LINKING AGES
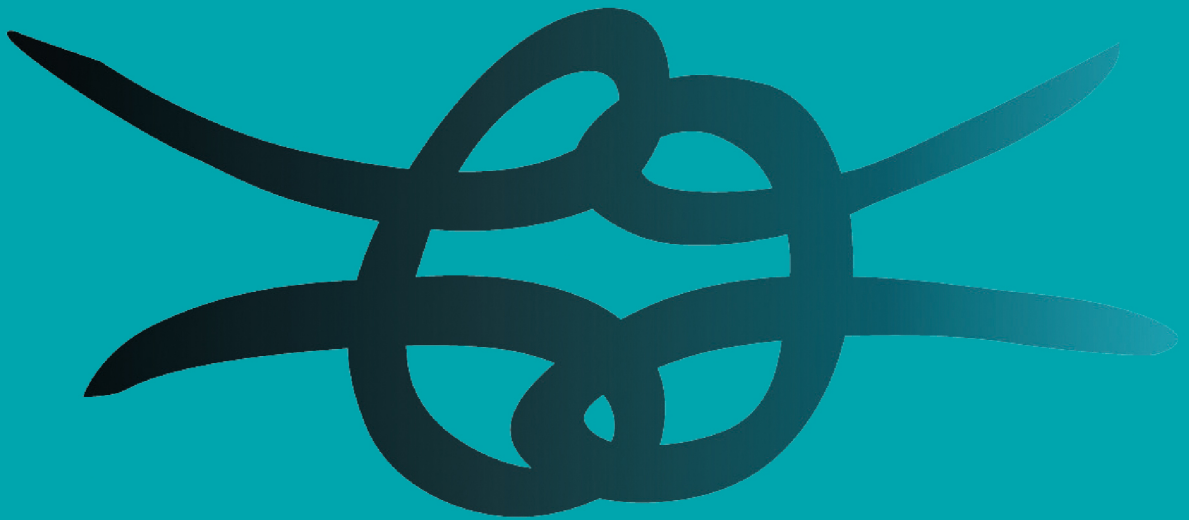
A Dialogue between Childhood and Ageing Research

EDITED BY ANNA WANKA, TABEA FREUTEL–FUNKE,
SABINE ANDRESEN AND FRANK OSWALD

Linking Ages

When we ponder about whether it is time to finish a degree, start a family, or retire, we often draw on age to make an assessment: When are we too young, or too old, to do something – and what age is the right one? Age, thereby, is a central social category for Western societies: more than gender, ethnicity or social status age affects our social position, networks, lifestyles and aspirations.

By asking what childhood and ageing research can learn from each other, this edited volume brings both fields into a fruitful dialogue. It touches upon topics like theories and method(olog)ies, space and time, health and care, technologies and digitalization, play, work and consumption, as well as violence, well-being and childrens' and older peoples' rights.

This volume will appeal to scholars and students interested in childhood studies and ageing studies/gerontology located in a range of disciplines, from sociology to social work, social and cultural anthropology, educational sciences, human geography, architecture, urban planning, health and disability studies, nursing studies, political sciences and law.

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Acknowledgements

Section I

Theories of Childhood and Later Life

Introduction

Linking Ages—An Invitation to a New Agenda in Life Stage Research

Tabea Freutel-Funke and Anna Wanka

This edited volume aims to be both an introduction and an invitation to adopt a new research agenda that brings both childhood and ageing research into a dialogue by *Linking Ages*. The contributions assembled here represent a multi-disciplinary range of different approaches and 'use cases'. They are all the outcome of thinking about *Linking Ages* as a new research agenda in life-stage research in a variety of national and thematic contexts. The contributions are united by an understanding of age as a crucial marker of difference in our society, and a curiosity to explore what this means in both early and later life.

In this introductory chapter, we want to set the stage for such an understanding to tie the diverse contributions together and guide readers as they follow the thread that runs through each chapter. Accordingly, we begin by outlining how age difference matters in our society, and then discuss the ontological, theoretical, methodological, and empirical implications of a Linking Ages research agenda and what sets it apart from other established agendas, such as the life course or intergenerational approaches. We conclude with an overview of the different chapters assembled in this volume.

How age difference matters

In contemporary societies, age is widely used as a basis for regulating and organizing social processes, assigning social roles, rights, and responsibilities and providing orientation on, for example, the appropriate time when a person should start working, have children, or retire. Hence, age and ageing are widely researched in various disciplines, ranging from medicine, biology to psychology and sociology in a wide range of questions, asking about, for example, physical, cognitive, and emotional development, the biographical narrations of individual subjects, and the institutionalized life course with its distinct life stages, transitions, and respective chrono-norms (Freeman, 2010).

Most of more recent sociological research understands age as not naturally given but socially constructed (cf. Krekula et al., 2017; Mortimer & Moen, 2016; Schroeter & Künemund, 2010). As a social construct, age is not stable, but rather the result of historically, socially, and culturally contingent and dynamic social processes and practices. Hence, social age is historically evolving and differs depending on the socio-cultural context. Life stages, as we know them in European societies today, have emerged historically at different times: childhood in the 18th century (Ariès, 1962), later life in the late 19th century (Kohli, 1985), youth/young adulthood in the early 20th century (Hall, 1904), prolonged adolescence in the late 20th century (Crawford, 2006). Accordingly, life stages are the product of a very specific historical period, manifested and reproduced through respective institutions, like school or work (cf. Kohli, 2013). Meanings, norms, and practices of age and life stages

differ depending on country and age culture (Gullette, 2004). For example, European survey data shows that assessments of who is considered to be 'young' or 'old' differ by up to 18 years across Europe (Abrams et al., 2011).

Acknowledging that age is a construct does not, however, imply denying its very manifest implications for social segregation, in- and exclusion, and stigmatization. Age, like race and gender, is one of the key markers that greatly influence how a person is treated (Crawford, 2006). This poses various threats to social inclusion. It is therefore of utmost importance to understand *how* age is constructed: how is it (re-)produced, stabilized, performed, negated, transformed, denied, made relevant or irrelevant? Exploring this question allows for a re-thinking of how we can facilitate social inclusion.

As a major category of difference that is so inherent to the functioning of postmodern societies, age, in- and exclusion are entangled in multiple and related ways. Age difference helps to construct and maintain what is the norm and what is the deviation. Based on the institutionalized life course (Kohli, 2007), middle adulthood serves as the 'normal', unmarked life stage that is the template for the organization of social processes, policies, and practices. For example, cities are planned based on middle-aged people's behaviours, lifestyles, needs, and preferences. Any deviation from this orientation requires a label, as the World Health Organization (2007) created with their age-friendly cities and communities policies. Cities can thus be built (or adapted) to be age-friendly, but a label saying that a city is 'middle-age-friendly' does not exist as it is unnecessary as middle-age friendly is the norm and not the deviation that requires a signifier. Consequently, Blatterer (2009) notes that middle adulthood has become "a metaphor for membership in society through the attainment of full personhood" (p. 12), symbolised by notions of autonomy, self-determination, choice, and rationality.

If middle age is constructed as the norm, and our worlds are built around the middle-aged adult as a template, then other life stages—childhood, youth, and later life—must be constructed as the 'other' (Krekula et al., 2017). This construction of the 'normal' and the 'other' implies and relies on age-based stereotypes, prejudices, and discriminatory behaviour. Relationally positioned to middle adulthood, childhood, youth, and later life are constructed around the non-attribution of autonomy, self-determination, and choice for the very young and the very old (Blatterer, 2009). The literature refers to such negative stereotypical frames as ageism (Butler, 1967), middle-ageism (van Dyk, 2015) or adultism (Ritz & Schwarz, 2022), all implying a devaluation of the margins of the life course in favour of middle adulthood. Moreover, survey data suggests that ageism is even more widespread than sexism or racism: In Germany, 38 per cent of respondents to the Eurobarometer survey 2008 stated to have experienced a lack of respect (e.g., patronization or ignorance), 33 per cent experienced unfair treatment and 18 per cent reported being treated badly (e.g., insulted or abused) because of their age (Abrams et al., 2011). Stereotypically framed as having less autonomy, self-determination, choice, and rationality, children, young, and older adults are also assigned power. Hence, they are both culturally stigmatized and structurally disadvantaged at the privilege of middle- aged adults (Hockey & James, 1993).

Finally, this age-based differentiation and hierarchization results in what Riley and Riley (1994) already described 30 years ago as age-segregated societies. They used the term to signify societies in which different age groups are assigned specific roles, and, accordingly, different institutions and respective places like playgrounds or nursing homes, workplaces, clubs, or districts. This, in turn, limits inter-generational encounters and relations. Such age-segregation is not only found in society at large, but also in academia as part of society. Life course margins, for example, have their own research fields or 'studies' dedicated to

them—age studies, childhood studies, youth studies. Age-unmarked research usually deals with adulthood. Specific 'adulthood studies', which consciously and deliberately deal with middle-aged adults in particular are largely underrepresented in the literature (Fangmeyer & Mierendorff, 2017). Similar patterns can be found in gender and migration studies, where (critical) masculinity studies or (critical) whiteness studies only occupy a niche in the wider research field. Such research segregation is manifested in different institutions, networks, research styles, identities, and habitus, and the use of different theories, concepts, and methods. Consequently, age researchers struggle to create knowledge that exceeds age boundaries and thus risk reifying rather than deconstructing age categories. This is even more troublesome as research has acknowledged that life stages are always constituted in relation to each other, which means they are linked in their construction (as childhood and older age as the 'other' of adulthood) and could benefit from a joint meta-perspective.

Linking ages as a novel research agenda

This book introduces both a novel research approach and agenda for understanding age as a category of difference that comprises not one, but multiple life stages. Life course scholars and academics in the field of biographical research and intergenerationality might be raising their eyebrows now in disbelief. However, we want to elaborate on what makes our approach distinct from, and how Linking Ages can complement, these existing fields.

But what is Linking Ages? As a developing term that is constantly in the process of becoming (cf. Haraway, 2016; Meißner, 2019), every clearly demarcated definition we outline here will likely be outdated once this book is published. Nonetheless, we will sketch out some of the main premises and delimitations of Linking Ages in its current conceptualization.

With Linking Ages, we aim to create a new practice-theoretical, relational and reflexive research agenda on age that considers not one, but multiple life stages. Such a Linking Ages research agenda aims to reconstruct how age is being *un/done* in different life stages, and which material-discursive practices—including research practices—establish age boundaries across the life course. It thus poses the central question: 'How is age made relevant or irrelevant in different life stages?'

In doing so, Linking Ages shifts our focus and research interests from

  i human individuals towards material-discursive practices and their human as well as non-human elements
 ii age as a given variable towards age as being processually constructed and co-constituted
iii children, youth, middle-aged, or older adults as a pre-existing group with certain needs and preferences towards an interest in the construction and entification of age groups and boundaries

This shift, on the one hand, presupposes certain theoretical and ontological foundations and references. On the one hand, it requires certain empirical research approaches and designs. We therefore call Linking Ages a research agenda: It draws on a set of theoretical perspectives from the social sciences, and implies a certain research mindset and practice.

Ontological and theoretical foundations

In terms of ontological foundations, Linking Ages is located in the poststructuralist spectrum of the philosophy of social sciences. While we cannot explain poststructuralist thinking here

in-depth, what is crucial is its anti-essentialist approach to age. In Linking Ages research, age—like all other entities—is constantly constructed, (re-)produced, made relevant or irrelevant, negated, transformed, and iterated in practice. Age boundaries and life stages that are relevant today will not necessarily be relevant tomorrow. As outlined above, ages were all invented at some point in history and are thus prone to change; they are constantly changing.

Whereas many theoretical perspectives have been developed under such thinking, Linking Ages draws, in particular, on practice theories (cf. Schatzki, 2002) and approaches of un/doing age. Referring to 'un/doing gender' and 'un/doing difference' (Butler, 2004; Hirschauer, 2014; West & Zimmerman, 1987), various scholars in age and childhood studies have also conceptualised ways of un/doing age. Such approaches aim to deconstruct age as a category of social difference by examining the practices that make age differences more or less relevant (doing/undoing) in different situations (Krekula et al., 2017; Lee, 2008; Schroeter, 2018, Höppner & Wanka, 2021). As a theoretical and methodological perspective significantly influenced by the 'practice turn' and the 'material turn' in the social sciences, un/doing approaches understand practices as inherently material-discursive and highlight the embedded, co-constitutive, decentralised qualities of doings and sayings that are distributed between human and non-human elements (cf. Barad, 2003; Hui et al., 2017; Latour, 2005; Reckwitz, 2003; Schatzki, 2002). Therefore, in an un/doing age perspective, practice theories and new materialisms are closely related. For understanding un/doings of age as a category of social difference and grasping the construction of age boundaries, the notion of discursive-material boundary-making practices, as developed by Karen Barad (2003), is particularly fruitful. Age boundaries, hence, can be understood as a practical accomplishment—age is not something people are or do, but something that is being done through material-discursive boundary-making practices.

State-of-the-art research that draws on such understandings of age as co-constituted underscore the (material) bodies, spaces, and things as well as the associated (discursive) images and representations—or dispositifs—of age(ing) (van Dyk et al., 2013). The vast majority of existing research informed by such approaches has targeted (ageing) bodies. Studies emphasise the discursive production of body images, their embodiment and consequent shaping of age-based identities and experiences (Gilleard & Higgs, 2015), for example, through dress and age-based norms of dressing (Twigg, 2015); and some go as far as to talk about posthuman embodiment and the material-discursive blurring of clear body boundaries (Höppner, 2018). Others focus on the (institutional and organization-based) regulation and standardization of age(ing) bodies, for example by measuring school readiness through medical examinations of the physical and cognitive functioning of bodies and brains (Kelle & Mierendorff, 2013), orchestrating menopause through organizational workplace practices (Hickey et al., 2017), or 'age-coding' bodily appearances, and their consequences for social stratification at the workplace (Krekula et al., 2017). A third strand of research is concerned with deviances from age-based (and often gendered) body norms, for example, body modifications and anti-ageing practices (Pfaller, 2016) or, by contrast, practices of 'adulting' through clothing (Prescher & Walther, 2018).

Other lines of research have focused on objects, artefacts, and things and ask how they co-constitute age(ing) in discursive-material practices. Lee (2008), for example, analyses practices of sleep, sleeping bodies, and the role of toys to discuss 'childhood as an emergent property of interactions between persons, discourses, technologies, objects, bodies, etc.' (p. 60). Again, some studies focus on the role of discursive representations and their materializations in, for example, children's toys (Lee, 2008) or assistive technologies for older

adults (Endter, 2016; Gallistl & Wanka, 2019), whereas others focus on the regulations and standardizations of age categories through, for example, digitalised practices of self-measurement and optimization (cf. Marshall & Katz, 2016), or objects and artefacts of care in nursing homes (Depner, 2015).

A third line of studies have analysed the spatial arrangements in which age(ing) is being un/done. Drawing on theories from human geography and relational concepts of space, such studies are concerned with the co-constitution of age(ing) and place(s) (Schwanen et al., 2012). One strand of research here is concerned with the ways in which discursive representations of age are inscribed in spatial planning, architecture, and policy initiatives designated for specific age groups, for example, the WHO's 'Age-friendly cities and communities' movement (cf. Moulaert & Wanka, 2019; Nettleton et al., 2018). Conversely, another strand of research, sometimes referred to as the 'mapping age approaches (Wanka & Oswald, 2020) or 'children's geographies' (Kraftl & Horton, 2018), focuses on the co-constitution of age through everyday place appropriation (Wanka, 2018).

However, in contrast to life course and intergenerational approaches, approaches of un/doing age remain age-segregated in their respective research fields. They thus lack comprehensive theorizing that exceeds age boundaries and accounts for the continuous, processual, and dynamic nature of age as a category of social difference (cf. van Dyk, 2019). A Linking Ages perspective addresses these shortcomings by fostering a research agenda that aims to un/do age as a category of social difference across the life course.

Methodological and empirical implications of linking ages

Linking Ages does not imply a fixed set of methods and procedures; it is not limited to certain thematic fields. Nevertheless, its ontological and theoretical foundations do imply a certain research style. Our invitation to apply Linking Ages can thus be put into practice in multiple ways during different stages of the research process.

The most straightforward implication of Linking Ages is that it invites researchers to consider at least two different ages or life stages, such as childhood and later life or young and middle adulthood. This helps to disrupt our—meaning the researchers'—glance: What we take for granted in one life stage would be outrageous in another, and the questions academia poses in the different, age-segregated research fields might be completely different. For example, many studies in ageing research explore how older adults think about, and prepare for, death; there are not so many that look at the same topic in childhood research. And even if the same topic is of relevance in both fields, it is often approached from completely different angles: When we ask about care, we usually frame children as the receivers of care and not as caregivers, while we discuss the risks of technology use in young adulthood but focus on its benefits in later life. 'Considering' does not require collecting empirical data per se—whatever the form—on both life stages. Instead, it can include discussing your analysis with researchers focusing on a different life stage or contrasting your findings with findings from a different age-specific fields. Hence, Linking Ages also provides a tool to facilitate trans-disciplinary dialogue and can therefore be understood as an invitation for collaboration and exchange.

A second, less straight-forward implication and essential feature of Linking Ages research lies in reflexivity and experimentalism, combining methods such as photo and video analysis and elicitation, performances, (auto-) ethnographic conversations, artefact creation and analysis, or atmospheric and sensual ethnographies (Schadler, 2019).

As far as methods and the understanding of thereby created data are concerned, a Linking Ages research agenda thereby goes with Glaser (2001) in stating that all is data. This implies including one's own research tools and practices as well as the research production of others—as manifested in the state-of-the-art literature—just as much as relevant data as expert knowledge, documents, observations, narrations, artefacts, spaces, bodies, etc. in the analysis. All of these things and sights teach us something about the practices of un/doing age, and draw boundaries or agential cuts (Barad, 2007) around our research phenomenon.

Echoing Karen Barad, we can understand these as encounters with data as a means of seeing 'how something different comes to matter' (Davies, 2014, p. 734), when data from different sources is analysed from various angles. This attempt is especially necessary since Linking Ages was developed within the frame of an interdisciplinary group of researchers coming from psychology, sociology, cultural studies, and pedagogy.

So how do we link ages in (research) practice then? Understanding age as a construct and approaching age reflexively, it may come as little surprise to the attentive reader by now that linking of ages itself as a set of material-discursive practices. These practices can be deployed in various forms and to differing degrees. This is exemplified across the different chapters: In a 'minimal variant', for example, childhood researchers could discuss theories, methodologies, and/or findings with a group of age researchers, while more intensified approaches would empirically research (at least) two life stages, or even develop theories and methodologies that transcends age boundaries. However, it is important here to emphasize that Linking Ages does not mean a mere comparison of age groups, for example, asking how older adults and children differ in their needs for age-friendly places or in terms of their play motivations. Instead, Linking Ages is interested in how age comes into being in different life stages, how it is made relevant or irrelevant, and how age boundaries are drawn in different situations.

Thus, methodologically, the term 'linking' involves three entangled dimensions of 'bringing things together': (i) contrasting, (ii) relationing, and (iii) perspectivizing (Figure I.1). The empirical tasks inherent to these three dimensions are thereby not to be understood as consecutive steps—e.g., that first you contrast, then you relate, then you perspectivize—but as iterative processes: The circles below have neither demarcated beginnings nor clear endings. Where we, as researchers, begin and end our journey through processes of 'linking'—where we make, again echoing Barad (2007), 'agential cuts'—does not follow a clear script but is much rather contingent on our research 'apparatus' (ibid.), that is, the theories and methods
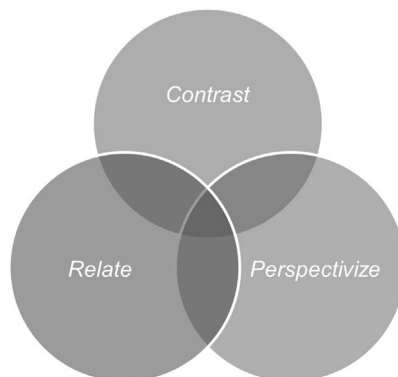
Figure I.1 Three dimensions of linking

we draw on, the logics and processes in our fields, our socialization, and the system of academia itself. In the following, we briefly outline questions that can be posed in each of these dimensions and possible approaches.

Contrasting might be most similar to what we understand as comparing. It is essentially concerned with identifying and describing the similarities and differences of a certain phenomenon when we look at it from two different 'age angles'. For example: What is violence when we approach it from childhood and age studies? Which forms of violence are emphasized, which questions asked, and how is age made ir/relevant in the discussion about violence in childhood respectively later life? We might come to the conclusion that in both life stages, violence in institutional settings, like schools, orphanages, or nursing homes, is most prominently researched and discussed, but that in childhood, sexualized violence is a big topic whereas in later life, neglect is more prominent. Moreover, the means by which institutions attempt to protect people of different ages from harm might show similarities and differences, and age-based legitimizations for these might be made relevant to different degrees.

Relationing means considering practices and elements that make age ir/relevant in different life stages in relation to each other. To take up the previous example, we might ask here: How is violence situated in childhood and later life (research)? Which people, objects, or spaces are related to violence in this specific life stage? Relationing can be completed in terms of relevance or quantity, as in the exemplary questions above, but also in terms of other categories, like in/visibility or controversiality, including material dimensions like associated affects (e.g., fear or disgust), spaces (e.g., indoors/outdoors), bodies (e.g., which body parts are made relevant), etc.

Perspectivizing, finally, implies putting the similarities, differences and relations we find into perspective and asking: How do they come into being? Why are both childhood and age studies so concerned with violence in institutional settings? How did this focus emerge historically, politically, and academically? Why is sexualized violence in later life still under-researched? Why does society invest more (or less) in the protection of children than older adults? This task requires bringing findings back to theorizing and societal developments, to what other research fields might call 'the macro level' of 'societal structures and discourses', e.g., capitalism, the patriarchy, and global inequalities, and offers potential for societal critique.

These practices of linking and unlinking can and shall be deployed throughout the whole research process, from research topic selection to research question formulation, data collection, and analysis, in an iterative manner. In that they resemble what Nicolini (2009) frames as 'zooming in and zooming out'. We can dig deep into a phenomenon when contrasting details (zooming in) and get a bigger picture of the relations between elements and phenomenon when relationing (zooming out—a bit), and we can perspectivize those relations in the wider societal picture in which processes of age construction take place (zooming out; see also Nicolini, 2017).

While these practices of zooming in and out provide methodological orientations, Linking Ages also implies concrete methodical designs. Methods and procedures—or research apparatuses, as Barad calls them—must (i) be able to grasp both discursive and material elements of practices, (ii) aim at relating (linking) different ages, and (iii) have reflexive moments 'built into' them. Following Barad (2003), we understand boundary-making practices as being both material and discursive. Consequently, Linking Ages projects require a set of methods that can make both discourses and materialities 'speak'. Thus, Linking Ages projects may deploy multi-methods approaches when it comes to methods, for example, jointly

analysing text (e.g., from interviews, documents) and matter (e.g., of artefacts, spaces, bodies). Given the social sciences methods toolkit at hand, this will often result in combining different methods, e.g., ethnography or artefact analysis with interviews and document analysis (Schäfer et al., 2015).

In this combination of multiple qualitative and/or quantitative methods, researchers can, in reference to Barad (2007), draw on the notion of *diffraction* and *exteriority within*, that is, approaching one phenomenon from various angles and using methods as apparatuses that co-produce knowledge and the phenomenon's boundaries. For example, researchers draw age boundaries through sampling, make age relevant or irrelevant in the questions they pose, and carry a certain positioning, and way of being addressed, through their own assigned age. In this book we describe the data analysis strategy of Interpretations with a change of signs (see Chapter 6) that accounts for diffraction and exteriority within Linking Ages interpretation groups. Researchers from both fields will interpret ageless material in order to contrast related subject-specific discourses and already existing bodies of knowledge (Reichertz, 2013). Accordingly, a network of terms, concepts, and discourses will be created that is as wide-ranging as possible, with each formulated in short, age-specific interpretive texts, the reading of which might not even disrupt the uninitiated reader. The comparison of the interpretations that follows illustrates which concepts and practices are left out, which are emphasized, which are identical, which are similar or contrary, and which practices are interpreted as normatively desirable or to be avoided. This process enables us to highlight accentuations, distortions, and blind spots in the constructions of different age groups and life phases. Linking Ages might thus challenge us as researchers to broaden our view, which is often narrowed by presuppositions, internalized categorizations, and patterns of interpretation.

Another apparatus suitable for a Linking Ages analysis, particularly when it comes to the part of relating data, is situational analysis (Clarke, 2005 Clarke et al., 2018). Situational analysis is a poststructuralist grounded theory mapping tool that combines Anselm Strauss' social worlds/arenas/discourse theory with new materialist accounts. It provides different analytic maps for contrasting and relating data generated from diverse sources, as is typical for multi-sited and multi-methods research. Referring back to the three dimensions and iterations of linking, messy maps may be used for contrasting, while relational and positional maps may be used for relationing and arena maps for perspectivizing findings.

Our elaborations on the ontological and methodological, theoretical, and empirical implications of Linking Ages outlined above may already provide the hint that this agenda differs from potentially related approached like life course, biographical, or intergeneration research. Instead, it offers an alternative path that allows for a reflexivization of these strands of research. The main difference between these approaches and a Linking Ages agenda is the focus of the former on individual or aggregated individual life trajectories and of the latter on practices of un/doing age. Hence, instead of asking—for example—from a life course perspective, 'How do childhood circumstances affect life quality in older age?', we might ask, 'What are the material-discursive practices that facilitate this relation?', both in different fields of society and research itself, adding reflexively, 'Which societal and scientific beliefs and knowledge lie behind this assumed relation between childhood and later life, and how do we as researchers explain, measure and operationalize it?'. Instead of asking from a biographical perspective, 'How do people remember and narrate previous life stages?', we might ask, 'How are life stages constructed in narrative practices?' and 'How do our methods shape narrations of linear life courses?'. And instead of asking, from an intergenerational perspective, 'How can children and older adults learn from each other?',

we might ask, 'What are the pedagogical settings in which these learning processes are supposed to take place?', and 'What professional knowledge is practiced in these processes?'.

Hence, a Linking Ages agenda is not contradictory but complementary to life course, biographical, or intergenerational approaches. Much rather, which approach to use, and how to combine them, depends on one's research interest and question. Linking Ages thereby builds on their findings to zoom in on and out of different aspects, and offers a reflexive mirror to these approaches that may challenge their inherent (research) assumptions and practices.

Chapters in this book

This edited volume aims to show the different facets of Linking Ages in various research fields as well as at different points of time during the research process. Hence, we want to outline here how the different chapters of our volume contribute in their own ways and styles to a shared Linking Ages research agenda.

Following an open call to the question, 'How can childhood research and later life research establish a meaningful dialogue?', we engaged authors from a wide range of disciplines, academic positions and cultures, as well as perspectives beyond a WEIRD[1]—western, education, industrialized, rich, and democratic—focus on societies.

We invited contributors to think outside the box, write together with colleagues they might not usually work with, and be experimental and reflexive in their writing. We were astonished by the resonance and the inspiring ideas that authors approached us with, and the will and openness to join the dialogue. Moreover, a peer review process among authors working on similar topics from both childhood and age studies angles, connected the authors with each other and provided an opportunity to establish a deeper understanding of the other's perspective. We want to thank all authors for their openness, shared perspectives, and hard work in this process.

To structure contributions, we chose three broad categories: theoretical accounts (I), methodological reflections (II), and empirical insights from a Linking Ages perspective (III).

Theoretical accounts

In their contribution, 'Age Matters: Linking Generational Order(ings) and Ageism in Childhood and Ageing Research', Anne Ramos and Insa Fooken discuss the similarities, differences, and possible intersections between two key concepts from childhood and age studies to grasp age differentiation: generational order(ings) and ageism. They outline how researchers from both fields can jointly develop a critical age studies perspective by focusing on settings, interplay, and material-discursive negotiations of age practices in both life stages, which makes a strong case for a Linking Ages research agenda.

This theoretical discussion is followed by Regina Gerlich's 'Reflections on autonomy violation in children and older adults'. Her chapter questions how autonomy is understood and shaped in different fields and how it is violated, drawing on concepts such as paternalism, age discrimination, and othering.

Methodological reflections

What methodological implications do these theoretical considerations entail? Work on concepts like generational order(ings), ageism, adultism, paternalism, and related notions have

increasingly pointed to the problems associated with methodological approaches where middle-aged adults research children and older adults. Hence, all contributions in the section on Linking Ages methodologies consider participatory approaches in creating visual data, walking interviews, and co-creation.

In their paper, 'Rethinking Life Stories in the Context of Civic Engagement: The Life Diagram and its Potential for Ageing and Childhood Research', Bas Dikmans and Karima Chacur introduce the method of life diagrams as a tool for creating meaningful intersections between ageing and childhood research. Drawing on empirical examples, they discuss the strengths and weakness of this method, and how it can challenge our notions of linear life courses.

In his contribution, 'Linking Ages: Developing Walking Methods for Life Course Research', Aled Singleton presents an empirical case study where three different walking methods uncover memories and emotions connected to different stages of the life course. Alongside outdoor walks, he uses an oral method and online digital maps to imagine the walking body passing through spaces such as the house, street, and neighbourhood, thereby offering ways for researchers of different chronological ages and backgrounds to find common ground with interviewees.

Trish Finegan and Muireann Ranta introduce "I wish they'd stop eating the props!" in their chapter, which describes two different projects and participatory research approaches with children and older people. Using a rights-based approach and equality of participation through research using a design methodology, both showcase how to place the research participants at the centre of the research process. Finally, they also provide insight into the United Nations Convention on the Rights of the Child and the inclusion of children in research and reflect on how such a mandate is missing for older people.

The chapter by Tabea Freutel-Funke, Helena Müller, Deborah Nägler, Anna Wanka, and Frank Oswald, 'Linking Ages - Reflexive Transition Research in Childhood and Later Life through Interpretations with Change of Sign', display what happens when researchers come from both research fields and interpret empirical material from both age groups—each under a different 'sign'—and how fruitful this can be in broadening our view, which is often narrowed by presuppositions, internalised categorizations, and patterns of interpretation.

Empirical section

The empirical section that follows our theoretical and methodological reflections is divided into seven thematic subsections:

1 Ageing in time and place;
2 Playfulness as a link between childhood and later life;
3 Growing up and old in a digitized world;
4 Un/doing age at work and consumption;
5 Experiencing violence in childhood and later life;
6 Linking Ages perspectives on health and care; and
7 Children's and older adults' rights and wellbeing.

In the section, *Ageing in time and place*, Angelika Gabauer, Sabine Knierbein, and Korinna Lindinger discuss how the concept of relational space in urban studies can be linked to relational conceptions of age in their contribution, 'Age transitions crossing childhood, youth, and old age: Approaching space and age relationally from an urban everyday

life perspective'. By presenting three research explorations into the everyday geographies of children, young, and older adults, the authors propose that both space and age should be understood as being relational, situated, and embodied experiences that are always in transition.

Whereas Gabauer et al. focus on the relationality of age and space, Natalie Davet centres time and temporalities in her contribution, 'Age-based representations of time—Re-thinking temporalities through intergenerational encounters'. She illustrates mono-generational time regimes in certain educational settings and discusses how they can create temporal frictions when facilitating intergenerational encounters. Finally, she calls for a dialogue with critical scholars of queer and crip temporalities to develop and redefine concepts of intergenerational times.

In the section on *Playfulness as a link between childhood and later life,* Carrie Ryan and Paulina Pérez-Duarte Mendiola examine play in diverse contexts in their chapter, 'Play Across the Life Course: An Anthropology of Play in Childhood and Old Age'. Through an anthropological perspective, they first introduce biological, psychological, and social explanations for play in childhood and then compare two ethnographic field studies on children's play in hospitals in the United Kingdom and older people's play in a retirement community in the United States. The findings show how both children and older people still found ways to play in these settings to understand their sickness or to deepen their social connections. Carrie and Paulina conclude with a call for a concept of play, which is much more variable than what the modern, Western assumptions behind the scholarly discourses around play allow.

In their chapter, 'Planning for play', Rachel Barber, Madison Empey-Salisbury, Maxwell Hartt and Patricia Collins aim to close the research gap in older adult play by identifying parallels (and limits to these parallels) between planning for children's play and older adult play. They outline how age-friendly initiatives can learn from the pitfalls and recalibrations of child-friendly initiatives and outline implications for practice in urban planning and play at both margins of the life course.

In the section, *Growing up and old in a digitized world*, Seran Demiral explores shifts in contemporary childhood experiences within the context of children's technological relationship with concepts of new materialism. Her contribution, 'Technological Relationality and Transforming Perceptions of Childhood', presents empirical research based on participatory and creative methods and showcases the intra-relationality of multiple childhoods that transcends age divisions.

Looking at digitalization from the other end of the life course, Priyanka Borpujari explores how older women in India navigate social media in her chapter, '"What shall I write tomorrow?" When older women reclaim a new life course on Facebook'. Based on netnographic research, she outlines how older women are reclaiming spaces and recreating their life courses, thereby showing resistance against the infantilization of their personhood.

In the section, *Un/doing age in work and consumption*, Anna Wanka and Andreas Walther contrast two case studies from different life stages: one of a younger adult entering and one of an older adult exiting the labour market. In their chapter, 'In and out of the labour market—A Linking Ages Perspective on labour market transitions in early and late adulthood', they make the case for relating different life stages when researching life course transitions to identify the similarity and differences when producing social inequalities.

In their contribution, 'Different life phases and the limits of consumption: Opportunities and barriers', Melanie Jaeger-Erben, Birgit Blättel-Mink, Doris Fuchs, Konrad Götz, Nina Langen, and Henrike Rau compare consumption corridors—as a concept to define the

minimum standards of consumption that facilitate a decent life—in different life stages. They conclude that standards of consumption are dynamic and heterogeneous, but that people at the margins of the life course are particularly open to sustainable and resource-conserving lifestyles, and thereby problematize adultism in consumption research, policy, and practice.

In the section, *Experiencing violence in childhood and later life*, Sabine Andresen, Johanna Christ, and Lia Pollmann's chapter, 'Testimonies about child sexual abuse in the 1950s. Bearing witness and the concept of linking ages', analyses how bearing witness to sexual abuse in childhood weaves together the life stages of childhood and later life through three areas of knowledge: knowledge about childhood and abuse in post-war Germany, knowledge about lifelong processing modes of sexual violence, and knowledge about later life experiences as a witness. They thereby showcase the potential of such concepts as witnessing, lost childhoods, and transitional justice for a Linking Ages research agenda.

Marcela Petrová Kafková searches in her contribution, 'Does Abusive family history cause Elder Abuse and Neglect (EAN)?', for empirical evidence of early influences and intergenerational transmission of EAN in later life. As previous research has produced mixed results, she is interested in which conditions and what their effects must be to become an EAN risk. Her analysis focuses on the impact of childhood conditions like financial hardship, 'upbringing' punishment, etc., on EAN occurrence in older age in the home environment in the Czech Republic. Through this analysis, she links the situation in old age to previous life stages, including childhood, and explores whether and in which cases causes of EAN can be found there.

Nadine Konopik, Klaus Pfeiffer, and Frank Oswald's contribution, 'Protection from violence in home care settings for older adults and lessons learned from child protection', focuses on violence against older adults and their caregivers from a gerontology, psychology, and nursing science perspective. In addition to forms of violence and neglect, the chapter discusses prevalence data, risk factors, and prevention possibilities and compares, where possible, protection at an older age to child protection, pointing out that there is a lack of legal provisions on violence in family care of older persons. The chapter ends with a short outline of how personal rights in-home care could be reinforced on the basis of (legal) protection recommendations.

In 'Un/Doing Violence and Un/Doing Care—Mapping Boundary-Making Practices of Violence in Elder Care from a Transdisciplinary Perspective', Grit Höppner, Anna Wanka, and Vera Gallistl aim to develop a conceptual and methodological approach for mapping disciplinary and practical differences in knowledge about violence in elder care. They conclude that care and violence mutually shape the other through the establishment of age-boundaries. Finally, they outline how a linking ages approach can help in drawing boundaries differently.

In the section, *Linking Ages perspectives on health and care*, Valerie Keller discusses the discursive figure of 'becoming like a child', which is applied to people living with dementia based on interviews with those living with dementia, in her chapter on 'Children of old age? Infantilization of people living with dementia'. She shows how the comparison with children serves to classify behaviour that is difficult to grasp and how this way of speaking also shapes how people relate to and act towards people living with dementia. In conclusion, the chapter outlines how norms, discourses, and narratives around childhood and later life become relevant in the constructions of age, and how a Linking Ages approach helps to unveil such mechanisms in different life stages.

In her contribution 'To be seen and heard: relational caring meets lived childhoods in relationships between young children and people living with dementia in long-term care

homes', Melanie Lalani also takes up the theme of dementia, applying an intergenerational lens. Based on her own experiences, she reflects upon relationships between young children and people living with dementia in institutional facilities during the pandemic, and on the concept of relational caring in those relationships. Finally, Lalani concludes that a Linking Ages perspective unveils the constructions and constructed-ness of childhood and later life as distinct life stages, and how this contributes to their separation in society in general and care institutions in particular.

In their chapter, 'Generational conflict as a social construct of certainty to manage the ambiguities of the Covid-19 crisis', Helga Pelizäus and Jana Heinz link the pandemic experience by analysing media portrayals of older and younger people regarding the virus. They draw on the sociological concepts of risk and uncertainty and their relations to different age groups to reconstruct how age-based stereotypes are made and used in order to inform policies.

In the final section, *Children's and older adults' rights and wellbeing*, Teresa Somes and Holly Doel-Mackaway examine issues concerning the bodily autonomy of older people and children. In their contribution, '"I thought I was going to die": Bodily Autonomy and the Misuse of Restrictive Practices in Aged Care and Youth Detention Settings', they draw on concepts like agency, choice, and dignity to increase understanding of the reasons for existing failures to uphold people's right to bodily autonomy, and how these are similar, or differ, for children and older adults.

In their contribution, 'Revisiting the Cascais Protocol—Age constructions and reconstruction in an ageing policy design process', Gustavo Sugahara and Marta Osório de Matos examine the Cascais Protocol, a policy document developed to facilitate participation in age-friendly urban planning. They critically reflect upon the challenges of participatory action research methods for older adults, particularly the risk of reproduction age-based stereotypes.

Delali Dovie's contribution, 'Investigating the Association between Childhood Circumstances and Old Age Quality in Ghana', depicts how childhood adversities influence older adults' health and ageing-related processes within a mixed method study including older adults 60+, children above 13, and adults. Findings show that individuals who had experienced two or more childhood adversities are more likely to have poorer physical health and mental health functioning in older ages compared to those with no childhood adversities. These findings have implications for social acceptability for both age groups and are suggestive of the fact that social policies aiming to address old age need to go beyond the stage of later life and target early childhood social conditions.

Note

1 We also invited workshop participants from 'How Methods matter in Childhood and Age(ing) Research', which took place at the Heidelberg Academy of Sciences and Humanities in Heidelberg 21–22.09.2022 to contribute to the volume.

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1   Age Matters

Linking Age-Related Concepts in Childhood and Ageing Research

Anne Carolina Ramos and Insa Fooken

Introduction: Age matters

In the modern world, most societies use age as a way to organize social life, with individuals carrying an age to numerically count the passage of years from birth to death (James & James, 2012). Age is used as a definition of when a person is considered a child (e.g. someone whose age is 18 years or younger, according to the United Nations Convention on the Rights of the Child) or when an adult becomes an older adult (e.g. those age 60 years and older, according to the United Nations)[1]. Although age is important for all individuals, it seems to be less predictable for adults than it is for children (Hurst, 2020) and older people. In childhood, it represents a disseminated way to capture children's stages of cognitive, physical, social, and psychological development until they reach adulthood, when maturity and the social status of personhood are achieved (Woodhead, 2009). In old age, it has been translated into the proper nomenclature of the field, with *age(ing) studies* becoming a synonym for research on the last phase of life, when cognitive, physical, social and psychological decline are put under scrutiny. Although age is a key aspect of both children and older people, it is often discussed separately in those respective research fields. A question that arises is what we can learn when we "link ages" and analyse the relevance of age in childhood and ageing studies together. In this chapter,[2] we discuss key concepts related to age used in these two fields with the aim of gaining a better understanding of what these concepts address when one is analysing age, what one concept can do that the other cannot and what researchers can take from the discussion in one field when developing research in the other.

Social research on childhood and ageing studies points out that chronological age is far more than just an indication of the number of years since birth. Age matters decisively when it comes to questions of identity across the life course (Chopik et al., 2018), and it is, just like gender and ethnicity, a structural and organizational principle of social life (Alanen, 2009; Krekula, 2009). However, (social) scientists tend to lose sight of this when they define age as a proxy or a merely sociodemographic property to settle the boundaries of their research projects. Age is used as a reference to underpinning social policies and social rights, and it involves, among other attributions and concomitants, the assignment of social status (e.g. age of consent), the definition of social roles (e.g. voting age) and the ascription of social responsibilities (e.g. age of criminal responsibility), as well as the specification of social demands (e.g. school enrolment or the age of retirement). What a person does, does not or is not allowed to do is socially charged according to their age (Debert, 1999). The tackling and ordering of major life milestones, such as starting an occupational career, raising children or getting economically settled, often follow an age-related, subtly prescriptive

and normative timetable. This, in turn, is aligned with the internalized concept of a "social clock" (Neugarten, 1968) that leads individuals to perceive themselves, or to be perceived by others, as either "on time" and "normal" or as "(too) early" or "(too) late". Therefore, living an age entails concern about one's (own) normality or deviation from it. This is why Lloret (1998) points out that more than having an age, one belongs to it.

Age is also the principle that organizes individuals into certain (institutional) spaces and forms of leisure, creating (segregated) age relations (Hagestad & Uhlenberg, 2005; Vanderbeck, 2007) and normalizing activities according to a person's age (Krekula et al., 2017), whereby a society's institutional and social arrangements are merely seen as accommodations of the natural age order (West & Zimmerman, 2002). The institutionalization of the life course (Kohli, 2007) in schools, workplaces and so-called *third-age* programmes not only separates individuals as special age groups in society but also restricts the social spaces and the activities to which they have access (James & James, 2012). For instance, schools not only stratify students by age but also organize them according to same-age cohorts. It is interesting that despite this age segregation, places for children and for older people have some commonalities, with the term *day care centres* being used to refer to institutional care places for both young children and dependent older adults and with both children and older adults being historically excluded from paid labour to be schooled or retired.

Moreover, age is also the basis on which societal processes of differentiation are created and justified, resulting not only in rights and benefits but also, and more often, in inequalities and discrimination in terms of hierarchies of social, economic and political power. Some age groups tend to be systematically privileged in relation to others, with children and older adults occupying the two marginal edges of the life span that often imply dependency, vulnerability and a lack of power. It is not by chance that Hockey and James (1993) labelled their synopsis of the processes of "growing up and growing old" as a *discourse on dependency in the life course*. Children "do not yet belong", and older people "no longer belong", to the realms of adult maturity and decisional power. Thus, they are both constructed as "others" in relation to "normal" adults. However, this does not necessarily mean that individuals always follow the age norms for the age positions to which they are ascribed or that age-related life phases are homogeneous categories of social division. Individuals might negotiate age meanings and resist (some) delimitated age positions in their everyday interactions (Fattore et al., 2016; Krekula, 2009). Moreover, although age is relevant in all societies, age categories and their relationships vary considerably between and within societies, indicating the importance of analysing age contextually and in intersection with other categories of difference (Bühler-Niederberger & Schwittek, 2022).

In the following, we address age matters in childhood and ageing research by analysing and linking age-relevant concepts. From childhood research, we take up the concepts of *childism*, *adultism* and *generationing* and from ageing research the concepts of *ageism* and *age as doing*. The choice of these concepts is based on the fact that generationing and ageism are quite widespread in the respective fields, whereby childism and adultism belong to the ageism group and age as doing has become increasingly important in gerontology. We question whether the three *-ism*s ("childism", "adultism" and "ageism") are complementary concepts to address prejudice and discrimination against children and older people and what the *-ing* concepts of "generationing" and "age as doing" do differently from the three *-ism*s and in relation to each other. We first present these concepts and then elaborate on how a *Linking Ages* approach (see book introduction) allows new perspectives not only on age research but also on age-relevant public policy.

The three age *-isms*: Childism, adultism and ageism

Childism, adultism and ageism are three terms created in the 1970s to address age-related prejudice, mostly embedded in sociopsychological approaches. In the following sections, we outline general ideas and the developments of these concepts.

Childism – Prejudice against and respect for children

The term *childism* was coined in the 1970s by Pierce and Allen (1975), who described it as the automatic presumption of adults' superiority over children that takes place through micro-aggressions that put adults' wishes and needs before those of children. By treating children as inferior, adults not only devalue them but also make children believe "that they must expect to be yelled at, deprecated, and kept in a dependent position" (Pierce & Allen, 1975, p. 267). Thus, children would eventually internalize the childism around them as a normalized part of social life. Children's differentiated treatment is justified and legitimized by children's own failings (McGillivray, 2022), lowering their self-esteem by means of subtle, cumulative and unceasing adult deprecation (Pierce & Allen, 1975). Thus, "childism stands for the oppression of children by adults through daily practices of alienation, micro-aggression, and violence" (McGillivray, 2022, p. 118).

Childism, as a prejudice against children, was later addressed by Young-Bruehl (2012) as a discrimination similar to sexism, racism or anti-Semitism. Accordingly, childism can be explained by children's developmental immaturity, which conceptualizes them as naturally dependent on adults and unable to make the right decisions. It occurs in different settings and varying intensities, going from children's verbal aggression to physical violation, such as being slapped, shaken, pinched or beaten, or being a victim of sexual or economic exploitation (Myles, 2015). The societal belief in adults' developmental superiority normalizes and legitimizes many of their behaviours when adults mistreat children, portraying them as the ones who know what is best for children. Thus, in many societies children's physical punishment is considered not an assault but a correction (Lee, 2016). However, childism does not occur only through personal relationships; it is also a structural element, as social, cultural and political instances also collaborate to maintain prejudice against children (McGillivray, 2022). It has been argued, for example, that the measures against SARS-CoV-2 infections adopted a childism standpoint because policy decisions prioritized adults at the cost of children (Adami & Dineen, 2021).

Childism is, however, a controversial term given that it has also been used in the opposite direction, to define the view of the social from the perspective of the children. This implies not only that children should be taken seriously but also that their social position in society as equal to adults should be recognized. The political dimension of this concept advocates for the recognition of children and their rights and for identifying and opposing child-discriminatory mechanisms in relation to democracy (Warming, 2020). Childism, in this sense, would make it possible to examine how adulthood has been "naturalized" as an "unmarked age", critiquing and transforming scholarly and social norms (Wall, 2022). Thus, any area of life in which children are involved – family life, civil society, culture, human rights, globalization, climate change and so on – should be examined from the point of view of children, challenging our assumptions about humanity (Wall, 2007). Through a reconstructionist approach, Wall (2022) argues for the social interdependence of children and adults: As a subaltern group, children cannot be empowered "in-dependently, much less merely dependently, but rather inter-dependently" (p. 267). This means that to promote

social change, children need to speak both on their own behalf and receive a response on their behalf from others. Adami (2023) points out that although these two definitions of childism differ, they are also aligned because they aim to contribute to anti-ageist practices in relation to children.

Adultism – The power adults have over children

As a counterpart of childism, *adultism* refers to the power imbalance exercised by adults in relation to children. According to Liebel and Meade (2023), the term was first used at the beginning of the 20th century, but it was in 1978 that Flasher (1978) coined it to refer to "the abuse by adults in general of the greater power they have over any and all children" (p. 517). Seeing children as a separate species, adults would make use of their physical strength, nurturing roles and legal and socioeconomic responsibilities to exercise power over children. This tendency does not appear only in parenting relations. There is a relatively fixed hierarchical relationship that makes all adults believe that they have superior skills and virtues to all children (see Lee, 2016). Thus, parents, teachers and physicians, but also adults in general, often feel authorized to police and overprotect children as if this were a "natural adult behavior" (Flasher, 1978, p. 522).

Age is the reason for the overestimated power position of adults: Whereas they are constructed as mature, nonimpulsive and capable of making good decisions about their lives, children are often characterized as naïve, gullible and vulnerable (Corney et al., 2022). They are subordinate to adults simply because they are children. According to Alderson (2020), "adultism depends on the inferior age group of children to validate claims that adults are superior and reliable and that it is, therefore, normal, natural, and moral that adults should control supposedly volatile irresponsible children" (p. 30). As in childism, adultism may lead children and young people to internalize the oppression of adults, to question their own legitimacy and to doubt their value and ability to make a difference in society (Checkoway, 1996).

Liebel and Meade (2023) defined six areas where adultism can be seen (1) *sanctioning of noncompliant behaviour* (e.g. when adults apply measures and punishments against children's undesirable behaviours), (2) *restrictive and paternalistic child protection* (e.g. the minimum age for working children, a measure created by adults that put children in a vulnerable situation because many of them work illegally and are unable to claim rights at work), (3) *limited access to resources* (e.g. children may face difficulties accessing emergency or support services on their own, or have to go to a restaurant or take public transport without the presence of an adult), (4) *creation of normativity* (e.g. adults' creation of children's developmental stages and control according to their age), (5) *exploitation and instrumentalization* (e.g. when adults post pictures of babies and toddlers in "cute" or "funny" poses in websites, blogs or social networks) and (6) *generational discrimination* (e.g. the long-term consequences for the environment/climate of adults' attitudes in relation to the use of fossil fuels that affect the planet as a place for children). Adultism can also be found in the literature in the form of other terms, such as *adultocentrism*, *adultocracy*, *adult supremacy* or *adult privilege*, to name a few (Liebel & Meade, 2023).

Ageism – Stereotypes, prejudice and discrimination based on age

Ageism was coined by Butler in 1969 when he first referred to it as the "prejudice by one group toward other age groups" (p. 243) in which there is a "deep seated uneasiness on the part of the young and middle aged" (p. 243) in relation to growing old. In 1975, Butler

developed this argument further: Not only should social class, gender or ethnicity enter the *-ism* group (classism, sexism, racism), but so too should age*ism*, because it is "a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for color and gender" (p. 12). Initially focused only on negative perceptions of age, ageism was also acknowledged in its relation to positive stereotypes – such as when older people are considered to be wise only because of their age (Ramos, 2015) or in the case of benevolent ageism (Sublett & Bisconti, 2023) – that may favour older people in relation to other age groups (Palmore, 1999). Further conceptual developments moved the understanding of ageism in terms of mere attitudes to identify it instead as a form of oppression embedded in social structures (Krekula et al., 2018). Bytheway (1995) conceptualized ageism as a way to use chronological age to mark groups of people and make differences in relation to resources and opportunities. Thus, age was proved to be a social construction in which inequalities are made, maintained and experienced by those concerned.

