploid cell strains. *Experimental Cell Research*, *25*(3), 585-621.

Hazan, H., & Ḥazzān, Ḥ. (1994). *Old age: Constructions and deconstructions*. Cambridge University Press.

Helliwell, J. F. (2003). How's life? Combining individual and national variables to explain subjective well-being. *Economic Modelling*, *20*(2), 331-360.

Hennessy, C. H. (1989). Culture in the use, care, and control of the aging body. *Journal of Aging Studies*, *3*(1), 39-54.

Herr, R. S. (2010). Agency without autonomy: Valuational agency. *Journal of Global Ethics*, *6*(3), 239-254.

Higgs, P. (2022a). Ageing and the lifecourse. In L. Monaghan & J. Gabe (Eds.), *Key concepts in medical sociology*, (pp. 77-83). SAGE Publishing.

Higgs, P. (2022b). Agency and autonomy. In S. Torres & S. Donnelly (Eds.), *Critical gerontology for social workers* (pp. 51-65). Bristol University Press.

Higgs, P., & Gilleard, C. (2015). *Rethinking old age: Theorising the fourth age*. Palgrave Macmillan.

Higgs, P., & Gilleard, C. (2021). Fourth ageism: Real and imaginary old age. *Societies*, *11*(1), 12.

Hill Jr, T. E. (1998). Autonomy and agency. *Wm. & Mary L. Rev.*, *40*(3), 847-856.

Hillery, G. A. (1955). Definitions of community: Areas of agreement. *Rural Sociology*, *20*, 111-123.

Hinck, S. (2004). The lived experience of oldest-old rural adults. *Qualitative Health Research*, *14*(6), 779–791.

Hitlin, S., & Elder Jr, G. H. (2007). Time, self, and the curiously abstract concept of agency. *Sociological Theory*, *25*(2), 170-191.

Holloway, I., & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research*, *3*(3), 345-357.

Holman, D., & Walker, A. (2021). Understanding unequal ageing: Towards a synthesis of intersectionality and life course analyses. *European Journal of Ageing*, *18*(2), 239-255.

Hong, G. (2017). Locating Zhuhai between land and sea: A relational production of Zhuhai, China, as an island city. *Island Studies Journal*, *12*(2), 7–24.

Howson, A. (2013). *The body in society: An introduction*. John Wiley & Sons.

Howson, A., & Inglis, D. (2001). The body in sociology: Tensions inside and outside sociological thought. *The Sociological Review*, *49*(3), 297-317.

Huisman, M., & van Tilburg, T. G. (2021). Social exclusion and social isolation in later life. In R. Binstock & L. George (Eds.), *Handbook of aging and the social science* (9th ed., pp. 99-114). Academic Press.

Iphofen, R. (2011). Minimising harm, maximising benefit. *Ethical decision-making in social research* (pp. 52-57). Palgrave Macmillan.

James, B., Wilson, R., Barnes, L., & Bennett, D. (2011). Late-life social activity and cognitive decline in old age. *Journal of the International Neuropsychological Society*, *17*(6), 998-1005.

Jaul, E., & Barron, J. (2021). Characterizing the heterogeneity of aging: A vision for a staging system for aging. *Frontiers in Public Health*, *9,* 513557.

Jehoel-Gijsbers, G., & Vrooman, C. (2008). Social exclusion of the elderly: A comparative study of EU member states. ENEPRI *Research Report (57)*. European Network of Economic Policy.

Johnson, C., & Barer, B. M. (1992). Patterns of engagement and disengagement among the oldest old. *Journal of Aging Studies, 6*(4), 351-364.

Johnson, E., Cameron, A., Lloyd, L., Evans, S., Darton, R., Smith, R.,…Porteus, J. (2020). Ageing in extra-care housing: Preparation, persistence and self-management at the boundary between the third and fourth age. *Ageing and Society 40*(12), 2711-2731.

Jolanki, O. H. (2009). Agency in talk about old age and health. *Journal of Aging Studies*, *23*(4), 215-226.

Jopp, D., & Rott, C. (2006). Adaptation in very old age: Exploring the role of resources, beliefs, and attitudes for centenarians' happiness. *Psychology and Aging, 21*(2), 266-280.

Kafkova, M. P. (2016). The "real" old Age and the transition between the third and fourth age. *Sociológia-Slovak Sociological Review, 48*(6), 622-640.

Kearns, R., & Coleman, T. (2018). Health and wellbeing. In G. Baldacchino (Ed.), *Routledge international handbook of island studies* (pp. 279-295). Routledge.

Kearns, R., & Coleman, T. M. (2017). Ageing landscapes: Real and imagined. In M.W. Skinner, G.J. Andrews & M.P. Cutchin (Eds.), *Geographical gerontology: Perspectives, concepts, approaches* (pp. 281-292*)*. Routledge.

Keller, C., Fleury, J., Perez, A., Ainsworth, B., & Vaughan, L. (2008). Using visual methods to uncover context. *Qualitative Health Research, 18*(3), 428-436.

Kelman, I. (2019). Islands of vulnerability and resilience: Manufactured stereotypes? *Area*, *52*, 6–13.

Khaliq, F., & Saleem, S. (2022). Senescence and its effect on aging and dementia. *Journal of Regenerative Biology and Medicine, 4*(3), 1-5.

Kneale, D. (2012). *Is social exclusion still important for older people?* International Longevity Centre.

Kohli, M. (1988). Ageing as a challenge for sociological theory. *Ageing and Society, 8*(4), 367-394.

Kontos, P. (1999). Local biology: Bodies of difference in ageing studies. *Ageing and Society, 19*(6), 677-689.

Koss, C., & Ekerdt, D. J. (2017). Residential reasoning and the tug of the fourth age. *The Gerontologist*, *57*(5), 921-929.

Kruks, S. (2022). Alterity and intersectionality: Reflections on old age in the time of COVID-19. *Hypatia, 37*(1), 196-209.

Thapan, M. (2022). Introduction. “Learning to learn from below”: Understanding subalternity**.** *South Asia Multidisciplinary Academic Journal, 28,* 6-29**.**

Lam, K. (2021). Island-raised but foreign-made: Lived experiences, transnational relationships, and expressions of womanhood among Cape Verdean migrant women in greater lisbon. *Island Studies Journal, 16*(1), 101-114.

Lapoujade, D., & Taormin, M. (2004). Desert islands: And other texts, 1953–1974. Semiotexte.

Larsson, Å., Haglund, L., & Hagberg, J. E. (2009). Doing everyday life—experiences of the oldest old. *Scandinavian Journal of Occupational Therapy*, *16*(2), 99-109.

Laslett, P. (1987). The emergence of the third age. *Ageing and Society 7*(2), 133-160.

Laslett, P. (1991). *A fresh map of life: The emergence of the third age*. Harvard University Press.

Laslett, P. (1994) The third age, the fourth age, and the future. *Ageing and Society 14*(3), 436-447.

Laurent, B., Doganova, L., Gasull, C., & Muniesa, F. (2021). The test bed island: Tech business experimentalism and exception in Singapore. *Science as Culture*, *30*(3), 367-390.

Layder, D. (1985). Power, structure and agency. *Journal for the Theory of Social Behaviour 15*(2), 131-149.

Leder, D. (1990). *The absent body*. University of Chicago Press.