Researchers have tried to explain ageism from different perspectives and disciplines. On the basis of these different approaches, Ayalon and Tesch-Römer (2018) elaborated three different levels of ageism in society, encompassing the micro, meso and macro levels. Examples of theories at each of these three levels are *social identity theory*, which states that people act as members of their reference groups, creating distinctions to elevate their in-group status; *age segregation theory*, which shows that ageism emerges because different age groups do not interact given that their life courses take place in different social spaces; and *modernization theory*, which postulates that, with societal modernization and advancements in technology, older adults are often considered obsolete. Social psychology researchers have considered ageism a tripartite construct, in which cognitive (stereotypes/how we think), affective (prejudices/how we feel) and behavioural (discriminations/how we act) components interact (Palmore, 1999).

Rich bodies of literature focus on how ageism is experienced in different dimensions of life in old age. For instance, research shows that broadcaster services (e.g. television programmes) are organized on the basis of assumptions about age and gender, contributing to the construction, maintenance and reproduction of an ideology of "youthfulness" and discriminatory age stereotypes (Spedale et al., 2014). In work organizations and companies, age often carries negative connotations, resulting in older workers typically being viewed as less productive and up to date than their younger counterparts, which affects not only employment opportunities, promotions and performance evaluations but also government efforts to extend working lives (Naegele et al., 2018). Compared with younger persons, in health care, older adults tend to have less access to services and to particular health treatments; receive less time from physicians (Kane & Kane, 2005); are less likely to be involved in medical decisions (Ben-Harush et al., 2017) and receive poorer health care from nurses, who often have low expectations for their rehabilitation (Kagan & Melendez-Torres, 2015). Furthermore, they can be judged and stigmatized as being "too old" to have a disease associated with youth, such as HIV/AIDS (Emlet, 2006), or to not receive support in regard to suicidal tendencies, because these are considered logical and normal in old age (Ben-Harush et al., 2017). Older women tend to be double-jeopardized in both work and health contexts (Krekula et al., 2018).

Like childism, ageism is not only an intergroup phenomenon but also has a self-directed component that is directed towards people of one's own age, or towards oneself, because older people might have internalized age norms and negative perceptions on age(ing). They may consider themselves "too old" for their jobs, to change jobs, for training and/or

promotion (Vickerstaff & Van der Horst, 2021), or they may refuse certain diagnostic procedures and treatments because they believe certain symptoms are due to their age (Sousa et al., 2019). The many facets of ageism are brought together in a current definition of ageism by the World Health Organization (WHO, 2021), which defines it as multidimensional concept that appears in the form of stereotypes, prejudice and discrimination directed towards others or oneself; is manifested in institutional, interpersonal and self-directed levels; and has explicit (conscious) and implicit (unconscious) forms.

Linking "childism", "adultism" and "ageism"

What can a *Linking Ages* approach tell us? We highlight three aspects.

Childism, adultism and ageism are controversial concepts

The concept of ageism is widespread and diffuse, having been studied under different social circumstances and with the development of different (psycho-)social theories. Conversely, childism and adultism are seldom-used terms and, confusingly, can also signify different things (Alderson, 2020): Childism can be understood not only as prejudice against children (Young-Bruehl, 2012) but also as respect for children (Wall, 2022), and although childism and ageism are mostly used to refer to prejudice against children and older people, adultism is not about prejudice against adults, as one might assume, but about adultcentrism and the power of adults over children. Could this be because adults are less "marked" as an age group – they are often the normality, not the difference – and therefore do not need a term to label prejudice against them? Another controversy is that although most studies on ageism focus on older people, ageism is not prejudice against older people but against age, which makes ageism a contested term. In this sense, childism and adultism are forms of ageism and age-based discrimination targeting children and youth. However, childhood scholars often do not make use of the word *ageism* (Saul, 2020).

The -ism concepts inform public policy, but often children are absent

As stated above, childism and adultism are terms that have received little attention: While childism seldom appears in political discourse or as an important discipline in the field of childhood studies (Young-Bruehl, 2012) and is a relatively new and undertheorized aspect of social justice (Adami & Dineen, 2021), adultism is almost absent in the sociological, psychological and pedagogical discourse as well as in education and child and youth welfare systems (Liebel & Meade, 2023). Ageism, as a prejudice against older people, has received much more attention, which means it also has an impact on public policies. For instance, although the *Global Report on Ageism* (WHO, 2021) recognizes ageism against children, it also points out that "little is known about [it]" (p. 82), its effects are "still poorly understood" (p. 81), "findings are weak and inconsistent" (p. 86) and "no evidence is available on the magnitude of self-directed ageism in younger populations" (p. 82). As a result, "important effects of ageism identified among older people – such as serious health and economic effects – remain largely unexplored among younger people" (p. 86). This means that the concept of ageism – as prejudice or discrimination on the grounds of a person's *age* and not a person's *older* age – has not yet been sufficiently elaborated as a concept that makes visible the social construction of age as a whole, as is the case, for example with sexism, racism and ableism. The perspective of ageism confined only to studies of ageing weakens the

analysis of age as a category of social positioning that is relevant to all age groups. Through the use of the terms childism, adultism and ageism, the concept itself has been fragmented by age categories, with little relational analysis across age groups and (sub)disciplines.

Childism, adultism and ageism are not related concepts

Although gerontologists often recognize that ageism can be directed towards children and youth, being discussed under the concepts of childism and adultism (e.g. Krekula et al., 2018), and childism and adultism are interrelated phenomena that overlap in many of their explanations (e.g. the power of adults over children and children being conceived as less developed individuals), they appear to be unrelated to ageism and vice versa. For instance, although childism and adultism strongly refer to the power relations between children and adults in creating prejudice, oppression and exploitation against children, ageism rarely refers to this, staying more broadly in relation to the question of stereotypes, prejudices and discrimination. Ageism does not clearly define the adult-older adult relationship as a central aspect of power relations. This could be a reason why adultism is conceived as the power adults have over children, but not over older adults. However, ageism can be understood as an outcome of power relations, whereby an age group is presented as the norm while another is neglected and portrayed as deviant (Krekula, 2021). One might ask, "Could the discrimination and stereotyping experienced by older people in health care and the workplace not be understood as forms of (middle-aged) adultism"? Is it not childism when dependent older people are addressed through so-called "baby talk" or "elderspeak" (e.g. Shaw & Gordon, 2021) in health care settings being often told that their behaviour resembles that of children? Only recently has the question of power appeared in ageism under the intersectional perspective, being nourished by theorization in gender research (see Krekula et al., 2017, for more on gendered ageism). A *Linking Ages* perspective could partly overcome these shortcomings.

In order to question and link age in childhood and ageing research in a more complex way, we introduce two further concepts – namely, *generationing* and *age as doing* – which are now embedded in the social sciences.

Generationing

With the development of childhood studies in the late 1980s, *generation* was identified both as a key and structural concept that not only identifies children as a distinct population group within the life course but also constitutes them as a particular social category (Alanen, 2003), relating children to specific attributes and social locations. "Childhood is an essentially generational phenomena", remarks Alanen (2001, p. 11), whereby the position of being a child is constantly being produced and maintained through practices of difference and social division. Inspired by developments in gender/feminist studies, childhood was understood not as a stable, natural and universal category but as a social position that is recurrently being created through practices of *generationing* children, that is "processes in which people come to be identified – by others and by themselves – as members of a certain age category" (Bühler-Niederberger, 2020b, p. 829).

Because age categories are always created in relation to other age categories, generationing has fundamentally been understood as a relational and interdependent concept that must be seen as part of a wider generational order about how societies are organized (Punch & Vanderbeck, 2018). Alanen (2009) conceptualizes *generational order* as a system of social

ordering that structures and organizes the relations between children and adults as generational categories. On the one hand, societies circumscribe to them "particular social locations from which they act and thereby participate in the ongoing social life" (Alanen, 2009, p. 161); on the other hand, these social locations are characterized by power asymmetries and inequalities between generations, in which children are often seen as a *becoming*, an unfinished and not-yet-competent being (James et al., 2007). This creates, as Qvortrup (1994) points out, a strong power relation because adults themselves establish what competence entails and because adults decide and organize, by way of scientific discourses regarding childhood and policies based on these same discourses – such as the overprotective and paternalistic views of children as dependent and vulnerable beings (Wyness, 2018) – the lives and interests of children.

Power asymmetry is visible, for example in the generationing practices between parents and children (Mayall, 2003), teachers and students (Mekacher, 2023), older and younger siblings (Punch, 2005) and child protection professionals and children (Bastia, 2020), in which children are expected to behave according to codes and frameworks laid down by adults, often occupying the position of those who need to be controlled and cared for (Wyness, 2018). Moreover, many children feel they lack opportunities to participate in decisions at home and at school (Gromada et al., 2020), and they may remain disregarded and unheard by adults even when they disclose experienced violence (Bühler-Niederberger & Alberth, 2023). Thus, concepts such as agency and autonomy, strongly debated in childhood studies, have been understood as embedded in localized generational orderings (Esser et al., 2016). Fattore et al. (2016) show, for example that children experience constraints and occupy a subordinate position in relation to adults, asserting agency when they manage to negotiate, resist and challenge parental and school rule-making. However, children may also adopt a more confirming behaviour, legitimizing, obeying and accepting parental practices within the generational order, especially in societies characterized by strong obligations of intergenerational solidarity and asymmetrical adultist structures (Bühler-Niederberger & Schwittek, 2022).

When children reverse the preestablished generational order and, like weeds, grow up in wrong places (Jenks, 2005), different from those designated to them – as the "criminal child", the "disordered (or delinquent) child" and the "precocious (or pregnant teen) child" – their childhood is viewed as endangered (see Postman, 1982). While these children have an adjective appended to the name "child", "normal children" are simply called "children" because they do not threaten the generational order and "the moral and social integrity of the concept of childhood" (Wyness, 2019, p. 124). Moreover, children experience generational orderings and adults' governance in relation not only to their behaviour but also to differentiated and segregated age-linked spaces (see Hagestad & Uhlenberg, 2005). Spatial discourses construct particular spaces – such as schools, children's bedrooms and play parks – as appropriate for children, whereas others (e.g. the streets and work environment) are seen as inappropriate for their age. As Vanderbeck (2007) points out, age is not only *embodied* but is also *emplaced*. For instance, public spaces tend to be understood as "adult" by default. Thus, spatial prohibitions and limitations are central aspects of children's experiences (Clark & Gallacher, 2013).

Age as doing

Another approach, mostly discussed in the field of gerontology, which also deals with age as a social construct, is the concept of *age as doing*. Inspired by developments in the concepts

of "doing gender" and "doing difference" (e.g. West & Zimmerman, 2002; see also Laz, 1998), gerontologists have begun to ask when and how age is constructed as a relevant category of difference in the sociohistorical and cultural contexts in which individuals are embedded. Age is thus understood not as a personal characteristic or property but as something that is done, that is, a social practice (Krekula, 2021). "Ageing is not just a mere social role, but an ongoing process of interactive representations and social attributions that takes place with every human action. *Doing Age* means the (social) construction of age difference", states Schröter (2008, p. 250, translated by the authors).[3] Schröter (2012) understands age(ing) as comprising social practices that contribute to social structures. On the one hand, individuals indicate their age to each other through significant symbols present in clothing, postures, ways of speaking, actions and corporeal indicators, such as body shape and skin texture. It means that individuals both visualize and perform their age, being not only as old as they feel but also as old as they act and present themselves. On the other hand, age also has a structuring effect: In order to perpetuate age differences, age also needs to be (re)produced in the social order that includes age-differentiated structures, such as educational settings, culture and leisure activities.

Under the understanding of age as something that is "done", Krekula (2009) developed the concept of *age coding* to describe the practices of distinction that are grounded in emphasizing differences while simultaneously articulating similarities within age groups. Age coding creates assumptions about activities and phenomena that are considered as more or less appropriate to a certain age category. She shows, for example, that it is embedded in institutional practices such as grey dancing activities, constructing both age and age normality (Krekula et al., 2017). The temporal organization of activities reveals how age is coded: While dance venues are often seen as places for youth, being available to them during the weekends, for older people they are normally available in the middle of the week, making visible their lower priority. This example also indicates the power relations between age groups: Because age is often seen as a neutral and unproblematic category, some age groups are seen as unmarked and normal (e.g. youth dancing during the weekends), whereas others are marked and constructed as deviant. Thus, the perspective of age as doing is that age has to be understood in the form of relational practices for negotiating power relations.

We "do age" as a way of distinguishing age groups from each other: When individuals "age-code" something, they claim that activity as suitable for one age group and not for others (Krekula, 2021). Thus, as a powerful organizing principle, age can be used not only by privileged groups, to defend existing age-based power relations, but also by subordinated groups, to challenge and negotiate these relations (Krekula, 2009). Höppner and Wanka (2021) bring together with the concept of *doing* age the concept of *undoing* it. As a "doing", age is a construction of social categories of difference, but as an "undoing", it can also be deconstructed, negated and reversed. Age practices can therefore call age (categories) into question by deviating from and undermining age norms. Still, individuals have little room for manoeuvring when age is used in regulatory documents because they contribute to maintaining normative assumptions about age, powerfully structuring and organizing hierarchical age relations in societies (Krekula, 2009). Thus, age as doing also gives visibility to the construction of inequalities.

Adding and linking "generationing" and "age as doing"

What can a *Linking Ages* approach tell us when we add the concepts of *generationing* and *age as doing*? We must point out at least three further aspects.

Generationing and age as doing have a more interactional and less passive perspective on age

While childism, adultism and ageism are embedded in sociopsychological approaches, being similar to other known forms of discrimination, such as sexism, generationing and age as doing – but also childism from the perspective of respect for children – are most discussed from the perspective of social sciences and are more embedded in feminist/gender research. As such, they not only describe and recognize the prejudice against age groups but also question when age becomes relevant and how age (difference) is socially constructed. This means that the positions individuals occupy also change. Researchers on childism and ageism tend to assign a rather passive role to children and older adults, with few studies describing age groups as exercising the capacity to mutually shape the "powerful" alongside the "powerless" (Krekula et al., 2017), thus "retain[ing] their agential power to interpret their own reality" (Spedale et al., 2014, p. 1588). Wall (2022) points out that the concept of childism as simple prejudice and marginalization "perpetuates a victim mentality in which children are either oppressed or saved by adults" (p. 263). Conversely, the notion that children are embedded in generational and hierarchical power structures also raised questions about how children exercise agency in relation to (and in contradistinction to) adults (Mayall, 2002). Agency was seen not as something that children have per se but as something that is made possible or limited by generational order(ings) while, at the same time, children also have a reproductive or transformative effect on it (Esser et al., 2016.). A similar perspective can be seen in age as doing: Individuals are seen not as victims or offenders but as collaborative beings who negotiate age through ongoing discursive processes and social interactions (Krekula et al., 2017). In this sense, un/doing age can also be understood as how individuals ("agentically") make age relevant (doing) or irrelevant (undoing) in different social contexts (Höppner & Wanka, 2021). Moreover, both concepts often adopt an intersectional approach, referring not only to age but also to other categories of social positioning in areas where different systems of power interact to reinforce vulnerability, inequalities and marginalization (Crenshaw, 1995). The lives of children and older adults are not only aged/generationed but also gendered, raced, dis/abled, classed and ethnicized, thus being intersectionally structured (Alanen, 2016; Bühler-Niederberger, 2019; Krekula et al., 2018). However, age is a continuous and dynamic process given that individuals less often change their race and gender than they change their age.

Childhood studies and ageing studies do not talk back

We have pointed out that concepts developed in childhood studies are not related to concepts developed in ageing studies. We would like to go back to this issue to reflect on the importance of a *Linking Ages* perspective. If we take the concept of generationing, which is much more diffused than the concepts of childism and adultism, we can see that it emerged and has remained mostly in childhood studies. Reasons for this include the fact that, although generationing recognized "the fundamentally *relational* nature of the social categories of childhood and adulthood" (Alanen, 2009, p. 160), "general sociology [as anticipated by Alanen, 2009] remained ignorant of generational order(ings) as a distinct organising principle of social relations" (p. 171). The claim raised by the *Global Report on Ageism* (WHO, 2021) – that few studies have analysed ageism and hierarchical power in relation to children – clearly shows that scholars of age(ing) are not familiar with the concept of generationing. This means that childhood researchers are (still) not communicating (enough)

with other disciplines. Thus, there is a need to decentre childhood and move beyond childhood studies by "unpacking the dynamic processes of generationing both within and across generations" (Punch, 2020, p. 134). Because age is a relational concept "formed in and through interaction, negotiation, and on-going discursive processes [that] involves everyone at different levels" (Krekula et al., 2018, p. 37), breaking up age norms, stereotypes and inequalities related to age depends on increased awareness on the part of other age groups and research fields. As Wall (2022) points out, "no marginalized group overcomes its marginalization purely on its own terms …. Differences are demarginalized only interdependently: both on one's own behalf but also through responses on one's behalf from others" (p. 266). Thus, childhood and ageing researchers can do little to shake the power relations associated with age if they remain insulated within their own domain. They need to talk back (Punch, 2020).

We need a common wording to refer to age

As we have seen, *childism*, *adultism* and *ageism* are controversial and contested terms, with childism being discussed from two different perspectives and adultism being nominated under different terms (e.g., adultocentrism, adultocracy, adult supremacy, etc.). In addition, the concept of *age as doing* points out the importance of seeing age from a theoretical–practice perspective, and although *generationing* did not make a clear claim as a practice-oriented concept it can also be seen from this perspective because it questions how individuals "do generation" through social interactions and how they act from this position (Bühler-Niederberger, 2020b). Thus, generationing could be understood as a way of "doing age". Under the umbrella of *age as doing* we also have other terms, such as *age coding* (Krekula, 2009) and *un/doing age* (Höppner & Wanka, 2021). Furthermore, childism, adultism and ageism themselves can be seen as ways of doing age, that is as practices whereby age is treated as a privileged relationship and whereby age normalities are constructed (Krekula, 2021). From our perspective, we lack a common wording to refer to age. For instance, although very fruitfully discussed in gerontology, age as doing is not a concept that refers only to older people's age but also to age as a category of difference. The same can be said for the concept of generationing: Initially focused only on adult–child relationships, it was later extended to refer to the relationship among all age groups (Bühler-Niederberger, 2020a). By *Linking Ages*, researchers could work together to develop a "critical age studies" perspective (Krekula, 2019; see also Laz's seminal work, 1998) in which age normality and the practices of marking and unmarking age are analysed contextually and relationally across the life course. It does not mean, however, that we must override the specificities of childhood and old age. We have to bear in mind that age not only organizes the life of individuals differently but also normalizes certain actions and social contexts according to certain age categories, which in turn have varying degrees of and access to power. *Linking Ages* and putting age-related concepts together could represent a way to help researchers as well as policymakers break down binary oppositions and find common ground between generations and disciplines (Joosen, 2022), leading to a better understanding of the processes from where age normalities and age privileges come from. Childhood and later life have age boundaries that need to be respected, but they are also age-linked (Dietz & Ramos, 2023). Focusing on the settings, the interplay and the material-discursive negotiations of age practices in both life stages can create new understandings and developments in age research.

Outlook

Looking for concepts that address age in childhood and ageing studies, we have provided an overview of the three *-ism*s – childism, adultism and ageism – and in two *-ing* concepts – generationing and age as doing – creating some initial connections and points of discussion among the terms. The life span developmental approach, which began to gain momentum in the 1970s, stood for a linking ages perspective (see Baltes & Brim, 1978); however, it was more targeted at researching the developmental trajectories of individuals across their lifetimes than comparing life stages as social constructs. Settersten (2005), for example suggested that scholars should look at the two ends of the life course together in order "to build bridges between scholarship on childhood and old age and to ask how scholarship on the first two decades of life might yield insights for scholarship on the last few decades" (p. 173). Laz (1998), discussing the importance of a *sociology of age*, and age as accomplished, also looked for it in different age categories. We could also ask why, although the concepts presented here discuss powerful and marginalized age positions in relation to children and older people against the backdrop of seemingly ageless adult midlife, they are generally not linked. Further research should examine these concepts more closely to better understand what they can do, how they can inform researchers from different fields and how we could move further to establish more linked approaches across disciplines and life stage research. A *Linking Ages* approach can also question how we do age/do generation or even do ageism, adultism or childism through research. For instance, is there any connection between the fact that what we initially understood as a "good life" for children was often articulated from an adult standpoint on what children need to feel good (Fegter et al., 2010) and the fact that what we acknowledged as a "good life" for older people was essentially understood as health or the absence of disease (Evans, 2009)? Linking age practices across the life stages opens up the arena for a challenging and promising research agenda.

Notes

1 These age boundaries for defining a child or an old person vary depending on the social contexts.
2 We thank Doris Bühler-Niederberger, Clary Krekula and Anna Wanka for their attentive reading and constructive comments.
3 «Altern ist nicht nur eine blosse soziale Rolle, sondern ein sich mit jeder menschlichen Handlung vollziehender fortlaufender Prozess interaktiver Darstellungen und sozialer Zuschreibungen. *Doing Age* heisst (soziale) Konstruktion von Alternsdifferenz.»

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2 I Just Want to Help!

Autonomy Violation in Children and Older Adults

Regina Gerlich

Introduction

Most people like to help others—particularly those who seem to need help, such as (very young) children or older persons. But this help is not always appropriate or desired. When those we seek to help express that they do not desire to be helped, they may be described as exhibiting, for example, the "terrible twos" in the case of children (Deichmann & Ahnert, 2021) or "stubbornness" in the case of older persons (Heid et al., 2015). The common factor among these is their noncompliant behaviour. It is important to note that these examples are not intended to be blanket statements about specific age groups or to trivialize noncompliant behaviour, but to illustrate that help is not always wanted and that various factors must be considered when deciding when and how to help.

For the person offering (or imposing) help, it seems obvious that the person they seek to help cannot cope without that help. The person offering help may not be aware that their actions violate the autonomy of the other and thus cause more harm than good. However, they are aware that the other is noncompliant and that this situation causes stress.

It seems to me that autonomy violations occur mainly in two phases of life: (early) childhood and old age. If this happened to us as a child, we may have forgotten what it was like when our autonomy was violated in everyday life. Perhaps, as reflective adults, we can imagine what it might be like when we get older. At best, we will all one day reach an age when we are essentially healthy, but some things just don't work as well as they used to. For those still unconvinced by considerations of solidarity and compassion in this regard, there is an even more self-centred reason why the issue should be of concern to them: when we consider behaviour towards ourselves as inappropriate, we shouldn't want it to occur to others either.

Let's have a look at (violations of) autonomy and why younger and older persons seem to be particularly affected by it. First, I will address the question of what autonomy is and how it can be violated by paternalistic actions—even by those with the best of intentions. This is necessary to create a common understanding of why a violation of autonomy is not only a problem for those affected, but also a problem for society.

In doing so, we learn that autonomy and its violation are not only theoretical-philosophical constructs but also have practical relevance and consequences. In the following sections, risk factors will be presented that may lead to violating the autonomy of others. Since this chapter is intended to offer a stimulus for reflection, questions inevitably arise for science and society. I will share some of those which I asked myself while writing this chapter at its end. This chapter is also interspersed with suggestions of ways to prevent violations of autonomy in our personal environment as much as possible.

Setting

Autonomy

Pedagogical and legal definitions of autonomy shall not play a role for us in this chapter; we will instead focus on psychological and philosophical definitions. Essentially, the term autonomy means that the decisions involved in planning and shaping one's own life are self-determined (Gumbis et al., 2008). It can also include the rights to be left alone as well as having control over what information is disclosed about oneself.

Preconditions for autonomy

Autonomy is a relational concept. No one has complete autonomy over everything. The basic precondition for autonomy is an awareness of one's own capacity to act and the ability "to make decisions and to exercise control over important areas of one's life" (Helwig, 2006, p. 458). Decision-making is "a cognitive process in which the consequences of a particular decision are foreseen, understood, and weighed against other potential decisions in connection with the individual's interests and priorities" (Hall, 2021). Some psychological approaches assume that autonomy additionally includes the need of being able to act and to form one's own identity. This is expressed differently depending on age and stage of development (Helwig, 2006). The development of a sense of autonomy goes hand in hand with the development of competencies and abilities and "is related to the successful negotiation of conflicts between the exercise of these abilities and external demands (e.g., parental expectations)" (Helwig, 2006, p. 460).

   This description makes it particularly clear why children are often denied autonomy, as they are regarded as "autonomous agents in the making" (Giesinger, 2019, p. 216). Not only in terms of developmental psychology but also in legal terms, children grow into autonomous personalities, gaining the ability to make decisions about their lives.[1] Children should have restricted autonomy based on normative demands, as they still need to be protected and cared for[2] (Giesinger, 2019; Hall, 2009; Hollingsworth, 2013). From this perspective, childhood and adolescence serve only as preparation for adulthood—to acquire the necessary skills to be autonomous personalities (for discussion, see also the chapter of Finegan & Ranta in this book).

Autonomy according to John Stuart Mill

Probably the best-known philosophical discussion of autonomy was provided by John Stuart Mill in his 1859 work "On Liberty" (Mill, 1998 [1859]), in which he writes that each individual should be able to decide for him/herself and pursue their own interests—as long as the individual does not harm anyone else. Every person is free to behave irrationally, and irrational behaviour itself should not be punished. Only possible harmful consequences of irrational behaviour should be punished. However, irrational behaviour is a personal matter, and each person is first and foremost responsible only to him/herself—insofar as his/her actions only affect him/herself.

Paternalism

But what happens if the individual is about to harm him/herself with his behaviour? According to Mill (1998 [1859]), one should not necessarily wait until the harm has occurred.

Harm should be averted as soon as one sees it approaching, but if an action is not exclusively harmful, there is no justification for preventing it. However, preventing an action does not restrict anyone's freedom if the risk of the respective action is accompanied by a warning. And what if the person endangering him/herself knows nothing about his/her own danger, or if a warning would come too late? Then it would be justified to prevent the person from acting—by force, if necessary. However, in situations that are not time-critical, one should always check first whether there are means available to warn the person. And if the person is aware of the danger, one should not forcefully interfere.

Interference by others in personal affairs, both decision-making and decision-implementation, which at the same time limits the autonomy of individuals is called paternalism—at least insofar as it is done for the (supposed) protection and welfare of the individuals. Unfair means such as "force, deception, threat, misinformation, manipulation, or other strong means" may also be involved (Cicirelli, 1992, p. 27).

Sometimes, a distinction is made between soft and hard paternalism. Soft paternalism is pure explanation of a risky action. Here, the individual is allowed to freely choose whether he or she still wants to take this risk, or a specific intervention is made if the individual is not aware of the risk. Philosophical schools of thought such as John Stuart Mill's (1998 [1859]) assume that the autonomy of an individual is not violated in this case. Hard paternalism, meanwhile, is considered as interference or prevention of an action without consideration for the will of the respective individual. This is a violation of autonomy. Drawing a clear line between soft and hard paternalism is challenging (Grill & Hanna, 2018).

Paternalism and autonomy in the health context

Paternalistic actions are often perceived as infantilizing by the individuals concerned—but not always. Especially in the medical context, the autonomy of children and older persons is often a central issue. These two groups of patients are not always free in their decisions, although the ethical principle of autonomy plays a weighty role in medicine: an individual should make self-determined decisions based on their own considerations. However, patients are sometimes unable to fully comprehend which measures entail which consequences. Therefore, it seems easier for some physicians to act paternalistically for the benefit of the patient (Marshall, 1996). Sometimes this paternalism is appreciated; especially in cases of critical health conditions, decisions about further treatment are often passed on to physicians (Rodriguez-Osorio & Dominguez-Cherit, 2008). Fernández-Ballesteros et al. (2019) discuss to what extend paternalistic measures and patient-autonomous decisions can and should be compatible.

This issue is particularly evident for patients of older age. Their adult children are often involved in major health decisions regarding their still independent and healthy parents, such as long-term care that may still be in the (distant) future (Bromley & Blieszner, 1997). The long-lasting parent-child relationship changes over the life stages, especially when the ageing parents become dependent (Pecchioni, 2001). In this case the roles are often reversed, and the adult children develop a kind of "filial responsibility" in which they "provide protection, care, or financial support to an aging parent when needed" (Bromley & Blieszner, 1997, p. 155). However, this "filial responsibility" is by no means only a feeling—depending on the state it can be a legal obligation to take care of one's ageing and dependent parents as an adult child.

However, studies show that not even half of all adult children talk to their parents about these issues in advance and less than a tenth reach the point of a (joint) decision about these

concerns (Bromley & Blieszner, 1997; Fowler & Afifi, 2011; Pecchioni, 2001). One reason for this could be "filial anxiety". This describes a condition in which adult children feel overwhelmed at the idea of having to care for their own parents. They worry about whether they are capable of handling this responsibility (Cicirelli, 1988),[3] or they are afraid of making decisions about their parents too early (Pecchioni, 2001). The risk of this filial anxiety increases the older the parents become. At the same time, it is unconsciously assumed that certain events simply will not happen as long as they are not addressed. This "filial repression" can be perceived by those affected as a supposed protection by "placing these problems far into the future and denying the possibility of serious problems ever developing" (Pecchioni, 2001, p. 232). However, explicit decision-making can help overcome or at least alleviate this anxiety and help preserve the parents' autonomy (Pecchioni, 2001).

In many cases, however, implicit decision-making comes into play: older parents assume that their adult children would make the "right" decision if worse came to worst (Pecchioni, 2001). Incidentally, this is also true of the adult children. Both are predominantly of the opinion that there is no need for explicit decision-making or further discussion about it. They know and trust each other. Explicit decision-making, however, would involve active problem solving and avoid the uncomfortable fact that adult children may not know exactly the specific wishes of their parents regarding everyday care, health care and financial matters (Cicirelli, 1992, p. 97f.). In these three categories, this "intergenerational congruence of beliefs" (the agreement between assumed and actual preferences) amounts to only 30% on average.

When relevant issues are addressed openly, all participants are consciously involved in the process and verbal agreements are made. In silent agreements, openly addressing issues and open conflict are avoided, so no verbal agreements are made. This could be a pattern that has formed over time in the relationship—also with the misguided idea that one party knows about the wishes of the other. Sometimes, however, older parents do express their will regarding what is out of the question for them (e.g., not wanting to live in a nursing home or not wanting to live in the same household with their adult children), but they do not offer an alternative that would be acceptable to them (Pecchioni, 2001). If care preferences are not discussed in advance, there is a risk that decisions will be made without the persons concerned if the care case occurs suddenly and must be decided and/or acted upon quickly (Fowler & Fisher, 2009). "An important consequence of implicit decision-making in family caregiving is the possibility that the parent's autonomy will be infringed upon, with its attendant negative outcomes in the areas of physical and mental health" (Pecchioni, 2001, p. 234).

Furthermore, certain studies show that the more physically dependent a family member is in the care setting, the less that family member is involved in decision-making—regardless of his or her cognitive status (Pecchioni, 2001). The adult children—mostly daughters—make decisions from their perspective in favour of the health and safety of the older parents. As long as their preferences and goals coincide, this is not a problem. But if they diverge, older parents are more likely to be tempted to give up their wishes in order to avoid conflict (Heid et al., 2016; Heid et al., 2018). However, adult children do not see their parents as being compliant: they are described as persistent, reluctant and stubborn (Heid et al., 2016; Heid et al., 2018). Both sides find this situation frustrating (Heid et al., 2018), and there are aftereffects on the long-term relationship. Both parties react by withdrawing, and their mental health can be affected by the deteriorating relationship (Heid et al., 2018). Interestingly, it is not only the parents who see themselves as compliant; the majority of adult children also say they will drop their request if their parents are "stubborn" (Heid et al., 2017).

Vulnerability, othering and age discrimination

The discussion about autonomy can hardly be considered separately from vulnerability. This connection becomes particularly evident when considering the aspect of health. To see how, let us first examine how vulnerability is conceptualized:

People are considered vulnerable when they are at increased risk of suffering harm. Furthermore, vulnerability involves "having diminished capacity to meet one's needs, safeguard one's interests or protect oneself from harm" (Mackenzie, 2017, p. 88). Giesinger distinguishes vulnerability across two levels, stating that "persons are vulnerable to the extent that (a) they can be harmed at all (basic vulnerability), and (b) are in danger of being harmed due to their potential inability to avert being harmed" (Giesinger, 2019, p. 218). In the latter case, individuals are unable to avert the danger for themselves due to various contextual factors. This makes children more vulnerable than (healthy) adults (Giesinger, 2019. 219f.). This can also be applied to older, dependent persons: they are more vulnerable when they are in greater need of help.

People are not vulnerable per se, but they are so in relation to certain influences and contexts (see e.g., Hall, 2009, p. 110). Thus vulnerability, like autonomy, is a relational concept. While it seems absurd to assume that this context and its influencing factors could be traced back to age alone, doing so seems practical in everyday life. Age is a category that is easy to grasp without considering other contextual factors. Hoffmaster (2006) even assumes that "vulnerability threatens individualism" (Hoffmaster, 2006, p. 42). Individualism is one of the great ideals of our modern Western world. If a person is labelled as vulnerable, there is also a danger that their individuality will be lost. In consequence, all individuals with similar vulnerability are treated equally. Therefore, "[v]ulnerability marks the limits of individualism" (Hoffmaster, 2006, p. 43).

Hall (2009) distinguishes two other types of vulnerability that affect older persons: social and personal. According to her, social vulnerability stems mainly from the fact that the vulnerable persons no longer participate in the labour market and that ageist social attitudes prevail. In her article, she claims that personal vulnerability increases with the ageing process: social relationships disappear due to reduced mobility and the deaths of companions such as older or same-aged family members and friends. Physically, older persons are also affected because their physical strength decreases, and they are more likely to be dependent on help. Moreover, with technological progress and social change, levels of education and opportunities for participation are put into a new perspective: older adults may find it confusing and no longer keep up with modern reality and its demands. But does this alone justify paternalism?

There is a risk of rejecting the idea of oneself being vulnerable—especially with all the attributes that accompany it—and affiliating it only with others. This "othering" leads to a deficit in understanding of the other. Othering is "a deficit framework, a view that she is not as good or capable as 'we' are, that leads to stereotypes and other forms of representation" (Dervin, 2016, p. 46). Othering "can reinforce and reproduce positions of domination and subordination" (Johnson et al., 2004, p. 253). "We" would rather not describe ourselves as vulnerable in public. "Consequently, persons who are treated as other often experience marginalisation, decreased opportunities, and exclusion" (Johnson et al., 2004, p. 254). Through the attribution of vulnerability, those affected are deprived of active opportunities to act and make decisions (Higgs & Gilleard, 2014). They are being made passive individuals in many parts of their lives—"in need of active protection" (Butler et al., 2016, p. 3). They are objects of action, but do not (any longer) act themselves. Decisions are made about

them, but they do not (any longer) decide for themselves. They are ascribed a lower *capacity* to act, which results in a smaller *scope* for action.

Since some authors see vulnerability as a necessary prerequisite for strengthening paternalism (Butler et al., 2016), the construction and establishment of power relations also resonates with this: different groups are classified as vulnerable or non-vulnerable. Non-vulnerable groups decide for supposedly vulnerable groups. A recent example occurred at the beginning of the COVID-19 pandemic, when the motto was that "we" must protect "the elders". A truly diverse group of people was rhetorically homogenized and thus discriminated against simply because of their age (Lebrasseur et al., 2021; Silva et al., 2021).

The further the pandemic progressed, the more the public discourse shifted to another age group: children. As the suspected main drivers of the pandemic, they were restricted in their actions by school closings. Thus, age discrimination is not only directed against older persons, but also against younger people. When people are denied the ability to make decisions solely based on their age, it no longer makes any difference whether they are old or young. They are not seen in their entirety but are reduced to this one characteristic.

Age discrimination is a form of ageism (along with stereotypes and prejudices, see World Health Organization 2021) and affects all age groups. In the literature, however, different terms are sometimes used for the different age groups: *ageism* sometimes only for older persons (Hall, 2009), *youngism* is referred to as ageism against youth by Francioli and North (2021), and ageism against children is called *childism* by Pierce and Allen (1975). While the terms "ageism" and "childism" had been in use since the late 1960s (Butler, 1969) and mid-1970s (Pierce & Allen, 1975), respectively, "youngism" is a fairly recent neologism.

Vulnerability and stigma management

When people are classified as vulnerable, a stigmatization takes place at the same time. As with othering, the supposedly vulnerable person is attributed characteristics that can lead to discrimination. This attribution and stigmatization simultaneously imply that a person is not "normal". In order to escape this labelling, stigma-threatened individuals engage in stigma management (Goffman, 1986), which serves to whitewash their supposed flaws. Their strengths should come to the fore, not their supposed weaknesses based on their group membership. For example, older persons may place special emphasis on being active and not dressing appropriately for their age. Rather, it would depend on whether one is seen as "old", for example: "Those who look or behave in ways identified as 'old' will be more affected by social vulnerability than the younger-seeming individuals prominent in advertisements and other 'pro-aging' visual messaging" (Hall, 2009, p. 108). Even people who know or suspect that they are or could be affected by dementia often act accordingly: they know about their vulnerability, but often do not want to expose themselves to the stigma. Therefore, they refuse help or do not ask for it, even though it might be necessary (Benbow & Jolley, 2012).

Why is violation of autonomy a problem?

Violation of autonomy is first and foremost a sociological issue: modernity is not possible without the claim that individuals can shape their own lives in a self-determined way (Bohmann et al., 2018). On the macro level, the path to totalitarian power structures and dictatorial conditions is paved when citizens are accustomed to the belief that their will does not count. At the same time, according to John Stuart Mill, citizens are deprived of the

opportunity to reach their full capacity (Mill, 1998 [1859]). Thus, the micro level is also affected when individuals can no longer develop freely. This in turn leads to a standstill in social development at the aggregate level.

At the micro level, paternalistic actions that are supposed to protect can become long-term problems. As an example, consider the privacy of children's online activity. The monitoring of children's online activity—which is meant to protect them—would violate the children's autonomy and privacy (Mathiesen, 2013). This has unintended consequences: direct, open monitoring encourages children's secretive behaviour, "for example, using computers away from home and learning how to avoid monitoring on home computers" (Mathiesen, 2013, p. 264). In the long term, a child's violation of autonomy results in internalizing problems, externalizing problems and social problems (Scharf & Goldner, 2018).

According to the self-determination theory, individual autonomy is an essential component of successful living—also called eudaimonia—and thus also of subjective well-being (Ryan & Deci, 2000), which in turn is part of mental health. According to Deci and Ryan (2008), autonomy is one of the three universal psychological basic needs.[4]

It could be argued that—as stated above—giving up one's own autonomy (at least partially, such as in the health context) introduces a thoroughly desirable paternalism to the affected. According to John Stuart Mill, however, it is not permissible for people to have the freedom to give up their own freedom (Mill, 1998 [1859]). But this is exactly what happens when, for example, children do not want to burden their parents or older persons do not want to burden their adult children (anymore), so they scale back their needs. A study from Germany found that nursing home residents are at risk of losing their sense of personal dignity because they do not want to be a burden on others (Pleschberger, 2007). Some authors infer that the violation of autonomy would also be accompanied by a violation of human dignity (Gumbis et al., 2008).

Risk factors for potential autonomy violation

We have touched on various areas of life in which the autonomy of an individual is at risk of being violated. One particular risk factor occurs whenever there is an unequal relationship between the people involved, in which one person has the power to make decisions for another or to intervene in their decision-making. This is the case, for example, in a nursing home or in an "ordinary" parent-child relationship: in both cases, the daily structure is usually set by the more powerful actor.

In addition to the daily structure, there are other realms where decisions are (or can be) made for others: social contacts, housing and everyday activities.

In the case of social contacts, there is a risk that decisions can be made for the person concerned regarding whom they can have contact with, at what time and how often, and in what form. If the person concerned is also immobile, the place and form of contact with other people is also determined. Not only can this result in too little contact or the "wrong" kind of contact, but it is also conceivable that the person concerned has to endure too much contact. Perhaps s/he wants more time alone with him/herself and a place to withdraw.

The situation is similar for housing, especially if only one person in an unequal relationship has a say or even the power to decide on where the other lives. This concerns not only the determination of the place of residence but also the style of living. It could be, for example that the persons concerned prefer a minimalist or, conversely, a lavish style of living. Wanting to change this by force because the more powerful person likes it better another way is an enormous encroachment on the autonomy of the person concerned.

The everyday activities of the persons concerned fall into the same category. As long as no one suffers any harm, it is unnecessary to prevent self-determined activities of the person concerned. In such a case, it is also unnecessary to reduce supposed overactivity or to increase supposed underactivity through activating measures.

Earlier, we addressed self-determined decisions in the health context. There, too, lies the danger of violating autonomy—even if the consequences of the respective measures cannot be fully grasped.

Now I could easily displease readers by listing or omitting (further) examples. Not all eventualities could be considered and not all counterarguments could be addressed. Therefore, the enumeration of possible sources of danger of violating autonomy should come to an end at this point. At the same time, this is an invitation to exchange, reflect and critically question together.

Open questions and proposals for action for science and society

Two blocks of questions in particular arise for me for possible Linking Ages research projects as a result of this chapter:

- What actions by others lead to feelings of loss of autonomy in children and (older) adults? Are there age-specific differences? What relevance does the actors' relationship have?
- How is autonomy perceived from the outside? When do I as an actor find that I am allowed to interfere with or even restrict the autonomy of another?

At the same time, however, this chapter is accompanied by proposals for action to benefit science and society. There are opportunities to set up appropriate research designs that pursue a multi- and interdisciplinary approach. Undoubtedly, this cannot be done without preconditions, and it certainly demands additional time and effort. All persons involved must be brought up to the same level, and an appropriate research design has to be set up. Thus, it may take some time, and possibly even a long time, until such studies may begin.

Not only as researchers but also as a society, we also need concrete case studies to make this abstract construct of autonomy more tangible. Giesinger (2019), for example, suggests moving away from the concept of age, which determines purely in years when someone is a child and when someone is an adult (Giesinger, 2019, p. 222). She argues that children are (or should be) less autonomous than adults not because of their particular vulnerability, but the other way around: they are vulnerable *because* they lack autonomy and independence (Giesinger, 2019, p. 217). Thus, it can happen that parents consciously let their children remain dependent on them because, for instance, they want to be needed and irreplaceable. This situation is also seen in romantic relationships (Murray et al., 2009). It is also possible, however, that the parents do not act based on a calculated intent at all, but simply out of impatience, causing them to fail to provide appropriate guidance and support for self-learning regarding, for example independent dressing or correct brushing of teeth for children, or technical support with smartphones or laptops for older persons.

There is also a need for studies and texts with concrete indications of when and how exactly a person's autonomy is violated. "Autonomy" often remains at the abstract level. However, it is even more difficult to judge whether a certain action violates a person's autonomy if there are no concrete and relevant examples to provide guidance or cause for reflection.

There is also always the question of the perspective this judgement is based on. From the autonomy approach, it should take place exactly where the assessment is rooted: in the person affected. They should judge whether their own autonomy is being violated or not. That is why we must stay in dialogue with each other and not act paternalistically at all costs. We must justify why we believe that this or that action is better, safer, wiser than any other and why the recipients of said action or piece of advice should act accordingly. If, in *negotiating* the "best" solution, the autonomous person decides otherwise, then so be it. Then one may not end up with the "best" or (in the eyes of others) most rational result, but with the most humane one. Sometimes it is just a matter of the person in question getting his or her way. And there is a form of rationality involved in that, too: maintaining the right to make one's own decisions—however unwise they may be, preserves autonomy through the expression of one's own will and preferences.

As stated by John Stuart Mill, the autonomy of an individual is violated if they are prevented from acting or if the will of the individual is not considered (Mill, 1998 [1859]). This is justified in exceptional cases when the individual is not capable of understanding the consequences of their actions. However, if the individual is aware of said consequences and still wants to perform the action, it is unlawful to prevent them from doing so or to initiate another action.

However, it is important to warn against staying completely out of the lives of others. Doing so would make solidarity impossible. The first step should be to talk to the people concerned. It certainly makes sense to ask concrete questions to find out whether this or that lifestyle is self-selected and wanted or whether the person living it wants to change something about it—without persuading them to do anything.

For example, there is no absolute necessity to interfere with a hoarding, cluttered style of housing. in order to reduce it. However, there may be a relative necessity if this itself becomes a danger, such as creating an increased risk of stumbling or littering. But even then, it may not be necessary to proceed according to an all-or-nothing principle. It is also conceivable to tackle the relevant and pressing matters first to eliminate the danger.

Overall, we should strive as a society, but also as individuals, to recognize autonomy claims. But how is that possible? How do I recognize if I am about to violate another person's autonomy? And how do I act when I do? What if it is obvious (to me) that the other person cannot act without my help?

As we do not have evidence-based answers to these questions, "only" conversations, empathy and solidarity will help us for the time being. It is certainly appropriate to offer help from time to time, but it is also appropriate to accept a *no*—without discussion. This makes the person feel that they are taken seriously. And of course, these things are always context-dependent. This chapter mainly discusses groups of people who are largely healthy—both physically and mentally—and without cognitive limitations.

Call to action

It is of great importance to develop empathy and at best to train it (Lam et al., 2011). As a moral principle like the Golden Rule says, "Do unto others as you would have them do unto you", we should more often ask ourselves: is this how I want to be treated? Do I want people to talk to me like that? Would I also understand it only in this way?

In our stressful times, it is often easier for us to think and act in terms of categories. When individuals fall clearly into certain categories—such as particularly young or particularly old—we can display prejudices and behaviour patterns that fit the categories but that can

be quite inappropriate for the affected individual. Prejudices are most easily reduced when we encounter other people who do not match our in-group (Zhou et al., 2019). People have their own emotions, thoughts and motives where it would indeed be inappropriate to approach them with a generalizing category. With this comes appropriate language. As best we can, we should speak inclusively. This applies when we talk *about* the individuals mentioned as well as when we talk *to* them. In this way, we avoid othering and discriminating against people.

Let us sharpen our gaze together and change our perspective every now and then. Let us resolve to ask for help when we need it—and not show false shame in doing so. Let us rely on the fact that the person offering the help or asking for help is already telling us their limits; what they can and cannot do. And on the other hand, let's not impose help where it is explicitly not wanted. Accept a *no* but remain leniently on standby in case the person changes their mind. Create an open dialogue rather than a Walk to Canossa. Allow a person who realizes that he or she is running out of strength, that competence is not enough, or that for whatever reason it is better to accept help to ask for it without feeling bad. Do not reply "I told you so!". If you are still willing to support, no further words are needed than "Yes, of course I will help you!"

Notes

1 At the same time, children have special rights, which were first laid down in the Geneva Declaration in 1924. Later, these were transferred and expanded into the UN Convention on the Rights of the Child (UN General Assembly 1989). Several countries have committed themselves to this as part of their UN membership (formerly membership in the League of Nations). In some countries, adult protection for older persons exists or is being pursued in addition to child protection legislation (Doron 2006). There is even a scientific journal that deals with the legal concerns of older persons ("The Elder Law Journal").

2 However, the fact that children are considered particularly worthy of protection compared to adults or adolescents is a rather "new" concept: Philippe Ariès states in his work "Centuries of Childhood" (1962) that the distinction between children and adults has only existed for a few centuries. Thus, a child was not considered particularly worthy of protection until the early modern era.

3 A separate measurement instrument has even been developed for filial anxiety (ibid.).

4 The other two are competence and social inclusion.

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Section II

Method(ologie)s of Childhood and Ageing Research

3 Rethinking Life Stories in the Context of Civic Engagement

The Life Diagram and Its Potential for Ageing and Childhood Research

Bas Dikmans and Karima Chacur

Introduction

In Europe's ageing societies, social exclusion in later life poses a significant challenge that reduces societal cohesion and individual quality of life (Scharf & Keating, 2012). While research focusing on the social exclusion of older persons has grown in recent decades (e.g. Seifert et al., 2021; Van Regenmortel et al., 2016), empirical studies on exclusion in later life from a life course perspective remain scarce (Walsh et al., 2017). Furthermore, longitudinal research demonstrates that positive or negative personal life assessment in old age is intrinsically linked to past experiences (Mroczek & Spiro, 2005; Vaillant, 2015). A life course approach thus emphasises change and dynamism, counteracting a persistent biomedical view that perceives ageing as an inevitable process of deterioration and increased vulnerability (Kim & Moen, 2002).

A life course perspective is unique as it focuses on the stories people tell (Atkinson, 2002; McAdams, 2005). It considers and explores each period of an individual's life as a process. However, there is a growing realisation that established qualitative methodologies, such as the life story interview or the focus group, fall short when exploring the domain of the non-linguistic or the sensory (Bagnoli, 2009), which has led to the "visual turn" (Boxenbaum et al., 2018; Söderström, 2020). Life stories can be documented in various ways, including the use of graphic elicitation tools that focus on visual representation and narrativity. These techniques have gained increasing popularity in recent years (e.g. Bremner, 2020; De Vries et al., 2017). Graphic elicitation can be helpful for gaining a deeper understanding of what may be implied or difficult to express in words (Gauntlett, 2007), thereby enabling participants to actively shape the direction of an interview. Additionally, graphic elicitation tools do more justice to participants' preferred styles of expression (Söderström, 2020), create methodological space to challenge assumptions of linear temporality and help us to "recognise alternatives and learn from the experiences of […] research participants" (Söderström, 2022, p. 7).

This chapter focuses on the life diagram as a graphic elicitation technique. Life diagrams are a participatory visual method conceived to be both a methodological and an analytical tool for navigating life stories (Söderström, 2020). They are well-suited for ageing research for several reasons. Firstly, older research participants tend to rely more on reference points in the past, such as macro-historical events or important life transitions, as strategies for recalling past experiences (Hughes & Touron, 2021). Secondly, as life events are shaped not only by personal contexts but also by broader cultural, social or political structures (Giele & Elder, 1998; Billari, 2015), the life diagram can provide an ideal instrument for understanding how these processes manifest in older persons' lives (Porcellato et al., 2014).