Lencek, L., & Bosker, G. (1998). *The beach: A history of paradise on earth*. Secker and Warburg Ltd.

Leonavicius, V., & Zilys, A. (2022). The effect of the concept of individual agency on the estimation of health among different age cohorts. *SHS Web of Conferences*, *131,* 1-10.

Leontidou, L., Donnan, H., & Afouxenidis, A. (2005). Exclusion and difference along the EU border: Social and cultural markers, spatialities and mappings. *International Journal of Urban and Regional Research*, *29*(2), 389-407.

Levitas, R. (1996). The concept of social exclusion and the new Durkheimian hegemony. *Critical Social Policy, 16*(46), 5–20.

Levitas, R., Pantazis, C., Fahmy, E., Gordon, D., Lloyd-Reichling, E., & Patsios, D. (2007). *The multi-dimensional analysis of social exclusion*. University of Bristol.

Levy, B. R., Slade, M. D., Chang, E. S., Kannoth, S., & Wang, S. Y. (2020). Ageism amplifies cost and prevalence of health conditions. *The Gerontologist, 60*(1), 174-181.

Levy, B., & Leifheit-Limson, E. (2009). The stereotype-matching effect: Greater influence on functions when age stereotypes correspond to outcomes. *Psycholog Aging, 24*(1), 230-233.

Li, Y., Yu, J., & Rosenberg, M. W. (2022). 'Enabling places': Rethinking 'community'in ageing-in-community in Beijing, China. *Australasian Journal on Ageing 42*(1), 64-71.

Lilley, I. (Ed.). (2008). *Archaeology of Oceania: Australia and the Pacific Islands*. Blackwell Publishing.

Lin, N. (2000). Inequality in social capital. *Contemporary Sociology, 29*(6), 785–795.

Lincoln, Y., Guba, E., & Pilotta, J. (1985). Naturalistic inquiry. SAGE Publications.

Lindsay, S., Jackson, D., Schofield, G., & Olivier, P. (2012, May). Engaging older people using participatory design. In *Proceedings of the SIGCHI conference on human factors in computing systems*, 1199-1208.

Llena,C. (2019). Looking very old age in the eye: A nuanced approach to the fourth age in contemporary Irish fiction: A case study, *The Gerontologist*, *59*(5), 956–963.

Lloyd L. (2012). *Health and care in ageing societies. A new international approach (1st* ed., 261-268*).* Bristol University Press.

Lloyd, L. (2015) The fourth age. In J. Twigg and W. Martin (Eds.), *Routledge handbook of cultural gerontology* (1st ed., 261-268). Routledge.

Lo, P., He, M., & Liu, Y. (2019). Social inclusion and social capital of the Shanghai Library as a community place for self-improvement. *Library Hi Tech, 37*(2), 193-214**.**

Lochner, K., Kawachi, I., & Kennedy, B. P. (1999). Social capital: A guide to its measurement. *Health & Place, 5*(4), 259-270.

Lock, M. (2013). The epigenome and nature/nurture reunification: A challenge for anthropology. *Medical Anthropology*, *32*(4), 291-308.

Loy, J. W. (1991). Introduction—missing in action: The case of the absent body. *Quest*, *43*(2), 119-122.

Loyal, S., & Barnes, B. (2001). "Agency" as a red herring in social theory. *Philosophy of the Social Sciences, 31*(4), 507–524.

Macleod, C., Ross, A., Sacker, A., Netuvelli, G., & Windle, G. (2019) Re-thinking social exclusion in later life: A case for a new framework for measurement. *Ageing and Society, 39* (1), 74-111.

Maguire J. (1993). Bodies, sports cultures and societies: A critical review of some theories in the sociology of the body. *International Review for the Sociology of Sport*, *28*(1), 33-52.

Malik, R. A., & Obhi, S. (2019). Social exclusion reduces the sense of agency: Evidence from intentional binding. *Consciousness and Cognition*, *71*, 30-38.

Marinković, V. (2014). The island rurality as local development potential of the LAG "Škoji" area. *Geoadria*, *19*(2), 165-179.

Martin, W. (2015). Visual methods in ageing research. In J. Twigg & W. Martin (Eds.), *Routledge handbook of cultural gerontology* (pp. 93-104). Routledge.

Marvasti, A. (2011). Three aspects of writing qualitative research: Practice, genre and audience. In D. Silverman (Ed.), *Qualitative research: Theory, method and practice* (3rd ed., pp. 383-396). Sage Publications.

Mays, N., & Pope, C. (2000). Assessing quality in qualitative research. *Bmj*, *320*(7226), 50-52.

McDougall, D. (2003). Fellowship and citizenship a' models of national community: United Church Women's Fellowship in Ranongga, Solomon Islands. *Oceania*, *74*(1-2), 61-80.

McRoberts, K. (2020, September 5). Island population is ageing at greater rate than in big cities. *Stornoway Gazette.* https://blogs.lse.ac.uk/latamcaribbean/2021/12/01/latin-america-is-ageing-but-the-projections-may-be-better-than-expected/#comments

Mendes, F. R. (2013). Active ageing: A right or a duty? *Health Sociology Review*, *22*(2), 174-185.

Menec, V. H., Means, R., Keating, N., Parkhurst, G., & Eales, J. (2011). Conceptualizing age-friendly communities. *Canadian Journal on Aging/La revue canadienne du vieillissement*, *30*(3), 479-493.

Merleau-Ponty, M. (2002). *Phenomenology of perception*. Routledge.

Michael, Y., Berkman, L., Colditz, G., & Kawachi, I. (2001). Living arrangements, social integration, and change in functional health status. *American Journal of Epidemiology*, *153*(2), 123-131.

Millar, J. (2007). Social exclusion and social policy research: Defining exclusion. In D. Abrams, J. Christian, & D. Gordon (Eds.), *Multidisciplinary handbook of social exclusion research*, 1-16. John Wiley and Sons, Ltd.

Milner, C., Van Norman, K., & Milner, J. (2012). The media's portrayal of ageing. In J. Beard, S. Biggs, D. Bloom, L. Fried, P. Hogan, A. Kalache, & J. Olshansky (Eds.), *Global population ageing: Peril or promise* (pp. 25-28). World Economic Forum.

Milotay, N. (2017). European Pillar of Social Rights. European Parliamentary Service. Retrieved from https://policycommons.net/artifacts/1339262/european-pillar-of-social-rights/1948797/ (Accessed May 1, 2023).

Miranti, R., & Yu, P. (2015). Why social exclusion persists among older people in Australia. *Social Inclusion*, *3*(4), 112-126.

Mitcheson, K. (2012). Foucault's technologies of the self: Between control and creativity. *Journal of the British Society for Phenomenology*, *43*(1), 59-75.

Moen, P., Dempster-McClain, D., & Williams, R. (1989). Social integration' and longevity: An event history analysis of women's roles and resilience. *American Sociological Review, 54*(4), 635-647.

Mohan, G., & Mohan, J. (2002). Placing social capital. *Progress in Human Geography*, *26*(2), 191-210.

Moody, E. & Phinney, A. (2012) A community-engaged art program for older people: Fostering social inclusion. *Canadian Journal On Aging/La Revue Canadienne Du Veillissement, 31*(1), 55-64.

Morgan, C., Burns, T., Fitzpatrick, R., Pinfold, V., & Priebe, S. (2007). Social exclusion and mental health: Conceptual and methodological review. *British Journal of Psychiatry, 191*(6), 477-483.