Childhood researchers have also demonstrated that using visual and participatory methods, such as pictorial time-lines with children, can have positive implications, albeit for different reasons: taking a visual approach often means avoiding targeted questions towards children to obtain information, which demands serious and long-term cognitive engagement, focusing instead on the pictorial representation of a child's experience (Gosse & Roberts, 2014; Ranta & Finegan, in this volume).

As qualitative doctoral researchers, one with a background in cultural anthropology and one in psychology, in respectively Belgium (Adult Educational Sciences, Vrije Universiteit Brussels) and Spain (Social Psychology in the Gerontological field, Universitat de Barcelona), our main objective is to synergise and discuss the methodological reflections that have arisen from our experience of using life diagrams as a data collection tool with older persons, but also to dialogue with childhood research on the topic and to explore how life diagrams can prove useful for understanding earlier and later life. Consequently, we aim to inspire researchers studying childhood as well as later life to use and adapt this technique in their work.

In what follows, we will examine life diagrams in the context of the European research project "Exclusion from Civic Engagement of a Diverse Older Population: Features, Experiences and Policy Implications" (CIVEX). Through reflecting on the use of these life diagrams in our own research on civic engagement in later life, we will argue that they are a valuable tool for (1) constructing the life course as a subjective process that is recreated through storytelling, (2) rethinking the past, such as childhood, (young) adulthood or the future through reflective exercises and (3) understanding life trajectories as socially, culturally and historically contingent. Afterwards, we will reflect on using life diagrams in our study, and we will end through summarising some methodological implications for childhood and ageing research in the future.

CIVEX: Exclusion from civic engagement in later life

Social exclusion in later life is a complex and multidimensional concept that refers to exclusion from important aspects of life, such as material resources, social relationships and also civic engagement (Van Regenmortel et al., 2016). Civic engagement in later life is recognised as a dynamic process, with individuals moving in and out of civic activities throughout their lifetime (Serrat et al., 2019). However, despite its importance, there is a scarcity of empirical research on older persons' exclusion from civic engagement (Torres, 2021).

To address this gap, the CIVEX project seeks to investigate features and experiences of exclusion from civic engagement in later life through using a life course perspective. The focus within CIVEX is on four potentially marginalised groups of older persons, in four European countries (Belgium, Finland, Spain and Sweden): (1) older persons living in long-term care settings, (2) older persons living at home and who receive social and/or health care via formal services, (3) older persons living in disadvantaged urban areas and (4) older persons who have migrated in adulthood from a non-European country.

In the CIVEX-project, civic engagement is understood from a multidimensional angle through considering social participation as well as political participation, both individually and collectively. Social participation at an individual level includes altruistic and helping behaviours that occur outside or inside the family (e.g. assisting a neighbour or a relative, taking care of grandchildren) as well as financial donations or in-kind support to charities. Social participation at a collective level includes participation in volunteering, community or charitable organisations. Voting, contacting political representatives or signing petitions are considered political participation at an individual level, while collective forms of political

participation comprise behaviours such as working on political campaigns, participation in political organisations and participating in protest activities (Serrat et al., 2019). Digital forms of social or political participation are also taken into account.

Methodology

We employed life diagrams alongside life story interviews, focusing on older persons' subjective experience of civic engagement throughout the life course. This chapter will depart from data collected in Belgium and in Spain, where we conducted a total of 96 life diagrams in 2022–2023. We have employed life diagrams next to life story interviews to understand, in the words of Atkinson (2002, p. 126), "how one person experiences and understands life, his or her own especially, over time". It was our aim to gain deeper insight into the biographical features of older persons' civic engagement, to observe how they moved in and out of civic engagement throughout their lives, and to focus on the participants as storytellers, something which has remained underexplored in social gerontological research (Serrat & Villar, 2019).

We divided the interviews into five parts, with each part reflecting one type of civic engagement: (1) membership in associations, (2) formal volunteering, (3) political participation, (4) informal helping behaviours and (5) digital civic engagement. Consequently, we used five different life diagrams. For each dimension, we asked the participant to draw a line representing their civic engagement through time. Figure 3.1 shows a prototype of a life diagram (on political engagement). The horizontal axis of the diagram indicates a person's life trajectory from their day of birth to the present. The vertical axis visualises the intensity (high or low) of a civic activity at any given moment in time. For each diagram, there was one line to draw, except for political engagement, where we subdivided the life diagram into three items: voting, participation in political organisations and non-institutional political engagement (e.g. participating in demonstrations, signing petitions or boycotting products).

The initial contact with participants involved a face-to-face or telephonic introduction, during which the research objectives were explained. Following this, individuals who were keen to participate were selected for an interview, which lasted approximately between one hour and a half and two hours (the length ranging from 42 to 240 minutes). The interviews were conducted in Dutch, English and French in Belgium, and in Catalan and Spanish in Spain. For purposes of readability, all participants' quotes that are included in this chapter have been translated into English. Participants were invited to choose the location of the interview, most often their own residence (including long-term care facilities), a coffeeshop or a local service centre. At the start of the interview, we introduced the life diagrams and conducted a quick survey to see which dimension of civic engagement was most relevant for the participant in question. For instance, if a person had been actively involved in formal volunteering activities, this was the life diagram that we started with. Diagrams were printed out in A4 format (21 × 29,7 cm). Participants were free to not make use of the diagrams, to fill in some but not all or to complete them in any way they saw fit.

The life diagram as a data collection tool

In this section, we seek to make three arguments, namely that life diagrams (1) emphasise the life course as a subjective process that is recreated through storytelling, (2) enable us to rethink the past, by exploring childhood, (young) adulthood and future through reflective exercises and (3) facilitate the exploration of life trajectories as socially, culturally and
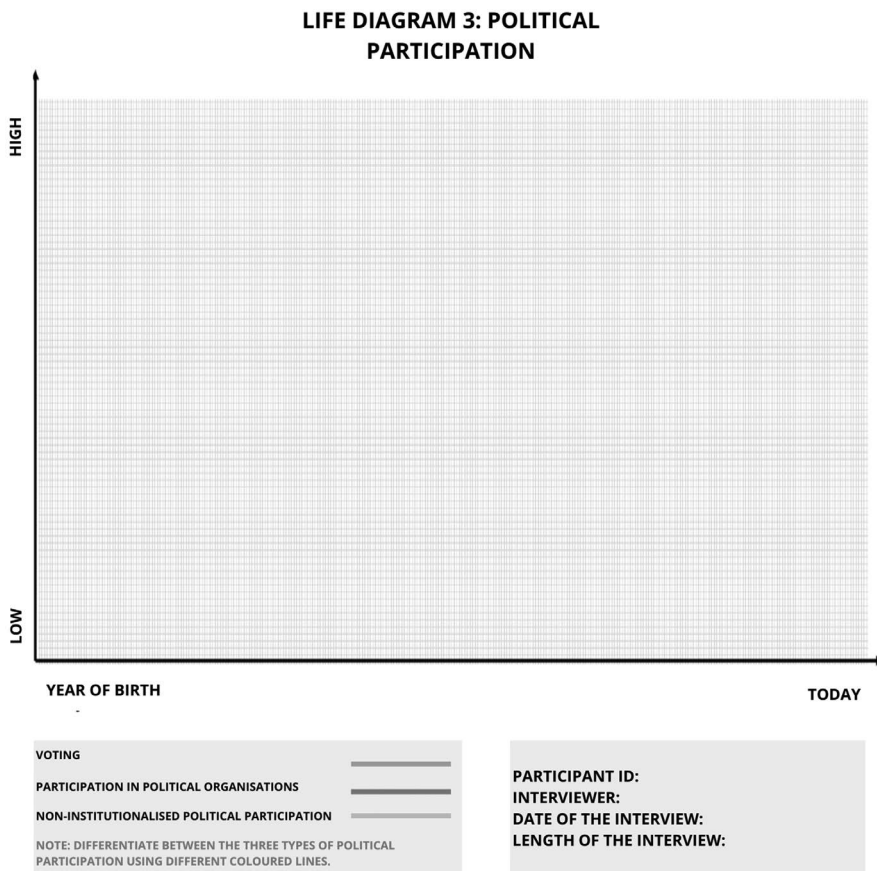
Figure 3.1 Life Diagram 3: Political Participation

historically contingent. We will include participants' stories to contextualise their life course experiences and give thickness to our arguments.

The life course as a story: A subjective process

People are storytellers and to inspire meaning-making through the telling of life stories, reflective thinking is important (Atkinson, 2002). To create space for reflection and storytelling during an interview, it is necessary to build confidence between researcher and participant (Birch & Miller, 2000). We have done this through maintaining regular contact with the participants before the interview, creating a relaxed environment during the interview, and remaining open-minded during the interview process. Additionally, with the use of the life diagrams, we hoped to add an element of informality to the interview that would put participants at ease.

One participant in Belgium, a 67-year-old woman named Maria,[1] mentioned several times that she felt "terrible at diagramming". Admitting that she was more of a talker than a draftsperson, we moved away from the life diagram to concentrate on her oral account. The result was unexpected: she began experimenting with the diagram in a more unobtrusive way and created a timeline of her membership in associations, while simultaneously

DIAGRAMME DE VIE 1: AFFILIATION À UNE ASSOCIATION
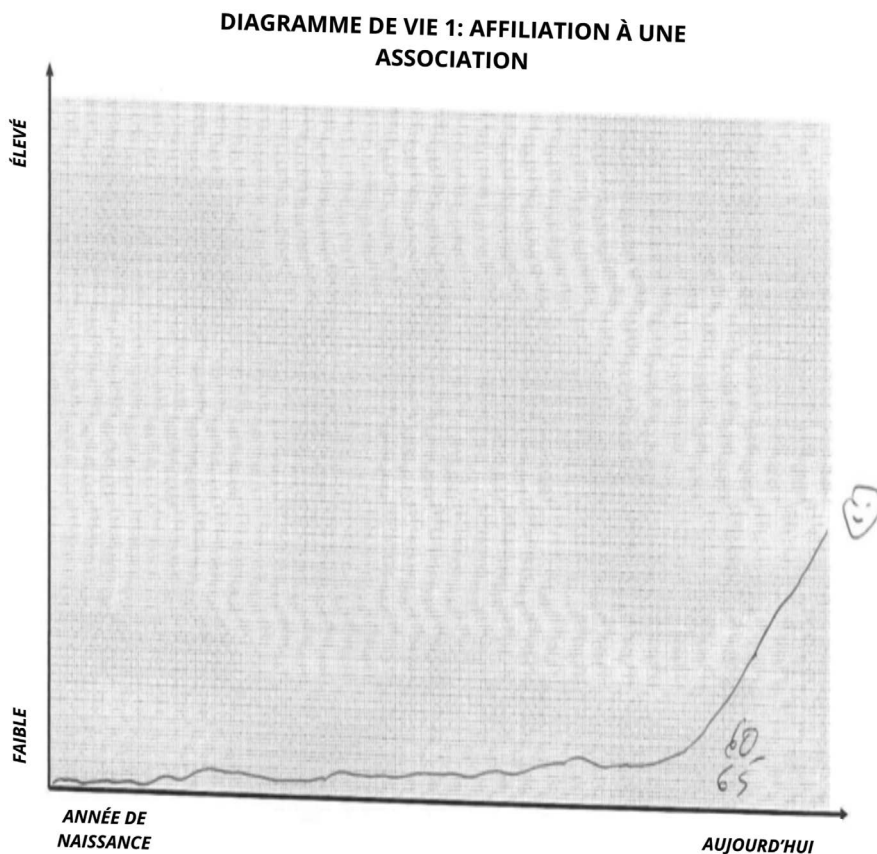
Figure 3.2 Maria's Life Diagram. Text inside the diagram: 60 65

conversing with us. In the end, she put a little smiley just outside the diagram, demonstrating her eventual positive experience (see Figure 3.2). We use Maria's example to illustrate that life diagrams have a unique strength: their flexibility. Even if participants are unsure about completing them, they can be used innovatively to fit the context. Eventually, Maria talked about her experiences of civic engagement, using the diagram to visually support her story and as a point of reference for structuring and expressing her thoughts.

During the interviews, we encouraged participants to consider the life diagrams as their piece of art and to visualise their life course in their own way, which also meant not following our instructions of drawing a line. As a result, participants often included sentences, and sometimes even dots and illustrations. We purposely used this approach to increase participants' own contribution to the interview, which is one of the main benefits of graphic elicitation techniques (Crilly et al., 2006) and to encourage storytelling. For Claire, a 67-year-old woman living in Belgium, the life diagram provided a pleasant new angle for narrating her life story, following an initial reluctance to speak openly about her life. We as researchers emphasised her freedom to complete the diagram as she saw fit and this helped her to include personal details into her life story. For instance, when speaking about her associational membership, she drew a horse (see Figure 3.3), while giving us an exhaustive account of her migration from France to Belgium, where she started as a self-employed visual

DIAGRAMME DE VIE 1: AFFILIATION À UNE ASSOCIATION
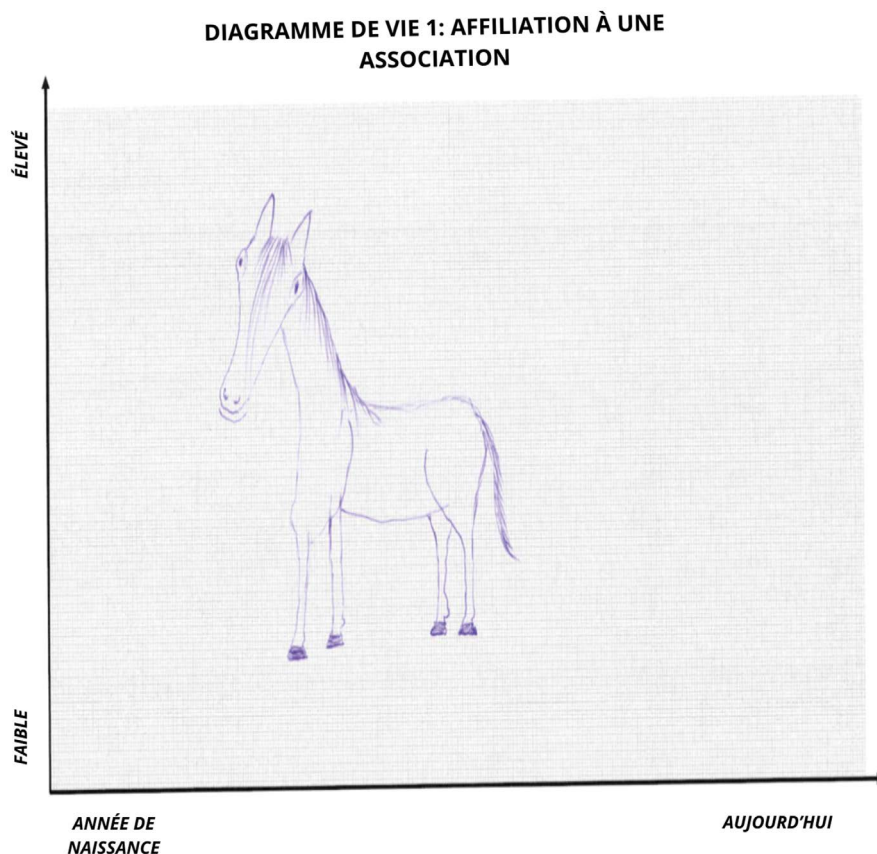
Figure 3.3 Claire's Life Diagram

artist in Brussels. She explained that this was hard work and spanned a long period of her adult life. She gave herself fully to her career and did not find time and energy for engaging in associations, something that she used to do regularly during childhood. Claire's life diagram is a compelling example of how the technique spurred storytelling and the sharing of life experiences.

Rethinking the past and future through reflective exercises

Life diagrams make trajectories and transitions clear to both researcher and participant (Söderström, 2022). As such, the life diagrams enabled a renewed reflection on the individual life course, making it easier to navigate different periods of an interviewee's life. Life diagrams give researcher and participant the freedom to revisit life trajectories in an organic way, as an alternative to the chronological sequence in which life stories are often told (Ferrer et al., 2017).

Jordi, a 75-year-old man born in Spain, recently returned to his country of birth after having lived abroad for more than 45 years. He practically left the life diagram concerning his formal volunteering engagement blank (see Figure 3.4). However, the diagram offered

DIAGRAMA DE VIDA 2: VOLUNTARIADO
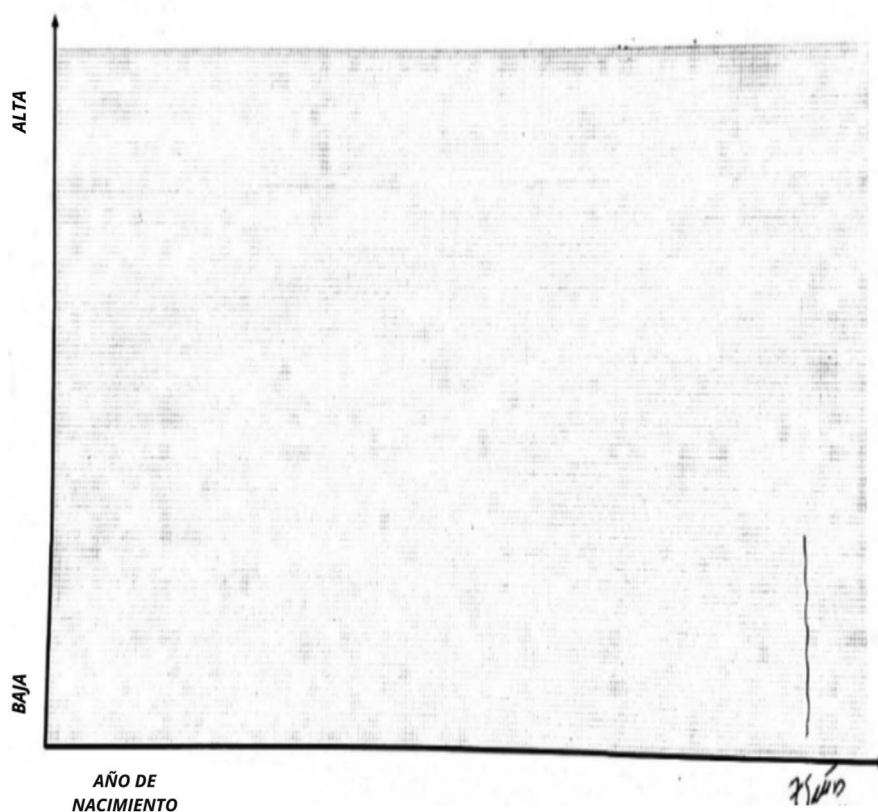
Figure 3.4 Jordi's Life Diagram. Text inside the diagram: 75 años [75 years old]

the opportunity to explore the absence of formal volunteering in his life. Jordi explained that, as a priest and a member of a religious congregation, he worked as a schoolteacher in Senegal. Some years after his retirement, he went back to Spain, where he had the time and peace of mind to engage in formal volunteering activities.

In the interview, Jordi indicated that returning to Spain, where he lives in a disadvantaged neighbourhood, motivated him to formally volunteer. He explained that, in Senegal, he learned to acknowledge and be sensitive to cultural, religious and personal diversity, and to not judge others. This self-reflection became a cornerstone for his formal volunteering activities in later life. Jordi also reflected on the lack of engagement in formal volunteering earlier, recognising that his religious work absorbed much of his time. Nonetheless, he feels that he made a meaningful contribution to society. The life diagram led Jordi to connect past experiences of civic engagement with his current civic engagement and to reflect on critical life events and transitions (e.g. his migration to Senegal and afterwards his return to Spain).

In Jordi's case, life diagrams helped to explore and discuss his life trajectory, such as his religious vocation in Africa or his post-retirement formal volunteering activities. This reflection was possible not because of the accuracy of Jordi's completed life diagram, but because of the discussion that ensued afterwards. For Jordi, life diagrams worked as a visual incentive

DIAGRAMA DE VIDA 1: PARTICIPACION EN ASOCIACIONES
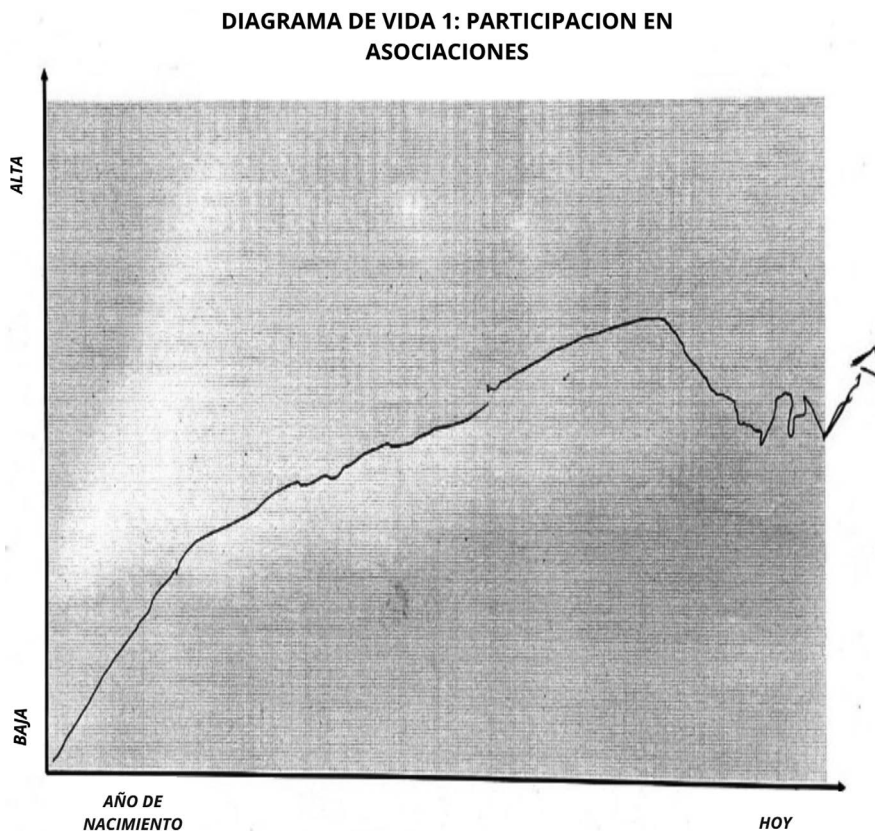
Figure 3.5 Isabel's Life Diagram

to reflect on his civic engagement during the life course. The example of Isabel (a 77-year-old woman, born in Venezuela, who has been living in Spain for seven years) shows us how life diagrams help to link childhood experiences to the present. Isabel is involved in an association that supports and trains migrants in Spain. When we introduced the life diagram (see Figure 3.5), she remembered her childhood, having migrated three times: from Venezuela to Cuba, from Cuba to the United States of America, and back to Venezuela again.

For Isabel, migration was both an obstacle and a facilitator to her civic engagement. In the United States of America, her engagement in associations flourished, which she attributes to the country's emphasis on personal autonomy. Nevertheless, when she came back to Venezuela, her options for engaging in associations she warmed up to (e.g. youth associations, sports club) were limited. She reflected on her childhood through linking her migration at a young age to her migration to Spain at the age of 70. She felt she "was favoured by [her] life story", as her experiences as a child helped her to adapt in a new country of residence. The use of the life diagram triggered in Isabel a reconsideration of her childhood, furthering an understanding of her migration as the time when her current engagement in associations began.

Other participants also reminisced about their childhood. Magdalena, a 72-year-old woman who has been living in a disadvantaged neighbourhood in Spain for almost 50 years, narrated how, as a child, she suffered severe burns in a fire. Even though the accident posed

obstacles to her civic engagement at different points in her life, she felt that the experience has made her more altruistic in the long run. Directly after the event, she started visiting children in hospitals. She currently gives support to older persons living alone and to people living with a disability. She also volunteers in her neighbourhood church. Her engagement has been continuous ever since the accident, indicating that this life event has allowed her "to understand people's illness and their pain much better".

Finally, while life diagrams can promote reflections of the past, they can also stimulate discussions of the future. This is important as imagining one's personal future is important for making sense of past experiences and affirming one's identity (Ramsgaard et al., 2019). Sophia, an 84-year-old woman of Greek descent living in Brussels, was eager to carry on with her current engagement in associations, which she visualises through arrows in the life diagram (see Figure 3.6). Sophia explained that, after a lifetime of working and family
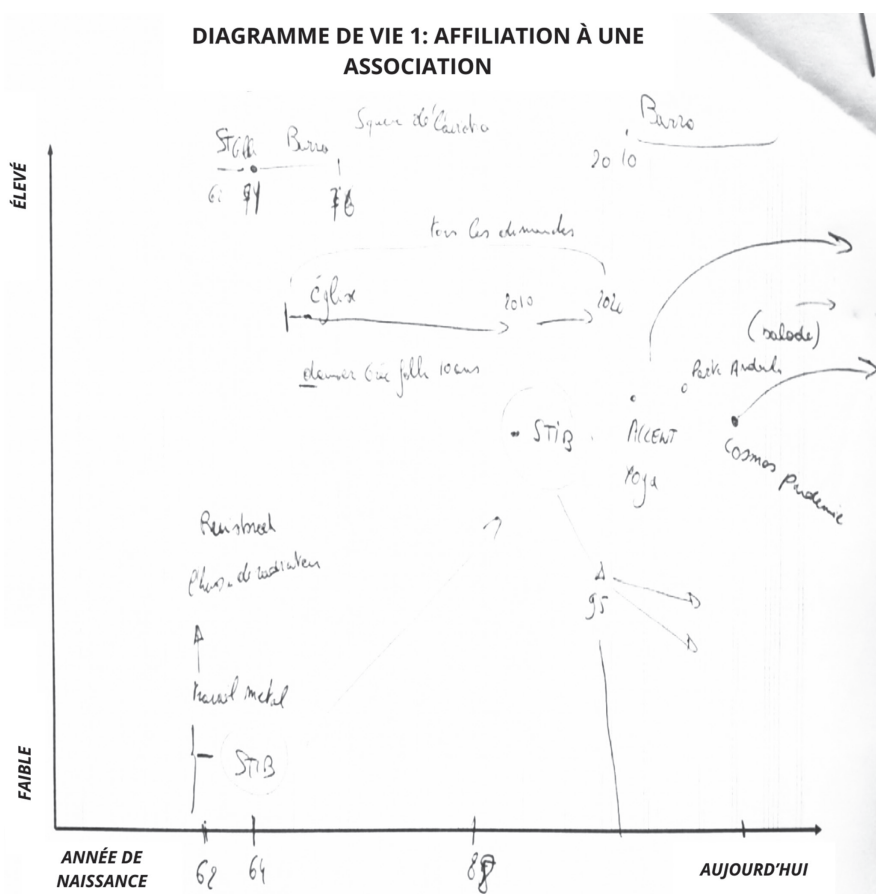
Figure 3.6 Sophia's Life Diagram. Text inside the diagram: Ruisbroek, L'usine de radiateur: Travail metal: STIB: Sint-Gillis – Barra – Square de l'aviation – 72 – 74 – 76 – 2010 – Barra: Tous les dimanches – église – 2010–2020: Danser Gréc folk 10 ans: STIB: Accent: Yoga: Porte Anderlecht: Balade: Cosmos pandémie. [Ruisbroek, Radiator plant: Metal work: STIB: Sint-Gillis – Barra – Square de l'aviation – 72 – 74 – 76 – 2010: Barra: Each Sunday – Church – 2010–2020: Greek folk dancing 10 years: STIB: Accent: Yoga: Porte Anderlecht: Walk: Cosmos pandemic]. Text outside the diagram (below): 62, 64, 88, 2020.

duties, she highly values her freedom now. Her life story produces a philosophy in which enjoying each new day to the fullest is central. Her age is not an obstacle for current and future civic engagement, because, in her own words, "I don't see age, I am getting older, but every day offers something new, and that keeps me going", summarising her optimism for the future. At the same time, however, when confronted with the question of future goals, there was caution in her voice. She emphasised the transient nature of her engagement in associations (e.g., participating in events at the local community centre, supporting the Greek community), indicating that the future might bring new and positive things, but "tomorrow I could be sick or even dead as well", showcasing an interesting and complex equilibrium between an ambitious future outlook and the acceptance that her health might deteriorate.

Life trajectories as socially, culturally and historically contingent

As older persons' civic engagement is intrinsically linked to a broader context, considering where, when and on which level engagement takes place is key for understanding the phenomenon (Serrat et al., 2019). Additionally, biographies of individuals are embedded in specific socio-cultural and historical periods (Elder & Giele, 2009). Hence, we found that life diagrams are useful tools for focusing on the macro-context, something that Elder (1994, p. 5) called "lives and historical time", to refer to the ways in which our lives form part of broader socio-political structures that change through time. Life diagrams are therefore well-suited for bringing together individual-level features of exclusion with macro-level issues, for instance inequality and disadvantage (Milne, 2022).

The macro-context is a significant factor that maintains, promotes or hinders the civic engagement of older persons. Therefore, looking at this engagement without taking into account the bigger picture could result in a research bias. In fact, studies that use life stories help us to understand important socio-political processes that occur at the macro-level, interpreted through the eyes of the participant (e.g. Gutiérrez-García et al., 2021). In this way, life diagrams are well-suited for capturing and understanding broader socio-historical and socio-political contexts that shape individual life choices and trajectories. The life diagrams provide a platform for discussion about how these contexts shape trajectories of civic engagement and current-day civic engagement in later life.

In our fieldwork, we came across several examples of how the macro-context shaped civic engagement trajectories. In Spain, the dictatorship between 1939 and 1975 played an important role. Not surprisingly, research participants who lived through this period expressed its impact on their political engagement – ranging from the inability to vote to the increase in their non-institutionalised or clandestine political activities. In both Belgium and Spain, a considerable number of older persons who migrated to the country in adulthood referred to the socio-political context in their country of birth or even globally as a factor shaping their political engagement. Many of them had their first voting experience when they were in their late twenties or even later, while in other cases, political engagement (including voting) was forcibly interrupted in adulthood. For instance, for Fatma, a 60-year-old woman of Moroccan descent, arriving in Belgium meant suddenly finding herself in a political context where voting is mandatory. She reflected on this through life diagrams, regretting not voting in her home country in the past. She now dedicates herself to stop the spread of, in her own words, "repressive politics" and "a growing nationalist sentiment".

Fernando, a 77-year-old man who migrated from Argentina to Spain at the age of 40, explained that the anti-democratic socio-political context in his country of birth, during the

Argentinian dictatorship, spurred his involvement in non-institutional political engagement through a clandestine (guerrilla) organisation. Consequently, Fernando was able to flourish civically in an extremely repressive political context. His engagement against the regime was prolific during this period, at times even putting his own life at risk, providing, for instance, shelter to politically persecuted dissidents. He eventually left Argentina for Venezuela, living there for ten years before coming to Spain. The Venezuelan socio-political and economic crisis of the past decades caused a significant wave of migration and displacement, which triggered Fernando to help persons leaving the country to which he still feels emotionally connected. In Spain, he now works as a dentist, where he treats Venezuelan migrants free of charge. He describes his civic engagement as "human solidarity". Macro-contextual features thus emerge as an ideological compass for his civic engagement that was visualised and discussed through life diagrams (see Figure 3.7).
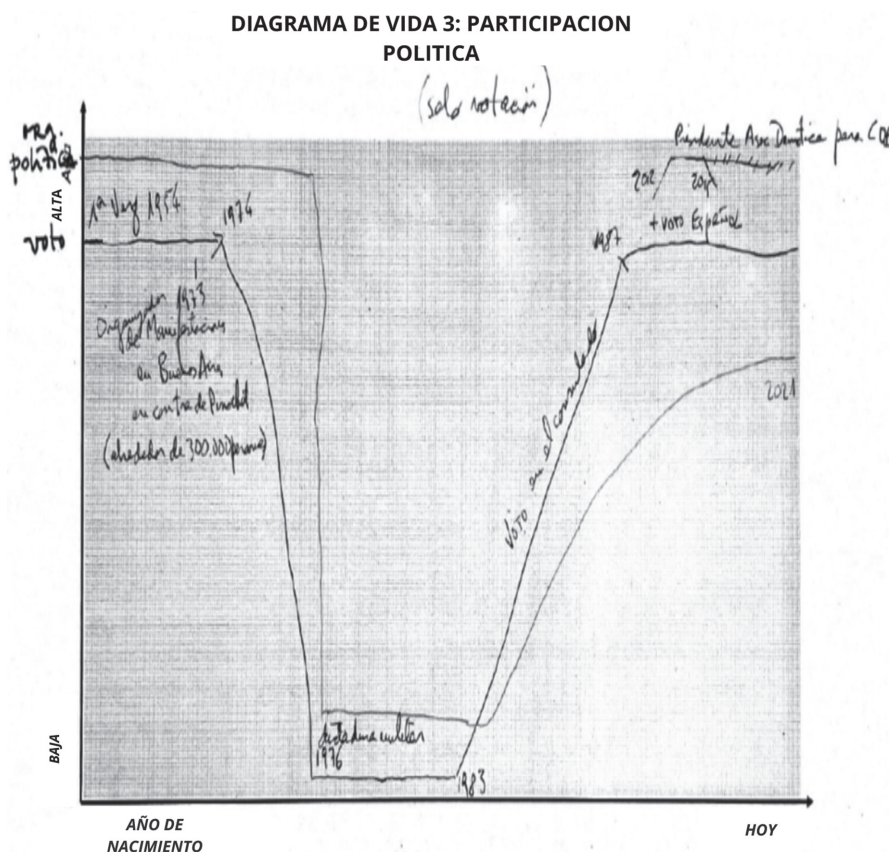
Figure 3.7 Life Diagram: Civic Engagement. Text inside the diagram: voto primera vez: 1974, 1976–1983: dictadura militar, 1983–1987: voto en el Consulado, 1987: + voto España; 2012–2015: Presidente de Asociación Democrática para Colegio de Odontólogos; 1973: organización de manifestaciones en Buenos Aires en contra de Pinochet (alrededor de 300.000 personas) [first vote: 1974, 1976–1983: military dictatorship, 1983–1987: vote in the Consulate, 1987 + Spanish vote; 2012–2015: President of the Democratic Association for the College of Dentists; 1973: organisation of demonstrations in Buenos Aires against Pinochet (around 300.000 people)
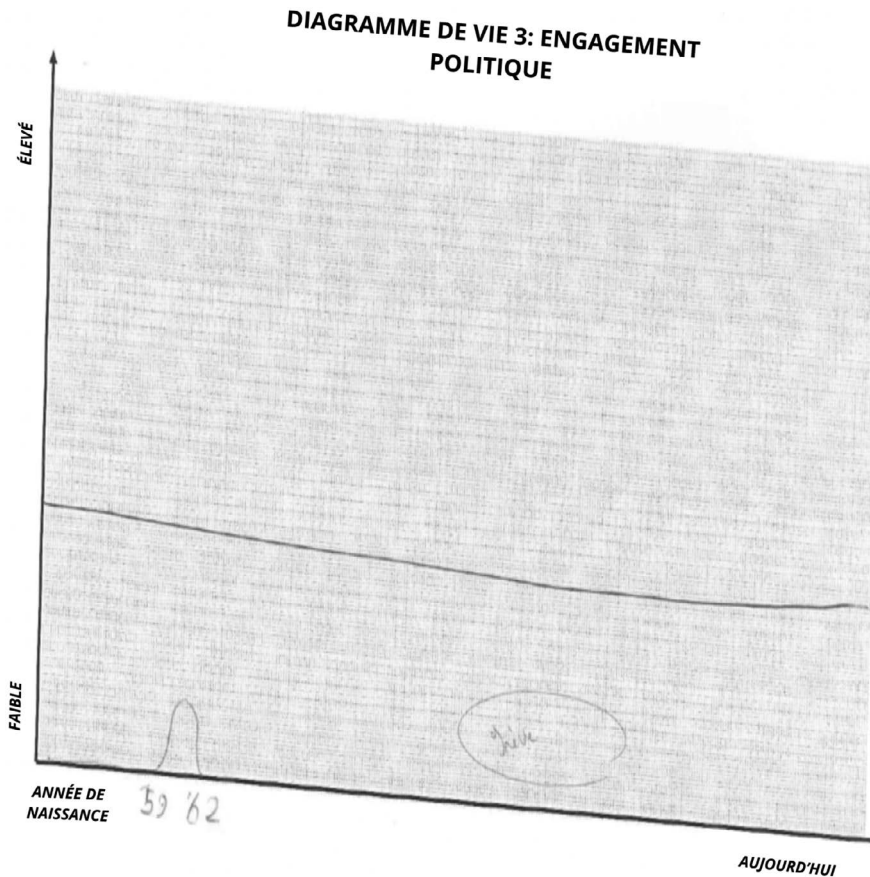
Figure 3.8 Life Diagram: Civic Engagement. Text inside the diagram: Grève [Strike]. Text outside the diagram (below): '59 '62.

In Belgium, István, an 80-year-old man born in Hungary, initially drew a horizontal line when talking about his political engagement, saying that he "had no interest in politics" and did not want to "concern himself with a bunch of idiots", the word he used to refer to politicians in general (see Figure 3.8). He did not want to draw or talk about political issues. We persisted through referring to the life diagram, and asked him if there really had not been any period of political engagement in his life. István opened up and started talking about his military service in Hungary from '59 until '62, which was a tense period because it was just after the construction of the Berlin Wall. After moving to Belgium in 1964, he felt he could not engage in voicing political opinions, because he suspected that he was being monitored by security services, greatly restricting his movement and in the same vein his civic engagement.

The examples above demonstrate how life diagrams in some cases motivated the retelling of trajectories of civic engagement throughout the life course, through seeing these trajectories as moulded by an overshadowing social, cultural or historical context, facilitating dialogue around macro-level influences.

Methodological reflections

Here, we will present and discuss the most noteworthy methodological reflections of using life diagrams in our research, with the objective of dialoguing with childhood research. Life diagrams have proven to be important vehicles for considering the rich and often complex life trajectories of older persons. Their life stories counter ageist stereotypes that highlight the negative connotations that are often associated with ageing. As "childism" can also be a variant of ageism that paints a picture of children as inexperienced and thus incompetent (Lalani, in this volume), we would like to ponder on the role of life diagrams as important tools for empowerment and fostering understanding at both sides of the life course. This is especially important in a time where the contributions of older persons as well as children are undervalued and often dismissed in policy making and research (Lamb, 2017; Ranta & Finegan, in this volume).

In our opinion, the presence of graphic elicitation tools during our research with older persons was often advantageous. Visual tools such as life diagrams often deepened the understanding of a life story and they were an important tool for reflection (Söderström, 2020). Research on childhood has equally experimented with pictorial or visual methodological tools to better comprehend the temporal experience of children (Gosse & Roberts, 2014; Tillman et al., 2018). In most of these studies, stimulating dialogue is highlighted as the intended outcome rather than creating a faithful retelling of events (e.g. Crivello, 2017).

Decades of research focusing on visual methodologies with children has shown that visual objects are beneficial for their recollection and understanding of content (O'Farrelly & Tatlow-Golden, 2022), although there is no consensus regarding children's universal understanding of the representational meaning of visual tools and their ability to use them appropriately in a research setting. For instance, some research has indicated that, as children are still in the process of developing awareness of temporality and linguistic ability, the use of timelines in research is not more beneficial than employing oral interviews, especially if the timeline uses more complex time measurement such as weeks, months or years (Zhang, 2020). It seems therefore important for childhood researchers working with graphic elicitation techniques to constantly consider the cognitive development of children at different ages.

In our research, there were both practical (related to the organisation and structure of the interview) and (inter-)personal (having to do with the participant or the interaction between participant and interviewer) difficulties to using life diagrams, which we will briefly consider here. Regarding the practical difficulties, completing the life diagrams was often an exhausting exercise, especially as there were five diagrams to cover. (Inter-)personal difficulties revolved around language barriers, as some of our participants were older persons with a non-European migrant background, for whom, in the case of Belgium, the interview language (French, English or Dutch) was often not the mother tongue. The life diagram was a tool to surpass these language constraints, although the life story interview and narrativity still carried the most weight in our research. Childhood research addresses the fact that children's cognitive abilities are constantly evolving (Zhang, 2020). It might thus also be useful for childhood researchers to think of methodological frameworks that prioritise visual qualitative techniques that surpass language barriers for future studies.

Other noteworthy reasons for not making use of a life diagram in our fieldwork were (1) sensorial or physical disabilities; (2) not feeling comfortable during the execution; (3) "not being smart enough" to understand the life diagrams; (4) fearing that one might

forget important life events and (5) simply preferring talking over drawing. We continuously underscored that there were no accurate or inaccurate contributions and, if participants continued to be hesitant, we helped them with the diagrams, while doing our best to respect their preferences and agency (e.g. describing the life diagrams as their own "piece of art", or emphasising that they can be filled in in any way they wanted).

Methodological implications for future research on childhood and ageing

We will summarise the most salient methodological implications for future research, hoping they will benefit childhood and ageing researchers in the future. We recommend to not overuse life diagrams, as we found that using five life diagrams in the same interview often overburdened participants. Possible alternatives that provide solutions for time constraints and participant fatigue are "take-home" life diagrams (Bremner, 2020), member checking interviews (Doyle, 2007) or paired interviews (Lohm & Kirpitchenko, 2014). Qualitative Longitudinal Research has also been proposed as advantageous, mainly in childhood research, as it can give better insight in transitions, turning points and changes throughout the life course or in different temporal dimensions of experience (Crivello, 2017; Holland et al., 2004). The above examples are just a few illustrations of techniques that overcome temporal constraints during the life story interview. They can also be useful to further test data and interpretations with participants and to expand a participatory framework that stimulates negotiation of meaning between participant and researcher, or even among participants themselves.

Furthermore, we suggest adapting life diagrams to the intricacies of the respective age group one focuses on. For instance, research shows that the narrative development of children, as well as their growing understanding of temporality, is geared towards identity formation later in life. In childhood research, it has been argued that visual tools can promote the examination of future objectives by children and young people, exploring hopes and perspectives about what is still to come in various domains (e.g. school, work) (Crivello, 2017). In the case of older persons, the experience of time tends to change, with equal or sometimes even more attention given to experiences in the past (Randall, 2022). Nevertheless, future ambitions are important to be taken into account in life course research, regarding both older persons and children. We propose the adaptation of life diagrams in such a way that they can stimulate an exploration of the future. In our research, the life diagram ended in the present, hampering a deeper discussion of what might come next.

It is also important for life course researchers to explore the perspective of persons who are excluded for linguistic reasons, such as older migrants or young children. Experimenting with graphic elicitation techniques as the primary method of data collection could surpass language barriers and stimulate interaction with persons with limited proficiency of the dominant language (see Garcia-Retamero & Dhami, 2011). Examples here are relational maps (Bagnoli, 2009), photovoice techniques (Aw et al., 2021) or photo-narrative processes (Böök & Mykkänen, 2014).

To learn more about putting participants at ease, childhood research provides some excellent good practices. For one, it is pivotal to attend carefully to signs of rejection or discomfort during the life story interview and to reflect on possible power dynamics (Cree et al., 2002). Emotional reciprocity is key here (Söderström, 2022). Since research participants are asked to share the ups and downs of their life, researchers need to be responsive to their emotions and keep an open mind. For future research, we might also consider using more supporting materials to promote emotional reciprocity and to make the interviews

more appealing to participants in general. One could think of stickers or classroom material, such as stamps and colour markers, which have been proven useful in earlier participatory research (e.g., Dennis & Huf, 2020; MacFarlane et al., 2017).

Conclusion

In this chapter, we argue in favour of using life diagrams in qualitative life course research, for three main reasons. First, life diagrams do justice to the subjectivity of life stories while facilitating narrativity through visual means. Second, life diagrams make it easier to rethink past and future through reflective exercises. Third, life diagrams help to construe life trajectories as socially, culturally and historically contingent. We have also listed some key challenges, as they can be tiring, exhaustive, or not well understood. We hope that the provided examples from our own fieldwork prove useful for future researchers working with life stories.

We can only underscore the strength of life diagrams as a tool for inspiring reflective thinking and creating meaningful reference points in ageing and childhood research. We strongly believe that the tool has high potential, but it requires flexibility and creativity, and therefore active engagement from the researcher, to make sure it is used to its fullest. We wish to inspire both researchers on childhood and on later life to explore new avenues by means of graphic elicitation. This will bring us one step further to doing justice to the life stories on both sides of the life course, older persons and children, which are often overlooked, through approaching them as a narrative, but certainly also a reflective, process.

Note

1 Throughout this text, we use pseudonyms and not the participants' real name to respect their privacy.

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4   Linking Ages

Developing Walking Methods for Lifecourse Research

Aled Singleton

Introduction

I work in human geography, where my work has so far focused on later life. This chapter embraces the *Linking Ages* approach by analysing and discussing approaches which explore the early stages of our biographies. This writing engages with the messiness of our relationships with time in two ways: firstly, showing that biographical accounts do not have to follow a strictly chronological order (Neale, 2015); and secondly illustrating how geographical perspectives provide insights into how place mediates the rhythms and movement involved in ageing (Barron, 2021; Lager et al., 2016). The methods include a conventional outdoor walking interview and two more experimental approaches, including a sat-down imagined walk of the mind and a development of the latter approach using digital maps.

A key theme of this chapter is to consider how place mediates the cultural, economic, and societal phenomena of a certain époque. The first case person explores teenage in 1970s Britain from a middle-class perspective. The second individual discusses her working-class childhood in 1960s northern England and aspiring towards a different life during the 1970s. The third person is one generation older and born in working-class Wales. She reveals the significance of buying a first house in the 1960s. Whilst present-day researchers of childhood places – such as Ergler (2020) – can observe these environments for themselves, it can be hard to build a picture of places in the past. In each of the three cases, I explore the social and cultural contexts – the *feeling and moods* (Highmore, 2017) – important to the interviewee's biography. Though many participant will offer explanations during a conversation, some post-interview analysis will help. In particular, I explain how exploring the affective dimension of memories and emotions – similar to what cultural theorist Lauren Berlant (2011) calls long-term attachments to feelings from the past – can help to understand contexts. For example, whilst the importance of the coal industry to one participant's childhood may seem innocuous, analysis shows that these experiences are fundamental to that person's social class and identity. Altogether this collection of subtle methods explore how early experiences and prevailing cultures can define values and mindsets important to later life. However, I accept that this accounts only a limited sample and that social and economic contexts will differ for people from other countries and different time periods.

Initially I present some theories which bring the walking body to lifecourse research, before relating the importance of place to biography. The three walking methods are then discussed in order, starting with a conventional outdoor walking interview, the sat-down walk of the mind, and an online walking technique. An element of this writing is to reflect on how data gained from one-to-one biographical interviews can be developed into formats which allow the public to enter the sensual experiences of others (Vannini, 2015). I present

a walking tour and a paid commission with dramatists and artists to make a short film. This playful approach furthers *Linking Ages*' desire to develop empathy between generations.

The importance of the walking body to exploring the lifecourse

This chapter offers theories and methods from human geography to the *Linking Ages* approach. Firstly, a significant early exponent of human geography, Yi-Fu Tuan, argues in *Space and Place: The Perspective of Experience* (1977) that we generally neglect the whole capacity of the body as a source of knowing. In the cases explored later in this writing, the embodied perspective of the walk to school or going to the shops reveal factors critical to Tuan's definition of *experience*; namely sensation, emotion and thought. Geographer Steve Pile (2010) writes about affects being held deep within the unconscious body and therefore not easy to sense. A possible solution is offered by Duff, who describes mobile proposals to uncover affects: 'to walk is to be affected by place and to simultaneously contribute to the ongoing co-constitution of self and place' (2010, p. 887). Methods that allow the walking body to unlock affects and memories are important. Linking to biography, Barad (2003) writes that movement can break down habits of discursive-material boundary-making to which people become accustomed. Barad (ibid., p. 809) cites poststructuralist Michel Foucault's writing about the biological and historical body not being consecutive: instead, they combine in new ways with technologies. I would clarify that technologies, including medicines and machines, perhaps change the expected order of what people can do at certain ages. In one case I show how the technology of a digital walk allows people to retrace elements of their biography.

Walking approaches within gerontology and ageing studies are advocated by cultural geographer Amy Barron. She finds that a preoccupation with the older body and 'focusing on physiological experience alone risks overlooking how the capacities of individuals can alter on a momentary basis, affecting the degree to which someone understands themselves as older' (2021, p. 666). Barron's proposal centres on the more-than-representational and affect based methods (Anderson & Harrison, 2010) which turn attention away from representational meaning and towards cultural geographic concerns, performativity, and bodily practices. Barron argues that this group of approaches help researchers to understand when older age emerges as a category in people's lives – or not. The aim of her work is to understand 'the diverse ways older age is *lived* [italics intended], and how what the category means ebbs and flows in relation with different places, and the events that constitute the making of those places' (2021, p. 666). Indeed, my three case studies reveal how being in certain places allows participants to present versions of themselves which are not obviously older people. This chimes with Stefan Hirschauer's thoughts regarding *un/doing difference*, where he questions the categories used to classify people, and argues that age 'is inherently transitory' (2021, p. 63). I now explain how a focus on place helps to explore different stages of the lifecourse.

Place and lifecourse approaches

This writing takes excerpts from in-depth interviews that explore three people's relationships with places over the lifecourse. The focus on youth and early adulthood means that some accounts portray places 'as emergent and heterogeneous entities, constituted in assemblages of bodies, materials and spaces from near and far, as well as characterised by shifting degrees of openness and stability' (Kullman, 2013, p. 884). Another theory of space

important to my approach is how geographer Doreen Massey writes that 'rather for time genuinely to be held open, space could be imagined as the sphere of the existence of multiplicity, of the possibility of the existence of difference' (1999, p. 274). I interpret her work as meaning that we pivot our discussions around the specificity of spaces, such as a street or neighbourhood. This is clear in one case where the interviewee's accounts jump from childhood to adulthood, to adolescence and back again. In effect time is of secondary importance to the participant and the conversation is led by the emotions and memories connected to a given space. A foundation for such thinking is found in existing qualitative longitudinal (QL) approaches:

> Defined as qualitative enquiry that is conducted through or in relation to time, QL research uses in-depth, situated enquiry, and a combination of thematic, case history and temporal analysis to discern how lives unfold. Designs are flexible and creative. Time can be built in prospectively, retrospectively, or through a combination of the two.
>
> (Neale, 2015, p. 25)

Reflecting on time retrospectively is an important idea. The interviewees discussed in this chapter met me expecting to talk about their biographies. However, a chronological order seemed less important to one individual. Though this makes the interviews hard to compare, I would argue that the exceptions test methods and deepen our understanding of experience (Tuan, 1977). The next section centres on the physical act of walking and talking and how that connects with life stories.

Outdoor walking and biography

The walking interview gives people an opportunity to show and explore spaces important to their biography. The participant leading a walk overcomes the tendency of interviews to 'solicit stories which do not naturalistically occur in everyday life' – as noted by Ken Plummer and cited in Bornat (2008, p. 349). The interviewee has most agency where the interviewer shadows or follows; only observing rather than participating. Cases where the interviewer can ask questions are called a 'go-along' (Carpiano, 2009). Evans and Jones define the *participatory walking interview* (2011, p. 850) as a case where the route is determined by the interviewee and their biography, but the interviewee can walk alongside and ask questions. This latter principle guides the one-to-one interviews presented here. I pose questions as spaces unfold through the walk; what Evans and Jones describe as being 'framed by place' (2011, p. 849). Although this can result in the narrative moving from one time to another, I found that interviewees are generally happy to explain the context.

Presented here is a selection from the outdoor walking interviews ($n = 8$) collected during my PhD is 2019. In practical terms, all walks are discussed beforehand either in person or over the telephone or by online meeting. The participant decides on the meeting point and the entire route. With prior consent, the route itself can be recorded and the audio mapped for further analysis through Geographical Information Systems (Jones & Evans, 2012). Beyond audio recordings, photographs or short films can be taken where appropriate. All data is potentially useful. Amongst the eight interviews, I present a 90-minute walk with Stephen (pseudonym) as the spaces we walked elicited focused and reflective accounts of his teenage years. Of note, his attention to detail may potentially relate to him living in a different place during childhood and then through his adult life.

I met Stephen in the place where he moved aged ten, in 1970. We started our walk at a semi-detached house built in the late 1960s. He presented a middle-class life 'which revolved around home, school and church.' Stephen talked about the places we visited in a similar way to how Kullman writes about transitional geographies; namely '… the relational notions of childhood spaces, emphasising their porous, affective and materially diverse qualities' (2010, p. 842). Karen O'Rourke writes about such 'way-finding' exercises as ways of storing learning and memories, stressing the importance of places representing personal boundaries and emotional territories (2016, pp. 113–117). Taking a walk with Stephen as an older person seemed to allow the unfolding of memories and emotions. Broadly, the first third of Stephen's narrative was framed by making new friends, experimenting with new foods, and doing errands for his mother. At one point Stephen gestured towards the pubs 'down there' in the village centre and said that they would become part of his world in his later teens.

We entered this teenage world when we stopped next to a restaurant which Stephen explained had started up in the mid-1970s. He told me that clients went for business lunches which he said 'were seen as part of the business process.' Referring to the jobs of his friends' parents, he started to recall the wider employment landscape in the 1970s, based around steel production. For context, a large steel works was established near Stephen's home in the early 1960s and came to dominate the culture and economy of the town for some decades. From this opening Stephen recalled his own experience of holiday jobs washing up and waiting at a nearby pub; and articulated his own theory that managers from local industries took each other out for a 'slap up' lunch. He said 'And this has just utterly disappeared. I just don't think the idea that you would take people out for a three-course lunch works now – you know, a bottle of wine, coffee, and brandy, and then go back to work – is just bizarre. But it was a big thing.' The richness of Stephen's story illustrates an opportunity provided by the one-to-one walking method: the conversation flows, and the participant can retrieve deeply held memories and emotions. However, the interviewee can also return to the present, allowing them to reference the feeling and mood of the past and compare it to the present day. For example, Stephen reflected that going for the walk offered him a deeper understanding of the social, political, and economic context which had shaped his whole life.

Some months after the interview I was received funding from the Economic and Social Research Council's 2019 Festival of Science to stage a public event about life in the 1960s and 1970s. The event would include talks and a guided outdoor walk. I asked Stephen if he would lead sections of the walk. He agreed to revisit the same streets that we had visited and effectively re-enter his teenage memories to share them with other people. I now explain how the group walk provided playful and gentle opportunities to put such individual accounts into a form that others can explore.

A public walking tour connects individual stories to a wider context

There are excellent cases of researchers using public group walks, with approximately ten to twenty people, to explore the earlier lives of older people. Examples from cities in England include urban nostalgia (Adams & Larkham, 2015) and *Rescue Geography* (Jones & Evans, 2012). Though these walks can be educational, Evans and Jones highlight that 'the drawbacks of imposing a predetermined route [for research purposes] are that they contrive to make the interviewee do something beyond their normal routine' (2011, p. 850). In my case the walk would primarily present research findings, rather than aiming

to generate new interviews. Stephen would lead segments, thus bringing forward the perspective of somebody with long-standing connections to the place.

As we walked Stephen stopped at a specific locations. Though the shops and people had greatly changed, buildings triggered memories and feelings important to Stephen. We explored how consumption habits changed during the early to mid-1970s. He discussed how he would visit shops for this mother and give orders of groceries, meat and bread which were later brought to the house. He explained that this practice stopped in the late-1970s due to the rise of the supermarket and private motor cars. To the younger people on the walk, including myself, it was fascinating to understand how life had changed. The discussion amongst the group connected with a significant debate about whether the aspirations of those who grew up in 1960s and 1970s had been achievable for subsequent generations. There is much writing about this subject (Exley, 2019; Gilleard & Higgs, 2020; Goodhart, 2017) and the topic of improved living standards also features in the two other interviews within this chapter. Stephen summarised life in the era of his teenage years during the walking tour: 'This was a peak time for this area: probably full employment in the early seventies; good jobs, skilled jobs. And a lot of people, I suppose actually, in terms of almost fulfilling their dreams.' I referenced the aspirational mood that he conveyed when I named my PhD thesis *Pursuing the Post-war Dream* (Singleton, 2021).

To summarise, walking with Stephen offered the chance for the interviewee, interviewer, and other people on the public walk to gain deep insights about specific space and time. In the next section I present a complementary approach to physical walks.

Walk of the mind

The walk of the mind method involves a sat-down conversation where the interviewer and interviewee imagine, and follow, walking-paced journeys through geographical spaces. This can be used when distance, weather, lack of time or other reasons make an outdoor walk impossible. Within such conversations ($n = 8$) undertaken during my PhD, people offered photos, objects, names of streets, and other specific details which help to build a place narrative (Richardson, 2017). The *Biographical Mapping* toolkit authors (Tinkler et al., 2021, p. 2) underline how important this data can be:

> … the use of these already existing things, alongside talk based methods such as interviews, that enables participants to map out connections to place, space, and their associated memories and how they have changed in space and over time.

However, without people offering such clues interviews can be hard to understand. The example that I present is a case of somebody who was careful not to name the place where she grew up. To understand meaning from their account, I analysed the affective nature of language to explore feelings and social context. More broadly, this approach can help the researcher to understand the perspective of participants of different ages, including both older and younger – see Duff (2010) researching young people in Canada.

Jane (pseudonym) is a female of roughly the same age to Stephen. However, she was born in working-class northern England rather than a middle-class neighbourhood in Wales. We met in a quiet café and the conversation was recorded on a dictaphone. I asked her to describe where she grew up. She described a 'village which was predominantly two large housing estates; one of which was owned by the Coal Board and the other was a council estate. But it didn't really matter because everybody that lived there was the same.' The [National]

Coal Board was the state-owned organization which controlled the British coal mining industry at the time. Her father was a coal miner, and she called her home the *Pit Village* throughout our meeting. There is important context in her observation that 'everybody was the same.' Sociologist David Goodhart (2017, p. 6) writes that 'fixed locations and stable occupations' defined people's identities until the end of the 1960s, before gradually eroding in the following decades.

Jane moved her geographical focus from the village to her childhood home. Of note, she remembered the dirty process of moving coal from storage in the back garden and through the house to the kitchen, where her mother lit a fire every morning to heat the house. Words such as 'soot' or 'dust' and 'grime' were used to convey the aesthetic of solid fuel in the home. In adulthood she explained how she had always kept a clean house. The lack of cleanliness is potentially a case of what anthropologist Kathleen Stewart calls 'ordinary affects'; defined as 'at once abstract and concrete, ordinary affects are more directly compelling than ideologies, as well as more fractious, multiplicitious, and unpredictable than symbolic meanings' (2007, p. 3). Other writers advise that we look beyond obviously emotive terms such as 'sad' or 'delighted' to analyse the affects buried in language (Pile, 2010; Tamboukou, 2003). In her account Jane explained that coal dust was everywhere and that clothes would get covered in a black dust even when they were put outside to dry.

The aesthetic of coal is importance to *Linking Ages* as an example of an everyday culture, similar to the three-course business lunches previously described by Stephen, that had stopped by the time subsequent generations grow up. Indeed, coal was important to many elements of everyday life during the 1960s. Across the United Kingdom this solid fuel was used to power steam trains, heat houses, cook food, and to generate the local gas supply. Her account hints at how coal made life dirty and potentially less healthy compared to the present day.

Altogether Jane's oral description of walking through her childhood house helped me to imagine life in the 1960s and 1970s. Perhaps wanting to protect anonymity, she rarely talked about other people directly. Instead, her walk revealed many non-human factors which 'assemble the social and cultural' (Spinney, 2016, p. 234) such as furniture and objects. Jane changed emphasis a little, and included other people, when she presented what happened to her aged 11 as she started attending grammar school some distance away. We left and house and imagined a walk to the bus stop. This journey featured other children making fun of her because very few of them went to this selective – and perhaps aspirational – kind of school. She recalled that 'I had to wear a uniform which was maroon and yellow. And I stuck out like a sore thumb.' She stated that she did not have 'fond memories,' which suggests that traumatic feelings are still attached to that space. Jane's examples of past feelings, explicitly connected to certain spaces, connects with the geographical study of phenomena which are beyond representation (Anderson & Harrison, 2010). Within the latter field, there is emerging study of walking and older age – such as the previously cited worked by Amy Barron – that is foundation for my own work.

Returning to Jane, her journey to school connects to established research findings within childhood studies. For example, 'for children, exploring the gap between self and other takes place through transitional phenomena – spaces, materials and practices that help one to switch between private and public worlds' (Kullman, 2010, p. 833). A further transition in Jane's life was the only time she named the location and also presented colour photographs. She illustrated a place to which she first visited as a teenager and recalled a bus journey away to the *Lakes* in northern England. This was described in her own terms as a significant biographical 'life event' – see more in Bornat (2008, p. 346). The openness of the

geographical vistas conveyed a general widening of horizons in a social sense and perhaps related to *aspiration* (Gilleard & Higgs, 2020, pp. 13–15) or *optimism* (Berlant, 2011). Seemingly many of Jane's strongest lifelong friendships are connected to her 'happy place' in the *Lakes*. She moved away to a university in southern England aged 18 and stayed in the same area for over 40 years. In the final third of the discussion Jane reflected back on the *Pit Village*, where her parents had remained tenants in the same council-owned house until their deaths. She described how her husband loves the place, but for her:

> … the sooner we get away the better. So, my attachment to that Pit Village is a negative. I don't want to have to go there, but I do because my brother is there; but I'm so glad to be on the motorway!

These negative childhood and teenage experiences seem to have an ongoing power which has lasted four or five decades. What seems striking from Jane's overall account, in a conversation of around 50 minutes, is a broad range of both negative and positive emotions revealed by going to specific places in her imagination. I gained greater insights from listening again to her oral account and also noting her tone of voice. With more resource, and the relevant permission, filming such an interview may provide been further opportunities to analyse facial expressions and body language.

In summary, this latter example of the walk of the mind gave the interviewee a large degree of control. Jane followed a chronological narrative to the life-course (Katz et al., 2012). As such, it differed somewhat from the outdoor walking interviews as being in specific places did not change her direction. The chronological order may also have been for my benefit; helping me to relate an unfamiliar place and time – especially as I had no visual accounts of the house and *Pit Village* that she described – to stages from my own lifecourse. In other walks of the mind people were specific about places. For example, I met one man who worked in the steel works near to Stephen's home and a woman who went to the same school, and so complemented his accounts.

In the next case study, I reflect on an approach which develops the walk of the mind. Again, participants do not walk in an embodied physical sense, but use online visual representations of the geographies relevant to their biography. I also present how these accounts can be developed into a different public educational resources by working with artists and making films.

Spatially led digital walk

This method of digital interviewing involves a participant taking a journey at walking pace through an online space (Woolham, 2020). This approach emerged partly due to the need for new participatory methods during COVID-19 pandemic (Hall et al., 2021) and older people experimenting with online spaces (Galčanová Batista et al., 2022). The conversation is recorded as a video which includes moving images and audio as the participants follow lines on the virtual ground. Sometimes participants will add text through the chat function. Of the digital interviews trialled (*n* = 3) I recall an interview with Pat. Her case is interesting as she embraced the opportunity to use the online map and move frequently between stages of the lifecourse: childhood, teenage, early adulthood, middle age, and also through older age.

Pat was two decades older than Stephen and Jane and was already an independent adult in the late 1960s and early 1970s. Similar to the case of producing Stephen's biographical account into a public walk, Pat's story would be developed into publicly available

format – this time an educational film. As Pat would be involved in the film project, she allowed her real name and likeness to be used. Of note, the participant information sheet, consent form, media release form, and three edited video extracts are publicly available through the UK Data Service (Singleton, 2023). We used a Zoom online meeting where I was in my home office and where Pat was at home. Once we had discussed the participant information sheet and Pat had emailed a signed the consent form, a filmed recording of the meeting commenced. We started with me asking her when she had moved to Newport, in Wales, which is where Stephen was a teenager. She explained that she and her then husband had relocated to Newport, aged in their early 20s, from a privately rented flat in southwest London during 1963. I opened a Google Maps window for us both to see. We moved our sight to the street where Pat had lived. We then used the function in Google Earth which allows the viewer to gradually move along a street as if walking. I did not explicitly ask about the experience of how it felt to walk virtually and so the account centres more on accessing memories and emotions.

As Pat experienced this street, she recalled how the move had given them a chance to live in a modern house for the first time. She described how she had 'felt like she was in paradise.' The positive attachment was clear in her tone of voice as our virtual bodies navigated the street on the screen. Pat recalled how 'The house was lovely. If I could have picked it up and moved it, then I would have been very pleased.' I asked her why she liked it so much. She said 'It was modern. We moved out of a Victorian house in London. We had the top floor, and it didn't have any heating.' Pat brough her embodied experience of being in the previous house, where she said: 'It was freezing cold, and we had draughts everywhere. And then we came to this little house. And it was snug and warm, and we had central heating.' The longer description about the new house involved words such as 'modern' and 'easy' and the aspirational nature of it being 'a huge step forward.' She described being able to touch the house and to know that it was hers, rather than a rented property. Moving to this house was clearly a significant transition in her life.

The literature shows that Pat was not unusual in acquiring a private home in that decade. Between 1961 and 1971 the proportion of owner-occupied houses in England and Wales climbed from 43% to 49% (Lund, 2017, p. 46). As such the 1960s set down aspirations that Stephen referred to on the walking tour and experienced by Jane when she went to grammar school. Without turning this writing into a deep study of post-war Britain, I repeat the importance of the researcher finding ways to make sense of the social and economic context described by the interviewee. For example, Pat living in a house with gas central heating in the 1960s contrasts sharply to Jane's account of a house heated by coal fire. With reference to future research, different issues of poverty, health and inequality are likely to emerge from discussions about the home and neighbourhood life experienced in other decades. For example, digital exclusion, lack of public transport and social isolation.

The remainder of the conversation with Pat moved backwards and forwards in dates. For example, a conversation about air pollution in Newport during the 1990s reminded Pat of the industrial town where she had been a child in the 1950s. We moved location and she took me for a five-minute along a street where she walked often as a teenager. Following this road reminded her of a motorway being built through her hometown, which then linked her back to a different part of Newport where she lived in the 1970s. The conservation changed to a different point in Pat's lifecourse: aged in her 30s when she became involved in local politics and campaigned against homes being demolished to make way for roads. As we moved around digital maps of Newport, she led me to a multi-purpose central library building. I asked her when this was built, and she told me that it was the day when her son

was born – in April 1968. I will return to this story as Pat appears in the collaborative film project with a theatre company. In the meantime, I explore how the conversation with Pat builds the concept that periods of the lifecourse have certain rhythms.

Geographers Lager et al. (2016) write about rhythms, ageing and neighbourhoods. In particular, they explore different spaces in Groningen, a city of 200,000 people in the Netherlands. The concept of rhythmanalysis is important as they cite Lefebvre's (2004) thought that the body is the starting point which acts as a metronome: 'each must appreciate rhythms by referring them to oneself' (ibid., p. 1571). For example, Jane previously remembered the rhythm of her walk to the school bus in the 1970s being disrupted by name-calling. Beyond geography, political scientist Cameron Duff studies connections to spaces made during teenage life through repeated activities such as skateboarding (2010). Bren Neale, a specialist in lifecourse and family research, goes beyond teenage life and describes a qualitative concept of temporality where:

> … time is not fixed but fluid, rhythmically and perpetually emerging in multidimensional ways in varied local contexts. Objective, constant, one-dimensional clock time gives way to a plurality of times, held in a simultaneous relationship with each other, flowing and intersecting in complex and unpredictable ways.
>
> (2015, p. 33)

The spatially led digital interview with Pat seems to demonstrate a plurality of times and connections made through different places. For example, topics that arose from certain spaces, such as pollution and motorways. The digital interview technique allowed her to move place as she explored her thoughts, and therefore revealed other periods of the lifecourse. Pat's story suggests that past and future are processes which flow into each other; supporting Neale (2015) stating that time can be seen as circular rather than linear and that it unfolds in a '… recursive (self-referential) loop, such that before and after lose their meaning' (ibid., p. 34).

The spatially led digital approach develops the walk of the mind as it brings a visual dimension to the exploration of biography. Unlike the meeting with Jane, the researcher gains geographical context by seeing the name of places on Google Earth. This exercise also helps interviewees move between different versions of themselves – see similar perspectives from research using walking interviews in Manchester (Barron, 2019). There are disadvantages to moving the conversation backwards and forwards in time, as the (un)folding results in a fragmented account. However, in Pat's case we played on this messiness in a subsequent collaboration with a theatre company during 2022. A brief description of this art project is the final element of the three techniques discussed.

Public theatre project builds on digital interviews

Similar to the public walk with Stephen, site-specific outdoor performances can bring research to life (Smith, 2018). The process of making public theatre from my interviews started with a *data session* (Hindmarsh & Tutt, 2012, pp. 58–61) where producers and actors were shown recordings of Pat's interview and other materials. An actor called Matt responded to Pat's story with a fictional characters who was seemingly in both the 1960s and the present day. Captured in a film about the project (Thomas, 2022) Matt interviewed Pat as if making a contemporary newsreel from the late-1960s.

Matt asked Pat about the recent (April 1968) opening of Newport Library. Pat seemed to re-enter the mind and body of herself as a mother who had recently given birth; responding that she was not actually there but had some interesting anecdotes. Although she stumbled slightly to maintain her perspective of speaking from the past rather than the present, she voiced the political mission which was important to her at the time: namely that the new library development should be accessible to people who use public transport. Promoting the perspective of property developers, Matt explained that the decision about buses and car parks would depend on the planning committee. Pat responded playfully, saying 'Alright. I will be watching with interest.'

Biographical accounts, such as Pat's, represent how we connect with differently aged versions of ourselves. I would argue that this is what makes these interviews so rich and wonderful. Furthermore, I found that developing something performative and playful, and to create a film, embraced that lack of structure in Pat's account. These artistic partnerships demand time, funding, and only succeed when the researcher relinquishes some control (Singleton, 2024). Moreover, this last example brings digital communications and interdisciplinary collaborations to the research dynamic. As such, this leads to the conclusions from what these methods offer to develop a *Linking Ages* approach.

Conclusions

In this chapter, I have gone beyond established outdoor biographical walking interview methods (Adams & Larkham, 2015; Barron, 2019; Jones & Evans, 2012) and developed two innovative walking techniques to reflect on earlier stages of the lifecourse. I revisit the methods discussed in this chapter in order and reflect on links to childhood research. The first case, with outdoor walks, revealed a degree of chronological order. For example, Stephen presented a mostly time-ordered narrative as he illustrated his teenage years in a walk from his home towards school, and then to place where he worked. By coming into the present, he gained retrospective insights into the moods and feelings of the world where he grew up (Berlant, 2011; Highmore, 2017). Though outdoor walking methods are used with children in the present day (Kullman, 2010), other writing about childhood spaces reveals that urban environments are more car-reliant and highly mobile than before (Ergler, 2020, p. 312). The less walkable nature of environments may therefore influence the depth of spatially held memories and emotions that modern children acquire. In the second case, a walk of the mind with Jane relied on clear verbal descriptions. Analysing the affective quality of the language (Tamboukou, 2003) revealed her teenage years in 1960s and 1970s Britain as a time when relationships with space changed greatly. In more recent research Duff (2010) studies the role of affect and practice in transitional spaces for young people. The third case, a digital interview with Pat, was more clearly framed by space (Evans & Jones, 2011) than the first two approaches. Pat had freedom to move between locations, which helped demonstrate Hirschauer's (2021) concept of *un/doing difference* as she linked to very different periods in her lifecourse. Having a visual representation of places was useful to conducting the conversation and also   helped with the theatre project. This method may have great potential for contemporary children and young people, for whom online spaces are a more regular feature of everyday life.

In summary, I agree with Neale (2015) that biographies do not have to be explored following a strictly chronological order. Instead, I hope these detailed examples encourage other researchers to embrace the benefits and pitfalls to research the lifecourse using spatial

approaches. Moreover, I trust that developing accounts into public walking events and performative projects such as the film can link between ages; presenting biographies in playful ways so empathy develops between people. I am already starting to use these techniques in new research. For example, I am currently using the spatially led digital walk with groups of younger and older people as they explore perceptions and imaginaries of climate change (Thomas et al., 2023). The ease of storing data digitally could allow longitudinal data, so the children of today can meet themselves again when they are older.

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5 'I Wish They'd Stop Eating the Props!'

Two Novice Researchers' Reflection on Their Participatory Research with Children and Older People

Trish Finegan and Muireann Ranta

Introduction

The origins of the phrase 'nothing about us without us' goes back to the 1500s in Poland and was used as a rallying cry for democracy in its Latin presentation '*Nihil de nobis, sine nobis*' (Kornat & Micgel, 2007). More recently it has been used by international disability organisations to achieve the full participation and equalisation of opportunities for, by and with persons with disabilities (United Nations (UN), 2004). It can, however, be used in relation to anyone who is not included in shared decision-making on issues affecting them. We, Trish Finegan and Muireann Ranta, were both novice researchers undertaking a Masters by Research in a third level institution in Ireland with participants from either end of the life-course. Trish's research was with older people – those aged 65 years plus and Muireann's with young children between the ages of 2 and 5 years. Ageist attitudes, at both ends of the life-course, have seen policies around the health and well-being of children and older people devised and implemented without the perspective of those most affected by them. In contrast, our research provides evidence that with the correct resources (time and respectful listening) both groups are capable as contributing social actors to competently take part in research and decision making overall.

It was through lunchtime discussions about our research projects that we came to realise how comparable they were in terms of the societal perceptions of young children and older people. Both are seen as not having the capacity to engage in research about them. Young children because their communication and comprehension skills are deemed to have not yet fully developed. Older people due to a perceived decline of their cognitive and communication skills. This chapter has given us the opportunity to discuss the similarities and differences in our approaches to our research.

To begin, we will briefly outline our respective research projects. We will then discuss participatory research (PR) and child rights-based research, the similarities between our methodologies and the reasons why we chose to engage in PR. In addition, we will consider how the centrality of the participation of the child and older person is important to the research process and outcome. Finally, we will examine the value of reflexivity in our projects.

Our projects

Trish Finegan

Trish's background is in community development, the principles of which she combines with a design-based approach in her research activities. She has had personal experience,

through a close family member, of healthcare provision to older people in Ireland. Her Masters by Research was completed in May 2022 and was titled 'Health Service Design for Older People – The role of community, and the community and voluntary sector in the implementation of the Living Well at Home piece of the Integrated Care Programme for Older People in Kilkenny'

The world's population is ageing and with that comes an increase in healthcare provision and costs. Sláintecare – Irelands healthcare reform plan – has co-produced, integrated, person-centred care embedded in its policies. Within Sláintecare is the Integrated Care Programme for Older People (ICPOP) that envisages the locus of health and social care for older people being community-based (ICPOP Steering Group, 2018). Trish's research looked at the role co-designing with the community plays in the implementation of the Living Well at Home (LW@H) piece of ICPOP. The LW@H piece sets out 12 areas which impact on the ability of older people to age well at home, including facilitating social connections and community supports (ICPOP Steering Group, 2018).

Using the qualitative methodology of research through design (RtD) (explored further in the chapter) she empowered older people to be part of the project as equal participants. It was conducted in three phases. Initially, semi-structured interviews ($n = 6$) with healthcare practitioners were undertaken to gain an understanding of the provision of health and social care to older people from their perspective. Secondly, a co-design session with older people ($n = 5$) was convened to listen to the lived experience of the older person and to build their self-confidence and understanding of the value of their experiences. Finally, a solution focussed co-production workshop with all stakeholders' ($n = 12$) was held. The data gathered at each stage were thematically analysed using a grounded theory method. The findings from one stage were used to inform the next building a consensus and allowing a 'collective voice' to emerge (Smithson, 2000, p. 109). Results show that a culture of innovative and collaborative practice is essential to the delivery of health and social care.

Muireann Ranta

Muireann's training and background is in early childhood education and care (ECEC). She too has had personal experience, through a close family member, of healthcare provision to older people in Ireland. Muireann started her project as a Masters by Research and was successful in her application to have it transferred to a PhD which she will complete in 2023. The title of the project is 'Can we see our voices: A child rights-based participatory study exploring with young children their own views and lived experiences of Nature under Article 29 1 (e)'.

Although the UNCRC was ratified to protect and promote the human rights of children, it has been critiqued for its universality and lack of explication on how it can be applied both globally and at a local level (Davies, 2014). Despite this, there is a growing literature which promotes and documents children's own engagement with rights frameworks. By using a child rights theoretical framework, Muireann sought to understand how young children define their own education and participatory rights (Lundy & McEvoy, 2011; 2012). In turn, she analysed these definitions as to how they could contribute to the principles for the future development of a child rights-based approach to education for sustainable development (ESD) in early childhood. The research aimed to explore with young children, their own perspectives of nature under Article 29 1 (e) of the UNCRC which stipulates that children's education shall be directed to developing a respect for the natural environment.

It was grounded in a child rights-based, participatory methodological paradigm. Methods using nature-based activities were designed with the support of a Children's Research Advisory Group (CRAG) (*n* = 7) (3–5 years) (Lundy & McEvoy, 2011; 2012). They were subsequently used with a second group of participants (*n* = 9) (2–3 years) for data collection. Results showed that children define their own relationship with nature and make their own connections with it. In claiming their right to education about Nature, they establish their own definitions of participation.

Authentic participation in the research process for their participants is an important part of both Trish and Muireanns research. Therefore, a closer look at what PR is warranted.

Participatory research (PR)

PR is variously described as action research, PR, participatory action research, critical participatory action research and participatory learning and action. While they all differ in the process applied, the principles of democratic engagement with research participants underpins them all (Bergold & Thomas, 2012). Robson (1993) suggests it is a cyclical process made up of four stages:

- Planning – the project as a first step
- Acting – putting the plan into action
- Observing – the plan in action and
- Reflecting – on how it went, what went right, what can be changed.

Zamenopoulos and Alexiou (2018, p. 5) argue that PR developed from Freire's and Dewey's education pedagogy which 'provides powerful and philosophical resources for thinking with'. Wakefield and Sanchez Rodriguez (2018), suggest that PR has previously been used by global social movements in what Columbian sociologist and activist Fals Borda called participatory action research. While Freire and Dewey were educationalists and Fals Borda involved in community development, both ways of 'thinking with' had the same principles at the heart of engagement with their communities – democratic participation, empowerment of under-served communities, equity, power sharing and social justice (ibid.).

PR is unlike conventional scientific research where research is done on or to the subjects of research. Cornwall and Jewkes (1995, p. 1667) suggest that conventional research generates 'knowledge for understanding', whereas PR focuses on 'knowledge for action'. Kemmis et al. (2014) argue that while PR has many different names and in practice differ from one another they have two features in common. Firstly, is the recognition that those living and working in the research setting have the capacity to participate in all aspects of the research project. Secondly, that the research is participant led and is orientated towards enabling or empowering them to make improvements to their lives and communities. Reason and Bradbury (2001, p. 2) contend that PR can only be achieved 'with, for, and by persons and communities' (emphasis in the original) which involves all stakeholders both in the research process itself and in the actions which follow. PR takes a social constructionist view of our engagement with the world, understanding that as connected relational beings we construct our reality and our place in the world through our interaction with others and our surroundings (Creswell, 2007). Furthermore, it is underpinned by a feminist perspective of caring and connection (Riecken et al., 2005). Kemmis et al. (2014) go on to suggest that it is not just empathetic caring and connection to one another as human beings that sets PR apart from conventional methods of inquiry but also our connection to the non-human and

ecological. They contend that their version of PR – critical participatory action research – goes further again and seeks to 'create (or recreate)' what 'Fals Borda calls *vivéncia* (humane forms of human life)' by the regeneration of our social relationships to others and to the world around us (Kemmis et al., 2014, p. 12).

Both research projects are participatory in nature and emphasise a participant led approach (Cornwall & Jewkes, 1995). They involve all stakeholders within the process of generating 'knowledge for action' (Cornwall & Jewkes, 1995, p.1667) by enabling stakeholders to engage in 'thinking with' one another (Zamenopoulos & Alexiou, 2018, p. 5). Trish engages with clinicians, practitioners within healthcare and community development as well as older people. Muireann's research involves children but also ECEC practitioners and families in her research. Both researchers view the world as built on connections and relationships between people and between people and the environment in which we are situated. However, there are several key considerations such as building trust and sharing power that need further analysis.

Trust

Adams and Donelson (2020, p. 2) contend that for cooperation at all levels of human interaction 'trust is essential'. Building trust and rapport with the children, their families and the ECEC practitioners was an essential part of Muireann's entire research process. Her own practitioner experience, in terms of skill set and training, supported her to develop an understanding of the children's culture. This was relevant in terms of recognising how the children readily enjoyed their rights in their everyday lives both individually and collectively. In turn the research space became an extension of that same culture and provided an organic means for children to decide how they wanted to participate (or not) in the study. The presence of the more familiar ECEC practitioners was also an integral part of building trust and at times participation was also supported with their knowledge and expertise.

Trish built trust with all the research stakeholders through open communication, information sharing and informed consent. In addition, with the older participants trust was built through the stand-alone co-design session showing them that their views were important and central to the research process. Furthermore, clarification of the data gathered at the end of both the co-design session and co-production workshop indicated that the authentic meaning of what was said mattered to the researcher.

It is through building trust between researcher and participants and between the different participants that power and decision-making is shared and true collaboration is developed.

Power in PR

Cornwall and Jewkes (1995) argue that the key element of PR lies not in the methods used but in the attitude of the researcher determining how, by and for whom the research is being conducted. They maintain that the key difference between conventional methods of research and PR is the location of power. Biggs and Farrington (1991) outline four modes of assessing the levels of participation in research with resource poor farmers. Using their analysis, Cornwall and Jewkes (1995) put into general terms the four modes of participation in research with resource poor communities. The four modes are:

Contractual – participants are invited to take part in researcher projects as subjects
Consultative – participants are asked for their opinions and consulted before interventions are made

Collaborative – participants and researchers work together on projects designed, initiated and managed by the researcher

Collegiate – participants and researchers work together as colleagues, bringing different skills and knowledge to the process, learning from one another but where the participants have control over the process.

In each mode power is located differently, from power residing completely with the researcher and research done to or on participants, to power with as collaboration and, power shared in collegiate participation. While theoretically PR is situated at the collegiate level of power sharing and participation, Cornwall and Jewkes (1995) argue that PR projects can move between modes of participation. In addition, they contend that evidence suggests the collegiate level is hardly ever achieved (ibid.). Furthermore, PR also requires an open and honest expression of opinions and lived experience from the perspective of both the researcher and the participants (Bergold & Thomas, 2012). Facilitating this openness requires trust between researcher and participants and between participants themselves (Adams & Donelson, 2020).

Our research with young children and older people was participatory, grounded in a social constructionist paradigm and feminist in perspective. While not always at the collegiate level of participation both projects were collaborative. The use of a CRAG in Muireann's research involved them evaluating research methods commonly used with children and developing the following seven key strategies to support participation in the research space that was respectful to the younger participants' rights:

1 Creating a meaningful listening environment
2 Reconceptualising the term 'expertise knowledge'
3 Taking time for ongoing reflexivity
4 Maintaining an 'ethical radar'
5 Understanding each other
6 Ensuring meaningful participation and
7 Balancing power dynamics (Ranta, 2023).

Trish initially sought to understand how healthcare is delivered to older people by one-to-one interviews with practitioners and representatives of advocacy groups for older people. This enabled her to formulate the research questions and engage in a co-design session with older people building their self-confidence and capacity to engage on an equal footing with the other stakeholders. While the analysis of the data did not involve older people, the data gathered was verified through feedback at the end of the co-design session and subsequent co-production workshop. While there are distinct similarities between Muireann's child rights-based methodology and Trish's RtD there are also differences.

Differences and similarities in our participatory approaches

The UNCRC is an internationally binding agreement which has been ratified by all but two countries. The principle of participation is one of the four guiding principles of the UNCRC and states 'that the child's views must be considered and taken into account in all matters affecting him or her' (UNCRC, 1989). While older adults have rights under the UN Universal Declaration of Human Rights, as do all human beings, they do not have specific rights as older adults. Although UN resolution 46 sets out Principles for Older

People (United Nations, 1991), which countries are encouraged to implement, they are not rights per se. Muireann's research with children incorporated the rights contained within the UNCRC and in that respect it is fundamentally different to Trish's research with older people.

Article 12 of the CRC mandates researchers to include the voice of the child (Lundy & McEvoy, 2011). Furthermore, the child rights community highlight that this can only be authentically achieved by incorporating other articles within the UNCRC (discussed further in the chapter) (Alderson, 2012). There is no such mandate for research with older people and in this respect our methodologies differ. Muireann concentrates on ensuring that the children participating in her research are protected by the UNCRC. Trish relies on the principles of RtD and community development to be as inclusive as possible enabling all stakeholder voices to be heard – in particular the voice of the older person. Both put their participants at the centre of their projects.

The centrality of participants

Julian Treasure (2011) says in order to live fully and be connected in understanding to others we need to listen consciously to one another. Rinaldi (2001, p. 3) speaks of a 'concept of multiple listening' involving teachers and pupils listening as a group to one another, and through self-reflection to themselves. Influenced by Rinaldi's pedagogy of listening Clark (2005) developed the Mosaic Approach to research with children. What Rinaldi and Clark have in common is the centrality of the child in both the educational environment and research project. Children are partners in the process, actively engaged contributors to their environment and learning (Clark, 2005). They are seen as 'beings not becomings' (Qvortrup et al., 1994, p. 2), placing the emphasis on exploring their world, through their eyes, as equal participants.

Such practice is common among ECEC practitioners and resonates comfortably with relational listening pedagogies (Clark, 2020; Lyndon, 2019). Pedagogy and listening are closely linked through a process of slowing down to listen, what Clark (2020) describes as 'slow pedagogy'. Following the seven key strategies described above, Muireann created a research culture that gave time to incorporate forms of knowledge or expertise from the young participants that may otherwise have been missed. It was an ongoing reflexive process of assessing the understanding on both sides that fed into the quality of participation, keeping it meaningful and from the children's own perspective (Collins et al., 2020).

RtD has the same underlying principles of collaborative partnership. Stage one involves stakeholder engagement in understanding the needs of all participants and identifying the core problem to be solved (see Figure 5.1). In addition, it involves empathically listening to all stakeholders particularly those most impacted by the issue under investigation. It uses Russell and McKnight's (2022) Asset Based Community Development practice of looking at and emphasising the strengths of participants and their community. For Trish this involved the centrality of older people in her research, listening and valuing as expert knowledge their lived experience both as an older person and a carer. In addition, it meant examining the strengths of the system as it stands, as well as its weaknesses from all stakeholder perspectives. Furthermore, it involved being aware of how we are all interconnected and in relation with one another and how the social determinants of health and power dynamics play a part in both our health and well-being and how healthcare is delivered.
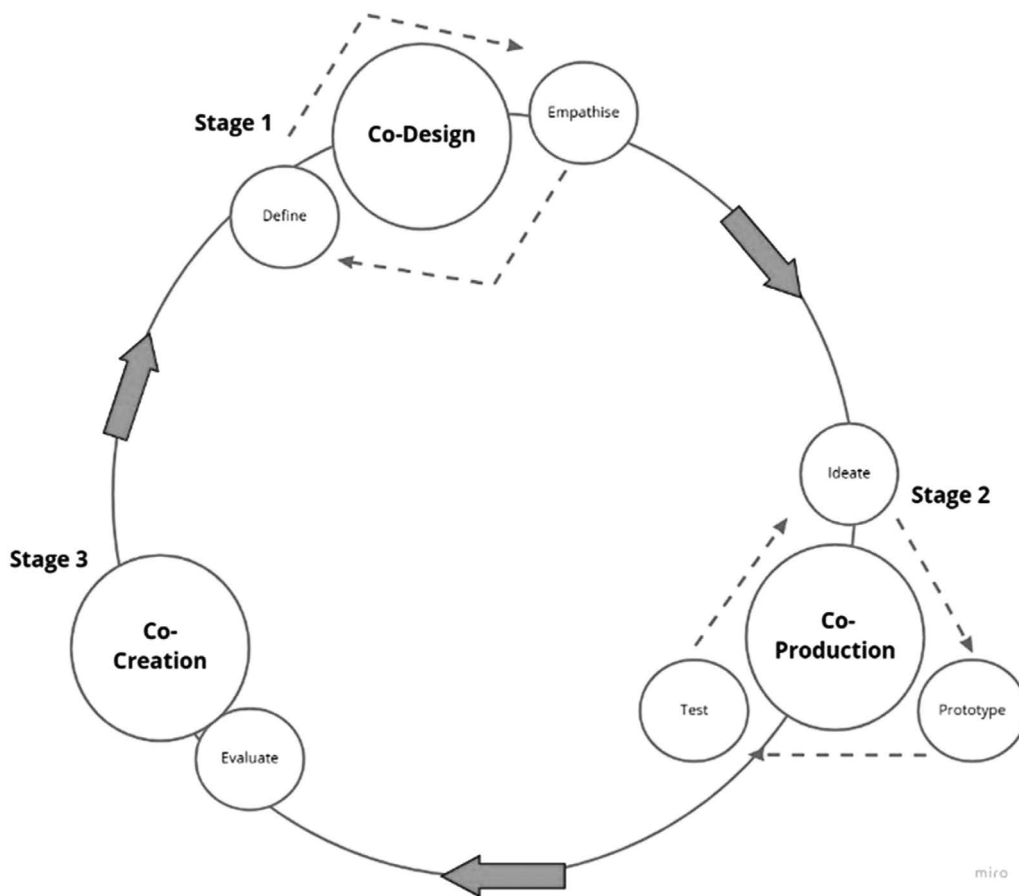
Figure 5.1 Research through Design Framework (Finegan, 2022)

Using the same principles of equality of stakeholder engagement stage two, Co-Production, is solution focused. Using the data gathered and analysed from the co-design and interview sessions, the same stakeholders were involved in devising a solution. At and during all stages, RtD requires reflexivity on the part of the researcher.

True participation involves actively listening to and hearing participants perspectives as Clark (2005) and Rinaldi (2001) outline. However, to be truly inclusive of all participants, particularly those who are seen as having less power than others, it involves more than just listening.

Arnstein (1969) set out eight levels of engagement with citizens in his Ladder of Citizen Participation. Hart (1992) used Arnstein's ladder to develop a children's ladder of participation. Shier (2001) expanded on Hart's five levels of participation to question the commitment an organisation gives to the empowerment of children to participate in shared power and decision-making on issues that affect them. He sets out his pathway to participation for children incorporating how organisations can identify opportunities for engagement with children and the obligations associated with that engagement (ibid.). The top rungs

of Arnstein's and Hart's ladders are similar to Biggs and Farringtons collaboration and collegiate levels. All three suggest that it is the degree of participation that is the key to true participant involvement in research and shared decision-making. Shier furthers this by emphasising that the onus is on the organisation or researcher to provide whatever strategies – such as those developed with Muireann's CRAG – to support shared decision making with all participants.

Alderson (2012) suggests that it is adults' perceptions of children as not capable of engagement with research or their misplaced protection concerns that hinders their participation. Kellett (2011) outlines four main reasons to engage children as co-researchers or for the promotion of research by children:

1 They have access to a peer culture where adult researchers are outsiders and removing this child/adult power inequality provides opportunities to retrieve different responses or information
2 Having children involved, particularly having their input in questions being considered and in the analysis itself, adds a nuanced insider perspective to researching children's own experiences
3 Through the dissemination of their research findings, children's voices are being strengthened in matters affecting them and
4 Participating in research and having the capacity to do so has an educational effect.

Kellett's (2011) four reasons for engaging children in research can be married to the RtD methodology used by Trish:

1 Listening to the lived experiences of older people in areas which fundamentally affect them by building their capacity and self-confidence to engage as equals in the process levels the power dynamic inherent in healthcare provision (Joseph-Williams et al., 2014)
2 It provides a different perspective adding richness and depth to the data gathered
3 It allows the older participants to verify the researchers interpretations of what was said and provide an opportunity for reflection and clarification by the older people themselves and
4 Allowing the voices of all participants, in particular the older person, to be heard through the dissemination of the data gathered gives power to voice in matters that affect older people in the provision of healthcare.

Bessell (2015) suggests that the UNCRC is the blueprint for how research with children should be undertaken. It holds that children are capable of contributing knowledge, expertise and opinions that have been missed by traditional research when effective opportunities for them to do so are provided to them (Christensen & James, 2008). Lundy and McEvoy (2012) address the question of how to have children at the heart of research through the concept of a CRAG as described in Muireann's methodology.

A CRAG provides an opportunity for children to engage in research about them from the beginning. However, despite the clear paradigm shift in positioning children as participants with their own perspectives and experiences to offer, Shier argues that these can still be limited to shaping research questions and agendas set by adults. Therefore, research projects that do not attain the highest levels of Hart's Ladder (Hart, 1992) or Shier's Pathway (Shier, 2001) cannot be clearly located in a rights-based realm (Lundy & McEvoy, 2012;

Roberts, 2008). Using a combination of articles 3.3, 12.1, 13.1 and 36 from the UNCRC Ennew and Plateau (2004) provide five key principles to ensure children were properly involved in research:

1 It is respectful to children in their research roles
2 It is ethical
3 It is scientifically valid using systematic methods that can be replicated
4 It involves rigorous analysis and
5 It prioritises local knowledge.

The word properly however has come under fire. Alderson (2012) asks, who decides or defines what is proper for children and what is not? This is furthered by a criticism of the assumption that involvement in research is always beneficial to children, that rights-based research must be participatory and that there is an implication of ignoring the rest of the CRC by using only four articles (Alderson, 2012).

The second strand to a rights-based approach to research with children is found in the work of Lundy and McEvoy (2011; 2012) which draws its conceptual framing from international human rights research approaches. This is the approach taken by Muireann which has three core principles:

1 That the study should further advance the realisation of rights
2 That children's rights standards should guide all research stages and
3 That the study should support the development of the capacity of duty bearers to meet obligations and of children as rights-holders to claim their rights.

In effect this means that research aims and processes must be informed and comply with *all* UNCRC standards and be grounded in dignity, profound moral respect and entitlements of children as bearers of human rights. Lundy (2007) suggests that Article 12 of the UNCRC – the right of the child to express a view and have that view heard – cannot be adequately implemented without consideration to Article 2 – non-discrimination; Article 3 – the best interests of the child; Article 5 – the right to guidance from adults, Article 13 – the right to information and Article 19 – the right to be safe (see Figure 5.2)

A rights-based research approach does not automatically happen by simply choosing it as a suitable approach for researching with children. From the outset, the researcher is required to have a clear understanding as to what the UNCRC means for researching with children (Mayne et al., 2018). Furthermore, the researcher's own attitudes and viewpoints of the young child as objects or subjects to be studied or competent beings capable of more interactive research roles, is also pivotal to choices being made during the initial conceptualisation of the study (Mayne et al., 2018).

Research with older people rather than research on or about older people is also possible when opportunities for engagement are provided to them. The ICPOP ten step framework to be implemented at local level ensures that the older persons perspective is represented through their place on the governance committee. Tronto (2013) articulates the unequal nature of a care setting, where the person in receipt of care is automatically less powerful and more vulnerable than the physician or caregiver. How this power is used is important. Labonte (2010, p. 182) suggests, in a healthcare setting the physician uses 'power over' or 'power with'. Power with they suggest respects the others point of view, accepts the lived experience of their patient as valuable and collaborates with them to chart a way forward
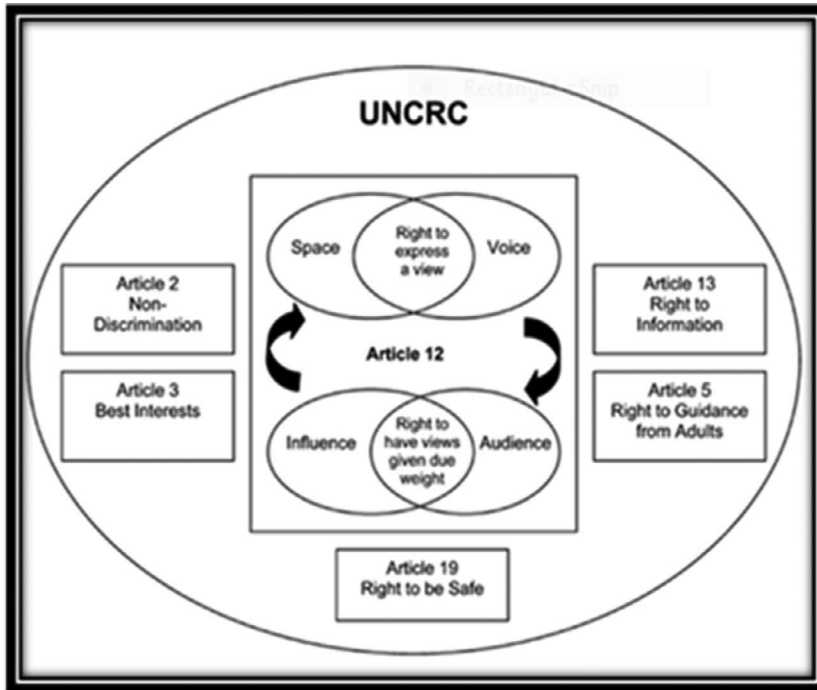
Figure 5.2 Conceptualising Article 12 (Lundy, 2007)

(ibid.). Biggs and Farrington (1991) put power with as collaboration at stage three of their four modes of participation. It is shared power through joint decision-making that RtD methodology aims to achieve. The outcome of which is what Smithson (2000, p. 109) calls a 'collective voice' solution to the identified issues.

While Trish did not engage with an adult equivalent of a CRAG she did ensure that the voice of the older person was listened too and their capacity and self-confidence built so that they could engage on a more equal footing with the other stakeholders. Building the older participants confidence in their expert knowledge as valuable to the research process involved an older persons co-design session prior to the stakeholders co-production workshop. This session teased out through creative methods how they experienced healthcare provision as both patients and carers for loved ones and what solutions they envisaged. In addition, through dialogue with their peers it fostered a confidence that was not visible beforehand. Subsequently, engagement by the older participants in the stakeholders' co-production workshop was equal to that of the other stakeholders some of whom the older person would have perceived as having more knowledge and, therefore, power than they (Joseph-Williams et al., 2014; Tronto, 2013).

Reflexivity

As socially constructed beings connected to others researchers bring their own bias, pre-conceptions (Charmaz, 2009), pre-understandings (Hopkins et al., 2017) or baggage with them into the research process. The first way of alleviating this bias is to name it. Both Trish and Muireann state their bias's from the outset. Trish discloses her previous experience of

the Irish healthcare system in relation to the care her Dad received and the large amount of bias and pre-conceptions that she brought with her into the research practice. Muireann mentions being aware of judging the contributions made by some participants which may have caused them not to be heard. In addition to naming the bias we both brought with us, empathic practices of looking at the issue from the perspectives of all stakeholders enabled us to alleviate it. Furthermore, reflexive practice or what Charmaz (2009) calls methodological self-consciousness, through the writing of memos or journals through-out the research process made us continually aware of our preconceptions. Finally, the verification of the analysis of data through the CRAG (Muireann), and participants feedback (Trish and Muireann) further lessened the biases both brought with them.

In addition to all of the above our 'lunchtime chats' about our research enabled us to see the similarities and differences between research with children and research with older people. It led us to the realisation that there are barriers to the inclusion of children and older people in research that affects them. This exclusion results in policies that may adversely affect those the research was undertaken to help. Muireann's rights-based approach to research with children and Trish's RtD methodology both are underpinned by the equal participation of both cohorts in the process. As stakeholders in the outcome of the research it is imperative that children and older adults are included in the process as equals. It is beholden on us as researchers to find creative ways to include all stakeholders in the process, regardless of their capabilities or competencies. In this way research with participants will result in policies and practices that are inclusive, meet the needs of all stakeholders and finds a solution to the core issue rather than relieving its symptoms.

Conclusion

'Nothing about us, without us' is at the core of both research projects. Using a rights-based approach (Muireann) and equality of participation through RtD methodology (Trish) both of us endeavoured to put our participants at the centre of the research process. In particular, we strived to actively engage with young children (Muireann) and older people (Trish), to authentically listen, hear and act on what they said. This was difficult as power dynamics were in play as young children and older people are considered by many as unable to contribute to research on issues affecting them. For older people this was also seen in their perceived lack of power and through not valuing their lived experience as expert knowledge by themselves or other stakeholders. These power dynamics can be alleviated through capacity building and finding creative ways of engagement. However, it can be a difficult, time consuming and sometimes messy procedure that requires patience – 'please do not eat my props' – and engagement with reflexivity at and during each stage of the research project. While the UNCRC mandates a rights-based approach and the inclusion of children in research about them there is no such mandate for older people. However, research with and by stakeholders whether mandated or not, should be undertaken with research integrity in mind including shared power and decision-making. Trish and Muireann met their research integrity obligations by engaging creatively with their participants on an equal footing, allowing them to lead the process and by endeavouring to leave their bias's and egos at the door.