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, *25*(9), 1212-1222.

Morse, J., Lewis-Beck, M., Bryman, A., & Liao, T. (Eds.) (2004). *The SAGE encyclopedia of social science research methods*. SAGE Publishing.

Moulaert, F., Swyngedouw, E., & Rodriguez, A. (2001). Large scale urban development projects and local governance: From democratic urban planning to besieged local governance. *Geographische Zeitschrift*, *89*(2/3), 71-84.

Moyle, B., Croy, G., & Weiler, B. (2010). Tourism interaction on islands: The community and visitor social exchange. *International Journal of Culture, Tourism and Hospitality Research*, *4*(2), 96-107.

Mysyuk, Y., & Huisman, M. (2020). Photovoice method with older persons: A review. *Ageing & Society*, *40*(8), 1759-1787.

Navaratnarajah, A., & Jackson, S. H. (2017). The physiology of ageing. *Medicine*, *45*(1), 6-10.

Navarro V. (2002). Power, politics, and quality of life. A critique of social capital. *International Journal of Health Services*, *32*(3), 423-432.

Nettleton, S. (2021). The sociology of the body. In W. Cockerham (Ed.) *Wiley Blackwell companion to medical sociology* (pp. 105-124). Blackwell.

Neugarten, B. L. (1974). Age groups in American society and the rise of the young-old. *The Annals of the American Academy of Political and Social Science, 415*(1), 187-198.

Newington, L., & Metcalfe, A. (2014). Factors influencing recruitment to research: Qualitative study of the experiences and perceptions of research teams. *BMC Medical Research Methodology, 14*, 10.

Nielson, L., Wiles, J., & Anderson, A. (2019). Social exclusion and community in an urban retirement village. *Journal of Aging Studies, 49*, 25-30.

Norvoll, R., Øye, C., & Skatvedt, A. (2022). Like a social breath: Homecare's contributions to social inclusion and connectedness of older adults. *Journal of Social Inclusion*, *13*(2).

Nowell, L., Norris, J., White, D., & Moules, N. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*. 1-13.

Nygren, B., Norberg, A., & Lundman, B. (2007). Inner strength as disclosed in narratives of the oldest old. *Qualitative Health Research*, *17*(8), 1060–1073.

Nyqvist, F., Cattan, M., Andersson, L., Forsman, A., & Gustafson Y. (2013). Social capital and loneliness among the very old living at home and in institutional settings: A comparative study. *Journal of Aging and Health 25*(6), 1013–35.

Oberg, P. (1996). The absent body-a social gerontological paradox. *Ageing and Society, 16*(6), 701-719.

Olwig, K. (2007) Islands as places of being and belonging, *Geographical Review*, *97*(2), 260-273, DOI: 10.1111/j.1931-0846.2007.tb00402.x

Osbaldiston, N. (2018). *Towards a sociology of the coast*. Palgrave Macmillan.

Oxoby, R. (2009). Understanding social inclusion, social cohesion, and social capital. *International Journal of Social Economics, 36*(12), 1133-1152.

Padilla, G., & Chávez-Hernández, A. (2020). "I have no reason not to be happy": The social and bodily conditions of positive aging for Latin-American men in Mexico. *Journal of Aging Studies*, *54*, 100868.

Paine, L., Lowe, M., Rachele, J., & Turrell, G. (2022). "I'm definitely not socially excluded!" Perceptions of social exclusion among Australian government housing residents aged 80 and older who live alone. *Journal of Aging Studies, 61*, 101011.

Pandey, S. (2018). Factors contributing of ageing: Factors in ageing. In B. Prasad & S. Akbar (Eds.), *Handbook of research on geriatric health, treatment, and care* (pp. 393-408). IGI Global.

Patrick, J., Pruchno, R., & Rose, M. (1998). Recruiting research participants: A comparison of the costs and effectiveness of five recruitment strategies. *The Gerontologist, 38*(3), 295-302.

Patsios, D. (1999). Poverty and social exclusion amongst the elderly. *Poverty and social exclusion working paper 20, Townsend Centre for International Poverty Research.* University of Bristol.

Paugam, S. (1996). Poverty and social disqualification: A comparative analysis of cumulative social disadvantage in Europe. *Journal of European Social Policy*, *6*(4), 287-303.

Pauwels, L. (2010). Visual sociology reframed: An analytical synthesis and discussion of visual methods in social and cultural research. *Sociological Methods & Research*, *38*(4), 545-581.

Pauwels, L. (2015a). 'Participatory' visual research revisited: A critical-constructive assessment of epistemological, methodological and social activist tenets. *Ethnography*, *16*(1), 95-117.

Pauwels, L. (2015b). *Reframing visual social science: Towards a more visual sociology and anthropology*. Cambridge University Press.

Peace, R. (2001). Social exclusion: A concept in need of definition? *Social Policy Journal of New Zealand*, *16*, 17–35.

Peace, S. (2017). On the interdisciplinary challenge of geographical gerontology. In M. Skinner, G. Andrews, & M. Cutchin (Eds)., *Geographical gerontology, perspectives, concepts, approaches* (pp. 307-312). Routledge.

Peace, S. (2022). *The environments of ageing: Space, place and materiality*. Policy Press.

Peace, S., Wahl, H. W., Mollenkopf, H., & Oswald, F. (2007). Environment and ageing. In J. Bond, S. Peace, F. Dittmarr-Kohli, & G. Westerhof (Eds.), *Ageing in society: European perspectives on gerontology (pp. 209-234).* Sage Publications.

Péron, F. (2004). The contemporary lure of the island. *Tijdschrift Voor Economische en Sociale Geografie*, *95*(3), 326-339.

Petrosillo, I., Costanza, R., Aretano, R., Zaccarelli, N., & Zurlini, G. (2013). The use of subjective indicators to assess how natural and social capital support residents' quality of life in a small volcanic island. *Ecological Indicators*, *24*, 609-620.

Petzold, J., & Ratter, B. M. (2015). Climate change adaptation under a social capital approach–An analytical framework for small islands. *Ocean & Coastal Management*, *112*, 36-43.

Pickard, S. (2014a). Biology as destiny? Rethinking embodiment in 'deep' old age. *Ageing & Society*, *34*(8), 1279-1291.

Pickard, S. (2014b). Frail bodies: Geriatric medicine and the constitution of the fourth age. *Sociology of Health & Illness*, *36*(4), 549-563.

Pilcher, K., Martin, W., & Williams, V. (2016). Issues of collaboration, representation, meaning and emotions: Utilising participant-led visual diaries to capture the everyday lives of people in mid to later life. *International Journal of Social Research Methodology*, *19*(6), 677-692.

Pink, S. (2001). More visualising, more methodologies: On video, reflexivity and qualitative research. *The Sociological Review*, *49*(4), 586-599.

Portes, A., & Vickstrom, E. (2015). Diversity, social capital, and cohesion. In A. Rea, E. Bribosia, I. Rorive, & D. Sredanovic (Eds.), *Governing diversity, migrant integration and multiculturalism in North America and Europe* (pp .41-62). Series Etudeseuropeennes.

Prattley, J., Buffel, T., Marshall, A., & Nazroo, J. (2020). Area effects on the level and development of social exclusion in later life. *Social Science & Medicine*, *246*, 112722.