Implications

Equal participation of all stakeholders is paramount for Engaged Research which is gaining momentum globally and mandatory practice for many funding streams (Campus Engage,

2022). Authentic engagement with those most affected by a research project is important for finding solutions and developing policies and practices that lead to better outcomes for society as a whole and marginalised groups in particular. We would hope that the methods we employed to put our participants at the centre of our projects, to authentically engage, listen to, hear and act on what they had to contribute will add to the learning of other researchers interested in PR.

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6 Linking Ages

Reflexive Transition Research in Childhood and Later Life through Interpretations with Change of Sign[1]

Tabea Freutel-Funke, Helena Müller, Deborah Nägler, Anna Wanka, and Frank Oswald

Constructions of age in childhood studies and age(ing) research

Beyond biologically determined processes, our age is a central basis of social organisation and thus of the distribution of opportunities, rights, duties and expectations: majority, accountability, the right to marry or to work, the right to vote and to run for office, compulsory schooling.

The 'right' time to learn to walk, to move out of home or even to die are fundamentally linked to this (Freeman, 2010). Martin Kohli (1985; 2007) even calls age and the institutionalised life course linked to it the elementary socialisation programme of (post-)modern societies: it determines our position in society, our social contacts, our behaviours and lifestyles and our aspirations even more than gender, ethnicity or social origin.

The life phases at the 'margins of the life course' from childhood to adolescence as well as later life, share central commonalities: both are primarily characterised by their deviation from middle adulthood, which is considered 'normal' and thus unmarked – they are constructed as the 'other' (Beauvoir, 1972) or the 'marginal' (Golovensky, 1952) of the apparent normality of 'adult status' (Blatterer, 2007; Fangmeyer & Mierendorff, 2017; Hockey & James, 1993; Settersten, 2005). Children and older people are thus assigned a special status in our society – they are valued (e.g. as wise) and sometimes devalued (e.g. as noisy), but are treated as special. This can be seen, for example, in the disenfranchisement from gainful employment granted to both phases of life within modern work-based societies (cf. Andresen, 2013), or also in forms of age discrimination, which, according to the Eurobarometer survey of 2008, is one of the most frequent experiences of discrimination in both young and old age (cf. Abrams et al., 2011). This chapter aims to take up this observation and provide an innovative approach to reflecting on powerful age norms and codes, as well as highlighting opportunities for a cross-age experimental research perspective. The special nature of both groups is reflected both in socio-educational practice and in socio-scientific and educational research: with regard to the former, it becomes clear that both 'margins' of life have a special significance for socio-educational practice, which in turn is strongly linked to age limits. One example of this is the debate about "care leavers', or that over unaccompanied minor refugees, for whom the responsibility for socio-educational support is terminated when they reach the age of majority. As core areas of educational and social work fields, childhood and (old) age are, however, just as strictly separated institutionally and organisationally, for example, into fields of child and youth work or work with the elderly. Following on from this observation, it can be emphasised that "[human] communication – and thus also social order – […] is never without categorisations" (Bitzan & Bolay, 2016, p. 41). On the other

hand, and in relation to a practice that operates with it, it must also be noted that "social work [must] deal with it very consciously" (Bitzan & Bolay, 2016, p. 41).

The social attributions of 'no longer' (older people) and 'not yet' (children) are also found in the scientific examination of these phases of life in research on childhood and later life. Inherent in both research perspectives is an ambivalent tension with regard to research objects, in which diverse constellations of temporal extension and content, vulnerability and resilience, agency and heteronomy, power and powerlessness become apparent. Among other things, this is also reflected in the scientific consideration of transitions. While the focus in research concerning transitions in childhood is often on gaining competences, research refering to transitions in an older age is more adressing losses and processes of degradation, although today they are also very differentiated and individualised (cf. Franke et al., 2017; Wahl & Schilling, 2012). In this way, transition research, if not actively reflected upon and counteracted, implicitly contributes to further de-identifying 'childhood' and 'older adulthood' as life phases and to reproducing the respective age norms. This gives rise to the danger that historically and socio-culturally contingent processes are naturalised and thus that the constructedness of both phases of life is obscured, which can lead to the "determination via naturalising and biologising variables such as age, […] children [author's note: and elders] anthropologically pointing to a so-being" (Carnin, 2020, p. 33). This is not about negating the different physical dispositions and the fact of development (Bernfeld), which are also related to the process of ageing. Rather, these should also be placed in the context of their social addressing and standardisation (see also the regular geriatric report of the German federal government, with reference to an increasingly important culture of ageing [e.g. BMFSFJ, 2010]), which can easily be lost sight of in a naturalisation of these facts.

Linking Ages: Perspectivisation and genesis

Based on shared reflections, identified commonalities and stimulating discussions in the interdisciplinary research context of the DFG Graduate School Doing Transitions, we – researchers in childhood and ageing research from the fields of education, psychology, sociology and cultural studies – joined forces and began to develop the research perspective Linking Ages. This joint perspective emerged largely from constructivist and praxeological reflections on categories of difference in social science research (cf. Hirschauer, 2014). The central starting point of Linking Ages and the ideas of an analysis based on it was and is to question and reexamine one's own perspective of research objects: when we research childhood, do we then only see the particularities of childhood everywhere and overlook the similarities with other age groups? Or have we already fallen into the trap of this category of difference with the prominence of age as the constituent variable of research direction? Thus, as a starting point for the considerations on the research perspective of Linking Ages, it can be stated that:

> [T]he side of the contingent production of a distinction […] is often well illuminated, while the side of contingency in use through social processes remains underexposed.
>
> (Hirschauer, 2014, p. 181)

The research perspective Linking Ages wants to counter this tendency towards 'de-ification' and thus "criticise the unquestioned, self-evident normalisation of everyday practice" (Bitzan & Bolay, 2016, p. 41) as well as the practice of scientific knowledge

production. Linking Ages thus represents a perspective that understands 'age' as a relational category of difference produced in transitions, as a counter-design to traditional patterns of thought. If we look at 'old age' and its social institutionalisation in life phases from this perspective as socio-cultural and historically contingent constructions, we no longer ask, "What is childhood, what is later life?", but "What is produced as young or old, as childhood or later life?".

The way in which age(s) is talked about in the respective fields of research, which concepts and explanatory approaches exist, is thus a central, powerful source of knowledge for reflexive science and practice. It is therefore all the more surprising that the fields of childhood and ageing research have so far been largely segregated institutionally, in terms of personnel and discourse.[2] Against this background, we want to introduce Linking Ages as a 'theory-method package' (cf. Schatzki, 2017) on the basis of two empirical projects each, in age(ing) and childhood research, and propose a relational perspective and a methodological perspectivisation for transition research. Linking Ages thus refers to a reflexive juxtaposition and linking of practices – including research practices – that establish age as a category of difference across the life course. However, especially in relation to social pedagogical practice and social work, this contribution should not be misunderstood as a plea for the dissolution of fields of practice that focus on childhood and later life, nor is it about bringing children and older people together (as happens in multi-generational homes or similar projects). Rather, the focus of this research perspective is to create an "awareness of powerful definitional processes and to point out room for manoeuvre and possibilities for change" (Bitzan & Bolay, 2016, p. 41).

Based on empirical material from four research projects conducted within the framework of the DFG Research Training Group Doing Transitions, we show how Linking Ages can be thought of in terms of scientific theory and realised in terms of research practice. To this end, in the following section we deal with the methodological approach of such a perspectivisation in the sense of an "interpretation under other signs" and follow with an empirical analysis. The chapter ends with a reflection on the limits and potentials of Linking Ages, as well as its significance for reflexive transition research.

Methodological foundations: Interpretations with a change of signs

By means of an interpretative 'change of sign', we want to challenge the traditional perspectives with Linking Ages by means of a methodological experiment in an interdisciplinary interpretation group.

In the 1970s, these were also central places of qualitative research in Germany (cf. Reichertz, 2013). The compilation of these groups is of importance here, even if it is not very systematised, and this despite the fact that the interpretation of data material is always "struggle, probation, competition and school reproduction" (Reichertz, 2013, p. 69) and thus strongly influenced by the participants. But what happens when researchers come from both childhood research and age(ing) research and interpret material from both fields – each under a different sign, so to speak?

In a first step, empirical material is prepared as 'ageless'. In doing this, it already becomes clear how narrow the boundaries of our own thinking sometimes are. For example, in the ageless processing of material, we are tempted to delete a reference to the place 'school' from an observation protocol, since we initially associate it exclusively with children, then perhaps with teachers and parents, but only in the rarest cases with the generation of grandparents – a procedure that could exclude potential insights.

In the subsequent second step, ageless material is analysed in interpretation groups and contrasted with related subject-specific discourses and pre-existing bodies of knowledge (cf. Reichertz, 2013). It is crucial to set up the interpretation groups in a 'cross-field' and inter-disciplinary manner, i.e. to invite representatives of both childhood and age(ing) research, such as educationalists, cultural scientists, sociologists and psychologists, to begin with a free interpretation of the material:

> [N]othing can be relied on more than that the group members leverage each other off the track – which they would hardly be able to do without the help of the co-interpret-ers, because everyone tends to commit to a favourite reading far too quickly. Thus, in spontaneous thinking with and against each other, the group develops readings that no one had thought of at the beginning of the interpretation.
>
> (Kurt, 2012, p. 178)

Following this invitation, a network of terms, concepts and discourses is created that is as wide-ranging as possible, each is formulated in short interpretive texts.

The comparison of the interpretations that follows in the third step shows which con-cepts and practices are left out, which are emphasised, which are identical, similar or con-trary, and which practices are interpreted as normatively desirable or to be avoided?

Linking Ages in transition research: Empirical examples

In this section, we present one empirical fragment each (based on participant observation protocols or interview excerpts) from childhood and age(ing) research projects,[3] which were selected because of their 'ageless' readability and interpretability, but also because of their plurality and relevance to everyday life. Whether the observed scene or quotation refers to a child or an older person is left open. Instead, we ask in each case how representatives of both research fields would interpret them.

First, the four selected scenes from the four research projects are interpreted one after the other and analysed with regard to the respective disciplinary location and the normative age assumptions and stereotypes conveyed in them. Only then are these interpretations consid-ered together, contrasted with each other and described in terms of the insights they provide.

Closeness despite distance

> I have friends around here, but mostly I text because I can't go out much right now. [...] I talk to my friends throughout the day and then we still text each other when we're at home.
>
> (Interview excerpt 1)

This quote refers to the life situation of a person whose activities in the analogue world seem limited ("because I can't go out so much right now"), but who regularly maintains his social relationships in written form, via SMS or messenger apps.

If we read this quote from the perspective of age(ing) research, we could conclude that this person has limited physical mobility. Nevertheless, they can maintain social contacts via new technologies or, in this case, via mobile phone. They are not alone in this: for example, the annual digital index of the D21 initiative shows that, as of 2018, more than three quarters of 60–69 year-olds and just under half of 70+ year-olds in Germany use the

internet, and many (55% and 24%, respectively) also do so on the move, for example via smartphone or tablet (D21, 2018). In age(ing) research, this has triggered various strands of discussion and study (cf. Wanka & Gallistl, 2021): firstly, research on how technologies can better contribute to self-determined ageing; secondly, research on the risks of social exclusion through insufficient opportunities for older people to use new technologies and thirdly, research on the risks of negative stereotyping and standardisation of age(ing) through the development of age-specific technologies. The discourse around digitalisation in later life research is already becoming apparent in these areas: the vast majority of research emphasises the potential of new technologies for older people. The main risk appears to be not the use, but rather the non-use of technology in old age, which must be addressed, for example with educational offers to increase digital literacy in old age. The Federal Government's Eighth Report on the Elderly (BMFSFJ, 2020, p. 4), which is dedicated to the topic of 'Older People and Digitisation', states at the outset that "[d]igitisation and especially the development and use of technology for life in old age are primarily associated with the hope of being able to improve everyday life and care for older people". Louis Neven and Alexander Peine (2017) speak here of a (not necessarily scientifically based) gerontological techno-optimism, in which technology is seen both as a compensation for individual, mostly age-related limitations (as a prosthesis, so to speak), and as a solution to the demographic change framed as a problem for society as a whole. The above quotation also fits into this reading: the person can mediate the risks of social isolation that their limited mobility entails by using new technologies. If this quotation is read from the perspective of childhood theory and research, the dimension of peers and contact with peers primarily comes into focus. Peer groups, friendships and the relationship structures with peers are a central starting point both in childhood and in adolescence. For example, results of the Shell Youth Study (Albert et al., 2019) show that it is important for 97% of 12 to 25-year-olds to have good friends or peers. The quotation and the emphasis it places on the importance of contact with friends in various forms of communication ("I talk to my friends all day and then we write to each other when we are at home") can be interpreted through this perspective. The importance of people in the same or similar phases of life, as well as institutional contexts and settings, is thus attributed a high value, especially in the life phases of childhood and adolescence. This is also constituted by the fact that friendships and relationships with peers are regarded as spaces for experience and action without the intervention of adults, and are thus attributed a special quality and support coping with individual developmental tasks (cf. Albert et al., 2019).

A second focus of interpretation is also provided in this perspective via the mode of communication. In this way, the reference to media and their use can be linked to age specific discourses on the mediatisation and digitalisation of childhood and adolescence. The media is seen as an integral part of these phases of life, as expressed for example by the expression "digital natives". At the same time, however, medialisation is not only reflected and discussed in terms of its added value, but also in terms of the dangers and risks it poses for children and young people. On the one hand, the quotation makes it possible to understand the importance of the media for contact and exchange and to describe the limited mobility ("because I can't go out much at the moment") in childhood as an opportunity. On the other hand, in the debate about digitisation and the medialisation of childhood and adolescence, not only the opportunities but also the risks that can arise from an anonymous and unprotected space in relation to childhood and adolescence are often addressed and discussed. These include the threat of cyberbullying, the feared suffering of the quality of relationships or excessive and uncontrolled use and thus the risk of addiction (cf. among others Eichenberg & Auersperg, 2018).

WhatsApp versus e-mail

I'm just getting to grips with this WhatsApp group. […] We don't have all that and we're not in it.//And I don't miss it either. So it's not like I have the feeling that I'm left out. […] And if something was important and we didn't find out about it, then we bang on the table and say, yes please, if it's really important, please send an email, okay?

(Interview excerpt 2)

As in the previous section, this quote deals with digital communication methods, but the focus here is on non-use ("We don't have all that"). This non-use is not experienced by the speaker as a lack that leads to the threat of social exclusion; on the contrary, it is communicated self-confidently ("then we'll bang on the table").

The importance of and use of social media, as already emphasised in the first scenario, is often located among and framed as a phenomenon of youth and the younger generations. From a child- and youth-sensitive perspective, however, this picture becomes more complex. The scene sensitises people to the dependency and dependency structures of these phases of life and thus also creates an understanding of the different possibilities of accessibility and availability of technical devices. In childhood and adolescence, these depend not only on the consent and permission of legal guardians, but also on financial resources. The statement of the quotation could thus be interpreted as a demarcation from normative and generalising assumptions and thus also as a safeguarding of one's own position due to denied, not conceded participation. On the other hand, the quote could also be interpreted as an expression of the plurality and heterogeneity of this generational attribution in relation to the younger generation. From the point of view of childhood and youth research, it could be argued that the use of and engagement with different digital forms of communication is also much more pluralistic within this group than the image of the so-called media generation conveys (cf. Pietraß & Schäffer, 2011). Thus, use and critical discussion as well as the refusal of use can be understood as different ways of dealing with the digital possibilities as well as this social addressing and attribution. In this context, youth cultural phenomena such as the trends of digital abstinence and digital detox can be reflected as strategies of demarcation, as different and critical consumption as well as voluntary non-use (Papsdorf et al., 2018).

If we read the quotation above from the perspective of age(ing) research and the speaker as an older person, it is possible that a completely different picture emerges, especially one that corresponds to classic age stereotypes, namely that of the technology-averse older person who rejects new things. Due to the fact that technology is regarded in large sectors of ageing research almost as a panacea for the problems of ageing, non-use is mainly understood as a deficit that is attributed to older people as an individual inadequacy (cf. Kolland et al., 2019). The above-mentioned differentiated empirical surveys of actual technology use in older age (e.g. Wolf et al., 2021) show that this is a truncated view that reproduces stereotypes.

Fun versus discipline

And um, that's exhausting and um, I've started to play (…) really uh uh just according to notes (…), ne, […] it's not that easy I have to say, so […], ne. You have to have discipline and do something every day and make a little progress every day, ne.

(Interview excerpt 3)

From the perspective of childhood research, this quotation initially gives an idea of the perseverance, self-discipline and effort that learning a musical instrument can demand from children. The person follows the narrative that progress can only be made satisfactorily if practice is constant and disciplined as an integral part of everyday life. This gradual process of learning and practice also shapes the school context and ideas of continuous diligence and effort. There is nothing in this statement about talent, the joy of playing or music as a means of expressing one's own emotions. Learning an instrument, at least when it takes place in a music school or with a music teacher, is closely linked to socio-economic factors, as the World Vision study (2018) exemplarily shows: "[…] the differences in membership in music schools and music schools are dramatic. 46% of children from the upper class and only 2% of children from the lower class are active here" (World Vision Deutschland e.V., 2018, pp. 107–108). In recent decades, the discourse has been dominated by the assumption that children are losing much of their freedom to shape their everyday lives in a self-determined way, e.g. through the spread of all-day schooling, increasing pressure to perform and tendencies towards the 'institutionalisation' of childhood. However, the most recent World Vision study of 2018 shows that meeting friends, playing sports or playing at home are still among the most frequent activities of the children aged 6–11 years surveyed. Media use, such as watching television or YouTube, comes in fourth place (World Vision Deutschland e.V., 2018, p. 98).

From the perspective of later life research, two approaches to interpretation come into focus: the meaningful organisation of the day after retirement, and the training of cognitive competences (e.g. to prevent dementia). The former results from the setting of music-making as an effort that requires continuous discipline and, with this daily exercise, also contributes to the structuring of everyday life after retirement. While concepts such as work-life balance are discussed during the employment phase, the contrast between employment and remaining leisure time often seems to be missing after retirement. As a structuring element of everyday life, it can then be observed that activities that are not carried out for gainful employment purposes (e.g. hobbies) are increasingly institutionalised and linked to the achievement of performance (Wanka, 2020). The progress of this activity (here: making music), which is also mentioned, points to a future perspective: for example, a number of developmental psychologists postulate that skills are (also) acquired or deepened in older age, in the sense of lifelong development (Baltes et al., 2006). A related goal is not mentioned here, although corresponding activities in old age are often framed in terms of maintaining cognitive and physical abilities and remaining 'active' (critically Denninger et al., 2014). Accordingly, research on ageing still discusses exclusively cognitively based strategies for maintaining learned skills in old age and beyond (e.g. selective optimisation with compensation, Baltes & Baltes, 1989). As conclusive as the argumentation of strategic action to achieve goals may seem at first glance, it is not enough to simply re-produce known findings. Rather, it can be assumed that there are complex links between biographically significant and possibly emotionally charged, sometimes even buried motives with rational motives, for example to prevent future losses (playing music against dementia) and other, hedonistic motives (e.g. Cohrdes et al., 2020).

Half-hearted

When she is finished a short time later, she comes to me and shows me the heart. However, only half of it is filled in [as if the pen had stopped writing], so that the other half of the heart is only visible as an outline. She then explains to me and assures me that this is 'secret writing' which turns blue in the dark and thus makes the whole heart glow.

(Observation protocol 1)

If we read this observation protocol in the context of childhood research, the artist is a girl who chooses a visual mode of expression to express her positive emotions towards another person – possibly also because a verbal transmission would be too risky. The marks on the paper reveal that there were attempts to complete the heart. Instead of drawing the picture again or being disappointed about it, she decides on an imaginative strategy to deal with the lack of colour without devaluing herself for it. Through the narrative, she attributes something magical and mysterious to this supposed lack. According to Weinberger and Lindner (2020), from the age of nine children become increasingly interested in secret languages and scripts as elements of a children's culture. Central to this is the idea of "one's own magical power over a reality that would otherwise be uncontrollable" (Weinberger & Lindner, 2020, p. 74). Moreover, this narrative integrates oneself and the other person into a collective of secret-bearers. Current research and discourses on the educational goals of the future in the face of major changes such as climate change, digitalisation or geopolitical shifts focus on precisely these creative skills of reinterpretation, as the Future Skills study commissioned by the Jacobs Foundation shows: "The most important skills for shaping the future (therefore) include creativity and imagination. You have to develop ideas about what you could do better" (Samochowiec, 2020, p. 70).

If this protocol describes an older person, the perspective on the skills of the older person is particularly stimulating.

The lack of a heart is also a thought-provoking explanation of the imaginative explanation for the missing half of the heart. Neurological studies postulate a connection between declining memory and limited imagination (e.g. Addis et al., 2008) and thus contribute to a naturalisation of limited imagination in old age. Furthermore, it should be reflected that imaginative statements and/or behaviour in old age and old age may be associated with cognitive impairment or the onset of dementia. Although creativity in old age is also associated with well-being (e.g. Price & Tinker, 2014), free painting or drawing without a specific objective or institutional framework is rather rare (cf. Gallistl, 2021). Another interpretive approach would also be to consider the age of the recipient: while the expression of imaginative ideas to a child seems more permissible, such an expression between adults can be seen as deviating from social conventions.

Following these four empirical 'ageless' fragments and their interpretations with change of sign, the different readings can be contrasted against the background of their respective fields. Linking Ages thus makes it possible to reflect on the images and discourses that can be drawn and called up depending on age – for example, in relation to social relationships (e.g. the concept of the peer group is central in childhood research, but hardly exists in age research), digitalisation (e.g. framing of technology use as 'other') and the use of technology (e.g. framing of technology use as a risk for children, but as a potential for older people), leisure time activities (e.g. pressure for self-optimisation in both phases of life) or creativity (e.g. attribution of "imaginative child" versus "crazy old person").

Such a reflexive perspectivisation also enables the development of new, innovative questions for both fields of research, such as those of how technologically competent children and young people are compared to older people, and to what extent the former are able to avoid mediatisation as well as to what extent the latter have to struggle with youth phenomena such as cyberbullying. To what extent do age and the phase of life we are in determine what "free time" means and how much it is oriented towards self-optimisation, discipline and the utilisation of competences, and what role does the future perspective of both groups play here? How do we as researchers in both fields react and evaluate statements that do not correspond to 'reality'? How do we take our research participants seriously, and what does that mean for the choice of research designs and methods?

Discussion, conclusions and outlook

With the help of four empirical examples, this chapter was able to show how the Linking Ages perspective presented here, as well as the methodological perspectivisation implied by it, can contribute to reflecting on and counteracting a reproduction of age stereotypes by researchers and help to formulate new, innovative questions. The active fading out of the structural category of 'age' and the cross-field interpretation as integral components of an empirical analysis with a change of 'sign' enables us to work out accentuations, distortions and blind spots in the constructions of different age groups and life phases and thus make them visible. Linking Ages challenges us as researchers to broaden our views, which are often narrowed by presuppositions, internalised categorisations and patterns of interpretation, and thus to use the scope for interpretation across fields.

Such a change of perspective combined with an interest in transitions also allows for a new view of them. Linking Ages therefore expands the framing of transitions in research and opens up new ways of thinking and researching.

In the sense of 'linking ages by unlinking transitions', our gaze is directed towards …

i Transitions in different phases of life, which can be age-unspecific (e.g. coming out, gender transitions, transitions into and out of friendships and love relationships, loss of parents). In dialogue across generational boundaries, the specifics of these transitions only become clear and could thus also become adaptable for practice.
ii Transitions which, in the institutionalised life course, supposedly do not correspond to the age at which they occur – i.e. they break chrononorms – and on which a wealth of research exists in the respective other field of research (e.g. dying as a transition in childhood, transitions to university in older adulthood).

In both cases, the gain would be to undermine standardisation (also through research) to some extent and to work out more clearly the (normative) institutionalisation processes of the life course and its transitions. Linking Ages thus also implies a plea for a reflexive and relational transition research, in which a detachment of transitions from their normative and supposedly life-phase-typical anchoring enables the consideration of starting from the transition instead of starting from a life phase.

While in this chapter we have placed the life phases of childhood and later life in relation to each other, a perspective of Linking Ages is not limited to these two life phases. Linking Childhood and Youth or Linking Adulthood and Later Life are also conceivable. For transitional research, such a perspective can be applied insofar as the ageless examination of material from children and adolescents, for example, reveals precisely the differences that make transitions definable. In addition, the otherwise 'unmarked' adulthood should be looked at in a more differentiated way.

At the same time, such a perspective is associated with challenges that need to be reflected upon. For example, a cross-life-stage perspective is often opposed by the necessity of positioning and focusing on one's own scientific field. Often, theoretical and methodological traditions also pose challenges (cf. Settersten, 2005). In order to meet these challenges, we therefore consider inter- and transdisciplinary work to be essential for exploiting the potential of Linking Ages, in order to question disciplinary settings and to initiate further development of conceptualisations. Here, educational science can not only enter into a fruitful dialogue with a multitude of neighbouring disciplines, but can also develop a new perspective together with them. In addition, there is the challenge of not losing sight of the impact

and formative power of institutional frameworks such as the school, the neighbourhood, the intergenerational housing project or the nursing home, and the correspondingly powerful addressing and subjectivisation associated with each.

Finally, it is not in the spirit of Linking Ages to equate children and adults and thus negate differences in development, life experience and needs. For example, it may be necessary to design surveys for children differently from surveys with adults (e.g. with regard to address, requirements, consent) – but this should also not be assumed. Here, too, Linking Ages opens up new methodological potential. For example, a reflection on the methods used to collect the material for the research projects presented here (i.e. for childhood research, participant observation, photo walks; for age(ing) research, interviews) points to a sensitive, target group-specific, but also admittedly discipline-compliant approach. In terms of methodology, Linking Ages can therefore encourage us to establish methods that are frequently used in childhood research (e.g. photographs) more firmly in age research and, conversely, to strengthen methods that are used primarily in research on (older) adulthood (e.g. biographical interviews) in childhood research.

The Linking Ages perspective also questions the formulation of questions in the different fields, asking which questions are made relevant in different phases of life and which are not. What can we take away from this observation for the respective other research perspective? In this way, we want to encourage – beyond glorified ideas of intergenerational idyll – the conscious use of the change of perspective instead of the mainly dominating differences, in order to also focus on connections (linkages) between life phases.

Notes

1 This chapter is based on a German version which has been published in 2022, Linking Ages: Reflexive Übergangsforschung in Kindheit und höherem Erwachsenenalter durch Interpretationen unter anderen Vorzeichen. Zeitschrift für Pädagogik. Beiheft, 68, 98–114.
2 Reference should be made here to the fields of developmental psychology and life course research, which span life spans, but which focus more on processes and less on the constructions of individual life phases (cf. Baltes, 1990; Mayer & Diewald, 2007).
3 The four empirical research projects from which this material is drawn are as follows:

"Time to walk Alone" by Tabea Freutel-Funke; "Growing Up in an Individualised Society" by Deborah Nägler; "Moving into Multigenerational Co-Housing Projects" by Helena Müller and "Doing Retiring – The Social Practices of Transiting from Work to Retirement and the Distribution of Transitional Risks" by Anna Wanka.

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Section III

Empirical Insights from a Linking Ages Perspective

IIIa. Ageing in Time and Place

7 Age Transitions Crossing Childhood, Youth and Old Age

Approaching Space and Age Relationally from an Urban Everyday Life Perspective

Angelika Gabauer, Sabine Knierbein, and Korinna Lindinger

Introduction

This chapter draws analytical and methodological linkages between theorisations of relational space in urban studies and relational conceptions of age. To reflect on the interconnectedness of relational dimensions of space and age, we draw connections between three research endeavours concerned with three age categories. All three endeavours have their starting point at the Faculty of Architecture and Planning of the Technische Universität Wien (*Vienna University of Technology*, TU Wien), where we – a sociologist, an urbanist and a political scientist juxtaposed our insights into relational conceptions of geographies of everyday life in age-related research focusing on childhood, youth and old age. The aim of this shared endeavour is to discuss how a relational perspective of space *and* age can help develop a Linking Ages perspective.

A crucial element of our approach is that we take space into account both as an empirical field to explore, and as a methodological premise. In this understanding, human experience is essential to comprehending how urban space shapes people's everyday life, self-perception and agency. Built arrangements of neighbourhoods and the city are a vital part of this human experience.

In the following, we (1) situate significant debates of age and space in the field of planning and urban studies; (2) conceptualise a spatial perspective of everyday life research that works as an analytical lens to study differently experienced social conditions related to age; (3) introduce the working concept of 'age transitions' with the aim of bringing together relational age and relational space approaches; (4) tie the analytical-methodological considerations back to our empirical research endeavours, focusing on age as a dimension of socio-spatial inequality and (5) conclude with the conceptualisation of age transitions crossing childhood, youth and old age.

Relevance of an urban Linking Ages perspective

'Young' and 'old people' are increasingly addressed as specific 'target groups' in planning and designing of cities. Studies on ageing emphasise the relevance of the socio-spatial environment for ageing well (Wiles, 2018). Spatial research on childhood and youth highlights the importance of space for encouragement and development of children and for the self-expression of young people (Skelton, 2013). Under the umbrella of planning agendas of 'child friendly' (UNICEF, 2018) and 'age friendly' (World Health Organization, 2007) cities and communities, political authorities and planning professionals alike are increasingly

concerned with questions of how to create and provide urban environments that meet different age-specific needs and support processes of growing up or becoming older.

Policy, for instance, focuses on specific social infrastructures, housing requirements or the material arrangements of public space. Green and open spaces are understood to be important for young people to pursue interests, to live friendships, to play and hang out. Quality and safety of playgrounds and parks have become an objective in planning frameworks and discourses (Reutlinger, 2021). Yet these policies often may rather address parents than children (Schleiermacher et al., 2020). Another dominant line of contemporary urban development debates regarding younger age groups is on educational space and corresponding policies at city and neighbourhood level aiming at expanding and interweaving educational activities with spaces (see Coelen et al., 2015).

On the other side of the age spectrum, programmatic frameworks and urban development strategies focusing on older people are usually linked to health and care issues and try to address questions of how to create 'healthy ageing' environments, or to design accessible urban spaces or establish 'caring communities'. As people age, especially in later life, the distances they travel in their daily activities become shorter (Buffel et al., 2012). Therefore, neighbourhoods are becoming more important places for ageing (Gardner, 2011). 'Ageing in place' has turned into a dominant element in urban planning, aiming at facilitating older people's stay in their homes and communities as long as possible. Here, debates revolve around the creation of age-adequate housing conditions and provision of social infrastructures that enable people to remain independent, mobile and socially connected.

While children and older people have been somehow rendered as groups who are in need of care, youth and adolescents are usually treated differently, e.g. with a more negative bias towards their particular way of appropriating space. They frequently face processes of exclusion and marginalisation from public space in residential areas triggered by discourses around 'anti-social behaviour' (Brown, 2013). Debates in social work, on the contrary, are usually protective of the rights of youth to explore, discover and appropriate the city. Discourses around housing policies often do not at all focus on particular places for youth.

Although urban policy actors and urban professionals have gained a more complex understanding of these everyday geographies and have put an emphasis on participation, children and youth most of the time still lack a say in matters concerning them (Kogler & Lindinger, 2022). Similarly, among planning related agendas, older people are still merely seen within a stereotypical biomedical model, hence planners perceive ageing mainly as a problem to be solved by changes to the physical environment based on criteria of accessibility and mobility (Gabauer, 2022). Nonetheless, the principle of participation as established in the UN Declaration on the Rights of the Child from 1989 is gradually finding more resonance in planning approaches and urban development. Co-production is a more recent concept developed in the Global South which assigns, among others, younger and older people the right to jointly appropriate and co-produce their own realms of action.

When it comes to urban research, the presence of these diversified and ambivalent geographies of everyday life has been brought in dialogue with attempts to theorise and build space, in ways that are sensitive to subjective experience and towards social contexts. There is a growing awareness of the need for inclusive processes in urban development with regard to different age groups and their mix, often promoted under the banner of Lefebvre's (1967) *Right to the City*, including the consideration of different age groups as self-empowered actors and co-producers of urban space. Approaches to the social production of urban space start from everyday experience of inhabiting space and address the socio-material features of relational space, including how space is thought, envisioned, used and built

(Lefebvre, 2014). A theorisation of the everyday takes the lived spaces of urban experience as an analytical ground for intersectional social analysis. Indeed, by taking a critical research stance when analysing lived space and everyday life, researchers can shed light on the variety of everyday experiences and socio-structural conditions that older people, youth and children face, as well as on the everyday geographies and lived space they (co-)produce.

Relational spaces of everyday life as analytical lenses

Spatial practices are distinctively different for people facing different ages. Yet, age is just one of the potentially influencing aspects that shape spatial practices, alongside, e.g. accessibility or discrimination based on spatial belongings or subject-related attributions. Ages are accompanied by manifold social orders and cultural images, some of which contradict or reinforce each other. This means understanding people's embodied experiences of age as a fractured process of resisting, accepting, denying and recreating narratives of ageing. They respond to those ruptures and fluctuating vulnerabilities by adapting their engagements with the social context, people and places that constitute it (Gabauer, 2022). Childhood, youth and old age are historically and geographically contingent and as socio-spatial phenomena they allow for the study of social inequality. Images, perceptions and meanings about *emerging*, *becoming* and *being* young or old are changing and relate to different types of performance and representation across space and time (Barron, 2021). The boundaries between different life stages have been objects of disputes in different everyday geographies throughout different historical periods. Hence they cannot be universally defined across spaces in a snapshot of time.

An everyday-theory-based account in urban studies may serve as a valuable approach enabling researchers to analyse more dynamically the different dimensions of age-space interconnectedness at play. Here, everyday life serves as an analytical frame in which the micro, the meso and the macro dimensions of socio-spatial analysis interfere and coalesce (Knierbein, 2020, ref. to Lefebvre, 2014). This finding also resonates in social gerontology as 'the interconnection of the micro and macro levels is central to the development of theory as well as to the empirical knowledge process on the phenomena of age(ing)' (Richter et al., 2013, p. 36, ref. to Amann & Kolland, 2008, own translation).

Our contribution draws on 'new (relational) approaches in urban studies [which] have allowed the emergence of new ways of seeing change and paths for acting change, which can be important tools for overcoming the limits of a dualistic approach' (Tornaghi & Knierbein, 2015, p. 14). For Lefebvre (1988, p. 86), it was the dialectical proceeding that allowed for the 'analysis of becoming, […] of time, more or less connected to space'. Scholars seeking to (critically) revisit and actualise Lefebvrian thought in socio-spatial research argue for a dialectical analysis of relational space that conceives 'the understanding of the material and social aspects of urban space as being in a mutually formative relationship, rather than in opposition to each other' (Viderman et al., 2022, p. 10). A dialectical approach to relational space seeks to understand the interrelation between urban form (urban fabric, as planned, designed and built) and urban life (urban experience, as sensed bodily, imagined and regulated). It draws on the assumption that analysing the way cities are spatially organised, planned and built promises interesting insights into how young and old age are regarded in society. Age-related images, attributions and self-perceptions are inscribed and expressed through spatial arrangements of forms, objects and materialities. However, the urban fabric materialises also through embodied practices and discursive framings of age groups. An example of this is how the normalisation of certain chronopolitics of childhood

time diminishes the capacity of children to inhabit unknown spaces outside their homes or live the unconditioned present time in spaces which are not related to school or child-related activities.

We suggest the analysis of geographies of everyday life to methodologically interweave 'the micro' (e.g. lived experience at neighbourhood scale), 'the meso' (e.g. institutional shifts of social organisation and regulation at the urban level) and 'the macro' (e.g. climate crisis, economic globalisation and (trans)national governance arrangements). We argue that it is in everyday life where the social processes of scaling can be reflected and analytically interwoven. Such a perspective includes a critique of the still prevalent and effective separation of micro, meso and macro levels of spatial analysis, which is accompanied by an (often unquestioned) hierarchy of scales that usually defines the global level as the most relevant (Franz & Strüver, 2021). In this thinking, the everyday as the 'subjective micro level' rarely or hardly becomes the analytical starting point (Knierbein, 2021). Yet, precisely this order is socially and scientifically constructed since 'scales do not exist except through the social practices by which they are, in fact, constituted […] social actors do not "jump" from one scale to another but, rather, they actually *constitute* scale through their social praxis' (Herod & Wright, 2002, p. 11).

In order to theorise social space, we propose a dialectical interweaving through the focus on praxis because *spatial praxis* incorporates patterns of space and bundles of practices. A praxis-theoretical approach overcomes a static dichotomy between top-down/bottom-up structure–agency dualisms which tend to reproduce hegemonic views; rather, it thinks of space as an accumulation of praxis bundles (Reuter & Lengersdorf, 2016). Praxis theorists assume the continuous emergence of the social, an aspect which relates to Massey's (2005, p. 59) feminist geography focus on emergence 'conceptualising space as open, multiple and relational, unfinished and always becoming'. A special emphasis is given to the corporeality of the social, which has been largely neglected from social theory in the past (see Schäfer, 2016). The human body is an analytical intermediary realm to navigate between macro, meso and micro separations. Everyday life is hence considered as an analytical prism which can help shed light on space as an experiential embodiment and spatial materialisation of social practices and relations.

Rendering age from a spatial perspective: Revisiting age transitions through thinking space relationally

Analysing age from a spatial perspective departs from a researcher positionality that understands everyday geographies as a social, symbolic and material reality. To unravel these 'realities', we approach age from a double sense of relationality: relationality within an age group and across age groups. Transferring key aspects of relationality from spatial theories to relational conceptions of age frames *transition as a socio-spatial and historically contingent condition of lifelong ageing*: whether the category of age matters in lived everyday experiences depends on the specific context. In some contexts, age as a structural category and mode of spatial structuring does not (at first sight) seem to play a role. Elsewhere, conditions may arise in which age serves as a marker of socio-spatial exclusion, identification with a space or sense of belonging to a community. However, age usually becomes apparent only in relation to other age groups within certain socio-spatial contexts. That is to say, somebody is old *in relation* to somebody else, children are younger in relation to youths. Hence age is not a nominal category but rather ordinal: 'There are no old ones or young ones, just relatively old people and relatively young people' (Saake, 2002, p. 283, own translation).

Introducing relationality into research on certain age groups defines them qualitatively differently as social groups than a quantitative categorisation of age cohorts. This implies that each age group brings along its own particular relationality and also emphasises the contingency between age groups. This can change dynamically according to geopolitical contexts and the intersectional lenses applied.[1] For social inequality research, this means that the category of age as an individual experience depends largely on its interplay with other social categories and social positions (intersectionality). Relationality is hence not a universal concept, but a situated, embodied and context-specific analytical choice which involves both dynamism (social phenomena are subject to constant change) and contingency (social life can be different from now).

In order to conceptually depict age groups based on a double sense of relationality from a socio-spatial perspective, we propose the working concept of age transitions. Our understanding of transition extends the narrow definition of transition often used in youth studies referring to the changing life course phases from education to work.[2] It is rather based on scholarly work on 'doing transitions' that highlight the relational and processual constitution of the life course (Stauber et al., 2022). Such conceptualisation can counter possible shortcomings of research efforts that often define age groups as static and closed entities, because it sees ageing as always characterised by transitions: between age groups, and even more so within them. We further draw on Baars' (2009) theorisations of old age and the contingency and fluidity of the ageing process. We suggest superimposing his emphasis on change as a constitutive element of ageing (ibid., p. 90) with accounts from everyday life research and relational space theory concerned with emergence and becoming. Everyday-theory-based approaches analyse relational space as socio-historic process. We argue for taking an explicit socio-spatial perspective that sees the genuine aspect of age transitions in every moment of the course of life and as omnipresent throughout all life phases and age groups.

Relational space is a space of emergence and becoming (Massey, 2005), and in this respect, transition is its key feature. Age transition is thereby understood as relational and as a contingent process, in which socio-economic, socio-political, socio-ecological and socio-cultural factors are intertwined. In this view we understand age first and foremost as a social construct, an urban(ised) experience and a bundle of ambivalent everyday practices. An understanding of age transitions additionally stresses the issue of temporality and implies an emphasis on the transitory and transitional character of age. Transition then is part of the analytical category of lifelong ageing and a constitutive element of the ageing process. Conceiving of age relationally suggests that we focus on the social process, not the 'destination'. This allows us to study age transitions beyond their conception as development goals, e.g. school-to-work transition, or care-dependencies, but as urban(ised) phenomena constitutive of self-experiences and social practices. Transition is not a linear phenomenon. Methodologically, this opens up an analytical entry point for Linking Ages research.

The critique of the static and stable conceptualisation of life course phases applies equally to all phases throughout the life course. Adulthood is not perceived as a phase of stability in contrast to the contingency attributed to childhood, youth and old age. Rather, by focusing on childhood, youth and old age, we offer a conceptualisation of transition as a cross-generational relationality that affects adulthood in both particular and more general ways. Deciphering everyday transitions then means to recognise and explore moments of presence and situations of everyday encounter which are always nourished from the past and involve the envisioning of the future.

Three interwoven reflections on age as dimensions of socio-spatial inequality

To understand differently experienced social conditions of age transitions, the three research explorations into everyday urban experience of childhood, youth and later life form our empirical and methodological base. They share a common methodological ground of exploring the everyday geographies of a social group, by starting off from the defined category of age. They are all subject-oriented and search for insights into age-related everyday realities. They operate with an understanding of age from a double sense of relationality. Therefore, age-related experiences are analysed in their embeddedness in multidimensional personal affiliations and socio-structural contexts with an emphasis on social inequality. The first and the third research case follow a grounded theory methodology. The second approach offers an initial reflection for future method exploration in empirical field work.

The first case study explores spatial practices of children with experiences of poverty in Vienna.[3] One of three people up to 19 years of age in Austria's capital lives with the risk of poverty and social exclusion (Statistik Austria, 2022, p. 115). Disadvantaged living situations of children are often investigated in the context of neighbourhoods, which are framed as poor, troublesome or characterised by migration (Nieszery, 2014). However, the body of research lacks an understanding of the lived space of marginalised children, specifically in areas generally not associated with marginalisation. This study therefore explores how children in poverty contexts experience, appropriate and constitute space in a neighbourhood characterised by a population with high socio-economic and educational status. The case study in a Viennese district aims at understanding specific patterns of exclusion and forced inclusion (Barlösius, 2018) in children's everyday geographies and links their experiences and perspectives to a broader debate on children's right to the city. To integrate different dimensions of the production of space, a multi-method design has employed art-based and participatory methods in single and group settings. This gathered empirical information is triangulated with participatory observations and findings from 'expert' interviews in the field of education, social work and urban policy making.

The second case concerns a collaborative project on the intertwining of the so-called 'crisis of public space' in connection with 'youthhood in crisis'.[4] While literature is emerging on the use of public space by migrants and racial minorities (Du et al., 2020), intersectional research on the changing ways by which young people have been utilising public space to enjoy and develop their 'youthhood' during and after the pandemic is still scarce. As one of the largest groups of public space users, youths often 'feel unheard, marginalised or misrepresented in the consultations over, and representations of, city spaces' (Butcher & Dickens, 2016, p. 801). Researchers have not sufficiently emphasised young people's contributions to solve these conceptual challenges (Skelton & Gough, 2013). This collaborative research endeavour introduces the geographies of everyday life of young people as an analytical frame to counterbalance public space's conceptual shortcomings. A complementary way of triangulating three different methodological approaches has been chosen: one focusing on race and class dimensions of social inequality in Belo Horizonte, Brazil; one using urban citizenship and (post)migration studies to explore social inequality in Tel Aviv, Israel; and one using gendered and democracy-theory perspectives into social inequality in Vienna, Austria.

The third case study focuses on spatial experiences and practices of older people living in Vienna.[5] It departs from geographical accounts emphasising the relevance of the socio-spatial environment for the well-being of older people (Wiles et al., 2009). Against the backdrop of different stereotypes, images and narratives of ageing (see Rossow, 2012) that are entangled in processes and discourses of the production of urban space (that is, from

the ideal of the 'active ager' to the vulnerable, deficient and fragile very old person), this empirical study asks about different people's subjective everyday experiences of ageing and how these experiences become spatialised. It seeks to understand how experiences, practices and perceptions of later life intersect with or are shaped by the arrangement, organisation and design of urban spaces. The project combines a qualitative interview study with urban ethnographic research (mobile ethnography) with (very) old people who are (still) living in their accustomed living conditions without the support of continuous care services. Here, focus lies on individual biographies, housing situations, social relations, everyday practices and routines in the neighbourhood and spatial mobilities beyond. The material is triangulated with ('expert') interviews conducted with professionals and staff in community centres, care facilities and from different organisations engaged in elder care and healthcare, housing cooperatives and district management.

While the third research endeavour focuses on the category of age and aims to conceptually expand theorisations of late life by bridging them with relational understandings of space, the first child-centred research account deals with the subject of inequality among a particular age group. It does not explicitly conceptualise childhood from an age-theoretical perspective, yet seeks to understand everyday geographies and inequalities within this particular age group. The youth-oriented research approach builds analytical bridges between the relational study of both space and age in relation to social inequality, insofar as it explicitly departs from the unequal geographies of everyday life of young people in different geopolitical urban contexts.

Within each of our approaches to study age transitions, we take a socio-material perspective to understand differently experienced life course phases of childhood, youth and old age through the dimension of social inequality. This means taking into account how the everyday lives of different younger and older people are shaped by concrete socio-spatial inequalities. All three research endeavours approach age from an intersectional perspective. What childhood, youth or old age specifically means for an individual or a social group can only be sufficiently understood in relation to other social categories. An intersectional approach emphasises that children, youth and older people reveal quite heterogeneous 'groups' as they are characterised by more than their chronological age. Gender, sex, socio-economic or ethnic background, educational status or migration biographies, for instance, play a fundamental role in how people experience childhood, youth or old age.

The subjects that form part of our research are rich or poor, provided with good access to education or not, people of colour or not, living in more or less urban(ised) and polluted environments, wear glasses, ride wheelchairs, define themselves as LGBTQIA+ and so on. Age as a structuring category is analysed reflecting the subjects' socio-economic, socio-political and socio-cultural context, including socio-ecological aspects. It shapes individual biographies in conjunction with the plural ways and means of the reproduction of age and age-specific experiences on a more contingent structural level of social life. Space is conditioned by age-centred institutions. Standardisation and norming, often closely associated with a biological approach to age, such as duration of education, work life and retirement, are powerful agents of age segregation based on chronologically defined 'age-groups'. Hence, age is a socially constructed, politically rendered and culturally produced ordering system of life stages. The forms of structuring powerfully shape people's lives and have deep spatio-material implications. We see different forms of age segregation as a consequence of the 'ordering of urban temporalities' (Gabauer, 2022, p. 131) which manifest spatially. These orderings can happen by e.g. public institutions' tasks to provide age-related social infra-structures such as kindergartens, youth and pensioners' clubs, schools and playgrounds,

as well as rehabilitation facilities and retirement homes. The ways in which socio-spatial separation of age groups is structured and materialised across places of living, work, education and leisure influence when and where activities of age groups can or cannot co-occur (Hagestad & Uhlenberg, 2005).

Spaces of modern childhood have become professionalised, standardised and separated from other age groups (Bühler-Niederberger, 2003). Most children spend the better part of their time indoors in spaces which are explicitly made for them, defined by tasks society assigns to this phase of life, or to new ways of treating children as early consumers. These spaces are often time-bound, address specific wants or interests, and have institutional frameworks and access policies which organise belonging and regulate access. As regards youth, Reynolds (2013, p. 488) has identified 'the role of location and social networks as resources in negotiating youth transitions'. Young people's want 'to develop a transition pathway into adulthood that would ultimately require [them] to move out of [their] geographical and social class location' is often connected with fear (ibid., p. 494). When it comes to older age, creating certain 'activity spaces' in housing projects and neighbourhood community centres or entire gated communities often replicates and reinforces age prejudices in society. Research has shown that age segregation and ageism are closely interconnected (Hagestad & Uhlenberg, 2005). Although age-segregated environments can have positive effects for older people, it is possible that they reduce cross-age interactions which can be vital for older people's social, psychological and physical well-being.

The lack of stable and lasting interactions between different age groups may reinforce the development of stereotypes and prejudices, which can, in turn, foster age-related discrimination. If space is thought of as primarily serving the needs of the average middle-aged body, childhood, youth and older age are framed as 'the other' (see editors' introduction). Age-homogenous zoning, institutionalised patterns of age segregation and the invisibility (or displacement) of people, who are not part of the workforce are manifestations of such framings and normalisations, leading to the production of contested geographies of urban everyday life.

Considering younger and older age through the prism of spatial praxis within everyday life helps to unravel the discursive framings of childhood, youth and old age. It supports the empirical analysis regarding how age is individually and collectively experienced: how people respond to the different stages of life, how they adapt to the conditions of their everyday lives and reconcile with age-related changes in diverse, creative and active ways (Katz, 2018). In this vein, research on the geographies of everyday life and its emphasis on spatial practices and embodied urban experience to study childhood, youth and late life shows how respective subjects themselves – out of their own urban experience and everyday life circumstances – bodily articulate what is required and which spaces they need, albeit sometimes in supported ways. Such a perspective highlights the role of younger and older persons as co-producers of (relational) space, as people 'are shaped by exchanges with the environment [and] […] these exchanges affect the environment itself; […] people co-influence the social environment of which they are part' (Buffel et al., 2012, p. 27).

Conclusion: Researching age transitions

This chapter has introduced conceptual crossovers of age and space by interweaving urban studies approaches to relational space with relational conceptions of age. We brought into dialogue analytical learnings and methodological ideas from three research endeavours, respectively, children, youth and older people. These differently shaped individual research

endeavours share a common interest: they take everyday geographies as a starting point for intersectional analysis sensitive to social inequalities in the production of urban space. As demonstrated, theorising everyday life offers conceptual foundations for the theoretical, methodological and empirical understanding of experiences of age and space in relation to each other.

We explored age transitions within a geographies-of-everyday-life approach. Hence, relational qualifications of space have been introduced which combine both considerations into how we build (material dimension) and how we live (social dimension), while assuming a mutual and dynamic relation between these two guiding dimensions. While some scholars recommend using two separate conceptions of social versus physical space, relational space conceptions take both aspects of two sides of the same coin: 'Space is not a reflection of society, it is its expression […] space is not a photocopy of society, it is society' (Castells, 1996, p. 410).