Pruchno, R. (2018). Aging in context. *The Gerontologist*, *58*(1), 1-3.

Pulido, M. L., & Fernández, P. C. (2022). From the suffering of old age to the fullness of senectitude, a philosophical approach. *Philosophia*, *50*, 2069-2083.

Putnam, R. D. (1992). *Making democracy work: Civic traditions in modern Italy*. Princeton University Press.

Putnam, R. D. (1995). Tuning in, tuning out: The strange disappearance of social capital in America. *PS: Political Science & Politics*, *28*(4), 664-683.

Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. Simon and Schuster.

Raghuram, P., Bornat, J., & Henry, L. (2011). The co-marking of aged bodies and migrant bodies: Migrant workers' contribution to geriatric medicine in the UK. *Sociology of Health & Illness*, *33*(2), 321-335.

Rakhra D., & Grīnfelde, M. (2019). Prevention of disease and the absent body: A phenomenological approach to periodontitis. *Journal of Medicine and Philosophy* (in press).

Randall, J. (2020). *An introduction to island studies*. Rowman & Littlefield International.

Raymond, É. (2019). The challenge of inclusion for older people with impairments: Insights from a stigma-based analysis. *Journal of Aging Studies*, *49*, 9-15.

Reich, J. A. (2021). Power, positionality, and the ethic of care in qualitative research. *Qualitative Sociology*, *44*, 575-581.

Richard, V. M., & Lahman, M. K. (2015). Photo-elicitation: Reflexivity on method, analysis, and graphic portraits. *International Journal of Research & Method in Education*, *38*(1), 3-22.

Rindskopf, D. & K.J. Sher (Eds.), *APA handbook of research methods in psychology, Research designs: Quantitative, qualitative, neuropsychological, and biological* (Vol. 2, pp. 57-71). American Psychological Association.

Rose, G. (2014). On the relation between 'visual research methods' and contemporary visual culture. *The Sociological Review*, *62*, 24-46.

Rose, G. (2022). *Visual methodologies: An introduction to researching with visual materials.* SAGE Publishing.

Rowe, J., & Kahn, R. (1987). Human aging: Usual and successful. *Science*, *237*(4811), 143-149.

Rowe, J., & Kahn, R. (1997). Successful aging. *The Gerontologist*, *37*(4), 433-440.

Rowland, D. T. (2012). The third age. In J. Powell & S. Chen (Series Eds.), *Population aging, international perspectives on ageing* (pp. 167-181). Springer.

Rowles, G. D. (1986). The geography of ageing and the aged: Toward an integrated perspective. *Progress in Human Geography*, *10*, 511-539.

Royle, S. (2001). *A geography of islands: Small island insularity*. Routledge.

Royle, S. (1989). A human geography of islands. *Geography*, *74*(2), 106-116.

Royle, S., & Brinklow, L. (2018). Definitions and typologies. In G. Baldacchino (Ed.), *The Routledge international handbook of island studies* (pp. 3-20). Routledge.

Sacker, A., Ross, A., MacLeod, C. A., Netuveli, G., & Windle, G. (2017). Health and social exclusion in older age: Evidence from Understanding Society, the UK household longitudinal study. *Journal of Epidemiology and Community Health*, *71*(7), 681-690.

Sahay, A., Willis, E., Kerr, D., & Rasmussen, B. (2022). Nurse leader agency: Creating an environment conducive to support for graduate nurses. *Journal of Nursing Management*, *30*(3), 643-650.

Saldaña, J. (2021). *The coding manual for qualitative researchers*, SAGE Publishing.

Sargent, L., Slattum, P., Bris, M., Gendron, T., Mackiewicz, M., Diallo, A., ... & iCubed Health and Wellness in Aging Transdisciplinary Core (2022). Bringing transdisciplinary aging research from theory to practice. *The Gerontologist*, *62*(2), 159-168.

Scharf, T., & Keating, N. C. (Eds.). (2012). *From exclusion to inclusion in old age: A global challenge*. Policy Press.

Scharf, T., Phillipson, C., & Smith, A. E. (2005). Social exclusion of older people in deprived urban communities of England. *European Journal of Ageing*, *2*, 76-87.

Scharf, T., Phillipson, C., Kingston, P., & Smith, A. E. (2001). Social exclusion and older people: Exploring the connections. *Education and Ageing*, *16*(3), 303-320.

Schwandt, T., & Burgon, H. (2006). Evaluation and the study of lived experience. In I. Shaw, J. Greene, & M. Mark (Eds.), *Handbook of evaluation: Policies, programs and practices* (98-117). SAGE Publications.

Serageldin, I. (1996). Sustainability as opportunity and the problem of social capital. *The Brown Journal of World Affairs*, *3*(2), 187-203.

Shapiro, S. P. (2005). Agency theory. *Annual Review of Sociology*, *31*(1), 263-284.

Shaw, R., Howe, J., Beazer, J., & Carr, T. (2020). Ethics and positionality in qualitative research with vulnerable and marginal groups. *Qualitative Research*, *20*(3), 277-293.

Shortall, S. (2008). Are rural development programmes socially inclusive? Social inclusion, civic engagement, participation, and social capital: Exploring the differences. *Journal of Rural Studies*, *24*(4), 450-457.

Shilling C. (2007). Sociology and the body: Classical traditions and new agendas. *The Sociological Review (55)s*1. 1-18.

Shilling, C. (2010). Exploring the society–body–school nexus: Theoretical and methodology issues in the study of body pedagogics. *Sport, Education and Society*, *15*(2), 151-167.

Shilling, C. (2012). *The body and social theory* (3rd ed.). Sage Publications Ltd.

Shilling, C. (2016). *The body: A very short introduction*. Oxford University Press.

Siisiäinen, M. (2000). Two concepts of social capital: Bourdieu vs. Putnam. Paper presented at the ISTR Fourth International Conference "The Third Sector: For What and for Whom? Dublin, Ireland. http://www.jhu.edu/~istr/conferences/dublin/workingpapers/siisiainen.pdf.

Silver, H. (1994). Social exclusion and social solidarity: Three paradigms. *International Labour Review*, *133*(5/6), 531-578.

Silver, H. (2007). The process of social exclusion: The dynamics of an evolving concept. *Chronic Poverty Research Centre Working Paper No. 95*, 1-22.

Silver, H. (2015). The Contexts of Social Inclusion. *United Nations Department of Economic and Social Affairs DESA Working Paper No. 144,* 1-32.

Silver, H., & Miller, S. M. (2003). Social exclusion. *Indicators*, *2*(2), 5-21.

Simmons, L. W. (1946). Attitudes toward aging and the aged: Primitive-societies. *Journal of Gerontology*, *1*(1_Part_1), 72-95.

Skinner, M. W., Andrews, G. J., & Cutchin, M. P. (2017). Introducing geographical gerontology. In M. Skinner, G. Andrews, & M. Cutchin (Eds.), *Geographical gerontology: Perspectives, concepts, approaches* (pp. 3-10). Routledge.

Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, *17*(10), 1372-1380.

Statistical Atlas. http://statisticalatlas.com/county/Washington/San-Juan-County/Age-and-Sex. (Accessed February 1, 2023).

Sullivan, N. (2012). Foucault's body. In E. Turner (Ed.), *Routledge handbook of body studies* (pp. 106-116). Routledge.