When space is taken seriously both as an analytical dimension and a methodological premise, the confrontation and interweaving of epistemological considerations can inform a relational understanding of age. We have demonstrated that a category of age must be understood as intersectional and therefore needs to be perceived in relation to other socio-cultural positions and socio-material resources. Additionally, as we have illustrated, age usually becomes apparent only in relation to other age groups. We have criticised normative understandings of childhood, youth and old age, which comprehend these phases of life primarily in a spectrum between evolution and decline. Such a definition normalises a one-sided and narrow reading of adulthood as hegemonic point of reference, othering 'the margins' by understanding 'the other' as deficiency. We argued for taking an everyday life theory perspective to understand space and age as situated embodied experiences, and as presence conditioned by transitions. In that sense, relational space and relational age are imbued with moments of presence which may range between aspects of emergence, becoming and being. Accordingly, transition is not exclusive to the aforementioned stages of life, but rather a phenomenon of every age, particularly also of adulthood. Hence, we speak of age transitions following a double-edged conception of relationality: relationality within each age group, as well as relationality across age groups.

In the context of urban policies and planning, a differentiated understanding of age renders the category of age as a dimension of spatialised social inequality, as well as an interface for identifying and examining social inequalities in space. Through processes of de-normalisation and othering, older and younger people often face implicit or explicit discrimination in their use of space, as their agency is considered as being away from the norm. Following up on the question of whose spatial demands, needs and practices are articulated by whom and for whom, we have argued for the inclusion of older and younger people both as knowledge co-producers (in research and beyond) and in the very process of co-production relating to the right to (appropriate and use) the city. This heralds geographies of everyday life not just as spatial interface where micro, meso and macro dimensions of social life and social challenge collide and coalesce, but also as an analytical entry perspective to understand and grasp the contingency of social phenomena.

The three empirical research endeavours share a common methodological ground: everyday life epistemologies enable the integration of age as a situated, embodied and contextualised category. However, the synopsis of the three studies has not gone further into the question of research methods, nor has it attempted to concretise the methodological considerations on an empirical level. This is certainly a decisive challenge for approaches to study the messiness of everyday life and we are aware that we have not pursued these challenges in this

chapter. However, at this point, we underline one methodological consequence in more detail: research as well as planning processes must take into account the contingency of knowledge production. They should strive to de- and reconstruct social constructions of space and age for a much-needed critique of their potential hegemonic impetus. Forms of co-producing categories of age and space, with all their ethical, theoretical, conceptual, methodological and empirical challenges and implications, serve as an enriching path to move from age as an objectified, abstract and static social category to a consideration of age transitions that are subject-centred and in search of the subject. Our aim in this chapter has been to make a conceptual contribution to the possible paths that such a research dialogue might take.

Acknowledgments

Notes

1 For example, in different countries the nominal category of youth is framed differently by age sociologists both in quantitative and qualitative terms.
2 Such an understanding may carry inherent or explicit biases which focus on individuals' success to pass from one life course phase or age group to the next: from school to work life or from being a youth to becoming an adolescent.
3 The research project "A child's right to the city? Everyday Spaces from the perspective of poverty-affected children" is carried out by Korinna Lindinger at the Institute of Spatial Planning, TU Wien (Austria) and the University for Applied Arts Vienna (Austria).
4 The research project "Youth – Unsettled everyday lives and young people's (non)digital access to urban public space: An intersectional research project on social inequality" funded by the Centre for Technology and Society (CTS) at TU Wien. The consortium consists of TU Wien (lead), PUC Minas Gerais Belo Horizonte (Brazil), Bar Ilan University (Israel), FH Campus Wien (Austria) and FH Technikum Wien (Austria).
5 The research project "Ageing, space and subjectivity: A study of ageing in Vienna" is carried out by Angelika Gabauer at the Interdisciplinary Centre for Urban Culture and Public Space at TU Wien (Austria) and at the Institute of Sociology, Friedrich Schiller University Jena (Germany).

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8 Age-based Representations of Time

Re-thinking Temporalities through Intergenerational Encounters

Natalie Davet

Introduction

Lately, many of us have been reminded of the fact that we are living in 'intergenerational times' (see Ingold, 2022; Murphy, 2017). This means that our contemporary structural inequities of the present are bound together with experiences, infrastructures, and traumas of the past, which will take us into possible (un)liveable futures. From a global perspective, we are becoming more intensively concerned about planetary survival and there is an increasing urge to develop new forms for social justice to figure out how to carefully rescue the earth we inherited, and how to solve urgent problems of demographic changes as well as the 'overheated' (Eriksen, 2016), accelerated and hypercapitalized world we are leaving for generations to come (Biswas, 2021; Clemens & Biswas, 2019; Ingold, 2022). This contemporary situation explains the renewed urgency of attention given to intergenerational relations and learning (IGL) on societal and global levels.

As a Swedish scholar in education, I am primarily trained in critically problematizing children and young people's citizenship, learning and everyday lives. My interest in reciprocal learning among people of different ages has developed during my PhD project in the area of intergenerational studies. While previous Nordic and international research in IGL has traditionally been based on ideas of lifelong learning (Cropley, 1980), social capital theory (see Boström, 2014; Coleman, 1988), and/or the concept of 'well-being' (Thompson & Marks, 2008), I have chosen to approach IGL and temporality from critical theory. In a Foucauldian sense, I will in this chapter discuss how people of different age groups are governed by the regulation of time within age-separate timeframes. I also find great potentials to develop and rethink temporal agency and subjection through the work of a handful of feminist, queer and crip theorists, which gives my analysis a critical approach to educational studies. In line with previous feminist scholars in critical age studies, I understand temporal normalities as the interconnected processes in which people become young/old through structural institutionalization in parallel with routinization of everyday life (see Ambjörnsson & Jönsson, 2010; Krekula & Johansson, 2017; Wanka, 2020).

In this chapter, I investigate how age-based representations of time appear in the context of municipally driven intergenerational learning in Sweden's second largest city, Gothenburg, placing intergenerational interventions in the institutional structure of the Swedish welfare society. I am interested in understanding the need for, but also the challenges of, multi-aged activities as part of an overly age-segregated welfare system. My analysis will therefore depart from an attempt to identify some of the social time regimes that regulate separatist age educational institutions, such as the preschool, the primary school, and the senior meeting point, which are three places in my empirical research where intergenerational interventions

occur on a weekly basis. My aim is twofold: on the one hand, I visualize how different time representations generate contradictions and practical difficulties in age integration; on the other, I discuss the possibility of a reorientation of time within empirical research on IGL. The main question of this chapter is: what age-based temporalities are represented in monogenerational versus intergenerational frameworks, and in what ways could these temporalities be rethought?

Theoretical background

In this chapter, I approach temporality and age from the viewpoint of education. Scholars across social science disciplines have lately begun to ask critical questions concerning intergenerationality in relation to temporality and education (Abebe & Biswas, 2021; Biswas & Mattheis, 2022). The power dimensions of age and education have been discussed in relation to the concept of *childism* (Wall, 2019), which points to how prevailing Eurocentric and adultist education systems generate several discriminating effects by producing an idea of educational singularity that privileges some individuals but disadvantages the majority (Abebe & Biswas, 2021; Clemens & Biswas, 2019). This process of temporalization related to age does not consider the multiple temporalities of globalization (see LLobet & Vergara Del Solar, 2022).

Critical theorists have highlighted an ontological shift in education philosophy, where 'the neoliberal governmentality of lifelong learning has turned learning from a right into a duty' (Biesta, 2008, p. 196) in which people are expected to become investors in their own knowledge in a global knowledge market. Neoliberal ideals thus refer to employability as the core motif in educating future adults (Clemens & Biswas, 2019). Education has therefore become an increasingly profitable business in times of a growing Global Educational Industry (Verger et al., 2016). In a wider perspective, capitalism constitutes the primary driving force, forging the hegemonic concept of 'modernity' which regulates the ways in which contemporary societies organize their citizens according to time (LLobet & Vergara Del Solar, 2022; Samuels & Freeman, 2021; West-Pavlov, 2013). In other fields of sociology, such as in social gerontology, there has been ongoing discussions about a capitalist takeover of ageing (see Cole, 1984) in terms of 'successful ageing' or ideals of 'anti-ageing' built around Western prototypically middle-class, white, male assumptions about a certain privilege of staying young(er) and health(ier) in later life. Other scholars discuss similar topics in terms of a growing 'healthism trend' (Krekula et al., 2017). These ideas of self-optimizing in later life respond to a growing discourse around lifelong learning, which has a wide spectra of temporal definitions (Biesta et al., 2010) but still, older adults are being discriminated against in terms of education (see Ekerdt, 1986). Hypercapitalism keep reproducing a moral continuity where education and learning directed towards older adults is represented as a 'busy ethic' replacing a productive working life (ibid.). This means unlearning to be economically productive in parallel with learning to become an active retiree, i.e., less of a burden on society. Altogether the capitalist perception of social welfare, potentially healthy lifestyles, and well-being has also had positive effects in that individuals can be prepared for, but also last longer, in the labour market. All in all, this contributes to economic growth.

In the above presented capitalist gaze, age-categorizations (cf. Katz, 1996) are used to construct subject positionalities such as 'the young' versus 'the old' with adulthood in between. By viewing young people and older people as either 'too young' or 'too old' for working, which consequently also has the effect of positioning people as 'too young' or 'too

old' for being educated, these intersubjectivities have also become part of re-constructing an adult norm of employability. The fact that minors and old-age pensioners are marginalized from working life contributes to maintaining their lower social status, which helps turn working adults into 'welfare providers' and 'care givers' while other ages are rather seen as 'welfare consumers' or 'care takers' (Bjurström, 2018; Davet, 2023). In Sweden, as in many other countries, these 'early investments' in knowledge, health, and self-development have recently become more prominent in education and social care policies (Davet, forthcoming). Together, this raises the question of whether IGL have reached a point where these concepts ultimately coincides in the normative motto of 'faster learning versus slower ageing' in relation to labour time?

In this chapter, I understand intergenerationality as a reciprocal relation (Boström & Schmidt-Hertha, 2017; Mannion, 2016) which link together temporality and age in multiple dimensions. To be able to speak of multiple temporalities, I make use of an intersectional lens influenced by feminist, queer and crip temporalities (see Freeman, 2010; Kafer, 2013; Samuels & Freeman, 2021; Söderbäck, 2019). Age is approached as being primarily performative (Butler, 1990), and I combine critical age perspectives form interdisciplinary areas ranging from the philosophy of education to childhood studies and social gerontology. The primary tool for my temporal analysis is a critical approach to adultist, imperialist and ableist ideals. My analysis begins from the premise of temporality and social time as constantly changing, reproductive, and renewable phenomena (Adam, 2004; Leccardi, 2014; Söderbäck, 2019), which connects the past with the future through the ongoing present. Time and temporality are understood as human inventions that primarily serves to create social meaning, structure, and control (Adam, 2004; Arendt, 1958/2006; Foucault, 1987). There is a prevailing perception in Western societies that progress moves linearly through time. This linear and futurist conception of modernity needs to be questioned, since it keeps reproducing an idea of human growth (and ageing), related to a singular hierarchical chronological structure (see Abebe & Biswas, 2021; LLobet & Vergara Del Solar, 2022). Understood as such, it would not be possible fully depict the intertwined dynamics of multiple interdependent and relational temporalities that coexist. To avoid reproducing unnecessary dichotomous divisions of time as either chronological or cyclical, processes of social change should be understood in terms of both continuity with the past and a need for discontinuity and change (Söderbäck, 2019).

All of us who are living under the conditions of late capitalism are structured by time and governed by invisible temporal systems of power (Foucault, 1987), which creates chrononormative life patterns (Freeman, 2010) against which we all interact and negotiate our trajectories from birth to death. Since I am interested in the reproductions of temporalities in relation to intergenerationality, I draw on *temporalization* as a process in which heterogeneous time regimes are characterized through the present (see LLobet & Vergara Del Solar, 2022; Söderbäck, 2019). This perspective implies that social relations and social actions does not simply happen in time, instead, they are produced and (re)shaped by time, which is why they also contribute to shaping time, temporal structures, people, and social relations (see Leccardi, 2014). I have been inspired by Fanny Söderbäcks' concept of revolutionary time (2019) to highlight the transformative potential for change, since her temporal model offers understandings beyond the temporal dichotomies of linearity and cyclicality. But unlike Söderbäck, who uses revolutionary time to discuss feminist temporalities, I discuss the same concept in relation to intergenerationality.

Feminist scholars before me have taken interest in anti-oppressive and embodied pedagogy (Biswas, 2021; Shahjahan, 2015), by highlighting the multiple ways in which racism, classism,

sexism, ageism, etc., influence education and learning. Some of these scholars have also illustrated how time and temporality intersect with education, foregrounding a racist, adultist, ableist, and neoliberal time construct that reproduces a Eurocentric 'globalized' education which benefits the already privileged (Clemens & Biswas, 2019; LLobet & Vergara Del Solar, 2022; Shahjahan, 2015). In relation to temporality and pace, slowing down and 'being lazy' has been used as provocative terms when related to education, but also as a way to reclaim time and temporality conceptually by stepping out of the linear, Eurocentric, ableist and hyper productive educational time hegemony (see Berg & Seeber, 2017; Samuels & Freeman, 2021; Shahjahan, 2015). As this still is a research field in the making, I want to contribute to developing critical discussions on intersectional temporalities within intergenerational studies.

Methodology

This chapter is based on empirical examples from two different research projects, *Kulturmöten utan gränser* (*Cultural Encounters without Borders*) (Davet, 2020) and *Kulturhus Backaplan –'generationsdialog' i stadsutveckling* (*Cultural Centre Backaplan – 'Intergenerational Dialogue' in City Planning*) (Davet, 2019). All institutional environments discussed in this chapter are municipally driven. In the first project, intergenerational encounters were ethnographically researched from September 2014 to June 2015. The overall participant group consisted of 67 participants aged three to twelve, 8 participants aged twenty-five to thirty, 18 participants between the ages of sixty-five and eighty-four, and 14 participants aged thirty to fifty-five (including activity leaders, school staff, and volunteers). This chapter focuses on specific activities observed as part of the first project: picture-book reading sessions between older adults and preschool children, a multi-aged digital photo course which involved school children, university students, older adults and middle-aged schoolteachers in their fifties, and, rehearsals with an amateur theatre group which involved young adults and older adults at a senior meeting point.

The second project focused on urban planning, where the municipality arranged intergenerational dialogues that included children and older adults in the process of planning a new cultural centre in one of Gothenburg's suburbs. This project was part of a major ongoing urban development programme, in which the City of Gothenburg explored methods to increase citizen influence and intergenerational dialogues in urban planning. The study was conducted from August 2018 to June 2019. The overall participant group consisted of 64 participants aged eight to eleven years old, 17 participants older than sixty-five, and 12 participants aged thirty to fifty (including activity leaders and school staff). The empirical material were obtained from a total of six workshops.

My analysis is inspired by multi-sited ethnography (Marcus, 1995), which enables the inclusion of both research projects as one cohesive field where it becomes possible to discuss simultaneously negotiated temporalities. The chosen examples are not unusual. They were selected to help visualize how temporal representations encompass both large-scale time structures and small-scale interactions in daily institutional life. Empirical data were produced through participatory observations and conversations during the activities, by taking field notes and recording interviews. As part of my relational approach to studying intergenerational relations, I occupied different generational positions depending on the situation (Tarrant, 2014). Thematic analysis was used to guide the thematic coding of data based on my special interest in age, time, and temporality.

Participants in both studies provided their informed consent to voluntarily participate in the research. All have been informed that their participation is voluntary. They also

consented to the audio recordings and the use of the transcribed field notes for analysis and research purposes. For child participants, informed consent was also obtained from their parents. For ethical reasons, the participants have been assigned fictitious names in this text.

It is important to note that this chapter is not aiming to make any universal claims to describe temporal structures. This study should rather be read as an explorative small-scale study, that captures how temporalities are expressed in the two related projects that form its empirical basis. Its aim is to raise further questions about entangled temporalities.

Age-based representations of time – Moving from monogenerational to intergenerational time regimes

My study is spatially framed in age-coded (Krekula, 2009) day care institutions with open hours from Monday to Friday, excluding weekends, late evenings and holidays. From the age-critical perspective on which this study is based, educational and age-coded caring institutions, such as schools, preschools, and senior meeting points, are understood as places where timetables are arranged and streamlined to serve highly industrialized societies (Biswas, 2021). This means that the tight synchronization of social timetables and the economic dimensions of efficiency around 'labour time' also arranges children's and older people's daytime activities (ibid.). In other words, age separatist spaces of 'non-work' are temporally entangled with the organization of labour time and spaces of work. Using such a spatial framing allows for an illustration of how spatiality reproduces temporal hierarchical divisions between 'productive time' versus 'wasted time', efficacy and progress versus regression and deceleration on the basis of age categorizations. In this section, I will outline how monogenerational time regimes produces age categorizations such as: 'the preschool child', 'the school-aged child', and 'the older adult'.

Time to get ready! – Producing the 'time rebel' in preschool

The Swedish preschool system is structured as a daily recreational institution for the youngest children. Although it is regulated by extensive policies,[1] preschool is not mandatory. In Sweden, all children aged one to five years are offered preschool education. Childcare is provided both under municipal and private supervision, through day care centres or in the form of cooperatives. Around 86 percentof all children between the ages of 1 and 5 are registered in a Swedish preschool (Skolverket,2022). Parents' employment status determines the number of hours per week that a child has the right to participate in municipally driven preschool education. In practice, this means that children of unemployed, sick, or parents on parental leave do not have the right to spend as many hours per week in preschool as children of parents who are employed in full-time jobs. Accordingly, preschool is directly aligned with employment and other social insurances. As an institution, the Swedish preschool can thus be understood as both an educational institution for the youngest citizens, which focuses on children's learning, socialization, and development, and, at the same time as an opportunity for parents to continue working during their children's toddlerhood.

Ultimately the Swedish preschool is defined as a place and a time for preparation: 'The preschool should contribute to continuity and progression in children's development and learning and prepare them for continuing education' (Lpfö, 2018, p. 11). Time is relatively flexible, but the pace is maintained by 'the child's basic needs', where active time, sleep time, food time, hygiene, outdoor time, etc., sets the routines. These preschool routines are supposed to form and socialize children to eventually become school aged. Play is seen as

'the foundation of development, learning, and well-being' (Lpfö, 2018, p. 8). The Preschool Curriculum reiterates the importance of providing children the 'time, space, and peace' (Lpfö, 2018, pp. 8–9) needed to acquire skills such as language and communication, motor skills, collaboration, and problem-solving. This expression is interesting because it alludes to time as a 'gift' that children are supposed to receive from a 'time donor' (probably an adult educator). In relation to this policy text, I recall a conversation with a preschool educator from my fieldnotes. She told me:

> Structures are really important. You know, that's how we work. We usually call August and September 'the nagging months'. It's so hard because every year we [educators] have to help each other nag the new kids until all the rules are all settled. It steals so much time from other things and we would never be able to do it if we didn't get to harvest the good stuff later on, during the rest of the year. Because we believe that you need clear structures and rules to be able to handle children's free play. If there are no frames, the children cannot be free!
>
> (Fieldnote 1, interview with preschool teacher, lines 2–6)

This example shows how newly recruited children, who have yet to adjust to preschool routines, appear as 'time rebels' who steal time from the educators, thus giving them a hard time. The 'time rebel' might become unruly and must therefore proactively be addressed. The excerpt also shows how the educators work proactively to prepare and 'plant' the children so that they will eventually adapt and grow into a kindergarten structure.[2] There is a cyclical temporal idea that the educators have to waste/invest time every fall in order to 'harvest the good stuff' later on. Time in the preschool context is thus represented by preparation, in the sense of getting ready for school, and this preparation can be done through cultivation of the very young 'time rebel'.

No time to lose! – Producing the 'time prisoner' in the primary school

Swedish primary school consist of nine years of compulsory school plus one introductory year from the age of six. Since 2018, all ten years of schooling are mandatory and regulated by the *Swedish Education Act* (2010:800). School-aged children are seen as teachable subjects who 'based on their own conditions, should be able to develop as far as possible according to the educational goals' (2010: 800, chapter 3, paragraph 2). Specific knowledge goals that must be fulfilled during every school term strictly regulate time. The normal school day is adapted to labour time, which requires Monday-to-Friday office hours. Assessments, grades, and national tests at specific points in the education system offer a means to measure performance and maintain national (and international) timetables for knowledge acquisition.

A 'lack of time' seems to be a pervasive experience among school educators, who often complain that there is never enough time. This experience makes it difficult for school staff to squeeze in activities such as intergenerational encounters in an already overcrowded schedule:

> This term is irrelevant for my class. There is no time, but I was thinking of integrating it [the intergenerational encounter] in the subject of religion, and then it would fit in

later this winter, maybe after the Christmas holidays, when we will be working with the world religions anyway.

(Fieldnote 2, interview with school teacher, lines 135–137)

As this quote illustrates, temporality in the school context reproduces an idea of time as running out too quickly; time risks being wasted if not managed carefully. The idea of flexible time is almost non-existent. Every minute of quality education is carefully weighed as if it was made of precious gold. This is why time in the world of school is represented as if there seems to be no time to lose.

In my observations of the school, children lacked space to influence institutional temporal structures or orders. School children are therefore represented as 'time prisoners' in comparison with preschool children and older adults at the meeting point. Due to the school's narrow time frames, these children are trapped in a life phase where achievements are temporally compressed and measured based on sequential time (Adam, 2004) where specific goals and milestones are tied together in a chronological educational path. It is up to each individual school child to keep up with the universal timetable in order to eventually develop into an employable adult.

Time to invest in time! – Producing the 'time millionaire' in the senior meeting point

The senior meeting point, on the other hand, seems to have a different approach to time. This municipally driven institution is built around a salutogenic (health promoting) perspective where time is supposed to be filled with meaningful content. Education and learning do not seem to be the main target at this institution, which is why the senior meeting point become a different kind of 'educational' institution comparing to the previous mentioned preschool or primary school environments. A major difference between the other two child-oriented institutions and this one, is that the senior meeting point aspires for and honours an active life driven by an age-coded normative 'busy ethic' (Ekerdt, 1986), not education and learning, in the first place. This means basically all activities (not necessarily educational activities) become prominent at the senior meeting point. The meeting point's daily activities are voluntary and aimed at 'daytime non-committed'[3] pensioners from the age of 65 and up (www.goteborg.se). Older adults who have retired from work but still oversee their own housing are welcome to participate (ibid.). The targeted age category could thus be defined by the epithet of the 'third age' (Laslett, 1987), understood as a life phase that is often attributed to normative ideas about self-realization and new opportunities. The open hours at the meeting point are based on office hours from Monday to Friday and most activities are held at lunchtime or during the afternoons. Through so-called 'extended practice', the meeting point in addition to increased activity in older adults' everyday life, also strives to promote older adult's participation and influence. This is usually done by arranging sporadic evening gatherings based on given themes that the older adults themselves may suggest. These gatherings are popular and usually crowded. As one of the frequent visitors, Gertrud, explains:

Well, I have reacted to the fact that the music that is generally played at the meeting point is … it's not our music, you know! We are from the rock'n'roll era. So, when I pointed this out here at the meeting point, they said 'then YOU can arrange that, Gertrud!'. So now my sister and I we are going to organize an entire evening. We'll

arrange different programs, show the dance, how it developed and so./ … /Gertrud
turns around to hand out a brochure about the rock'n'roll event to a male participant]
You come too! And bring your donna!

                    (Fieldnote 3, interview with older participant, lines 245–256)

The meeting point puts great emphasis on encouraging older adults to get involved in
different activities, since increased activity is a primary goal in itself. Social workers run the
institution, including elderly consultants and coordinators, who collaborate with several
cultural institutions, study associations, libraries, health centres and other local actors as a
way of integrating the older adults into the community. As this example illustrates, older
adults are encouraged to get involved in more activities and increased commitment within,
as well as outside, the thresholds of the actual meeting point. Engagement in activities is
thus believed to produce positive spin off effects. A busy lifestyle after the age of retirement
appear to be idealized and managed not only for political, organizational, and economic
reasons but also as something morally desirable (see Ekerdt, 1986).

Older adults at the meeting point are represented as 'time millionaires' who urgently need
to invest in time. This means older adults are supposed to have an abundance of time after
having completed a long working life. If they do not play their cards right, however, they
run the risk of ending up in involuntary loneliness, depression, ill health, or even premature
death. As 'time millionaires' older adults are thus positioned as having more everyday time,
but less life course time (see Wanka, 2020). This is why their everyday time should be in-
vested in activities that increase their chances to prolong their life course time. These 'right'
investments would also limit the risk of immoral 'time waste' (ibid.). By reproducing an im-
age of the old adult as being potentially healthy, the meeting point wants to help older adults
invest time in their future health and well-being through so-called 'healthy factors' based
on recommendations from the Public Health Authority. These recommendations include
physical activity, good nutrition, social relations, and a sense of meaningfulness in everyday
life (www.folkhalsomyndigheten.se). At the senior meeting point time is represented as a
renewable resource (see Adam, 2004), i.e., something that is constantly and uninterruptedly
replenished. Therefore, older adults who make the right investments in time may maintain
both wealth and health, and, if they are lucky, they are supposed to gain a few extra years of
life. This is what the hegemonic time discourse at the meeting point tells them.

Temporal intersections through intergenerational encounters

In the above sections of this chapter, I have identified three diverse institutional time repre-
sentations. My first example illustrate how preparation in the preschool context produces
the youngest children as 'time rebels'. My second example show how the narrow time
frames of primary school produces school children as 'time prisoners', while my third ex-
ample show how a salutogenic time perspective at the senior meeting point sees time as a
renewable resource that should be carefully invested in by third-aged 'time millionaires'. I
will now discuss some temporal challenges in the movement from monogenerational time
regimes into a unifying intergenerational concept of time.

The three different institutional time representations, presented above, contains multiple
temporalities, which is why they cannot easily be understood or squeezed into one singular
time frame. It would be more fruitful to speak of intergenerationality in terms of human
encounters of temporal differences. If one recognizes difference as the basis for understand-
ing plural temporalities, this enables a critical approach to the fact that our positionalities

within structures of privilege shape the subject positions that become possible and conceivable for us to take, or not (see Söderbäck, 2019). Each institutional context in this study has its own inner power regimes where temporality and age are intertwined with traditions, and the reproduction of former oppressive orders (in a movement of return). At the same time, these institutions carry possibilities for renewal and onward change. Just like Fanny Söderbäck suggests in her thesis (2019), there is something revolutionary about this simultaneous backward-forward movements in time, and this revolutionary potential is the actual possibility for change. Intergenerational time highlights these potentials for temporal change. Since it is based on temporal differences intergenerational time must take its point of departure in the fact that time is multifaceted and continuously subject to change. The results of my analysis show both temporal gains and frictions as different time regimes are entangled.

Institutions position intergenerational time partly as positive, as I will show in the following example where intergenerational time unfolds as a contrast and antidote to the preschool's otherwise intense and fragmented activities in excessively large groups of children. Stina, one of the older participants, says in her evaluation of the intergenerational fairy-tale project: 'Society moves so fast today and it's important for children to be able to stop, to look at pictures, flip back, take time for reflection and to be able to talk about texts and pictures in fairy tales' (Fieldnote 4, conversation with older participant and preschool teacher, lines 52–55).

One of the educators at this preschool explains further:

Stina [the older adult] is doing a fantastic job. She really makes a huge difference to our children. It is of great value for the children to be involved in those calm and composed reading sessions. Some of the particularly rowdy kids who can't sit still have shown great composure in the small reading group with Stina, which has given them increased self-confidence. It's a positive thing when new sides of the child's personality begin to shine, things that haven't been visible in the large group.

(Fieldnote 4, conversation with older participant
and preschool teacher, lines 31–37)

As this example shows, intergenerational time contrasts the idea of an accelerated society, related to what other scholars has discussed as the social acceleration of time in an overheated world (Eriksen, 2016). This quote, together with my observations of Stina's reading sessions, underscores how Stina has become a kind of temporal speed reducer who helps the children slow down, to become better at showing consideration, and develop self-confidence. Importantly, Stina is an older person, who embodies traces of past times in the way she dresses, moves, and not least in the way she speaks. Stina becomes almost like fairy tale herself as she makes a whole ceremony out of her arrival by lamenting her 'weak old arms', asking the children for help to carry her heavy book bags while methodically buttoning her self-made 'fairy tale coat' to get in the reading mood. The shared intergenerational time with Stina offers children a break from messy everyday routines at the preschool. This construction of intergenerational time, in its capacity of being slow and comforting, also offers time for reflection, contemplation, and conversations about past childhoods, contemporary world crises, future prospects and a whole plethora of topics that I find it hard to believe that the participating children discuss as passionately with anyone else. This whole situation seems to include temporal values which the preschool has difficulty in offering children in their everyday routines.

On the other hand, there are also challenges when different temporal regimes are supposed to entangle into a cohesive intergenerational time. My observations illustrate how

temporal embodiments become difficult to handle in the frame of intergenerational time, especially in terms of how the children's bodies and older peoples' bodies tend to appear as deviant or 'cripped' in relation to an adultist/ableist pace or bodymind (Samuels & Freeman, 2021). The following example is from a walk-and-talk workshop intended as an intergenerational dialogue, where one of the activity leaders noticed that it was difficult to of keep the group together while walking:

> One of the biggest challenges we faced was finding the right pace for this mixed group. We are used to working with children but haven't tried this with older people before. So, many of the children were so fast. They became restless and were already on their way when the older participants had barely made it to a spot. And then we couldn't break up because they [the older adults] had to rest. So, neither group really kept the pace and this was a challenge.
>
> (Fieldnote 5, interview with activity leader, lines 219–225)

By constructing children as restless or too fast, and older participants as too slow for 'the pace', the activity leader reproduces an idea of an invisible adult-body pace whereby speed and slowness become prominent in relation to an intended 'normal' body. In this case the adult body makes the children's and older adults' bodies suddenly hyper visible in their deviant paces. As crip theorist Alison Kafer (2013, p. 13) has stated, a crip perspective might be helpful to deconstruct the binary between able-bodiness and 'deviant' bodies in relation to time and speed. Crip theory puts an emphasis on the unfair treatment of different bodyminds in relation to time, which can be used as a critique of the binary structure of society in relation to ableism and speed. Kafer uses the concept of *crip time* as a critique of ableist speed in society. Crip time challenges normative social expectations of speed and time by 'bend[ing] the clock to meet disabled bodies and minds' (ibid., p. 27). Even though I would not say that all children or older adults are disabled per definition, the reproduction of an adultist/ableist norm at a structural level highlights the unfair treatment of young (too fast) and old (too slow) bodies in relation to time and speed. The fact that time crosscuts bodies in different ways, makes crip time become everyones' concern in an inclusive society. I therefore suggest that cripping intergenerational time could be a fruitful way to discuss and plan for joint activities which involves bodies (and minds) of different speed. The fact that bodies and minds age over time assumes that intergenerational time must give priority to difference and to the process of 'becoming with others' (Shildrick, 2002; p. 68ff), rather than primarily reproducing an idea of autonomy in terms of an adultist temporal norm.

Another result from my observations is that intergenerational time often contains elements of unpredictability. This becomes most prominent in the narrow time structure of the primary school, where older adults suddenly redefine social rules by failing to raise their hands when speaking in class, and engage in loud, lively discussions without anyone interrupting, nagging, or reprimanding them. My observations show that within the frame of intergenerational time no one seemed to have bothered with loudly speaking older adults in the first place. This might have to do with their 'time millionaireship' and their inviolable position of freedom. Unlike children, who are placed in intergenerational encounters by teachers or surrounding adults who believe it is for their own sake, older adults participate on a voluntarily basis. Compared to children, they are neither expected to perform or keep up with school oriented social timetables, nor are they expected to perform learning by being educated. The older adults can leave any time, which they also appear to do if they feel pressured in a situation (see Davet, 2021). From a critical age perspective, intergenerational

encounters in Sweden have primarily been organized to sustain older people's needs (Davet, 2020). There has been an emphasis on the moral values of a 'busy ethic' (Ekerdt, 1986) and the idea of active ageing, which means that municipal organizers tend to regard intergenerational activities and its salutogenic effects foremost as part of what other scholars has discussed in the 'frame of healthism' (Krekula et al., 2017) in a 'silver economy' (Klimczuk, 2016). As such, intergenerational encounters have become part of a growing range of goods and services offered primarily to older citizens to promote, protect, and increase health (Davet, 2020; Klimczuk, 2016). It also has the positive side effect that it benefits other age groups (including children). Clashing temporal perspectives, i.e., when salutogenic and educational perspectives collide, therefore tend to position older adults as those who can make demands to a greater extent. The following example depicts an older participant, Solveig, as she discusses with a schoolteacher, Eva, what time of day might be best suited for the intergenerational encounter:

Eva: I can see here that it fits well into our schedule this fall/ … /I suggest that we meet on Monday mornings at eight o'clock, starting at the end of October!
Solveig: No way! I just won't! In that case I resign! … if it is supposed to be at EIGHT in the morning! [laughs] Then I haven't even gotten out of bed!
Eva: Okay! [laughs back] But maybe we could find some other time on … Friday afternoons! Does that sound better?
Solveig: Well, not a minute before ten, that is far too early! Then I barely will have time to drink my coffee. The afternoon is much better. It feels like a more decent time.
                                    (Fieldnote6, conversation between school teacher
                                    and older participant, lines 134–142)

The time of the day that is considered 'decent' certainly has to do with different monogenerational time regimes. These differences often find expression in funny surprises or unforeseen twists and turns, based on the fact that different age groups seem to have relatively poor insight into each other's routines. As the example above shows, ordinary school routines or time schedules could suddenly be disrupted if it collides with or threatens some routine that cannot be compromised by, in this case, a morning-tired older adult who knows she can claim her own rights. Responsiveness, adaptation, and a great sense of humour therefore seem to be key in co-creating intergenerational time.

This may seem simple, but scheduling intergenerational encounters in practice appear to be a difficult challenge. Sometimes there seems to be a problem in finding the temporal entanglements between monogenerational time schedules. My observations show that preschools and primary schools tend to prefer early mornings as the most 'decent' time of the day to engage children in intergenerational encounters. By then, children are supposed to be rested, well-fed, and thus be in a better condition to concentrate and 'behave'. By choosing a time of the day when children can be their 'best selves' the educators want to show respect for older participants. Judging by the senior meeting point's opening hours, and considering the example with Solveig above, suitable times for older adults are, on the other hand, understood as afternoon and evening times. The theatre group I observed, which rehearsed at the meeting point, also considered the young and daytime working participants' available hours, and this meant it was only possible to meet after office hours. This reveals how different factors affect what is considered 'decent' or manageable times in different intergenerational contexts.

This analysis shows that intergenerational time as a temporal concept is reproductive rather than progressive or disruptive. The combination of diverse time regimes in the reproduction of intergenerational time makes it ambivalent and multifaceted, with transformative potentials (see Söderbäck, 2019). Rather than unidirectionally efficient, progressive or forward looking, it adds on other values by being restorative, fast and slow, striving simultaneously backwards and forward through present human action. Its repetitive rhythm, and time-consuming processes, therefore resist dominant ideas about time optimization and efficiency. Through intergenerational time we may need to relearn that there is a beauty in laziness and that bodyminds are diverse. Such insights would allow for a deeper respect for every individual's own pace, encouraging both fast and slow thinking, mutual learning, and time for contemplation. All of these are education values that risk being lost to speed in the era of hypercapitalism (Berg & Seeber, 2017).

Conclusions

In this chapter, I have shown that time is organized and represented in different ways in between monogenerational time regimes. I have illustrated how monogenerational representations of time produces subject positions, such as 'time rebels' at the preschool, 'time prisoners' at the school, and 'time millionaires' at the senior meeting point. I have also discussed some challenges and transformative potentials in the movement from monogenerational into intergenerational time frames.

As my aim with this chapter was twofold, I have, on the one hand, reconstructed how futurist time representations in preschool and school contexts perceive time as scarce and in danger of running out, while time at the senior meeting point was represented as a constantly renewable source. With this reconstruction, I have also answered my research question showing disparate time representations among and between these temporal intersections. My examples have pointed to practical difficulties in age integration, such as normalizing adulthood, how voluntary versus forced participation matters, and what is considered a 'decent' time. I have also illustrated how a pluralistic time concept opens up for new possibilities. Regarding the latter, I have discussed several aspects in which a reorientation of intergenerational time(s) could help bridge the gaps between different time regimes. I have suggested a pluralistic and transformative time concept inspired by crip time as a fruitful theoretical way to develop temporal analysis in intergenerational studies.

This chapter contributes to a further dialogue about time-related practical and theoretical possibilities which serves for both practitioners on the field as well as for academics who want to work inclusively with the ambition of Linking Ages together. Above all, my analysis has shown how the concept of intergenerational times with its transformative potentials can be used as a theoretical concept to critically discuss temporal normalities within the field of IGL. By highlighting and critically discussing some of the monogenerational time regimes and structures that organize intergenerational education and learning in the case of Gothenburg in Sweden, this chapter might serve as a contribution to an international dialogue on temporal obstacles and opportunities in developing IGL in (and outside) everyday institutional life. It might also serve as discussion material to revise policies and programmes on IGL, and/or to encourage political opinion around intergenerationality and multiple temporalities in developing an inclusive society for all ages.

To conclude, my analysis shows that intergenerational times are paradoxical, just like crip time (Samuels & Freeman, 2021), in that they become both liberating and confining. By this I mean that intergenerational times inevitably, at some point, always needs to disrupt

monogenerational standards, not by choice, but in order to handle and accommodate the unavoidable wide spectra of different speeds and bodyminds (ibid.), which arises by necessity in encounters between individuals of multiple ages.

Instead of explaining intergenerational benefits in neoliberal terms, such as 'educating for the future', 'active aging', 'extended working lives' or other motifs of optimizing productivity, I contend that a development of intergenerational times, on both ontological and epistemological levels, has much to gain from critical scholars of queer and crip temporalities. Such an interdisciplinary dialogue would allow for a rethinking of intergenerational times as new rhythms, new practices of time, new ways of being together in time, and new socio-temporal imaginaries (Samuels & Freeman, 2021). If time is about 'doing' (Kafer, 2013) in a pluralistic sense, this would entangle pasts, presents, and futures (Abebe & Biswas, 2021) which allow us to question prevailing colonial, adultist, and ableist power structures so that we can accept, for example, sharing ancestral knowledge, community formations,young climate activism, collective histories recovery and 'intergenerational trauma' (see Bombay et al., 2009; Rifkin, 2017) and new technological development simultaneously without necessarily having to measure these temporalities against the fast pace of hypercapitalism.

Notes

1 The Swedish Education Act (2010:800) and the Curriculum for the Preschool (Lpfö, 2018).
2 Here, I am alluding to the original German name as the metaphor alludes to a garden of growing children.
3 I interpret the concept of 'daytime non-committed' ('daglediga äldre', in Swedish) as being synonymous with non-working. This means that the meeting point signals that they are targeting people who are no longer part of professional life, even though the retirement age today is more fluid, and many older adults continue to work part-time even after the age of 67.

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IIIb. Playfulness as a Link Between Childhood and Later Life

9   Play Across the Life Course

An Anthropology of Play in Childhood and Old Age

Carrie Ryan and Paulina Pérez-Duarte Mendiola

Introduction

We, Carrie and Paulina, met at University College London in January 2020, just before the world was upturned by COVID-19. Carrie was a new Lecturer in Biosocial Medical Anthropology and Paulina was a student pursuing an MSc in Medical Anthropology. Paulina initially had an interest in writing her master's dissertation on how caregivers navigated end-of-life care for dying children, a topic that was inspired by her work experience as a pediatrician in Mexico. Carrie was named as her dissertation supervisor, given her research on end-of-life care among older people, which was inspired by her work experience in nursing homes and hospices in the United States.

Our initial conversations were full of comparative accounts of the lived experience of end-of-life care, examining the differences and inequalities but also the resonant similarities of dying across the life course, national boundaries, and professional experiences. Though our experiences were diverse, a surprising commonality between our experiences of caring for those at the end-of-life appeared: the persistent presence of play. As a pediatrician, Paulina often used playful strategies to communicate health diagnoses with children, for example using a teddy bear as an extension of the child, showing where the teddy bear was sick to explain to the child where they were sick too. As an Activity Director, a carer who puts on playful activities for older people in institutional living, Carrie often used play to inject fun and social connection at the end-of-life for older people, including through bingo games and karaoke. But while play emerged throughout our conversations, we initially ignored it, seeing its prevalence not as a meaningful but trivial and tangential pattern. Play, we instinctively thought, was not a subject worthy of academic investigation, especially compared to the more 'serious' subjects of death and end-of-life care that align with medical anthropology's usual emphasis on suffering, illness, and disease (Sutton-Smith, 1997; Thin, 2008).

Months into our supervision, however, Carrie stumbled upon Jean Hunleth's (2019) article 'Zambian Children's Imaginal Caring: On Fantasy, Play, and Anticipation in an Epidemic.' The article examines how children care for relatives during sickness, death, and an epidemic crisis through imagination and play. It drew on important, but not centrally positioned literature in medical anthropology that explores play as a source of children's healing, coping, and communication (Clark, 2003). This literature took play seriously, and inspired Paulina to examine play among sick children as an important subject that deserves scholarly attention. She thus focused her dissertation on the experience of play among children in healthcare contexts, to give her experiences of children's play in the hospital the centrality she felt it deserved but was rarely given in medical anthropology and pediatrics.

Paulina's turn to play spoke to something deep, but long hidden inside of Carrie: an interest in the power of play in old age. Play is particularly neglected as a subject of study in ageing research, even though play is prevalent in old age across cultural contexts (Burr et al., 2019). While there was very little academic literature to foster Carrie's interest in play in old age as there had been for Paulina on play in childhood, Paulina's faith in the power of play – during crisis, for healthcare, and for anthropology – inspired Carrie to pursue her interest in play at the opposite end of the life course.

Our happening upon play has been both generative and inspiring. Paulina went on to write a first-class dissertation on the role of Health Play Specialists in children's care in hospital settings. Now, Paulina is a doctoral candidate at Cambridge University, expanding on this initial research. Carrie went on to get her research project 'Ageing Playfully' funded at UCL, which has now turned into a cross-sector, global network gathering scholars, entrepreneurs, and practitioners working at the intersection of ageing, play, and games.

This chapter will share what we have learned from each other examining play across the life course and across diverse contexts through an anthropological perspective. Anthropology is the study of what makes us human. While Anthropology acknowledges that play is central to what makes us human and is thus common to social life cross-culturally, it also recognizes that the meaning and practice of play are not universally the same but shaped by social context (Hamayon, 2016). Anthropology's methodology, ethnography, which utilizes long-term participant observation and semi-structured interviews, thus seeks to examine the practice of play in specific, cultural contexts, considering how it shapes and is shaped by global social, political, and economic processes as well as by its local, cultural, and moral worlds.

In this chapter, we explore biological, psychological, and social explanations that describe play's association with childhood but not with old age. We argue, through the examination of cross-cultural ethnographies, that the association of play with childhood is not a universal association, but a modern, Western one. We then draw on our own research on children's play in hospitals in the United Kingdom and older people's play in a retirement community in the United States to show that modern, Western discourses on play do not determine the practice of play in these contexts, but that play often emerges against these discursive associations. We thus call for an approach to play that is flexible enough to capture its diverse cross-cultural, cross-life course practice and its surprising, often resistant emergence.

Play's association with childhood, not old age: Biological, psychological, and social explanations

In Paulina's research on sick children in a hospital in the United Kingdom, and Carrie's research on dying older people in United States' nursing homes and retirement communities, play was a prevalent practice. However, popular understandings of play as childish and frivolous led us to ignore or denigrate the importance of its pattern in our respective ethnographic contexts (Arluke & Levin, 1984).

In this section, we explore the assumptions that undergird popular understandings of play. We first explore popular biological and psychological theories of play that situate it as both a biological outlet and process of psychological development for children. These theories naturalize, and thus universalize, play as a healthy child's activity. However, we turn to ethnographic case studies to show that, cross-culturally, play is an activity undertaken not just by healthy children, but by all ages with variable health and for reasons

beyond development and progress. We thus argue that popular ideas about play, informed by past biological and psychological theories of play, are not universal but reflect the ideas and practices emergent from a modern, Western context, shaped powerfully by industrial capitalism. Through ethnographic comparison, we suggest that play should be analytically stripped of its associations with children, development, and frivolity, and should be acknowledged as a flexible, locally contingent practice that is nevertheless part of what makes us human.

Biological explanations for play's association with children

The first early, influential theory that shaped contemporary understandings of play is the 'surplus energy theory,' which provides a biological explanation for why children play, and adults do not (Evans & Pellegrini, 1997). The theory understands play as the expenditure of energy not used up by instrumental or adaptive activity (Spencer, 1872). Play is thus, as the German poet and philosopher Schiller (1875) said, 'the aimless expenditure of exuberant energy' (p. 112). According to this approach, children are prone to play because they have rich reservoirs of energy not only at their stage of biological development, but also because they do not expend this energy yet on meeting their own needs, since their parents care for them. This theory was not just used to explain human children's play, but also young animals' play, and sought to provide a common biological origin for the comparative observation of cross-species playful activity in the young.

The 'surplus energy theory' makes assumptions about the nature not only of play but also about the life course. It suggests that play only occurs when basic needs are satisfied. Play is thus not considered a human 'need,' but rather a superfluous activity to human survival. This theory also assumes particular care dynamics across the life course – children as receivers, adults as givers – and, through this, suggests only children have excess energy, since adults spend all their time meeting their and their offspring's basic needs.

However, ethnographic case studies challenge the assumptions inherent in the 'surplus energy theory.' For example, while this theory suggests that play is superfluous to human needs, ethnographies suggest that play is considered a critical component to survival as well as the experience of feeling whole and well (Hamayon, 2016). Ethnographies also trouble the idea that it is primarily children who play because they have excess energy as a result of being cared for by their parents. Play is found to be present among sick children, whose energy reservoirs are not only depleted but often primarily directed at recovery (Clark, 2003). Play is also found to be prevalent among street children in Mexico and Tanzania, who do not have their needs met by their parents, and who often spend most of their days scavenging and working on the streets to feed and house themselves (Hollingsworth, 2008; Lockhart, 2008).

Further, even if play only occurred under conditions of 'surplus energy,' studies reveal that the division of time between children, who have a surplus of it, and adults, who spend it entirely meeting basic needs, is also not universal. For example, research reveals that hunter-gatherer adults spend very little of their time meeting their basic needs and therefore spend much of their time playing (Sahlins & Graeber, 1972). And, as lifespans have lengthened, and state pensions are in place in many countries, more older people now have increased time, both in years and in hours of the day, to play (Giddens, 1964). Cross-cultural ethnographies challenge the 'surplus energy theory' that suggests only children have the biological capacity to play.

Psychological explanations for play's association with children

The second early, influential theory that shapes contemporary understandings of play, the 'practice-instinct theory,' understands play through a psychological lens. Developed by psychologist and philosopher Karl Groos (1898), the theory suggests that play, a cross-species instinct of both humans and animals, is an integral part of the young's learning and socialization process. According to Groos, play allows the young to learn and practice essential adult behaviors in situations free of consequences.

The 'practice-instinct theory' paved the way for the focus on play in developmental psychology, a discipline that examines how humans change over the life course (van Oers, 2013). In the 20th century, 'life stage theories' predominated the discipline and proposed that humans develop through distinct and separate stages across the life course with different kinds of behavior occurring at each stage that largely corresponds to levels of maturation (Levinson, 1986; Levinson et al., 1976). In that, there is an assumption that once a level of maturation is reached, people's needs and focus evolve, not to return to the previous stage. Many theorists in developmental psychology argued that play was a quintessential phase of early childhood, out of which, through development, people age. For example, Vygotsky (1978) believed that children prepare for adulthood through play. "In play a child always behaves beyond his average age, above his daily behavior … The child moves forward essentially through play activity" (p. 103). Vygotsky believed children did not just play to develop, but also to cope. He believed children often engage in the imaginary of play because they cannot yet cognitively grasp reality. While for these authors play is a necessary activity for children to learn about and cope within their world, they also believed that children must eventually abandon play to achieve normal progression and development into adulthood, and the intellectualism, emotional maturity, and commitment to work the adult stage required.

Play is perceived to be a particular block for the developmental work required of older people, who must disengage from society to reckon with their physical decline and proximity to death. For example, Erikson (1950) postulates that the developmental task for older people is to achieve 'ego integrity' in the face of bodily disintegration, through "the acceptance of one's one and only life cycle as something that had to be" (p. 268) and the actualization of "a sense of coherence and wholeness" (Erikson 1982, p. 65). For him while children's play is connected to the mastery of reality, for the older person play is "a periodical stepping out" of reality and a denial of what they must face and accept (Erikson 1953, p. 186).

Contemporary understandings of play implicitly resonate with these 'developmentalist assumptions' (van Oers, 2013). When children play, it is not only seen as age-appropriate, but it is also valued primarily as a tool for a child's development and progress (Sutton-Smith, 1997). When older people play, it is not only seen as age inappropriate, but also contrary to the important developmental work older people must do to achieve meaning and wisdom. Play among older people is perceived as 'childish' and is also said to infantilize them, since the activity is associated with intellectual and emotional immaturity (Arluke & Levin, 1984). Playful activity is thus seen to prevent progression toward wisdom and maturity and instead cause a regression into 'second childhood,' full of irrationality and dependence (Covey, 1992; Hockey & James, 1995; Neville, 2008). Play, then, disrupts what is perceived to be the natural and normal biopsychosocial development of older people and is believed to risk through its indulgence not only pathological states like despair, depression, and existential angst, but also negative social consequences, including diminished social status and power (Arluke & Levin, 1984; Deterding, 2018).

Ethnographies, however, usefully trouble the assumptions behind these psychological approaches to play and age. First, anthropologists show that humans do not develop across the life course in a universally similar fashion, but do so variably, based on social contexts and socially defined points of transition, which themselves produce diverse age-related expectations about roles and behaviors (Lancy, 2015; Neugarten, 1976). For example, in mobile societies like the! Kung and the Nso, children must quickly develop their capacity to walk on their own and will be considered 'major burdens,' as well as consequently scolded or teased, if they ask to be held and 'babied' (Keller, 2007; Konner, 1976; Lancy, 2015). In Botswana, older people do not need to disengage from the material world to achieve late-life meaning; instead, their physical decline often marks both their aggregation of material resource and jurisdiction as well as spiritual potency (Livingston, 2003). Second, anthropologists show that societies do not universally associate play as a developmental stage of children, but instead recognize it is as prevalent experience across the life course. In North Africa, play is considered to be just as much of an adult's activity as it is a child's (Rossie, 1993). And, in Greece, playing cards is not only common among older people, but it is also not perceived as an escape from or denial of reality in old age. Quite the opposite: playing cards was found to help older people reflect on as well as play with the debt and economic uncertainty that has recently shrouded their nation (Malaby, 2003). While developmental psychology suggests play aligns with the psychological (in)capacities of children, cross-cultural ethnographies highlight that the association of play and age is wildly variable.