Suwa, J. (2007). The space of Shima. *Shima: The International Journal of Research into Island Cultures*, *1*(1), 6-14.

Suzman, R. M., Willis, D. P., & Manton, K. G. (Eds.) (1996). *The oldest old*. Oxford University Press.

Szanto, T., & Sánchez, A. M. (2023). Imaginary Communities, Normativity and Recognition: A New Look at Social Imaginaries. *Phänomenologische Forschungen*, 197-218.

Telesford, J. N. (2021). Critiquing ‘islandness’ as immunity to COVID-19: A case exploration of Grenada, Carriacou and Petite Martinique archipelago in the Caribbean region. *Island Studies Journal*, *16*(1), 308-324.

Thomson, S. B. (2011). Qualitative research: Validity. *JOAAG 6*(1). 77-82.

Thompson, R., Russell, L., & Simmons, R. (2014). Space, place and social exclusion: an ethnographic study of young people outside education and employment. *Journal of Youth Studies*, *17*(1), 63-78.

Tiefenthaler, S., Schmidt, K., & von Köppen, M. (2022). Participatory research in institutional contexts: Achieving ethical symmetry in research practice. *Educational Action Research*, 1-19.

Tilvis, R., Laitala, V., Routasalo, P., Pitkälä K. (2011). Suffering from loneliness indicates significant mortality risk of older people. *Journal of Aging Research*. 534781.

Timonen, V., Kamiya, Y., & Maty, S. (2011). Social engagement of older people. In A. Barett, G. Savva, V. Timonen, & R. Kenny (Eds.), *Fifty Plus in Ireland 2011. First results from the Irish Longitudinal Study on Ageing (TILDA)* (pp. 51-62). The Irish Longitudinal Study on Ageing.

Tjora, A., & Scambler, G. (2020). *Communal forms: A sociological exploration of concepts of community*. Routledge.

Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, *19*(6), 349-357.

Torres, S. (2018). Social exclusion in old age: Domain-specific contributions to a debate. *International Journal of Ageing and Later Life, 12*(2), 7-24.

Townsend, P. (1979). *Poverty in the United Kingdom: A survey of household resources and standards of living*. University of California Press.

Townsend, P., & Wedderburn, D. (1966). *The aged in the welfare state: The interim report of a survey of persons aged 65 and over in Britain, 1962 and 1963 (No. 14)*. George Bell and Sons.

Turner, B. (1982). The government of the body: Medical regimens and the rationalization of diet. *The British Journal of Sociology, 33*(2), 254-269.

Turner, B. (2007). Body and cultural sociology. In G. Ritzer (Ed.), *The Blackwell encyclopedia of sociology* (pp. 324-328). John Wiley & Sons, Ltd.

Turner, B. (2008). *The body and society: Explorations in social theory* (3rd ed.). SAGE Publications, Ltd.

Turner, B. (2009). The sociology of the body. In B. Turner (Ed.), *The new Blackwell companion to social theory* (1st ed., pp. 513-532). Blackwell Publishing Ltd.

Turner, B. (2012). Introduction: The turn of the body. In B. Turner (Ed.), *Routledge handbook of body studies* (pp. 1-17). Routledge.

Turner, B., (Ed.). (2016). *The new Blackwell companion to the sociology of religion*. John Wiley & Sons.

Twigg, J. *The body in health and social care*. (2006). Palgrave McMillan.

Twigg, J., & Martin, W. (2015). The field of cultural gerontology: An introduction. In J. Twigg & W. Martin (Eds.), *Routledge handbook of cultural gerontology* (pp. 1-15) . Routledge.

United Nations Population Fund. (2014, July). Population ageing in the Pacific Islands: A situation analysis. https://pacific.unfpa.org/sites/default/files/pub-pdf/PopulationAgeinginthePacificIslandsASituationAnalysisReport.pdf

Urry, J. (2001). The sociology of space and place. In J. Blau (Ed.), *The Blackwell companion to sociology*, (pp. 3-15). Blackwell Publishing.

Van Dyk, S. (2014). The appraisal of difference: Critical gerontology and the active-ageing-paradigm. *Journal of Aging Studies*, *31,* 93-103.

Van Dyk, S. (2016). The othering of old age: Insights from postcolonial studies. *Journal of Aging Studies*, *39,* 109-120

Van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). Routledge.

Van Manen, M. (2017). But is it phenomenology? *Qualitative Health Research*, *27*(6), 775-779.

Van Regenmortel, A. Wanka (Eds.), *Social exclusion in later life. International perspectives on aging* (Vol. 28, pp. 289-295). Springer.

Van Regenmortel, S., De Donder, L., Dury, S., Smetcoren A-S., De Witte, N., & Verte, D. (2016). Social exclusion in later life: A systematic review of the literature. *Population Ageing*, *9*, 315–344.

van Rhyn, B., Barwick, A., & Donelly, M. (2021). The phenomenology of the body after 85 years. *Qualitative Health Research*, *31*(12), 2317-2327.

Van Rhyn, B., Barwick, A., & Donelly, M. (2022). Embodied experiences and existential reflections of the oldest old. *Journal of Aging Studies*, *61*, 101028.

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, *18,* 148.

Von Humboldt, S., & Leal, I. (2015a). The old and the oldest-old: Do they have different perspectives on adjustment to aging? *International Journal of Gerontology*, *9*(3), 156-160.

Von Humboldt, S., Leal, I., & Pimenta, F. (2015b). Sense of coherence, sociodemographic, lifestyle, and health-related factors in older adults' subjective well-being. *International Journal of Gerontology*, *9*(1), 15-19.

Wachs, D. & Urrestarazu, A.R. (2021, December 1). Latin American and the Caribbean is ageing rapidly, however the projections may be better than expected. *London School of Economics*. https://blogs.lse.ac.uk/latamcaribbean/2021/12/01/latin-america-is-ageing-but-the-projections-may-be-better-than-expected/#comments

Wahl, H. W., & Ehni, H. J. (2020). Advanced old age as a developmental dilemma: An in-depth comparison of established fourth age conceptualizations. *Journal of Aging Studies*, *55*, 100896.

Wahl, H., Iwarsson, S., & Oswald, F. (2012). Aging well and the environment: Toward an integrative model and research agenda for the future. *The Gerontologist*, *52*(3), 306-316.

Walsh, K., Scharf, T., & Keating, N. (2017). Social exclusion of older persons: A scoping review and conceptual framework. *European Journal of Ageing*, 14, 81–98.

Walsh, K., Scharf, T., Regenmortel, S. V., & Wanka, A. (2021). The intersection of ageing and social exclusion. In K. Walsh, T. Scharf, S. Van Regenmortel, & A. Wanka (Eds.), *Social exclusion in later life: Interdisciplinary and policy perspectives* (pp. 3-21). Springer.

Warnes, A. M. (1990). Geographical questions in gerontology: Needed directions for research. *Progress in Human Geography*, *14*(1), 24–56.

Warrington & Milne (2018). Governance. In Baldacchino (Ed.), *Routledge international handbook of island studies: A world of islands* (pp. 173-201). Routledge.

Washington State Department of Health (2018), Washington State Health Assessment.

https://doh.wa.gov/data-statistical-reports/state-health-assessment (Accessed February 1, 2023).

Weil, J. (2017). *Research design in aging and social gerontology: Quantitative, qualitative, and mixed methods*. Routledge.