Social explanations for play's association with children

While these early theories rooted play in universal models of biology and psychology, cross-cultural ethnographic case studies show that social and cultural contexts shape not only the association of play with childhood, but also the biological and psychological models that situate play as a 'normal,' 'natural,' and 'universal' childhood behavior. As Giddens (1964) argues "The more limited importance of play in adulthood is not due to biological differences between the youthful and adult organism, but to factors external to the individuals which limit the time available for play" (p. 75).

Play scholars note that the association of play with childhood, and not old age, is not a universally shared sentiment, but instead a product of modern, Western transformations in the organization of work and thus in experiences of time, particularly through the development of industrial capitalism (Giddens, 1964; Sutton-Smith, 1997).

In pre-industrial, agricultural, and peasant societies, play was not always associated with children. E.P. Thompson (1967) suggests that work in these societies is often reflective of 'natural' rhythms, where "sheep must be attended to at lambing time … cows must be milked" (p. 60). In these contexts, work is largely task-oriented, where the laborer tends to what appears an 'urgent necessity.' This type of work and experience of time often means that these societies experience less of a "demarcation between 'work' and 'life'," since "social intercourse and labour are intermingled – the working-day lengthens or contracts according to the task – and there is no great sense of conflict between labour and 'passing the time of day'" (Thompson, 1967, p. 60).

Just as with work, so too with play. In these pre-industrial societies, play was both communal and ceremonial, and often aligned with agricultural cycles, festivals, and ceremonies (Mead, 1949). Play was not only imbricated across the seasons; it was also integrated across the day. Work and play were not so clearly demarcated, nor dichotomized in such societies;

instead, work and play existed on a continuum (Giddens, 1964, p. 83). Play was also present as an activity across the life course: all of society, and all generations, played.

However, through the development of industrial capitalism, conceptions of work, time, age, and thus play transformed. Industrial capitalism introduced factory labor; more generally, work became characterized by much more rigid, complex, and intricate divisions of labor. Such transformations of work also changed conceptions of time. Where work in pre-industrial societies was once task oriented, reflecting natural rhythms, industrial capitalism turned work turned into 'clock time': as the employee sold their time to the employer, the employed experienced a "distinction between their employer's time and their 'own' time" (Thompson, 1967, p. 61). Work was not about getting a task done, but working their allotted hours, whether the task was finished or not. However, in order to ensure tasks were efficiently completed, the employer soon looked to discipline the employee's clocked time to ensure the most surplus value possible. As Thompson (1967) writes, "the employer must *use* the time of his labour, and see it is not wasted: not the task but the value of time when reduced to money is dominant. Time is now currency: it is not passed but spent" (p. 61).

Clock time led to two important outcomes. First, employers began to develop new technologies to discipline, manage, and exploit employee time, including the time-sheet. An ethic of 'time-thriftiness' abounded, where to be a good worker was to convert time into currency. However, as Thompson (1967) notes, this time-thriftiness became a wider morality, disciplined not just by employers, but also by schools and churches, which encouraged citizens and souls to use time to the ultimate benefit. Second, clock time introduced a sharp division between work and play: work was when you were 'on the clock,' and play was when you were 'off it.' Play was also subjugated in importance to work; where work was useful, play was seen as a distraction, a waste of time as currency.

The transformation of work and time also led to the transformation of social conceptions of age and, consequently, the relation of age to play. Philippe Ariès (1962) suggests that before industrial capitalism, the concept of 'childhood' did not exist as we know it today. Young people were not judged by their age, but by their abilities, and often participated in work when they were physically capable of doing so. At the dawn of industrial capitalism, however, when factory work became more common, work became more exploitative and perilous, and labor movements sought to protect children from its unforgiving condition. In these movements, childhood was depicted as a distinct periodization of time that should be protected from work. The discourse of these labor movements has evolved over time, from situating childhood as a time to be protected from work to instating in childhood the 'right to play.' Scholars note that this sharp, discursive distinction drawn between time for work and time for play is indicative of modern, Western context shaped profoundly by industrial capitalism (Sutton-Smith, 1997).

Just as children's right to play was established as protection from work, so too was older people's right to leisure created to prevent them dying on the factory floor. In pre-industrial societies, old age was rarely understood chronologically, but more so based on debility. Pre-industrial societies often graduated declining older people into new, less physical roles, allowing older people to participate as spiritual and social guides, not physical laborers. However, industrial capitalism transformed notions not only of work, but through it also conceptions of contribution. In factory work, older people were required to maintain similar levels of productivity throughout the life course, even when their physical and mental capacities changed. The demand for universal productivity, despite age, was punishing for older people not only socially but also physically. Their real or perceived decline was soon

rendered a 'deficiency,' not the onset of spiritual potency it had been before, and the unchanging physical demands of work led to more intense debility in old age.

The exploitation of the work often meant that older people had no other choice but to keep working even in advanced states of debility, causing many of them to spend their late life, and sometimes the moment of their death, on factory floors. In light of the unforgiving nature of industrial capitalism on the old, labor movements increasingly fought for the right to retirement in old age, the human 'right' to rest after work (Graebner, 1980). These labor movements led to the modern development of state-based pensions, security systems that allow older people respite from work before death, which would later translate into the old's 'right to leisure.'

While the labor movements responding to industrial capitalism called for childhood and old age to be a time of non-work, they described this period differently across the life course: for children, it was the 'right to play' and for older people it was the 'right to leisure.' While at times play and leisure are used interchangeably, leisure's definition, unlike play, is always tethered to work. Play is often an activity conceived of as the epitome of freedom, where leisure is often perceived as a time of 'refreshment, diversion, or enrichment' (Donahue, 1958). Where play is 'spontaneous,' leisure is 'earned.' While play is perceived as that which often transcends social mores, leisure is much more constrained by social expectations ('good' and 'bad,' 'legitimate' and 'illegitimate' leisure) (Deterding, 2018).

The association of play with childhood, therefore, emerges from contingent, modern, Western transformations of work, time, and age through industrial capitalism, underscoring that the association is neither similarly held cross-culturally, nor historically in the West. And, while industrial capitalism has spread globally, anthropologists recognize that it has neither been an even, universal, nor determinative process, but instead one that is always locally adapted and reacted to according to local cultural conditions.

De-naturalizing universal theories of play

The psychological and biological models that thus associate play with childhood do not speak of a universal, and thus natural, association, but of a social one. Anthropologists have long recognized that what is often taken as 'universal,' or 'natural,' or 'normal' in biology and psychology are often heavily shaped by cultural norms. For example, Margaret Lock's (1993) concept of 'local biologies' underlines that biology is not universal, but shaped by local, social contexts. In her cross-cultural study of menopause in Japan and Canada, she found that main symptom of women in Japan was a stiff neck, where the main symptom for women in Canada was hot flashes. While biomedicine uses universal models to establish what is normal, and therefore what is pathological, Lock's work suggests that cross-cultural comparison underlines that there is no universal, 'normal' menopause. As another example, Margaret Mead (1928) suggests there are not universal, but very variable psychological experiences across the life course. While Western psychology suggests adolescence is a universal period of anxiety, anger, and angst, Mead found that adolescents in Samoa transitioned into and through adolescence with relative calm, peace, and comfort. Mead's work suggests that models of 'normal' psychological development are culturally contingent, and that conceptions of normal behavior at various ages are shaped broadly by the external environment.

The 'surplus-energy' and 'practice-instinct' theories that suggest play have a universal biological or psychological origin are instead reflective of socially contingent, modern, Western ideas about who should play, in this case children, and what 'good' play looks like,

in this case play as development and progress. Anthropologists recognize that both psychological and biological models are often created in the image of social understandings to 'naturalize' social values, giving them more legitimacy and a presumed universality (Martin, 1991). These models, which suggest play is natural in childhood and infantilizing in old age, naturalize what are actually social expectations of age in the modern West, where the young are free to play and develop, and adults and older people must maintain discipline (Neugarten, 1976).

However, cross-cultural comparison shows that the universal model of human play is much more diverse that what popular, modern, Western understandings of play suggest. As ethnographic case studies reveal, play is, cross-culturally, divergently understood and practiced. We therefore argue that play should be stripped of its ethnocentric associations with childhood and frivolity, and instead should be a more open concept capable of reflecting diverse meanings in diverse contexts.

Ethnographic case studies of play across the life course in the United Kingdom and the United States

Theoretical approaches that try to universalize and naturalize modern, Western approaches to play fail to account for the way play emerges variously cross-culturally. We argue that even in modern, Western contexts, these theories of play fail to account for play's resistant and often subversive practice. We explore how play emerged in Paulina's research on children's play in hospitals in the United Kingdom as well as Carrie's research on older people's play in a Continuing Care Retirement Community in the United States. Focusing on the persistence of play in these contexts shows that modern, Western biological, psychological, and social perspectives on play does not determine its practice in everyday life.

Child's play in hospitals in the United Kingdom: Paulina's case study

In 2020, Paulina began her master's dissertation studying the role of children's play in hospitals in the United Kingdom through the role of Health Play Specialists. Through this research, Paulina found that sick children find hospital spaces constraining, invisibilizing, and overwhelming. Children's rooms are often sterile and full of 'serious' machinery; medical professionals often talk past children and deliver medical news to parents, making children feel invisible and without agency or control; and sick children are often viewed largely through the lens of their disease and treated cautiously and delicately. Children thus find hospitals difficult spaces to play.

Health Play Specialists are professionals who create space for and normalize play within hospital settings and in the community to provide emotional support for children by giving them a space to process emotions, to find empowerment and control, and to impart child-friendly information to hospitalized children and their families (Hubbuck, 2009; Pérez-Duarte Mendiola, 2022). For example, Health Play Specialists help children, who suffer from anorectal defects and who have to endure multiple gastrointestinal surgeries, tell poo jokes to tint the physically painful experience of constipation with humor and laughter (Pérez-Duarte Mendiola, 2020, p. 54). Health Play Specialists will take children, who have blood-related illnesses, and who have to get their blood taken, "down to the blood lab … and they can watch their blood going through all the different tests and the system … we managed to get hold of little white coats for them to wear while they're in the lab" (Pérez-Duarte Mendiola, 2020, p. 58). These specialists thus help children engage in medical play to process, understand,

and participate in their own medical procedure from which they are often alienated. The practice of children's play with Health Play Specialists is variable, as are its effects. As one of the participants stated "there is the basics of play which are just that it's enjoyable, and then comforting, relaxing and fun. And then there's the processing and therapeutic side of play, and the two interweave, all the time" (Pérez-Duarte Mendiola, 2020, p. 37).

Sick children often actively take advantage of the opportunities Health Play Specialists give them to play, even when they are not feeling well. Despite the seeming desires of medical staff for children to use their energy to heal through biomedical treatment, children also often prioritize play during treatment, and Health Play Specialists highlighted that children and their parents find play healing itself. Despite conceptions of play as diversionary, children in hospitals, with the help of Health Play Specialists, often use play to make sense of their illness. For example, a young girl, programmed for spine surgery, built models of her own spine utilizing string, elastics, and cotton reels, which enabled her to understand how her column bends and straightens after surgery. This young patient chose to take her cotton reel model back home, so she could share with her siblings, classmates and schoolteacher what happened during her hospitalization and why she went away for so long. Through play, this child explored and communicated her illness.

While children find play an important aspect of their healing journeys in hospitals, the work Health Play Specialists do to facilitate their play is often denigrated and seen as trivial, unimportant, and requiring little skill. Health Play Specialists frequently find themselves "justifying that play is essential to children's learning and development and not just a luxury service" (Pérez-Duarte Mendiola, 2020, p. 70). However, the denigration of play did not stop the children from playing or finding the work Health Play Specialists do to facilitate their play transformative. When given the opportunity to play, sick children in hospitals often welcomed it.

Older people's play in a retirement community in the United States: Carrie's case study

Between 2016 and 2018, Carrie conducted close to two years of ethnographic research for her doctorate in a Continuing Care Retirement Community in Los Angeles called Hollenbeck Palms. This community had three tiers of care – independent, assisted, and nursing home living. Older people often joined this community because they needed insurance for their future care, either because they had a chronic condition that would require increasing levels of medical oversight as they aged or because they were single, widowed, or without children nearby. During this research, Carrie both lived in the assisted living building and worked part-time as an Activities Coordinator, spending her time living day-to-day alongside the community's fellow residents.

Many of the residents played games in the community across each level of care. Normative ideas about older adult play pervaded the way older people thought about their play. For example, there were sharp divisions made in the community discourse about 'good' and 'bad' games to play, with the distinction most often drawn between the two most popular games: bridge and bingo. Bridge was perceived as a 'good' game for ageing well-being, because, as a game requiring skill and strategy, the game was believed by its players to activate their mind and thus stave off dementia. Bingo, on the other hand, was perceived to be a bad game for ageing health, because it was a game of luck, which was believed to produce in its players passivity, boredom, and thus cognitive decline.

However, even though bingo was a denigrated game, many older people in the community still played it with ritualistic devotion. While many bingo players were embarrassed

by their commitment to the game, and denied their game play in conversation, this did not change their actual practice of the game, which was fierce and invested.

There were three main reasons bingo was such a beloved game by its players. First, bingo's cascading, electric tempo as well as the uncertainty of its chance contrasted with the boring, predictable schedule of everyday life in the institution. Bingo kept players on the edge of their seat, wondering what number the caller was going to call next. Each ball that was called, the closer players were to a win, allowing the game to build up feelings of suspension. While residents often fell asleep in other activities in the retirement community, residents often said bingo kept them awake, alert and actively engaged. Bingo also equalized relations among its players. Bingo's reliance on luck, and not strategy, meant that residents with cognitive debilities like dementia were as capable of winning as other players. This was significant since people with dementia were often stigmatized and sidelined in the community. Third, bingo helped residents feel connected to one another in social and embodied ways. Residents would say that the goal of bingo was not to win, but to play the game well. 'Playing the game well' meant developing a common, electric rhythm which required full group participation. If any player asked the caller to repeat calls, or otherwise interrupted the game, they would be sneered at or ridiculed. But when the bingo game rhythm was flowing, players felt elated, and would talk about having experienced a deeply ecstatic, enjoining moment with one another.

While popular discourses made bingo players feel embarrassed about their play, in practice play was a critical part of their everyday lives, and that which made them connect newly to themselves and one another.

Play: Its surprising emergence in modern, Western contexts

These case studies subvert the biological, psychological, and social associations of play in the West. First, even when children and older people are sick or experiencing various physical ailments, play is not only a practice they engage in, but actively seek out. This shows that play is not always about 'surplus energy,' reserved for those who are healthy; instead, given play's prevalence in contexts where children and older adults have limited energy, play may well be seen as basic to human needs. Second, children and older people in these case studies did not use play to distract themselves from their reality, but instead used play to embed themselves further into their reality. Children used play to understand their sickness, and older people used play to foster deeper social connections with others in the retirement community. Play is not always about the distraction from the 'real,' but can often facilitate new, alternative relationships to engage with 'reality.' Third, medical institutions, including hospitals and retirement communities, are often sterile, hierarchical, risk-averse, and often 'allergic' to play. However, in our case studies both children and older people still found ways to play in these settings, showing that even in the most punishing contexts, play still emerges. This shows that while modern, Western contexts shape the (non-)emergence of play, they do not fully determine the practice and experience of it.

Play: A more flexible, contingent activity

Attempts to define play have historically plagued play scholarship. As Sutton-Smith (1997) writes, "We all play occasionally, and we all know what playing feels like. But when it comes to making theoretical statements about what play is, we fall into silliness. There is little agreement among us, and much ambiguity" (p. 1). Despite the difficulty of defining play,

Johan Huizinga (1950, p. 13) established one of the earliest and most influential definitions of play, defining it as:

> … a free activity standing quite consciously outside 'ordinary' life as being 'not serious,' but at the same absorbing the player intensely and utterly. It is an activity connected with no material interest, and no profit can be gained by it. It proceeds within its own proper boundaries of time and space according to fixed rules and in an orderly manner. It promotes the formation of social groupings which tend to surround themselves with secrecy and to stress their difference from the common world by disguise or other means.

While Huizinga's definition captures many common aspects of play, including its sociality, its alterity, as well as its trance-like nature, anthropologist Gregory Bateson (1979) took issue with Huizinga's definition for its modern, Western ethnocentric metaphysics, including for the dichotomies it draws between 'serious/not serious, free/not free, material-interest/no-material-interest,' which are not apparent in cross-cultural accounts of play.

Both cross-cultural and life course comparisons help to open play as a concept that is much more variable than what the modern, Western assumptions behind the scholarly discourses around play allow. Play, emptied from these assumptions, does not necessarily need to be associated only with frivolity, or with freedom, or dichotomized with work. Play becomes a much more fluid phenomenon that takes on diverse meanings in diverse contexts, as capable of being associated with older people as it is with children.

Rather than craft a universal definition of play, ethnographic case studies suggest that play should instead exist as a polythetic classification (Needham, 1975), a category that gathers diverse articulations of play, with loose similarities, from cross-cultural contexts. Here, the academic endeavor would not be to create a universal definition of play, but instead to understand how cross-culturally, and across the life course, people define, experience, and practice play in contingent ways. The goal thus becomes to pluralize play, not to make it singular.

We thus call for an anthropological approach to play in play studies which, drawing on cross-cultural ethnography, pays attention not just to what is said about play in diverse social contexts according to local values (through semi-structured interviews), but also how people *practice* play (captured through participant observation). Doing so will reveal that play is often much more surprising and diverse, and present across the life course, than modern, Western discourses suggest.

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10 Planning for Play

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Introduction

Urban planning will play a critical role in ensuring the well-being of older adults as the world's population continues to age. Community-level factors and design can enable or limit an older adult's participation and engagement in life spaces outside the home, making planning integral to the preservation of an older adult's independence and health outcomes (Hartt & Biglieri, 2018). While older adults have traditionally been, and are still at times, overlooked in planning and policy in favour of working age adults who are perceived to have greater importance due to production and consumption habits (Biggs & Carr, 2015), movements like the World Health Organization's (WHO) Age-friendly Cities Framework have brought attention to the needs of older adults and ways municipalities can plan for them (WHO, 2007).

An important consideration in planning for older adults is creating accessible opportunities to socialize that are not hampered by built, social, or cultural barriers (Onose et al., 2020). Aging increases the likelihood of experiencing reduced mobility (Ghani et al., 2018), which can limit social networks and increase the risk of social isolation (Coyle & Dugan, 2012). Social isolation and loneliness pose severe health risks and are thus particularly dangerous for older adults (Coyle & Dugan, 2012). Furthermore, providing means for older adults to be physically active is imperative to mitigate the negative health outcomes associated with inactivity such as obesity and poor cardiorespiratory fitness (Cunningham & O'Sullivan, 2020). We contend that the challenges associated with both physical inactivity and social isolation among older adults can be mitigated through play.

Despite appearing like a simple behaviour, play is quite complex (Stagnitti, 2004), making it difficult for scholars to define. In this chapter, we focus on a functional definition of play as positive, creative, and stimulating behaviour that bolsters social and physical well-being. While the instrumentalization of play as a public health mechanism is only one small subset of play, it is through this conceptualization that play can gain a foothold in the pragmatic worldview of urban planning. Conceived this way, the benefits of play are clear. Eberle (2014, p. 231) believes that these benefits are at the core of what constitutes play: "Play is an ancient, voluntary, 'emergent' process driven by pleasure that yet strengthens our muscles, instructs our social skills, tempers and deepens our positive emotions, and enables a state of balance that leaves us poised to play some more". While there is a societal perception that play is an activity for children (Knox, 1998), older adults can benefit from many of the positive outcomes of play often described in children's studies, whether physical, cognitive, or psychosocial (Yogman et al., 2018). And yet, literature on older adult play remains scarce, while planning practices for older adult play are practically non-existent

(Hartt et al., 2024). This begs the question of whether the children's play discourse can provide insight into planning for older adult play.

This chapter contributes to addressing the gap in literature on older adult play by (1) providing an overview of planning for vulnerable populations and why we should plan for play for children and older adults, (2) outlining how play has been planned for children, and (3) identifying parallels between planning for children's play and older adult play. As the chapter explores age-based play through the lens of professional planning practice, we concentrate exclusively on spaces created and shaped by planning practice and policy. Moreover, we focus predominantly on the North American planning context as it is the setting of most of our teaching and research.

Overview of planning

The communities in which we live did not evolve on their own. All urban areas are the result of planning practices and policies, with the goal of creating a "preferred" future environment (Hodge & Gordon, 2007). Planning can be used to solve existing issues in a city's development or can allow municipalities to shape their communities in a way that reflects their vision of the city's future. Throughout the years, urban planning has been critical in ensuring public health (Corburn, 2004), improving the aesthetics of the built environment (Wilson, 1981), improving the natural environment (Malekpour et al., 2015), and mitigating urban challenges due to climate change (Jiang et al., 2017), to name a few. As the opportunities and challenges associated with cities continue to evolve, planners must adapt to develop communities that best reflect the public interest (Hodge & Gordon, 2007).

Traditionally, planning has concentrated on the interests of the working-age population, as demonstrated in the lack of consultation and policies targeting children and older adults (Biggs & Carr, 2015). The 1989 United Nations Convention on the Rights of the Child states that children can express their views in matters that affect them. However, children are rarely active participants in planning matters, even though the physical and social environments shaped by planning policies and practice have enormous implications on the health, development, and well-being of children (Gleeson & Sipe, 2006). Similarly, creating or improving spaces and/or services for older adults has traditionally been viewed as a process that leaves fewer resources for the rest of the population (Lewis, 2022), resulting in many urban spaces ill-suited to the needs of older adults. For instance, car-centric planning creates built environments that are inconducive to older adult mobility, such as narrow sidewalks, uneven paths, and the absence of curb cuts (Korotchenko & Hurd Clarke, 2014). Prioritizing vehicles in cities can also create dangerous conditions for pedestrians, with older adults being more likely to be involved in fatal pedestrian accidents than any other age group (Buffel et al., 2012). Insufficient crossing times at intersections and unsafe bus stop locations are but two examples of environmental factors that increase the risk of pedestrian accidents but could be addressed by municipal authorities (Buffel et al., 2012). Unwalkable, car-dependent neighbourhoods can further isolate older adults who are unable to drive, limiting their socialization and community participation (Lord et al., 2011). The unwillingness or inability of municipal governments to allocate funding to age-friendly initiatives has resulted in many communities not being prepared for the increase in older adult population (Hartt & Biglieri, 2018). By overlooking the needs of both children and older adults in planning, cities risk creating unsafe, unhealthy, and isolating urban environments that are not conducive to play or aging in place (Brown et al., 2019; Channer et al., 2020).

Age-based sociospatial inequalities may become increasingly evident as vulnerable groups grow, such as the older adult population. Like many regions around the world, North America is home to a historically high number of older adults. This number, and proportion, is set to continue to grow as an enormous influx of baby boomers reach the current North American retirement age of 65 years. In the United States alone, 54.1 million people are above the age of 65, a number which is projected to increase to 94.7 million by 2060 (Administration for Community Living, 2021). A decrease in fertility rates across the continent has also resulted in an increase of the proportion of older adults. For instance, as of 2021, Canada's population over the age of 65 represents 19% of the total population, which is expected to increase to between 21% and 23% by 2030 (Statistics Canada, 2022a). And while the growth in the number and proportion of children (those under 18 years of age) has slowed, and in some periods declined, children still make up over 20% of both the US and Canadian populations (Statistics Canada, 2022b; United States Census Bureau, 2021). Planning communities for the younger, as well as older, generation is essential to foster their physical and mental health as they interact with their built and social environment (Brown et al., 2019).

To address the gaps in current planning practices, multiple organizations in the United Nations system have created frameworks that aim to provide decision-makers with recommendations on how to meet the needs of certain populations that have been persistently overlooked. In 2007, the World Health Organization developed an Age-friendly Cities Framework that proposed eight domains that could promote healthy aging: community and health care, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civic participation and employment, and communication and information (WHO, 2007). The domains are interconnected; they must all be considered to address barriers to the well-being of older adults (WHO, 2007). In 2010, the WHO established their Global Network of Age-friendly Cities and Communities, which currently has a membership of 1,445 cities and communities in 51 countries.

Like the WHO, the United Nations Children's Fund (UNICEF) established a Child Friendly Cities Initiative in 2004. Since its launch, hundreds of Child Friendly Cities initiatives have been implemented in municipalities in over 45 countries around the globe. The aims of the initiatives are that every child and young person in every community (1) is valued, respected and treated fairly within their communities and by local authorities; (2) has their voice, needs and priorities heard and taken into account; (3) has access to quality essential social services; (4) lives in a safe, secure and clean environment; and (5) has opportunities to enjoy family life, play and leisure (UNICEF, n.d.). The Initiative's inclusion of play as a core element of early life development and child-friendly space along with traditionally highly valued considerations like safety, equity, and access speak to the importance and fundamental nature of play.

While notions of play are formally recognized and embedded in child-friendly planning discourses and practice, they are absent from age-friendly planning for older adults. A recent systematic literature review of almost 4,000 articles in the planning literature confirmed that older adult play and play environments have yet to be the focus of any targeted research (Hartt et al., 2024). In this way planning mirrors the wider societal view in that "play is assumed to be the activity of children" (Woodyer, 2012, p. 313). The age-friendly planning discourse has grown tremendously in the past decade, but the focus has remained largely on dismantling barriers and preventative measures. The practical and conceptual realities have not yet tuned into the opportunities of embracing notions of spontaneity, creativity, and play into planning for older adults.

Why play?

There are a wide range of urban planning interventions that can be used to make cities more age-friendly, but one that has received very little attention is play. Play has only recently been recognized in the Global North context of urban planning as having the potential to inspire happiness and improve our daily interactions and experiences (Donoff & Bridgman, 2017). Most of the literature on play is solely focused on children, however, play can be beneficial for people in any stage of life.

Benefits of play for children

In *Deep Play*, Ackerman (1999, p. 6) explains that "for humans, play is a refuge from ordinary life, a sanctuary of the mind, where one is exempt from life's customs, methods, and decrees." The innate ability to be playful as children and adults, as individuals, families, and communities is a central component of human sociability at any stage of life (Stenros et al., 2009). For children, play is often considered to be an essential component of childhood due to the extensive and well documented physical, cognitive, and psychosocial benefits it provides (Yogman et al., 2018). Active play involving physical activity promotes healthy weight and cardiovascular fitness and enhances the efficacy of the immune, endocrine, and cardiovascular systems (Goldstein, 2012). It has also been shown to increase range of motion, agility, coordination, balance, and flexibility, while decreasing fatigue and the prevalence of injury (Goldstein, 2012). Children can absorb these benefits by engaging in various forms of active play such as structured play (e.g., physical education and organized sports) or active free play (e.g., playground activities and games played in backyards and streets) (Janssen, 2014).

In addition to the physical benefits, play is fundamentally important for cognitive development in children. Play has been shown to stimulate learning, enhance brain structure, and promote executive functioning (Kerr & Apter, 1991; Yogman et al., 2018). It improves academic performance, attention levels, language and thought, creativity, problem-solving abilities, negotiation, and contributes to skill building and mastery (Brown et al., 2019; Goldstein, 2012; Kerr & Apter, 1991). Schore (1994, p. 50) explains that play creates a "positively charged curiosity that fuels the burgeoning self's exploration of novel socioemotional and physical environments" – meaning the pleasure engendered by play in a child's developmental stages provides a foundation for life to be joyful, while fostering a natural drive for play and exploration (Gordon, 2014; Schore, 1994).

Play in children combines playful discovery with the development of social-emotional skills (Yogman et al., 2018). It has been found to improve community relationships, emotional and social resilience in children, and mental health (Mahdjoubi & Spencer, 2015). Play serves a key role in improving the mental health of people of all ages. It provides people with an outlet to relieve stress, process difficult emotions, and build confidence in a fun and joyful manner. In doing so, the body also releases endorphins that contribute to feelings of happiness and well-being (UNICEF, n.d.).

Benefits of play for adults

While much of the literature on play focuses on its application for children, insights into the critical role of play in childhood might, in turn, demonstrate how play can support human development through adulthood (Gordon, 2014). Like children, older populations

can absorb many of the physical, cognitive, and psychosocial benefits associated with play. For instance, physical inactivity has been cited as the fourth leading risk factor for global mortality, as well as one of the leading risk factors for obesity, non-communicable diseases, and chronic conditions (Cunningham & O'Sullivan, 2020). Engaging in play that involves movement and/or vigorous activity provides adults with the opportunity to be physically active, which in turn can mitigate various health and mobility issues often associated with the aging process.

In addition to the physical benefits, research has found that play is positively related to collaboration, empathy, compassion, self-expression, and reduced stress levels (Goldstein, 2012; UNICEF, n.d.). Play has been shown to improve community relationships and assist in the creation of lasting social bonds and attachments (Mahdjoubi & Spencer, 2015). For older adults, play and playfulness may assist in difficult times of transition, such as retirement (Lockwood & O'Connor, 2017). Despite these impressive credentials, Gordon (2014, p. 235) explains that "play remains on the margins of the broader professional discourse about health and well-being and as a result, has remained widely unappreciated, drastically underfunded, and tragically underprioritized." Moving forward, play has the potential to become a prevalent and impactful topic in the professional and academic planning discourses, which could in turn, establish the importance of planning for play for not only children, but for a diverse range of people in all stages of life.

Planning practices for children's play

The conditions for children's play in North America in the late 19th and early 20th century were far different than they are today. Children who lived in rural communities commonly provided labour to the agricultural sector, while children who lived in urbanizing areas were often enlisted to work in the mills and factories that had become centres of employment (Gratton & Moen, 2004). Consequently, children during this era had less available time for play, and when play did happen, it was often within or near their homes or places of work (e.g., open spaces and farmers' fields, shop floors, on streets) (Gray, 2011). The introduction of child protection laws, such as the Fair Labor Standards Act of 1938, restricted the use of children in non-agricultural employment, thereby offering children more time and opportunities for play (as well as a formal education). However, these labour laws emerged followed a period in which the form of urban settlements, and the conditions for safe play, were rapidly changing.

Mass production of the automobile coupled with rapid growth of cites in North America in the 1900s to 1920s created hostile conditions for children's play. In the absence of designated spaces for play, children typically resorted to playing on streets and curbs, often unsupervised and near vehicular traffic. Not surprisingly, the number of children who were struck by motor vehicles during this time rose sharply (Singer, 2022). Indeed, being killed on the street by motorists was the leading cause of death of children aged 5–14 in 1910 (Lange, 2018), and the prevalence of what was later termed "child murder by vehicle" by the 1920s remained high (Norton, 2008). Children learned to adapt to these hazards by seeking out streets with lower levels of vehicular traffic and turning them into "Play Streets" (Hart, n.d.). Over time however, children and other pedestrians were treated as a hindrance to motorists' use of streets, and their presence became a source of public scorn and criminality (Norton, 2008; Hart, n.d.). The solution for municipal officials, parents, and child health advocates was to designate spaces in cities, away from vehicles, for children to play. Playgrounds became these spaces (Lange, 2018).

The notion of designating and designing space for children's play originated in the 1880s in Germany with sand gardens. The purpose of these sand gardens was to promote free, nature-based play for young children, particularly in poorer communities (Frost, 2010). Planning for children's play in North America emerged roughly 20 years later, largely in reaction to the hazards children faced from motor vehicles when playing on the street (Lange, 2018), but also as a mechanism to promote physical health and socialization (Frost, 2010). Lange (2018, p. 203) explains the evolving purpose of playgrounds as follows:

> Playgrounds were seen first as grounds for assimilation of diverse immigrant populations around a common goal (sports!), but later as an antiauthoritarian tool, an area where kids could rule. Once lawyers got involved, the playground began to seem more like a playpen, with rules on how high kids could climb and how soft the ground needed to be beneath their feet …

Given their evolving purpose, the form of playgrounds varied considerably over the ensuing decades, from Model Playgrounds (1900s–1920s) with large climbing apparatuses and merry-go-rounds (e.g., The Giant Stride), to Adventure Playgrounds (1940s–1950s) that offered random assortments of movable objects (Frost, 2012). In the most recent iteration and the most prevalent type of children's play structure in North American cities today, standardized playgrounds (1970s–1980s) sought to minimize child injuries and accompanying lawsuits (Frost, 2012) through rigidly defined specifications on playground structure design (CPSC, 2015). While this approach has generally been effective at reducing child injuries (Norton et al., 2004), standardized playgrounds have also minimized the risk element of play, specifically from height and speed, which we now know to be critical to children's physical, social, and emotional development (Brussoni et al., 2012). Indeed, studies have shown that risk is what children actively seek out when engaged in play (Little & Eager, 2010), and that the lack of challenge and risk afforded by modern playgrounds have rendered these spaces boring and underutilized (Brunelle et al., 2016).

More than a century after playgrounds were introduced, little has changed in planning for children's play in North American cities; despite growing interest in nature-based play (King et al., 2023), tightly regulated playgrounds in municipally owned parks remain the default approach to creating space specifically for children's play. What has changed however, particularly in North America but also in places like the United Kingdom, Australia, and New Zealand, are the levels of outdoor free play that children engage in. The decline of outdoor free play among children has significant implications for children's physical and mental health, as well as their social development (Gray, 2011). And studies have shown that parents' perceptions of risks posed in the local environment (e.g., stranger danger, vehicle hazards) explain the limited allowances they provide for their children to be independently mobile (Foster et al., 2014). The implications of this erosion of children's independent mobility are effectively depicted in the oft-cited example of children's roaming ranges dropping from almost 10 kilometres to under 300 metres within four generations of the same family (Derbyshire, 2007). Thus, the presence of a nearby playground may have little bearing on children's play if children are not afforded the necessary permissions by their parents to frequent them, and if the play structures themselves fail to offer the risks and challenges that children are seeking in their play.

In response to these trends, a movement has emerged to reclaim streets as sites for children's play (Tranter & Doyle, 1996). Recently popularized in the United Kingdom, Play Streets are episodic, resident-led street closures that enable children to engage in free play

on the street, typically near their homes (MUEC, 2020). Unlike the informal, child-led Play Streets of the early 20th century, the Play Streets of today usually require street closure permits from the municipal government, issued only after community consultation has taken place and the Play Street implementers have articulated a strategy for how the needs of motorists in the area will be accommodated. Even when Play Streets are successfully launched, parents are often reluctant to allow their children to participate because of, among other reasons, how entrenched automobility has become within our societies. Despite these hurdles, Play Streets are becoming better understood (MUEC, 2020), and studies are showing promising results for increasing children's engagement in play (Zieff et al., 2016).

Planning for older adult play: Parallels and lessons from child-friendly planning

For most of the past 50 years in the Global North, children's play has been increasingly sanitized, standardized, and stymied. Whereas the practical and theoretical children's play discourses (and children themselves) are beginning to push back the narrow boundaries of risk and independence, the notion of older adults' play remains extremely limited. Even with the strictest safety oversight, children were still allowed and expected to play. The mode, freedom, and scope of that play may have been severely limited, but it still existed. Older adults have not had that luxury. Knox (1998, p. 58) aptly sums up societal perceptions of age-based behaviour; "children play, adolescents socialize, adults work and recreate, and older adults transition into leisure."

The concept of leisure reflects the social constructions of both play and older adulthood. Although there is no universal definition for leisure, the etymology of the word and its modern use are both associated with the idea of time that is "free" or at one's disposal (Shaw, 1986). And it is true; free time is something many older adults have more of in their post-retirement years (Grossin & Hantrais, 1986). Like children (or children of decades past), retired older adults may have less scheduled or at least more flexibly scheduled lives. However, the social construction of older adults as slow, frail, past-their-prime, easily confused Luddites severely limits the socially acceptable ways to spend that time (Lodge et al., 2016). As a result, there is a sizeable risk that the novelty of free time wears off quickly and "life gets lost in time without structure or purpose" (Grossin & Hantrais, 1986, p. 96). Without structure or purpose, older adults' physical, social, and cognitive life spaces shrink, which in turn amplifies the likelihood of social isolation and loneliness (van Dijk et al., 2015). This reciprocal spatial-relational experience of aging reflects the tensions or "fit" between older adults and their environment (Lawton, 1982). Built and social environments can either enable or limit older adult independence and opportunities for physical activity or socialization. Ecological studies of aging have demonstrated that the relationships between built and social environments and older adults have clear spatial patterns that benefit certain spaces and groups while limiting others (Hartt et al., 2023).

The mutually reinforcing social constructions of old age and older adult play perpetuate ageist stereotypes and offer leisure as the only socially acceptable form of older adult play. Stoic, slow, age-appropriate, safe, and largely sedentary leisure. Purposefully void of any sexuality, controversy, innovation, or excitement, and perfectly reinforcing the age-based compartmentalization of society advanced by the tripartite life model where youth is focused on education, middle age is dedicated to paid work, and later life is a time for leisure (Vanderbeck, 2007).

Despite the diametrically opposed societal perceptions of older adult and children's play, there are parallels and lessons to be drawn from the progress (and missteps) of planning for

children's play. For example, the damage of prioritizing automobiles in urban development and design highlighted in the children's play literature (Singer, 2022) is echoed in the older adult literature. Like children, older adults are overrepresented in pedestrian fatalities from automobile crashes (Oxley et al., 1997; Rod et al., 2021). Moreover, older adults are more affected by the noise pollution from vehicular traffic than younger age groups, negatively impacting executive function and making them more vulnerable to accidents and potentially contributing to social isolation (Domhnaill et al., 2021).

The push to standardized playgrounds in the 1970s and 1980s (Frost, 2012) echoes the inclination to shepherd older adults to bespoke older adult recreational activities, centres, and even residential communities and buildings. While this may be the preference for some, the lack of diversity, alternatives, and sometimes even power to choose, limits opportunities to boost well-being and reinforces stereotypes. And, like in the case with children's playgrounds, the benefits may be largely for others. For children, standardized playgrounds may provide peace of mind or convenience for parents or guardians and protection from litigation for the municipality (Little & Eager, 2010). For older adults, narrowly defined recreational activities (and even residential environments) may ease the perceived burden of their children or caregiver. Unfortunately, the impulse to design controlled environments for the safety of one demographic age group may be misguided. The purposeful segregation of age groups advocated by playgrounds and older adult recreational activities and centres eschews the benefits of interaction between age groups (Dannefer et al., 2021). Moreover, Brussoni et al. (2012) argue that environments designed to limit risk, like playgrounds, are ineffective. Children need (and crave) risk, challenge, and environmental flexibility for their physical, cognitive, and social development (Brussoni et al., 2012). Rather than a risk-free environment, a risk appropriate environment can foster learning, engagement, physical activity, social skills and much more (Little & Wyver, 2008).

The potential of embracing notions of risk in older adult play space design is apparent from even a succinct summary of the findings from the children's risky play research. By introducing appropriate levels of risk in play environments, children have been found to have improved creative ability and strengthened problem-solving skills (Greenfield, 2003), higher self-confidence and ability to cope with anxiety-provoking situations (Yurt & Keleş, 2021), and be more in tune with their personal competencies and internal boundaries (Sandseter, 2009). The benefits of children's risky play complement the challenges of aging adeptly. Creativity and problem-solving skills are key to reducing the risk of Alzheimer's and related dementias (Levitin, 2020), and self-confidence and self-awareness of competencies and boundaries are crucial to navigating changing relationships with the built environment, changing life circumstances, and countering social isolation (Holt-Lunstad et al., 2015; Lodge et al., 2016). Sandseter (2010) argues that the pleasure of risky play motivates children to continuously challenge themselves and develop age-relevant skillsets as they mature. The very same assertion can be extended beyond childhood throughout the life course – risky play hones life skills and, in doing so, supports physical, cognitive, and social well-being.

A growing body of research is also emerging around the need for cities to provide intergenerational public spaces, with a recognition that play should be a key element in the design of such spaces (Nelischer & Loukaitou-Sideris, 2023). Most of the attention has been paid to the intergenerational potential of parks and playgrounds (Washington et al., 2019). However, street-based interventions, such as Play Streets, can also create convenient, localized opportunities for older adults to play outside their dwellings, if designed with such activities in mind. Indeed, promoting intergenerational connections is often touted as

an objective and/or benefit of such programmes (MUEC, 2020). It is important to note that promoting intergenerational connections does not mean overlooking individual or group needs and preferences (Yung et al., 2016). Planning should be a participatory process that involves and incorporates the viewpoints of a range of individuals and groups (Allmendinger, 2017). Both children and older adults (and subsets of these broad age-based categories, particularly equity-deserving groups) should have the opportunity to meaningfully participate in planning processes and decision-making (Freeman & Vass, 2010; Joy, 2020).

Conclusion

As both the age-friendly and child-friendly practical and theoretical discourses continue to evolve, there is opportunity to recognize the parallels, and limits to those parallels, between the two age-based policy instruments. The recent (and ongoing) recalibration of child-friendly initiatives and design can serve as a cautionary note to age-friendly policymakers and researchers. Scholars have already argued that actualized age-friendly initiatives focus largely on preventative design measures (Joy, 2021), avoid costly physical interventions (Hartt et al., 2023), and paternalistically feign apoliticism (Hartt et al., 2021; Joy, 2020). As the age-friendly discourse reaches maturity, there is an opportunity to expand the boundaries and practical realities of what it means to be age-friendly.

Comparing the urban planning implications of age-friendly and child-friendly play, we found that public play spaces need to be flexible, void of automobiles, and enticing for a diversity of users. They must be accessible, both in terms of reaching the space and using it, so they can be enjoyed by everyone (Mehta, 2014). By implementing universal design principles in public play spaces, they can become places that enable and empower people of all abilities (Steinfeld & Maisel, 2012). Play spaces need to be designed to allow people of all ages to choose their level of engagement, risk, physical activity, play partners (or lack thereof), and type of play. As Sicart (2017) emphatically explains, the tensions between play and space are a product of appropriation and resistance. Play seeks to appropriate space, but space may resist play for political, legal, moral, or cultural reasons. Planners must work with age-friendly and child-friendly practitioners, as well as the wider public, to examine the specific contexts, parameters, and possibilities of public spaces to determine what and how a space can transform into a play space that encourages and cultivates play. This may be in the form of a simple, open grassy area or a hybrid splash pad and skatepark. The underlying message is to engage with the public, look for opportunities, and to be open to previously overlooked possibilities. Play spaces do not need to force intergenerational engagement, prescribed forms of play, or physical activity function. At their core, play spaces must simply encourage and allow users to choose their own adventure.

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IIIc. Growing Up and Old in a Digitized World

11 Technological Relationality and Transforming Perceptions of Childhood

Seran Demiral

Background information: As a childhood researcher, my intention is to explore children's interactions with various social groups, their engagement in digital environments, and their relationships with non-human species. In addition to my academic interests, I am a science-fiction writer, and I strive to incorporate scenarios, creative writing, and drama techniques in my research. Upon gaining more knowledge about ageing studies and considering the perspectives of linking ages, I have been inspired to conduct similar workshops with elderly individuals. At present, I have endeavoured to present a perspective on the concept of relationality among children; I also intend to develop my research by building bridges between childhood and older individuals' intersectional intra-action through their social, cultural, and political involvements in digital spaces for future studies.

Linking ages in childhood research

Society classifies people into different groups based on various variables, including class, age, gender, ethnicity, nationality, etc. While such classification helps social scientists—as researchers of society—understand the specific characteristic of each community, it also leads to labelling among different community groups. Age is one of those specific reasons why people behave differently from each other (Sundhall, 2017). Differing attitudes towards 'others' do not always result in explicitly exclusionary behaviours. Sometimes, discriminatory ideas that underlie societal norms can create advantageous positions. For instance, in Eastern societies, older people are expected to be highly 'respected' solely based on their age, regardless of their individual qualities. However, during the pandemic, it became evident that older individuals were particularly vulnerable and exposed to discrimination; younger generations had seemingly forgotten their wisdom and life experiences.

Children can face similar marginalization: Although they are the majority of a population, children can be treated as minority groups as non-heard community members for the opposite reason. Because they are seen as having nothing worthy to say to the community, they are often not taken seriously. References to their tremendous value to society are future-oriented, leaving children nearly invisible in the present. Children and older adults therefore face a similar dilemma: Childhood represents a stage that every individual goes through and eventually leaves behind, while old age is a fundamental stage as the future experience of people as long as they continue to live. Gullette (2016) reminds us that the trouble is not ageing itself; it is only a natural part of life. His research points to how people fear ageism, the discrimination a person faces because of ageing, which results from society's continual ignorance of the life course. Like concepts of childhood, gender, skin colour, and old age, the life course itself is a social construction.

Society constructs the stages of life according to the past, the present, and the future and common expectations in the context of technological advances as well as time and spatial transformations. Technology and society transform each other through continuous interaction (Beimborn et al., 2016). Innovations are both the reason for and the result of social change: technologies allow humans to do something in particular or new technologies allow for a reshaping of lifestyles, the life course, life stages, and even identities. Recent studies on childhood primarily focus on children's experiences in digital worlds. However, there is a need for research that explores their perspectives and direct experiences, particularly in the context of conceptualizing childhood as digital or online.

By considering the integration of childhood, youth, and adulthood within the life-course framework, this paper explores potential shifts in contemporary childhood experiences and the evolving societal perception of childhood within the context of children's technological relationships, as investigated through creative research. This study aims to explore the relational dynamics within specific child communities through workshops with children and youth, considering their engagement with technological developments and their place in an evolving world, even amidst uncertainty. The research also explores how children express their concerns about social labels, depicting how such concerns reflect children's social positioning, which is continually changing against the background of existing perceptions of childhood and current experiences of children in a digital society.

Theoretical framework

One big challenge in defining childhood against adulthood is that it leads to a relational definition of the child's capabilities in comparison to what adults are capable of. Such an approach not only defines childhood based upon weakness, vulnerability, or immaturity, it also reinforces the traditional perspective of Cartesian dualism. Researchers in science and technology studies and those adopting new materialist approaches have recently begun developing transdisciplinary perspectives or constructing ethical, political, and epistemological connections (e.g., Kraftl et al., 2020; Osgood et al., 2020). These approaches take into consideration multiple childhoods, including children's words and images, play and games, interactions with one another, with elderly people, and even with technological devices. Objects and technologies are also examined as if they were individuals in order to understand how technology influence other people and how they age in the digital world. This involves studying devices, connections, and both visible and invisible networks (Wanka & Gallistl, 2018). Instead of defining children based on what they are capable of, such approaches recognize them as individuals, different community members with unique characteristics, a necessity for building an inclusive community.

In order to understand changing children's roles and positions in terms of their adult counterparts, technological competency has become one of the essential terms in recent childhood studies; beyond child-adult binaries, collective agencies and children's well-being have been centred as a means to recognize the place of the child in society (Settersten, 2005). To illustrate, Beimborn et al. (2016) point to Martha Nussbaum's human capability approach as a promising attempt to practically understand how older people establish significant connections with society through technology use. In the case of children, their digital interests and competencies might play a crucial role in facilitating their effective and inclusive integration into communities. Childhood and ageing studies conceptual frames intersect with identity, well-being, and autonomy. For older people, belonging and experience support well-being and autonomous identities (Wahl et al., 2012). In contrast to ageing

studies, childist perspectives prioritize debates about adaptation, learning, and discovery rather than maintaining identities.

Children are commonly distinguished from adults along the lines of knowledge, experience, and competency. While adults are assumed to have realized all three characteristics, the essence of childhood lies in the desire to grow up quickly in order to attain adult competencies. However, in the digitized world, the dynamics have shifted. According to a dualistic understanding, older aged adults are perceived as being incompetent in technology use. For instance, Sackmann & Weymann (1994, as cited in, Nierling and Domínguez-Rué, 2016) introduce the concept of a 'pre-technological generation' to capture how the elderly use technology. The term 'boomer' has also emerged in everyday youth language, both to point out a generational unit and to insult older people who are perceived as being incompetent in using digital technologies. On the other hand, like new childhood experiences on the screens, ageing is no longer confirmed to physical space, in social, outdoor and home environments; ageing is now also related to digital devices (Wahl & Oswald, 2010). In addition to the pragmatic use of ageing technologies, such devices support elderly people's communication and socialization practices (Nierling & Domínguez, 2016, p. 10) as well as their integration into digital platforms (Biniok et al., 2016).

While technology changes and shapes the everyday experiences and relationships of people of all ages, it seems more crucial than ever to transform the settled perspectives regarding binary thinking with relationality and difference-centred understandings. As a pioneering example, Haraway (1991) spotlights 'fields of difference' instead of a nature-culture dichotomy by pointing out the binaries between woman and man in searching for plurality in the cyborg. Repositioning methodological inquiries, Hart (2020) proposes 'new thinking areas' for childhood studies, from eco-human or animal perspectives to environmental studies by investigating 'childhood nature'. New understandings beyond binary thinking are necessary for fostering an inclusive community. As an illustration, the capability approach addresses competencies rather than limitations or incapabilities, and the new materialist intra-action approach might be beneficial in reconsidering relationality. This chapter attempts to link various approaches in order to highlight the understanding of 'fields of differences' through cultural, sociological, anthropological, and new materialist lenses. To achieve this, it utilizes a reconstruction of Annemarie Mol's (2002) 'multiple' as an analytical tool and Donna Haraway's (2016) 'difference-centred' analysis. The concept of multiple childhoods, which I discuss in the next section, aims to link diverse experiences and different age groups.

Multiple childhoods

Critical perspectives of dualistic thinking usually bring agency and relationality together in childhood stages. The understanding of life stages also demonstrates the agency and actorship of every individual during their life courses by considering the manifoldness and complexity of experiences at different ages. As an anthropologist, Mol (2002, p. 84) emphasizes various forms of singularity by illustrating the presence of a singular body containing multiple dimensions. Drawing on this perspective, the concept of 'multiple childhoods' emphasizes the diverse experiences of children from different regions and demographic backgrounds. Childhood cannot be regarded as a holistic or generalizable concept. Moreover, when we consider Haraway's statement (2016) about replacing 'many' with 'one', the diversity within the same life stage becomes even more evident. Establishing a connection between multiple childhoods and emphasizing the multitude of differences necessitates

new approaches to childhood as a social construct, particularly in light of technological advancements.