Welzel, C., & Inglehart, R. (2010). Agency, values, and well-being: A human development model. *Social Indicators Research, 97*, 43-63.

Wiles, J. (2005). Conceptualizing place in the care of older people: the contributions of geographical gerontology. *Journal of Clinical Nursing*, *14*, 100-108.

Wilkins, A. (2018). The ethics of collaboration with museums: Researching, archiving and displaying home and migration. *Area*, *50*(3), 418-425.

Williams, S. (2012). Virtually impossible: Deleuze and Derrida on the political problem of islands (and island studies). *Island Studies Journal*, *7*(2), 215-234.

Wilson, B. (2021, April 23). Grim statistics on island population. *Stornoway Gazette*.

Wong, W-C., Lau, H-P., Kwok, C-F., Leung, V-M., Chan, M-Y., Chan, W-M., & Cheung, S-L., (2014). The well-being of community-dwelling near-centenarians and centenarians in Hong Kong a qualitative study. *BMC Geriatrics (14)*63. 1-8.

Wood, L., & Ryan, E. (1991). Talk to elders: Social structure, attitudes, and forms of address. *Ageing and Society*, *11*(2), 167-187.

World Health Organization (WHO). (2002). Active ageing. A policy framework. Geneva: WHO. https://apps.who.int/iris/handle/10665/67215

World Health Organization. (2015). World report on ageing and health. World Health Organization. https://apps.who.int/iris/handle/10665/186463

Wray, M., Colen, C., & Pescosolido, B. (2011). The sociology of suicide. *Annual Review of Sociology*, *37*, 505-528.

Yuskauskas, A., Cohen, E., & Conroy, J. (2020). Rise of the oldest old. *Social Innovations Journal*, *1(1)*,1-14.

Zalewski, I. (2022). Alfred Schütz revisited: Social exclusion of refugees in Brandenberg. *Qualitative Sociology Review*, *18*(2*)*, 72-88.

Zietlow, K., & Wong, S. (2022). Social and community aspects of ageing. In A. Sinclair, J. Morley, B. Vellas, M. Cesars, & M. Munshi (Eds.), *Pathy's Principles and Practice of Geriatric Medicine* (6th ed., pp. 43-58). Wiley Publishers.

APPENDICES

APPENDIX 1 DATA REGISTRATION No Z6364106/2019/03/43

Hi,

Thank you for your application to register with the Data Protection Office. I am pleased to confirm that this project is now registered under, reference No Z6364106/2019/03/43 social research in line with UCL's Data Protection Policy.

You may quote this reference on your Ethics Application Form, or any other related forms.

When all essential documents are ready to archive, contact the UCL Records Office by email records.office@ucl.ac.uk to arrange ongoing secure storage of your research records unless you have made specific alternative arrangements with your department, or funder. Please note the UCL Records Office does not store student research data.

For data protection enquiries, please contact the data protection team at data-protection@ucl.ac.uk

For ethics enquiries, please contact the ethics team at ethics@ucl.ac.uk.

Regards,

Spenser Crouch
Data Protection & Freedom of Information Administrator & Chief Web Editor
Legal Services, UCL | Gower Street | London | WC1E 6BT
Internal Address: 6th floor | Bidborough House | 38-50 Bidborough Street | Kings Cross | London | WC1H 9BT
Email: s.crouch@ucl.ac.uk Data Protection: data-protection@ucl.ac.uk FOI: foi@ucl.ac.uk.
Telephone: 0203 108 8764 (internal 58764)

Office: Tuesday & Thursday 7.30am – 3.30pm; Home: Monday, Wednesday & Friday

Please protect the Environment. Print only if necessary.

APPENDIX 2 NOTIFICATION OF ETHICS APPROVAL

UCL RESEARCH ETHICS COMMITTEE
OFFICE FOR THE VICE PROVOST RESEARCH

28th May 2019

xxxxxxxxx
Faculty of Brain Sciences
UCL

Dear xxxxxxxx

Notification of Ethics Approval with Provisos

Project ID/Titlexxxxxxx The Role of the Body and Its Implications on Social Relations

I am pleased to confirm in my capacity as Joint Chair of the UCL Research Ethics Committee (REC) that I have ethically approved your study until **28th May 2020.**

Ethical approval is also subject to the following conditions:

Notification of Amendments to the Research

You must seek Chair's approval for proposed amendments (to include extensions to the duration of the project) to the research for which this approval has been given. Each research project is reviewed separately and if there are significant changes to the research protocol you should seek confirmation of continued ethical approval by completing an 'Amendment Approval Request Form' http://ethics.grad.ucl.ac.uk/responsibilities.php

Adverse Event Reporting – Serious and Non-Serious

It is your responsibility to report to the Committee any unanticipated problems or adverse events involving risks to participants or others. The Ethics Committee should be notified of all serious adverse events via the Ethics Committee Administrator (ethics@ucl.ac.uk) immediately the incident occurs. Where the adverse incident is unexpected and serious, the Joint Chairs will decide whether the study should be terminated pending the opinion of an independent expert. For non-serious adverse events, the Joint Chairs of the Ethics Committee should again be notified via the Ethics Committee Administrator within ten days of the incident occurring and provide a full written report that should include any amendments to the participant information sheet and study protocol. The Joint Chairs will confirm that the incident is non-serious and report to the Committee at the next meeting. The final view of the Committee will be communicated to you.

Final Report

At the end of the data collection element of your research we ask that you submit a very brief report (1-2 paragraphs will suffice) which includes in particular issues relating to the ethical implications of the research i.e., issues obtaining consent, participants withdrawing from the research, confidentiality, protection of participants from physical and mental harm etc.

In addition, please:

- ensure that you follow all relevant guidance as laid out in UCL's Code of Conduct for Research: http://www.ucl.ac.uk/srs/governance-and-committees/resgov/code-of-conduct-research
- note that you are required to adhere to all research data/records management and storage procedures agreed as part of your application. This will be expected even after completion of the study.

With best wishes for the research.

Yours sincerely

xxxxxxxxx

Joint Chair, UCL Research Ethics Committee

For and on Behalf of UCL REC Academic Member Reviewer, Professorxxxxxxxx, Faculty of Laws

Cc: xxxxx

APPENDIX 3 TOPIC GUIDE

(The interviews will primarily use the participant generated photographs to form the basis and guide the format of the interviews. The topics below are designed to elicit information in the enumerated topics. These possible questions serve only as a guide and will be tailored for different participants.

- **GENERAL DEPICTION OF BODY**

What would you say about your health and general fitness?
Are you able to manage all of your daily personal needs?
Are there things about your body that concern you? What sorts of things?
Do you have any particular physical challenges due to health issues?
What about your level of fitness? Are there things you cannot do so well these days?
What sorts of things? How long have these been a problem?
How would you describe your body? Does it feel old? Look old? What makes you say that?

- **REFERENCE POINTS (do- physical)**

Do you manage to keep yourself busy? Around the house? What about outside?
Do you take part in any activities – inside? Outside? What sorts of activities do you do?
Did you used to be more active? What kinds of activities did you used to do that you don't do now?
When did you stop? What happened? Do you mind not doing that/those?
Would there be ways you could do those prior activities – what might make it possible?
Have you started any new activities these last few years? Can you tell me about that/them?
Why did you start doing that/them?

- **REFERENCE POINTS (be- physical)**

How would you describe your body? Do you see your body as healthy? Fit? Attractive? Old?
What makes you say that?
What kind of clothes do you prefer wearing? Smart, fashionable clothing? Practical, easy to get on and off? Casual, comfortable clothes? Do you ever dress up? When did you last buy some new clothing? Do you mind trying clothes on – in a store? In changing rooms?
What changes have you noticed in your body? Has that influenced what you wear?
Whereabouts you go? For example, going to a leisure centre, swimming, gym, museums or galleries, parties, movies or theaters
What impact, if any have these changes in your body had on your sense of yourself?

- **SOCIAL**

Does your body affect your ability to meet friends and family? Go out socially? Go shopping?
Does your body prevent you from interacting with people? In what sort of ways? Have you become less sociable? If yes, what has caused that? If not, what has enable you to remain sociable?
Do you have support for activities which you have difficulty with? From whom? What kinds of support? Do you feel able to play a part in the island community? Did you used to be more active? Or less?
Is there anything about your health, or fitness, or appearance that hinders you from participating in island events? Are there some aspects of community life you feel sort of excluded from?

- **PRACTICES- (general)**

Do you use aids or technology to help you do things? Like glasses, hearing aids, canes or walkers, electric scooters, stair lifts – those sort of things?
What about modern technology – like computers, cell phones, social media? Do you go on the Internet? What for? What about cell phones? Do you use them? What for? What do you enjoy doing most – watching TV, listening to the radio? Reading magazines or newspapers? Surfing the Internet? Social media (Facebook, Instagram etc)
Do you use various technologies to help you feel safe? Like CCTV? Helplines? Safety bracelets?

- **PRACTICES-(self-care)**

Do you exercise? What sort of things? Did you used to do more? Are there any exercises you do for your health? Any you have started doing in the last year or so?
Are there activities you do for the purpose of feeling good? For the fun of it? Like dancing, or yoga? Things like that?
Did you used to do more?
Would you like to do more?
What seems to be the main obstacle?
Do you do any physical activities with friends or neighbors? Like go walking together? Gym or yoga classes?
Did you used to?
What has brought a change?

- **PLAN FOR FUTURE (relative to bodily concerns)**

Do you plan to remain on island?
What, if any, supports might you anticipate to be able to remain on island?
Do you have any anxieties about your future health?
About accidents or being the victim of crime?
Do you feel safe here?
What makes you feel safe?
Do you fear losing contact with friends and neighbors?
Do you fear having no-one to help you if your health or fitness deteriorates?
Who is your most reliable support? In what ways? Do you have any concerns about their staying around?
Is this a good place to grow old?
Why do you say that?

APPENDIX 4 CONSENT FORM

CONSENT FORM

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: The Role of the Body IN Later Life and Its Impact on Social Relations
Department: Faculty of Brain Sciences
Name and Contact Details of the Researcher(s):
xxx

Name and Contact Details of the Principal Researcher:

Name and Contact Details of the UCL Data Protection Officer: protection@ucl.ac.uk
This study has been approved by the UCL Research Ethics Committee: Project ID number:

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Initial Box
1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction A) I agree to take photographs and have an interview with researcher, which interview will take approximately 1 hour. B) I agree that specific quotes may be utilized in the Thesis or publication that will appear only with a pseudonym and will not identify me. C) I agree that general information about this research may be shared with health care organizations in San Juan County, WA but will not identify me in any way.	

	D) I agree that any photos I consent for use in any document which would identify me will be blurred unless I specifically agree to its unaltered use at a future time.	______
2.	I understand that I will be able to withdraw my data at any point during the field study.	
3.	I consent to the processing of my personal information *(name and basic demographic data)* for the purposes explained to me.	______ ____
4.	**Use of the information for this project only** I understand that all personal information will remain confidential and that all efforts will be made to ensure I cannot be identified *unless you state otherwise, because of the research design or except as required by law*. I understand that my data gathered in this study will be stored with a pseudonym and securely on a UCL password protected computer. It will not be possible to identify me in any publications or comments quoted.	______ ____
5.	I understand that my information may be subject to review by responsible individuals from the University (including supervisors) for monitoring and audit purposes.	
6.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason, *without the care I receive or my legal rights being affected*. I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.	______ ____
7.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.	
8.	I understand that no promise or guarantee of benefits is being made to me.	
9.	I understand that the data will not be made available to any commercial organizations but is solely the responsibility of the researcher(s) undertaking this study.	
10.	I understand that I will not benefit financially from this study or from any possible outcome it may result in in the future.	
11.	I understand that I will not be compensated for the portion of time spent in the study.	
12.	I understand that the information I have submitted may be published in scholarly journals.	
13.	I consent to my interview being audio/video recorded and understand that the recordings will be destroyed immediately upon completed transcription. stored anonymously, using password-protected software and will be used for training, quality control, audit and specific research purposes. To note: If you do not want your participation recorded you can still take part in the study.	______

		_____
14.	I hereby confirm that I understand the inclusion criteria as detailed in the Information Sheet and explained to me by the researcher.	
15.	I am aware of who I should contact if I wish to lodge a complaint.	
16.	I voluntarily agree to take part in this study.	
17.	**Overseas Transfer of Data** I understand that my data will be transferred back to the UK in pseudonymized form in a password protected computer. I understand that the data will remain on a UCL computer in accordance with GDPR and UCL requirements.	

Name of participant	Date	Signature
Researcher	Date	Signature

APPENDIX 5-INFORMATION SHEET

INFORMATION SHEET

TITLE OF PROJECT: THE Role of the Body In Later Life and Its Impact on Social Relations

UCL Ethics ID Project Number: 15237/001

Names /Contacts:

A) xxxxxxx B) xxxxxxx

xxxxxxxxx xxxxxx

1) Invitation

I, xxxxxxxx, a PhD student at University College London, supported by supervisor Professor xxxxxxx, would like to invite you to participate in this research project. Before you decide to participate, it is important for you to understand why the research is being done, and what participation will involve. Please review the following carefully and discuss it with others as you wish. Please ask any questions if something is not clear or you would like more information. Thank you for your time in reading this.

2) Brief summary of research:

Ageing in the USA has received considerable attention as we grow older, experience extended work lives, and embrace active lifestyles for considerably longer than the previous generation did. While research efforts have examined many aspects of the older population, few have focused on the oldest old group. Few have attempted to find the stories of the oldest old, how they navigate the possibility of physical limitations which impact their day-to-day existence, and specifically, how any physical realities impact their ability to fully engage socially in a manner they desire.

This research is designed to elicit those stories, and increase our knowledge base in this oldest old group. The ability to maintain an active social engagement may be substantially limited by physical realities and have other unintended detrimental effects.

I will attempt to answer this question:

1) What part do physical realities play in social relations of this older group?

In answering this question, I will also explore the specific impact on social relations, ways in which people mediate bodily differences and distinctions, and what, if any, aspects of physical realities lead to exclusion.

I will be asking you to take photographs, with disposable cameras I will provide (or with your own cell phone/camera if you wish). The photographs should depict things in your life that cause you to think about your body, and the ways in which it impacts your everyday experience. In addition to the photographs, I will ask you to have an interview with me lasting approximately 1 hour, in which we will discuss the photographs you took which you choose to show me. You are free to decide which photos we discuss and decline to show me any photograph you do not want to discuss.

3) Why have I been chosen to participate?

The study will involve approximately 20 participants aged 80 and over. You have been asked to participate because you meet this inclusion criteria. If I am unsuccessful at identifying 20 participants over 80 years of age, I will then request participation of those individuals over 75 years of age.

4) Do I have to participate?

Your participation is entirely voluntary and may be terminated at any point without penalty, and for any reason which you are not required to reveal. This project has nothing to do with any benefits you may receive from any source and therefore does not have any impact on those benefits in any manner. Your choice to participate or not is without any consequence.

5) What will happen to me if I take part?

It is anticipated that your participation will involve your time in taking photographs over a 1-2 week period (at your convenience and direction), and then an interview lasting approximately 60 minutes or less.

You will not be expected to incur any expenses if you participate.

There are a number of steps that will follow your agreement to participate:

a) I will ask you to sign a Consent form (separate form) which will solicit your consent to the study and specifics about how the information will be handled to protect your privacy.
b) Once you have signed the Consent, we will choose a pseudonym so that all data will be anonymous, and I will thereafter refer only to your chosen pseudonym. The only information which will contain your real name will be your signed Consent.
c) Then, I will provide you with a disposable camera (at my expense) or arrange for you to use your own phone/camera. Your use of a personal device will dictate how we communicate about which photographs you wish to discuss in our interview. If you use a disposable camera provided by me, we will mutually agree upon the manner of sharing the photographs, which I will develop for you (at my expense).
d) After a short period (1-2 weeks), we will proceed with the interview to discuss your chosen photographs. The interview will be conducted at a mutually convenient time and location.
e) The interviews will be audio-recorded with an encrypted device, so that I may later transcribe them and store them on a password protected UCL computer. The transcribed interviews will contain only your pseudonym and will be stored on a UCL password protected computer. Upon completion of all the interviews, I will travel back to the UK with the password protected data to begin analysis. I will be utilizing an encrypted software analysis program to assist me with data analysis. Following analysis, I will begin to write the Thesis.

6) Will my interview be recorded and how will the recording be used?

Yes. I will record your interview with an encrypted device if you agree to being recorded and indicate your permission in the Consent form. The first step in my project will involve you reviewing and signing a Consent form which will ask you to consent to record your interview.

Following the completion of all of the interviews, I will transcribe the audio materials (which contain only your pseudonym) so that I have a paper transcript to refer to during my review of all the data. No personal data will appear on the transcript and it will be identified with your pseudonym. After the final completion of my Thesis and awarding of my degree, I will destroy the transcripts.

If you do not agree to being recorded, you may still participate, but my ability to review your comments will not be as thorough as it would be if I am able to review your recording and transcript after completing all of the interviews.

Any use of specific quotes or photographs you take will only be used if you have specifically consented to this on the Consent form I will ask you to sign before we begin any work on the project together. No one, other than my supervisor noted above, would have access to your audio interview recording. After my Thesis is completed and I receive my PhD, the audio recordings will be destroyed.

7) What are the possible advantages and risks of taking part?

Whilst there is no immediate benefit for those people participating, it is hoped that this work will inform the field of aging and will enable me to engage in constructive dialogue with others who are researching aspects of aging. The primary purpose of the research is to fulfil my requirements for a PhD.

I do not envision any risk for participants, although it is possible that discussion about physical realties may raise uncomfortable issues or cause sadness. I am prepared to offer resources/agency information if any uncomfortable situations arise which you believe required professional assistance.

8) What are the possible benefits of taking part?

There is no specific benefit to you from participating in the study beyond the opportunity to share your experiences, and how any physical challenges impact your daily life. Hopefully, the research will inform aging studies in the future.

9) What if something goes wrong?

If, at any time, you have a complaint about the process, you may contact me or my supervisor to address your complaint. You are free to stop your participation until your concerns are resolved. If your concerns are not resolved, you may discontinue any participation in the project. You will be asked how you would like the data collected up until that point to be utilized.

10) Will my taking part in this project be kept confidential?

All the information collected about you during the course of the research will be kept strictly confidential. You will not be identified in any way in any reports or publications. You will be assigned a pseudonym and any data will be stored in a password protected computer until the completion of the Thesis.

11) Limits to confidentiality

Please note that confidentiality will be maintained as far as it is possible, unless during our conversation, I hear anything which makes me worried that someone might be in danger of harm. In that case, |I would notify relevant agencies of this.

12) What will happen to the results of the research project?

The primary purpose of the results will be to form the basis of my PhD Thesis. It is also anticipated that the results will be presented for publication in scholarly journals or presented at conferences on aging. Any publication or conference presentations will not involve your personal data. I may note specific quotations in my thesis, but you will not be identified and the quotation will refer to your chosen pseudonym. I will not use any quotations unless you have specifically authorized me to do so in your Consent form.

The audio recordings will be stored on a password protected computer. Transcripts will be stored in a locked box at UCL. No one, other than my supervisor, will have access to the recordings or transcripts.

13) Local Data Protection Privacy Notice

The controller for this project will be University College London (UCL). The UCL Data Protection Officer provides oversight of UCL activities involving the processing of personal data, and can be contacted at data-protection@ucl.ac.uk

This ‘local’ privacy notice sets out the information that applies to this particular study. Further information on how UCL uses participant information can be found in our ‘general’ privacy notice:

For participants in research studies, click here

The information that is required to be provided to participants under data protection legislation (GDPR and DPA 2018) is provided across both the ‘local’ and ‘general’ privacy notices.

The lawful basis that will be used to process your *personal data* are: ‘Public task’ for personal data.

Your personal data will be processed so long as it is required for the research project. If we are able to anonymise or pseudonymise the personal data you provide we will undertake this and will endeavour to minimise the processing of personal data wherever possible.

If you are concerned about how your personal data is being processed, or if you would like to contact us about your rights, please contact UCL in the first instance at data-protection@ucl.ac.uk.

14) Contact for further information

If you wish to receive further information about the project, you may contact Researcher, Supervisor, or the Data Protection Officer.

15) Who is funding this research?

The research is fully funded by the researcher. No outside funders are involved with the project.

If you agree to participate, please keep a copy of the Information Sheet for your review at any time. I will then provide you with a Consent.

Thank you for reviewing this Information Sheet. I look forward to working with you, and hope you find the project interesting and enjoyable.

APPENDIX 6 PHOTO REPRODUCTION RIGHTS FORM

Photo Reproduction Rights Form (Copyright)

The Role of the Body in Later Life and Its Impact on Social Relations

xxxxxxxx, PhD student, xxxxxxx

This form refers to photographs that you have taken and supplied as part of this research project. All photographs will be securely stored by the research team. As discussed with you and explained in the Information Sheet, photographs may be shared with my Thesis Supervisors. I would also like the option to use some photographs (in electronic or print form) in reports, presentations, exhibitions and publications arising from the project. I have attached numbered prints of your photographs to assist you and for your records.

Please sign either 1, 2 or 3 below:

1. I give my consent for any of my photographs to be used only in the Thesis document, with all identifying information (tattoo, scars, birth marks, name) removed so that I could not be identified in any way.

Signed:...

Name printed:...

Date:...

Signed:...

Name printed:...

Date:...

Thank you for participating in this project. Should you have any further questions, please do not hesitate to contact:

xxxxxxxxx
OR
xxxxxxxxx