Reconsidering the challenges derived from Cartesian dualism, this research also utilizes Barad's (2007) critical statements in new materialism, such as 'realism without representationism'. The 'social' category might be privileged through its explanatory ways into 'the natural' that reproduces dualism. Consequently, disciplines such as sociology of the social sciences, feminist science and technology studies, and actor-network theory (Bruno Latour), along with other methodologies, play a significant role in transforming knowledge (Barad, 2007, p. 86). Unlike Bruno Latour or Donna Haraway, Barad does not employ the terms 'actor' or 'agent' when referring to objects of knowledge. This issue has been subject to debate in social sciences and scientific domains in general, but Barad offers the concept of 'diffraction' instead. She claims that the term 'situated', as developed by Haraway, has been misunderstood, and that researchers position themselves from a specific location. However, location does not indicate a local perspective or limited standpoint for identities (Barad, 2007, pp. 39–40), which are changeable and fluid. To overcome the confusion about 'situated' knowledge and its misuse, Barad uses diffraction as apparatus to 'measure the effects of difference' in the sociology of science/scientific knowledge debate.

The concept of diffraction originates from quantum theory, whereby light separates into waves and matter into particles. In the context of the social sciences, diffraction can help in perceiving differences and understanding diversity. Barad introduces the 'diffractive method' as an alternative to reflection. In this sense, performativity assumes a central role in a new approach by replacing representationalism, while the interaction of separated identities with each other might leave its place to 'intra-acting' within the others. Beyond its theoretical structure, this approach is particularly useful in studies focused on technology. On the one hand, the representation of various subjects, objects, and even some forms in between, such as artificial intelligence, can be understood relationally in representing child subjects. This perspective allows for a recognition of the complexities surrounding childhood. On the other hand, collective agencies among social structures change and reproduce themselves by employing performativities with devices, durations, actions, and situations within and beyond virtual and physical environments.

Consequently, intra-action provides a functional lens for observing the relationality between children as well as their interactions with individuals of different ages and socioeconomic backgrounds, including how they intra-act with me as the researcher. This preliminary study, which explores children's interpretations of time and techno-spatial transformations, can be seen as a step towards creating a more equitable and inclusive world for children. To this end, critical engagement, reflexivity, and openness to diverse perspectives help link the complexities and contingencies of ages in order to navigate multiple childhoods. By recognizing the political nature of multiple realities, we can value how children's various interpretations derive from their experiences. The endeavour to reconstruct childhood beyond the dichotomy between child and adult or generational division also necessitates embracing the new materialist and difference-centred approaches.

Methodological aspects

Before describing the fieldwork stages, I will briefly touch upon which principles that guided the methodological frame. Because the field experiences explained in the following chapter belong to an expanded field study, the methods described here are limited to

the philosophical inquiry and creative drama workshops that I and the child participants held together during a one-day meeting. These two sequential workshops, including three stages, are part of a child participation project in Istanbul, Turkey (for the initial project, see: Erdiller-Yatmaz et al., 2022), in which the researchers have encountered children from lower and low-middle classes as academics, social workers, and other experts in the education and drama fields. When the project expanded to include children with disabilities, migrants, and minority groups from Istanbul and other parts of Turkey in 2022, I began to mentor these workshops with children ages 9–16, focusing on children's digital lives, from virtual experiences to their tendencies towards and interests in technological innovations. In this paper, I only share my preliminary observations about children's expectations about technological development and their awareness of age differences.

This study utilized participatory methods throughout the entire fieldwork. Participatory Action Research (PAR) enables participants to actively engage in the research and co-create a new environment based on their shared meanings. This active involvement recollects agency and relationality. Additionally, in the focused sessions discussed in this chapter, intra-action was conducted as a step beyond developing subjectivity in the context of power dynamics among various agents of multiple ages in the field. Due to the potential challenges associated with PAR, arts-based methods or 'A/r/tography' (Springgay et al., 2005; Belliveau, 2015) were considered practical for establishing a new approach to researching with young people. Similar to the meaning of ethnography as 'writing humans', *artography* allows for a consideration of writing and imagining. It is not simply a combination of images and words but, to some extent, is a convergence of diverse expression alternatives within a shared space. We may encounter similar methods under multiple titles: For instance, activity-based ethnography or ethnographic action research (Gauntlett, 2007, p. 96) includes such creative and visual techniques. The term 'activity-based' requires the mentor in the field to position themselves as the researcher; in a classroom environment, teachers can reproduce their role similarly.

Referencing former sociological concepts, such as Erving Goffman's work on the representation of the self in everyday lives, Gauntlett (2007, p. 138) suggests that the Lego construction process can be designed as a functional step to observe external and internal aspects of identity. For different age groups, such methods can be useful for diverse purposes. Furthermore, the distinctive characteristics of community members can become a matter of debate regarding performances; for instance, gender roles and gender display may illustrate social change at institutional and cultural levels (West & Zimmerman, 1987). A community can be shaped, changed, questioned, and new questions can emerge through practising art. Referring to Wittgenstein, von Bonsdorff (2012) propounds the embodiment of language in practices and uses this analogy to demonstrate the potential roles of art in politics. While classifying art as dialogical and relational, she emphasizes that the common thing is the process value rather than the consequence or the final production in traditional terms of artistic practices. Thus, whether through storytelling or drama, activities involving words or images contribute to the process-oriented nature of the field, particularly when addressing specific topics.

Our study mainly aimed to comprehend children's interaction with technological developments encompassing several precise concepts. However, the unstructured nature of participatory research with children allowed us to explore relationalities between children and their imaginary narratives, their performativity and storytelling, and the roles of children as creators/storytellers and performers for each other. In Bruner's terminology (1990, p. 78), we experienced these relations between agent (children) and object (narration), action

(performance) and object, agent and action. After distributing a few starter scenarios to the children, they took on their roles and made up the stories to take action through existing and non-existing objects in the shared place where we were and in their minds.

The field study with children

At the beginning of the session, focused on the different faces of technological developments, we questioned artificial intelligence learning to determine how effective social judgements are in algorithm formation. In the first part of the activities, topics such as social roles, occupations, gender equality, and discrimination were discussed with examples from children, within the framework of developments in artificial intelligence and computer environments, using the philosophical investigation technique. Philosophy for Children/Communities (P4C) is a technique to make the participants debate abstract concepts according to some phenomena or even concrete lived experiences from their lives; that also aims to build a Community of Inquiry (CoI) regarding creativity, citizenship, and inclusion upon imaginative and fantastic aspects (Haynes & Murris, 2012). Practising philosophy makes interpreting practical issues much more straightforward. In our case, it allowed for an investigation of the potential and pitfalls of technological advances. According to Haynes and Murris (2016), each reading of a text or image is potentially unique for new culture creation with children. Here, instead of using texts or images, headings were designed as elements that would trigger their creativity in the activity's second stage.

After children experienced critical thinking as a community utilizing the P4C method, they conducted a creative drama or writing stage about children's tendencies and interests in the frame of the scenario starters distributed to them. The children divided themselves into groups and each group was given a scenario that began with a fictional frame or background story. The groups were then asked to prepare a small scene based on these short paragraphs. The scenes focused on four different subjects, which then became new topics of inquiry: 'discovering new planets through space travelling', 'transhumanism perspective in the frame of the possibilities and challenges of cryonics', 'virtual space experiences in comparison with physical world limitations', and, lastly, 'human enhancement within artificial organ replacement/prosthetics'. The children brought their own ideas and imaginary universes to the stage using their creativity in each drama process, including vignette-based methods and forum theatre principles. A vignette is a short piece that may consist of various art practices, from performing to acting, dancing, drawing, or speaking. Vignette-based methods in social sciences have recently become part of mixed methods utilizing storytelling principles or creative research techniques (Harrits & Møller, 2021).

The second step concluded with a discussion that focused on the topics discussed at the beginning of the workshop. We sat around a circle and the children in the circle related what they saw in the performance and how the performances were connected to the previous discussions, how they experienced the process of group work, and how they shaped the beginnings of the scenarios for their creations. These discussions continued the focus on virtual environment experiences, from the development of digital technologies to potential strategies to combat ecological problems, from space exploration to studies on improving the human body. The primary purpose of the discussions was to observe and, if necessary, strengthen the relationship that children established between technology and social change.

During the workshops, I encountered 35 children from various neighbourhoods and socioeconomic levels, most of them from Istanbul and four young people from other cities.

We accessed children through a few civil society organizations and three municipalities. We already knew approximately half of the children for a few years, as they had participated in previous study stages. That year, we had already engaged with each other in several preparation meetings, both on- and offline, and met with different groups for a one-week winter school. We had also spent three days together in the other arts-based activities and creative drama workshops before meeting for the particular workshop discussed in this chapter. Consequently, we knew each other and spent time together, and all children felt secure while most could also express themselves confidently. Because we had a few refugees in our community with a language barrier in comparison to other children and a few children with a physical disability, children needed to explore diverse ways to continue intra-acting.

'Artificial intelligence is like a baby'

From the first encounters between the children, the dramatic scenes, and the P4C educators as workshop mentors across various age groups, the topics discussed were determined collaboratively before the sessions were conceptualized. The children themselves decided on the issues they wanted to debate in a diverse group where they could express themselves. Technology and science emerged as a crucial topic, particularly for the majority of the participants, while some showed more interest in Artificial Intelligence and its impacts on society, while others paid less attention due to their lack of knowledge. That was an important indicator demonstrating their multiple levels of social, cultural, and digital capital, which seems significant for future studies related to the dynamics of diversity. Although the children who specifically recommended AI as a topic were unable to participate in our activities, it was interesting to observe that our conversations prompted every individual in each group to reconsider their actions towards other beings and, accordingly, their potential reactions in both physical and digital environments.

There were two different groups, and workshops were designed to keep the numbers in each group as low as possible as the number of children was significant. We wanted to ensure that everyone's voices were heard and that we provided a comfortable space for each child to participate. Alongside our study on technological relationality, there was a parallel session focusing on children's social and spatial experiences in school environments. In order to provide an equal starting point for children with different digital literacy and degrees of interest, I initiated a discussion on artificial intelligence by encouraging them to illustrate some examples of their ways of thinking, then left the stage of developing questions to them. They sequentially touched on two fundamental inquiries of how AI thinks and how it learns. In general, they shared the opinion that artificial intelligence reflects human intelligence.

> I suppose that artificial intelligence can think because it is something that people made to be like humans. If humans can think by themselves, AI can too.
>   Human programs artificial intelligence, and it is normal for them to behave like humans. Because they are human made, actually, all the things they do are reflections of human beings.

These two comments summarize their interpretation of the AI mind. One participant added: 'Artificial intelligence is like a baby; it knows nothing and does what it sees other people doing'. This participant thereby expressed their understanding of AI by comparing machines and humans while also comparing a baby to a child. The reference to the

incapable non-human also signifies the potential superiority of the human over the non-human while underlining the machine's lacking capacity to act through the baby-child comparison. People usually remind children of their incompetencies in society, and, because of the accepted hierarchy of life stages, children see babies as being incompetent in comparison to them. That was the one side of AI and baby relationship. The other side was its learning capacity. The baby learns how to act or think from human beings. Likewise, AI learns what to do from people. This sentence opened up the possibility to consider how children are also judged as being non- or pre-human and how children see these categories from their perspectives.

> This self-learning just started to happen. In the past, people wrote a program for robots, and robots could act according to that program; nowadays, they are doing such a thing that when the robot sees it, it starts searching all information sources, and some robots even modify it to teach.
>
> It learns differently, my teacher. We research ourselves, but they learn from their brain; it opens the door, just like opening a door, and all the information comes in. We have to research until we learn because we do not have them in our minds; we must place them in our minds.

Closer to that point of view, most children thought that AI could be even smarter because of its ability to gather information from everywhere. Whenever someone (a person) uploads something, the AI can access it. For children, therefore, AI has an advantage as it has access to all human knowledge, so they know everything that people in the world know.

'We can start life on our new planet!'

According to Boal's (1979) image theatre and forum theatre principles, technological developments can be integrated into discussions of newsworthy topics. Participants can select problems and seek to resolve them by debating the limitations and possibilities of current issues through artistic expression and visualizing what they think about an idea. In our study, I encouraged children to choose their own subjects to focus on and to go deeper through image theatre principles or the vignette designing process. Space travelling was one of the options, and the children who decided to work on this topic wrote their scenes in four different stages. It was not only a well-designed fiction with its structure of a conflict, climax, and resolution, but also included a person with a visual disability and included a specific role for her. They structured community-building tactics according to a fair division of labour by considering each child's particular needs and characteristics.

Considering children's experiences during the implementation of the technique, the entire process was consistent with its principles, as forum theatre supports the oppressed and aims to empower the vulnerable by giving them a voice. As another illustration, children with language barriers also took on roles of non-human beings, from plants to sculptures; although I worried at first that they might not express themselves in such inactive roles in the face of others who could speak as humans. During the discussions following the performances, these children also showed how they contributed to the process. Therefore, they built their community while producing and acting together.

When we began to speak about the future versions of the world and society, children criticized the circumstances by underlining how the whole planet has become an inconvenient place for survival. I had distributed the topics of space travelling and the potentials of

cryonics to the group. Still, it was not expected that they focus on these problems but on possibilities on other planets or in a future society.

> We know that the world is becoming unhabitable, that's why we were exploring a new planet and finally found it. We wanted to discover air and water; we came and found everything we needed there. So, people of the Earth can move here now.

After developing their roles in the stories that they created, one child shared what they thought should make up the story. They mostly reminded us of the limitation of natural sources, declared their worries about environmental issues, and criticized how former generations ruined the planet. Another trouble they identified was population growth; most shared the opinion that the earth's resources would not be sufficient for the population and technology would be the only solution for securing a future. They related technological development to problem-solving while perceiving the progression from two opposite poles.

> We will harm nature more; instead, if we find a solution and advance technology by taking care of the environment, it will be better. Without caring for the planet … if we only try to improve technology, there will be more environmental damage.

Sometimes, children stick to binary thinking focusing on the contradiction between good and bad, care and damage, and even nature and technology. During the critical thinking debates that followed their performances, their thinking transformed into dialectical thinking as the children tried to understand different perspectives. While suggesting some machine designs, they generally concentrated on the functions of technology. Within the pragmatical use of technology, most also expressed their expectations that AI will fix the problems in the world that humanity caused. Against the background of older adults' damaging nature and ruining the existing life on the planet, they seem to be expecting that robots would provide the solutions. On the one hand, they were taking the easy way out; on the other hand, they were trying to positively position technology. For them, technology is not *against*, but *for* the people, it is something 'with' them; they were apparently willing to cooperate with machines or potential robots in their everyday lives.

> Everything that is considered technologically will become real.
>   Robots doing work; they will be like people who cannot do bad things; there should be machines to heal nature; robots collecting garbage; houses and clothes cleaned by themselves […].

While the topic became human-machine relations, children tended to speak about time and change. At first, they underlined what has changed from the past to the present through ages according to technological devices: what their elders did not, but they have, and what was unknown before and recently discovered, etc. They also discussed emotions and relationships. Relationships among community members cannot be separated from society's technological relationality. The impacts of technological developments are mostly advantageous if people use them in a good way for their sake and the well-being of the environment too. According to the children, both nature and technology have subjectivity. Moreover, their social and ecological awareness reflects their imagination about future developments. Instead of seeing the environment and people or people and advanced technology as being located on two different poles, they expect them to integrate and support each other. Children have

a desire to invent and benefit from functional mechanisms for their future lives while also ensuring that there is a just relationship between nature and human's emotional wellbeing.

'People who migrate to the virtual world live there happily after'

Drama techniques encourage participants to engage in different perspectives and fosters their interpretation potential (Greenwood, 2012). During the sequential workshop, the two groups of children approached their scenarios differently and similarly by developing solutions for their contradictory understandings. Whether it was about transplantation or time travelling, they had very distinctive opinions at first, whereas they usually arrived at a consensus, as long as they listened to each other's ideas. However, virtual experiences divided them: as their understanding of virtual imaginaries differed significantly. While some children were influenced by the adults in their space, revealing the pitfalls of digital spaces, others perceived virtuality as a safe space. During my PhD fieldwork, I witnessed younger people seeing virtual spaces as shelters where they could escape 'real' world problems (Demiral, 2019). This encouraged me to continue studying how different child communities perceive digital environments. Regardless of socioeconomic levels, age, or other distinctive criteria, they may react similarly.

For this activity, the children were given the prompt of staying in a virtual space. One group of children made up a scenario where they were internet addicts; some acted specific roles while others pretended to be the parents or people of older ages, complaining about the younger people wasting their lives on screens. In this scenario, children were captured and lost their time perception; they could not even notice the changes in their peers' everyday lives, and in the end, they regretted the moments they missed and realized that they had even forgotten the colour of the sky and other creatures in the world. During the discussion, children who spoke less because they lived their life beyond screens explained what they actually wanted to perform. 'If we had VR glasses, we could perform differently. Because if we use them to communicate, the audience would understand that we were in a different world', one participant explained, demonstrating the necessity of the objects in the field. They still reflected on the imaginary things they had and various faces of communication. They also pointed out the advantages of the internet, social media, and some of the digital platforms they use.

> In my opinion, homework that is supported by a virtual environment is good for us. When we come from school, there is too much homework to do; we can only do this in a virtual environment.
>
> People talk online, a French and German can get along well by going to the movies online, and you can build a friendship with the other side of the world.
>
> You can even go to Antarctica from where you are.
>
> Actually, all students lived in this virtual environment for about a year. Yes, I could socialize with my friends fairly enough, but I could not talk with them as much as I do with my friends. Besides, we missed school, I mean real school and spent time with my friends. I used to spend my time there too, but this face-to-face conversation comes closer to me.

Communication beyond boundaries and accessing information without limits were common examples for every age. But their comparison between virtual and physical communication sounded like the segregation between digital and topological space (Schatzki, 2019).

On the other hand, some also reconstructed digital as a topological space in their scenario. The other group escaped to the virtual environment from a fight and death at the beginning of their piece. Their main idea was 'there is no trouble in the normal world'.

> Now, in the real world, in the world we live, I mean, there are battles. Everyone is overwhelmed. That's why some people want to migrate to the virtual world. The character (here) does not want to stay in the world when her friend dies, and they meet in the virtual world. Other people who migrated to the virtual world live there happily ever after.

As we discussed the scenario, most discovered that just like AI imitates human beings like a baby, the virtual world would also become similar to the world we live in because topological places are reflected in virtual spaces. Nevertheless, a metaverse is still appealing for some children. They perceive virtual spaces as being free from boundaries, with limitless sources, and equality and justice that they would never experience in this real world.

> Wars and other troubles will exist there as they exist here; it is like the reflection of reality.
>   Developing a virtual environment is very costly. By improving our nature, we can make our world better, and at the same time, we can enhance virtual spaces later.
>   Everyone can have many virtual worlds; they can choose which one they want to live in. The virtual world in science fiction that everyone dreams of. While doing this, we need to pay attention to the world. The virtual world, where I can experience what I would normally do here, sounds more beautiful. Like an alternative to this world.

Technological relationality as a bridge across people of all ages

Technological relationality, connected to positioning in society rather than ages, affects the changing perceptions of life stages while substantially constituting social change. Technology use depends on age differences. Yet, its pragmatic use can become a tactic to conduct reciprocal inclusiveness beyond dualism. As I observed during the field study, children primarily attempt to develop ideas that highlight how technological advances can change society for the better and enhanced their dualist understandings. Their interactions with objects and other species also indicate how they build alliances with others. Because they see no difference between objects and subjects when constituting emotional bonds, they can easily transform artefacts into living organisms in their imaginary worlds, younger and upcoming age groups have the potential to encourage all of us to build new alliances. As an illustration, environmental issues are the only topics that led them to accuse their elders of being responsible for the climate crisis while developing solutions via digital spaces or expecting that AI will help to address challenges in order to ensure a future society.

The studies with children disclosed that children's spatial and temporal perceptions were strict to some extent, as they generally complained about the past because of its lack of technology and human incapabilities. Hence, children cared more about advances in AI or other alternatives to solve the problems they would face in the future. Virtual environments also seem like salvation to some children as problem-free spaces that are distinct from the real world through some invisible boundaries. The children's interpretations shared a desire to seek out new possibilities and solutions for a sustainable and improved future. Whether

through finding a liveable planet, utilizing robots for positive purposes, or envisioning the integration of nature and advanced technology, they expressed the common theme of exploring alternative paths and creating a cooperative coexistence between humans, technology, and the environment for a better society.

During their dramatizations, the children I observed in this study continually sought out digital assistance to address environmental sensitivities, raising such questions as: 'What should we do to stop the wildfires?', 'How can we lessen natural disasters?' Since they underlined AI has complete knowledge of the human species throughout history, they hoped AI could be used to address these problems. Additionally, the participants also expressed the need to increase technology for their future. On the other hand, children's accusations about previous generations or their imagination of future perspectives on lived experiences may seem contradictory in the context of this study's conceptual framework. However, their critical viewpoints stem from the limitations associated with age divisions in society, which often adhere to a dualistic approach. Most children had strict boundaries between good and bad, past and future, older and younger. To challenge this understanding and to expand their perception, similar studies should integrate longitudinal participatory methods to expand the lens so that it can capture more possibilities. Digital technologies enable people to question posthuman pedagogy or deconstruct binaries (Malone et al., 2020). And, apparently, a linking ages perspective, which considers the capabilities, experiences, competencies, and supportive ways of every age, can provide intra-action possibilities.

Referring to Karen Barad's terminology, Østern and Engelsrud (2021) suggest the concept of 'intra-acts' in classroom environments by positioning the teacher's physical presence as a central axis for dramaturgy. During the field study, I have attempted to achieve a similar effect through embodied pedagogical techniques, probably because of the diversity of children in our shared environment. Diversity always enables us to develop new tactics and methods beyond mere speech. Instead of relying solely on language, which requires proficiency and often creates divisions based on experiences and knowledge such as between those of younger children to those affected by dementia, incorporating people of all ages becomes possible within new versions of dialogue developed using drama methods as well as the pragmatic and functional use of technological devices. Agential realism offers numerous ways to establish agency potentials, and children comprehend performativity by encountering spaces and objects beyond human agency in a limited materiality. By incorporating new materialism and mutual progress in their experiences, researchers and participants can cultivate an intra-relational perspective that facilitates consideration of the age courses of individuals involved.

For this initial research, the entire week, which was also filled with other sessions, motivated participants of all ages—in addition to 9–16-year-old children—to express their ideas and their imaginations of various issues. As mentioned earlier, most children recommended the core ideas for each workshop in concluding sessions, from the environment to city life, from their school experiences to technological relationality. Towards the end of the field research, their collective feedback could be summarized in two expressions: 'their thoughts have deepened' and 'their perceptions have been enhanced'. While I cannot provide specific information about how these children practised their lessons during school time since they attended different schools and are in different grades, I can state that despite the conservative education system, there are several teacher networks in Turkey attempting to incorporate P4C into their curriculum or utilize creative drama techniques in their classrooms. Even though such examples are limited and depend substantially on socioeconomic conditions, we at least integrated children of various backgrounds throughout this research

process: Turkish youth, surviving in a troubled and mainly polarized society for years, learn in their everyday resilience in the changing conditions of the political and ecological settings through arts-based activities.

Final remarks

The findings highlight children's imagination of futuristic technologies incorporating creative methods with children. This chapter reconstructed how intra-relationality transcends age divisions through new materialism potentials. As long as childhood studies develop a larger lens to analyse the complexities of age constructions in society, children may have multiple opportunities to add various perspectives to the experiences of people of all ages. They are aware of how age differences simultaneously created boundaries between them, and thus they can differ significantly from each other despite any age distinctions. Their critique of environmental issues introduced discrepancies in the field, challenging the human-centric approach. Thus, we can utilize this potential to establish a contingency between humans and other forms as objects or artefacts.

Law and Mol (2002) identified the significance of methodological and empirical inquiries in addition to the theoretical perspective of complexity. To comprehend diverse experiences of ages and utilize the relationality of multiple encounters, complexities in practices help researchers from different disciplines or areas in the social sciences to link various methods and communities. Overall, this study has attempted to provide a comprehensive and thought-provoking exploration of childhood from a life-stage perspective, incorporating critical perspectives, theoretical frameworks, and concepts such as diffraction, intra-action, and complexities. It offers a promising approach to understanding and valuing the multiple experiences of children more equitably and inclusively. Reconstructing childhood understanding beyond the binaries may foster diverse dimensions of ageing to bridge arts-based creative methods and technological relationality through participatory research similar to research with children and youth.

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12 "What Shall I Write Tomorrow?" When Older Women Reclaim New Life Course on Facebook

Priyanka Borpujari

Introduction

During the COVID-19 pandemic, TikTok videos of grandparents went viral (Torres, 2020). Dame Judi Dench, at age 85, asserted that learning TikTok during the pandemic, and dancing to the strict choreography of her grandson, changed her life (Channel 4 News, 2020). In the midst of the COVID-19 lockdown in 2020, WhatsApp rolled out a TV ad campaign in India. The ad zoomed in on the phone, to reveal a text conversation over WhatsApp between an older woman and a younger one; the texts revealed that the younger woman was a hired caregiver. They both had been separated from each other due to the lockdown. WhatsApp wanted to focus on its delivery of privacy in conversations, which, they argued, could lead to "greater intimacy and real human connections" (Campaign India Team, 2020).

In depicting an older woman in India living alone and staying connected to the rest of the world with the smartphone, the ad revealed a new phenomenon that has been largely unexplored in research from South Asia, be it within the areas of gender, social media, or even gerontology. An older woman's lived experience—as a convergence of history, culture, and the opportunities as well as the hurdles she may have faced in her life—is being recognized only in recent works of feminist gerontology. However, is there a connection between emerging digital technologies in the 21st-century India, and the agency of women, amid caste, class and religious hierarchies in India?

In this paper, based on netnographic research (Kozinets, 2015, 2020) of older women in India who are navigating Facebook, I argue that Internet literacy has added to the cornucopia of these experiences of older women in India, by improving their level of participation in their own society, and their overall quality of life and well-being. In my interviews with the research participants, these were among the first questions I had asked them: What do you enjoy posting on Facebook? What do you enjoy consuming? What kinds of goals do you achieve by participating in Facebook groups? These questions were asked toward the larger research questions: What does aging as a middle-class woman look like in India? What is the experience of navigating social media as an older woman in India?

Each of the research participants had varied responses to these questions. By parsing through what they post on Facebook, followed by in-depth open-ended interviews, I found that the mobile phone usage means that the women are often able to expand their interpersonal relationships beyond their immediate social context. The prevailing disposition of wanting to belong to something beyond their ascribed societal identity of an older woman seems to be the resistance against the infantilization of their personhood.

After a brief overview of aging as a woman in India, the emergence of a socially mobile population of older people in India, and the use of the social media by older people, this

paper will then detail the methodology of the research, followed by the findings and an analysis based on the varied responses from the research participants. The paper concludes with the possibility of a research linking ages, from the perspective of agency and possibly, the resistance to prescribed assumptions of a set of population.

Gender and aging in India

The Indian Census of 2011 found those above the age of 60 at 104 million. This number is projected to rise to 173 million by 2026. Retirement ages range between 58 and 62 years in government jobs across various sectors in India. With better longevity, a gap between the chronological and social age may complicate women's lives (Ahmed-Ghosh, 2009, p. 5).

Calasanti (2003) has described "age relations" as the system of age-based inequality, in a society that values youth, and views old age as a period of decline. Some gerontologists have recognized how race, education, gender, disability, and socioeconomic status influence health and access to opportunities in older adulthood (Stowe & Cooney, 2014). Simic (1990) has found that the older population in the United States fear "demeaning dependence" on their children or other kin the most; the ideal is to remain "one's own person" (Simic, 1990, p. 94). It is not a new phenomenon that older adults "fear being unmade as adult persons and treated like children if they are less self-sufficient" (Buch, 2018). This is increasingly seen with aging in middle-class India; older persons do not want to bother their adult children with seeking assistance on everyday matters, while trying their best to tap into their own resilience. The exclusion of experiences of older women is far more pronounced, especially in the context of how they exercise their agency.

The value of other non-kin relationships and community come into larger focus. One study in the United States (Taylor & Chatters, 1986) found that older Black people found support in church-based communities, especially during periods of illness.

However, when clubbed into a single demographic as anyone above the age of 60 ignores the varied experiences of people in each decade thereafter (Lazar et al., 2017). There is a shift in the way the growing decades are viewed: A 75-year-old in the United States today has the same mortality rate as a 65-year-old in 1952 (Scott, 2018).

On the other hand, aging is an extension from the personal to the political for feminist writers (Friedan, 2006; Steinem, 2006), and this has in turn led to the need to look at issues of aging from a gender and feminist perspective. In her essay "On Being an Old Woman", 65-year-old Martha Holstein (2006) offer insights on physical changes of aging, the want and efforts to be "ageful and proud" (p. 317); and her resentment and resistance toward everything that marks her body as old. She closes her essay with details of her small acts of resistance, and their power in transforming social norms and narratives, if women take them up collectively.

What does aging look like in India? Hitherto, the multi-generational family system has meant that elders in the family were always cared for, materially and emotionally. This would foster family intimacy, ensuring logistical division of labor and resources, and the cultural education of core social values to the younger generation (Lamb, 2020a, 2020b, p. 469). The Indian state, too, exhorts families to take care of their old because that is prescribed in the religious texts and is a sign of high moral values (Ahmed-Ghosh, 2009, p. 3).

Globally circulating ideologies of active aging are beginning to take hold in India (Lamb, 2020a, 2020b, p. 474). India has changed considerably since the 1990s. The cosmopolitan middle class due to the economic liberalization. Older people are joining clubs to develop new peer friendships, active volunteerism, fit bodies, and lifelong

hobbies—pursuits appropriate for an individualist, rather than family-oriented (Lamb, 2020a, 2020b). There is also a gendered component to the idea of leisure among India's older population. Until the turn of the century, hours before the TV have replaced listening to the radio among older men in urban India (Basu, 1996, p. 245). On the other hand, until the late 20th century, most older women in urban India spent time sewing, knitting or reading (Bambawale, 1990, p. 219); many of them in old age homes also spent time watching TV (Prakash, 1999).

In her seminal book *White Saris and Sweet Mangoes: Aging, Gender, and Body in North India,* researching the lives of widows in West Bengal in eastern India, Lamb (2020a, 2020b) found that women tend to gain more powers and freedoms in their roles as mothers-in-law. "As female head of the household—after she gives her sons' marriages, witnesses her own mother-in-law gradually relinquishing authority (or dying), and separates from her husband's brothers' households—a woman can enjoy considerable authority and autonomy. She can make decisions about what to cook and how to spend and allocate money, and can direct the activities of daughters-in-law, her own daily movements, and the like" (Lamb, 2020a, 2020b, p. 240).

Such a shift in their roles as they age continued to be dictated by internalized gender norms. Even so, Lamb (2020a, 2020b) has found that India is at a "culturally critical juncture marked by a gradual, yet significant, expansion of imaginaries and possibilities for aging—where not only the multi-generational family but also the market, peers, and the individual can be potential sites of elder living and eldercare. Such emerging novel forms of aging are taken by many Indians to represent a profound social transformation involving not only aging per se, but also core cultural and moral visions of family, gender, the life course, and even the nation" (Lamb, 2020a, 2020b, p. 468).

India's middle class and the mobile phone

There has been a considerable shift in the lifestyle of the middle class in India (van Dijk, 2017); liberalization of the economy in 1991 has meant that they have had a greater access to being part of a global narrative. A large middle class is correlated with higher growth, more education, better infrastructure (Easterly, 2001). This emerging middle-class, with the purchasing power at par with global trends and yet maintaining an adherence to their loosely- and self-defined idea of "Indian ethos" and a "global Indianness" (Radhakrishnan, 2008, p. 8), has also translated into a sense of agency among those who seek economic mobility and a sense of urban individualism, most notably visible among educated women. Consequently, older women have had a chance to push the boundaries of their normative identities and define new lifestyles for themselves, through economic mobility and a sense of urban individualism.

The size of the middle class went up in the new century across India, mostly in urban areas. Even as the upper castes continue to dominate almost all spheres of the society, an increased spending capacity of those in lower castes have also enabled them to be part of the consumer culture (Krishnan & Hatekar, 2017).

Even though the Indian society has been largely patriarchal, it co-exists with modernity in the 21st century, bringing duality in socio-cultural values, which talks of freedom and independence along with responsibility and duty. (Verma, 2018, p. 80). Since the 1990s, the visibility of Indian women in the public sphere, ranging from international beauty pageants to right-wing Hindu politics, has reflected shifting, and often competing, representations of Indianness to the nation and the world.

The urban employed middle-class Indian woman is has been viewed as the "empowered symbol of India" (Dhawan, 2010, p. 46). The 'new woman' of a global India "enthusiastically embraced the emergence of the nation into a global arena" when she began to consume newly-available commodities and brands, thanks to the economic liberalization (Oza, 2006, p. 17).

One of the neoliberal strategies of control and accumulation in India post-1991 is the mobile phone, with information technology-based innovations in accountability, transparency, education, and civic participation (Rai, 2019; Saha & Sen, 2016). The novelty of the landline phone of the 1990s was replaced by the mobile phone in the early 2000s. From broadband and Internet through USB dongles, to cheap, locally adapted mobile handsets for the Indian market, all economic groups were able to connect to the Internet (Doron & Jeffrey, 2013; Kumar & Rangaswamy, 2013; Rangaswamy & Yamsani, 2011). As of 2020, the mobile penetration in India was 42 percent, encompassing all kinds of mobile phones (Statista, n.d.). Nayar (2012) and subsequently Rai (2019) have offered the idea of "digital cool" with lives enmeshed with various forms of new media across various devices and online platforms, and heightened interactivity through extensive user-generated content. Boosted by the cheapest internet connections in the world, India today has 504 million Internet users; the rate of female users, across all age groups, going up rapidly than male users both in urban and rural India (Mishra & Chanchani, 2020).

The access to, and engagement with digital technologies begins with the domestic space, wherein "discourses and practices of patriarchal control, feminist emancipation, queer-techno-pananimist-sexuality, postcolonial development, urban proximity, and technoperceptual affordance" are afforded (Rai, 2019, p. 33).

Where does this desire to be part of the global narrative leave graying, middle-class, upwardly mobile India? Samanta (2019) views Internet spaces as "surrogate places" for later life non-kin sociality toward enriching a sense of self for older Indians. This is a departure from the conventional image of an older Indian person who is only associated with their adult children and extended family.

Thus, exploring the developing leisure culture for upper-middle-class older adults in India—including luxury senior retirement ventures, travel/holiday packages, and dating platforms—Tannistha Samanta sees a new "celebration of a project on the self where the responsibility to 'age well' rests with the individual" (Samanta, 2018, p. 94). The Internet is largely making that possible, for a new Internet audience, in varying degrees.

Social media and aging

The definition of social media as proposed by Ulrike Gretzel (2017) seems the most succinct: "Web-based communication platforms or applications that take advantage of Web 2.0 technologies, which make it possible for users without technical expertise to easily produce and publish content on the Internet. Social media encompass a variety of different types, such as social networks, review sites, instant messaging applications, and video and photo sharing sites … a complex social system that reflects and reveals human society and is also, itself, a unique social phenomenon" (as quoted in Kozinets, 2020, pp. 1–5).

Venkatraman (2017) has explored the use of social media in a town in southern India that is transitioning from being agrarian to becoming an IT hub. Even as boundaries between work and life blurred (across all markers of identity like class, caste, age, and gender), they still influenced how social media is used. He found that one common offline tradition in social media: Of friending people online from similar backgrounds, thus giving rise to online otherness. Thus, social media becomes a space for performative practices, toward

showcasing how normative Indian traditions are upheld (Venkatraman, 2017, p. 3), allowing people the means to explore their self-expression by creating multiple selves (Davis, 2012; Michikyan & Subrahmanyam, 2012; Michikyan et al., 2014), and extending it to online interactions (Yang & Brown, 2016). Even so, the use of mobile phones is gendered: Mobile phone-mediated conversations and interactions feed into gendered processes of social change (Chib & Chen, 2011, p. 159).

How do older people navigate the world of social media? While older people used to have more difficulty in using touch interfaces in comparison to younger population (Page, 2014), social media and virtual words have, in recent times, shown a digital and technologically immersive life course among older people (Prendergast, 2020). Whereas a decade ago, older people considered mobile phones a modern version of the landline, and rarely using them beyond making and receiving phone calls (Kurniawan, 2008), most middle-class older people today own smartphones rather than personal computers; use them often at anywhere and anytime, and therefore are very comfortable in using them but perceive them as more useful, compared to what they did with computers (Hong et al., 2016). The most important determinant for older users' intention to use smartphones was perceived enjoyment (Gao et al., 2015). Further, social influence—opinions of friends and family—was proven to be important for the use and adoption of smartphones with older persons.

A US study published in 2010 found that email and search engines were the most important Internet functions for older people. But their use of social media nearly doubled from 2009 to 2010 (Madden, 2010). With advancing age and the limitations of mobility, social media seem to begin to play a more active role in keeping older persons socially connected (Bell et al., 2013). A study on older adults' leisure activities (Lazar & Nguyen, 2017) found that the word "leisure" in interviews led to the older adults to explain how they are not actually as leisurely, but that they also adhere to being busy.

Cody et al. (1999) found that older persons who take advantage of their new skills to surf the Internet reported "increased feelings of social support, connectivity, and reduced technology-related anxiety." Older persons maintain ties primarily with children, grandchildren, relatives and friends, who live at a distance, by Facebook (Cornejo et al., 2010; Gibson et al., 2010). Of the friends they stay connected to, they are people they had connected with in the previous social life, prior to retirement. Remarkably, older adults have reported that Facebook has taken away the personal communication that Indian culture once guaranteed (Venkatraman, 2017, p. 44).

In one study (Silvia et al., 2018) that investigated the effects of Facebook as a source of social support for older adults, the increased network as a form of support was identified as the variable "Feel Respected" (FR): "It represents the person feeling loved, wanted and valued, through the establishment of exchange of experiences and conversations that generate affection. It is believed that the establishment of exchanges among participants with members of their network, also associated with the sense of capacity for integration into the digital world, made the elderly feel respected and socially valued" (Silvia et al., 2018).

Even so, the use of smartphones among older persons in India has not been widely investigated. The challenges of not being digitally native, in an increasingly online world, cripple the elderly for their basic needs. Far from being an equal-paced leveler, technology tends to discriminate against those who do not have a basic knowledge of computers. According to one survey conducted in India's capital New Delhi, 75 percent of surveyed older persons said that lack of computer skills and digital illiteracy was affecting their life in old age adversely; digital illiteracy was higher among elderly women (The Hindu Business Line, 2017). It took the Reserve Bank of India (RBI) to take note of the challenges faced by the older population, to an issue circular in 2017 with instructions to commercial

banks, "to be sensitive to the requirements of senior citizens and differently-abled persons" (Narasimhan, 2017). At the same time, as one study from Japan found, education alone is not a significant factor for any of mobile phone activities (Jung, 2012). Needless to say, older people do not need patronizing in a world flooded with new technology (Buch, 2018; Shield, 1990).

India's older population has been slowly catching up to the Internet: Those who did not need to use the computer or the Internet until they retired from their professional lives, are doing so with the smartphone. Those older persons who did not need to use the computer are navigating the Internet with the smartphone. While the mobile phone allows them to connect with their children living elsewhere, the smartphone has allowed them to connect with social networking groups via Facebook, and the widespread use of WhatsApp.

Methodology

More and more anthropologists are making sense of the "digital elements of the environment" (Pink, 2017, pp. 9–10). And as such, netnography (Kozinets, 2015, 2020)—combining Internet and ethnography—makes an attempt to understand the data derived from social media data. My research method was entirely conducted through an ethnographic approach, and with in-depth and open-ended interviews. I used the "information power" technique to determine research participants, through convenience sampling: Since the focus of the research is based on the depth of the conversations (interviews) with the research participants, and hence lower number of participants are needed (Malterud et al., 2016, p. 1755). Following the principles of netnography, the "fieldwork" took place from September to December in 2020. Gathering the data—through screenshots of social media posts displayed on the Facebook "timeline" of the research participants—in this longitudinal manner was possible because social media posts are time-stamped. After these were analyzed, they were used as the basis for each of the in-depth and open-ended interviews with the research participants.

As part of the initial stage of "recruiting" the research participant, I had a phone conversation with them, to assess if they fit my research criteria and to also explain my research to them. However, much time had elapsed since that first conversation, the netnography and final interviews, such that they would often send me messages on WhatsApp, enquiring about my health and well-being, as also the research. Much of their willingness to participate stemmed from their own curiosity about my research and their own desire to share their experiences of using Facebook. In total, there were nine research participants, living across nine cities and towns in India: Ahmedabad, Bengaluru, Guwahati, Jorhat, Kolkata, Lucknow, Mahendraganj, Mumbai, and Rourkela.

While I had to maintain the anonymity of research participants, I asked them to choose a pseudonym for themselves. This adhered to the research aim: Of locating their agency. As I asked each of them for a name, each explained why they chose that specific name:

"[Maya] is my mother's name. She will be remembered each time you write about me," said Maya.
"This is what I was called when I was a child," said Cuckoo.
"[Buni] is my nickname, even now, among my family," said Buni.

Both Priyambada and Punya chose these names based on their Hindu horoscopes; names which are used only during rituals in which they may participate. Both these women hail from Assam, where such a practice is prevalent.

Among the nine women, two were introduced to the Internet on a desktop computer, but they said that they were not adept with it as they had stopped using it.

The unit of observation were the online traces: The social media posts. This enabled to understand the unit of analysis: The research participants. This would lead toward an insight into the research question, of exploring how older women in India explore a new way of life, through their interactions with various people and new ideas on Facebook. The online traces were visible only because I had to become a 'Friend' on Facebook—all of this with consent and a signed consent form—to be able to view their Facebook timeline.

Five types of online traces were revealed: Text, photos, videos, selfie, and 're-share'. It was only when I began to extract the data for Vandana that I realized another type of online trace to be analyzed: Gaming apps within Facebook. In total, 437 units of online traces were analyzed.

Analysis and discussion

The online traces analyzed were predominantly in English, but also in Assamese, Bengali, Mymensingh, Gujarati, and Hindi. This represents a tiny slice of the possibility of this research, and its future scope. My knowledge of each of these languages—even though to a limited extent for Mymensingh and Gujarati—enabled me to understand the online traces. The religious diversity of India was not reflected in the research, since all research participants identified their religious faith as Hindu.

Most of the research participants communicated with me via WhatApp, especially for the in-depth interviews following my analysis of the online traces. Cuckoo offered to send me a Zoom link to have a video call; Buni offered to communicate via Google Meet since, at that time, she was spending time with her son's family in Dubai and calls via WhatsApp are not permitted in Dubai. This diversity in the use of online communication tools further reiterates my argument of the diversity in the lived experiences of older women in India, through the different ways in which they navigate around technology.

The research participants reached out to me several times between the time when I had decided upon them as a research participant and the in-depth interviews later. "Didn't you say you wanted to interview me?" they would ask me. For them, being part of the research was something new and exciting. Priyambada and Vandana often messaged me on WhatsApp to inform me that they had written a short essay and had posted it on Facebook, and if I would like to read them. Similarly, Kavita shared links from her new YouTube channel of recipes.

I was not expecting such a form of intimacy, but, in the spirit of reflexive understanding, my immersion into their space was imminent, and even desired. After all, "the netnographic researcher must take her or his personal social network and combine it with other persons' social and personal networks through online networks" (Kozinets, 2015, p. 94).

It was interesting to note that the most research participants would post content–written texts, videos, photos–based on what they closely connect with. There were also several photos that the research participants had posted in previous years, which they re-posted again: Facebook now offers a daily "memories to look back" of posts from previous years. Several posts that were shared from memory were travels photos: Since the research was conducted during the COVID-19 pandemic, memories of past travel were enlivened. Many also posted scanned photos of their own wedding anniversaries, or black-and-white photos from when they were younger.

But what was the rationale behind what they post on Facebook? During the period of netnographic analysis of online traces, Priyambada had often posted photos of two cats that had taken shelter at her doorstep. She was feeding them food every morning; during the interview she explained how they troubled her all day, with meowing for food. But if one of them disappeared for few hours, she would get worried.

Similarly, Maya had posted the cover of two books that she was reading; she was participating in a 'challenge' of posting covers of books that they may have read, and had to nominate other friends to participate in the challenge, by tagging their names on the posts. Maya chose books of two different languages: English and Assamese; the latter being her first language. Maya chose to add on to the aesthetics of the cover designs of both books. The first photo had the book placed on a *murhaa* (a short stool made of bamboo, which is typical to Assam in northeast India, where she resides). The second is placed on a table with glass top, next to a potted plant. Both these photos reveal not only Maya's aesthetic eye, but also her thoughts and an image of how she wants to be perceived online—thus, reflective of the media dependency goal of "expression", as detailed by Kim and Jung (2016).

Both Maya and Kajal have used Facebook as their medium of literary expression, which, they said, was always within them, but that they have now found a free and wide platform where they can write, get published, and be read by a wide audience. Maya's short essays (in Assamese language) include retrospectives about well-known writers as well as episodes from her time in life, whereas Kajal writes poems about the everyday-challenges faced by women. She writes in Mymensingh dialect of Bengali, with the Bengali script.

But how do the research participants themselves view their own place on Facebook, and the place of Facebook in their lives? How do the research participants view themselves in a post-liberalized India, beyond the markers of their gender and age?

"I learnt how to use the smartphone only two years ago. I did not even know how to use a computer before that. My children tell me that I should not spend so much time on Facebook because I am old…. Currently, I am part of about 20 Facebook groups. I post whatever I feel, in Bengali and Assamese." This an excerpt from the interview with Kajal.

In my interviews with the research participants, my opening questions to them were: What do you enjoy posting on Facebook? What do you enjoy consuming? What kinds of goals do you achieve by participating in Facebook groups?

Each of them responded differently, and this was not surprising, as the online traces for each of them revealed their interests: Responses to these questions. This is evident in the types of online traces posted: Vandana re-shared several videos and photos that were posted by others, which were mostly tips on leading a better life. "So that people do not think that I am only posting about myself, but that I am moving along with time," she said to me, when I asked about the diversity of her content. Priyambada and Kajal took to Facebook to explore the latent writer within themselves.

Kajal mostly wrote her own prose, mostly in Mymensingh. Priyambada posted texts in Assamese, which she had translated from English. All of them, except Cuckoo, posted photos extensively. Kavita used to post her recipes, but now that she had her own YouTube channel for her recipes, she posted the links for them instead. She also wrote short essays in Gujarati, stating, "People don't have time to read long essays."

What they consumed on Facebook was diverse: Buni enjoyed reading quotations that extolled wisdom, Vandana enjoyed do-it-yourself videos, as well as those where people were shown doing good deeds in society, Priyambada enjoyed her time across various Assamese literary groups on Facebook that she was part of. Priyambada said that this gave her a chance to reconnect with her native Assam, after years of being culturally disconnected,

after she migrated to Mumbai upon getting married. However, they all enjoyed seeing updates from friends, relatives, and acquaintances. Priyambada recounted how she "met" a woman in a literary group, and during the online conversations, she discovered that the woman was the younger sister of her classmate from high school. She eventually met this new "friend" when visiting Assam, as well as her high school friend, who happened to be visiting from the United States at the same time. It was illuminating to "view" the research participants based on what they post on Facebook. My participation as an ethnographer—netnographer—aims at establishing a sense of legitimacy: "gaining a reflexive understanding of what it is to be part of the Internet" (Hine, 2000, p. 10).

Vandana and Buni used Facebook primarily for leisure, by playing games offered by Facebook, based on algorithms of data extraction from their profiles and their own activities on Facebook.

Buni said that she would write in the comments section of the games, telling "them" that they are doing a good job with their research, in delivering accurate results in the games. "I know this might be just a game, but I still thank them for their research."

Almost all of them express pride in their progress with using digital technology to varying extent. Anjali's newfound skill of navigating mobile payment apps came in useful during the COVID-19 pandemic in buying groceries online without having to step out of the house, and thus protecting herself. With teachers' workload having multiplied during the pandemic, Vandana—who is a teacher at a private school—learnt to create her own worksheets and then went on to make videos, which she sent to students via WhatsApp, which they could use as tutorials. Similarly, Kavita developed her own YouTube channel, after her sons taught her how to place the phone camera and a light source, to ensure that her videos are good quality. Previously, she would create short videos in the style of photo montage.

All research participants said that Facebook has not changed their lifestyle per se, but has only brought about a change to their inner world. Once, Buni's Facebook was accidentally locked. That's when she realized the significance of the platform in her daily life. Priyambada did not mince words: "My mental state has changed. Every night, I am thinking: what should I write for tomorrow?" She admitted that she would previously lay awake at night on her bed, with her phone in her hand, scrolling Facebook and reading the essays written by others in her literary group.

Ellison et al. (2007) developed a "Facebook intensity measure": The extent to which one is actively engaged in Facebook activities, emotionally connected to Facebook, and has integrated Facebook into their daily activities. It was found that Facebook intensity is positively related to bridging and bonding social capital, with a stronger relationship to bridging social capital. I found the Facebook intensity to be high among each of the research participants.

Rae's (1992) notion of a "fictive kin" among older women in Nova Scotia—which represents relationships that are a salient and meaningful component of their later life—was something that Punya resonated with, especially following the death of her husband a decade ago. "A woman can have many friends and family, but losing a husband is a loss unlike any other. Because there are things you can only share with your husband, and not with everyone else. I am slowly opening up and sharing my thoughts on Facebook now through my poems. So in some way, Facebook is definitely helping me, with a new open environment."

Aptly, the mobile has benefited women in absolute terms, as more women have been able to widen and strengthen their social networks (Jouhki, 2013, p. 54). Jouhki (2013) has accurately compared the mobile phone "as important to personal agency and identity, as a room of one's own" (Jouhki, 2013, p. 54). I extend this comparison with a room of one's

own, to Facebook, as viewed in the lives of my research participants. Among my research participants, age was visible only behind-the-scenes: In learning about different functions within the smartphone, and the different languages of the Internet.

Cody et al. (1999) found that seniors who take advantage of their new skills to surf the Internet reported "increased feelings of social support, connectivity, and reduced technology-related anxiety." Even though my research was not aimed at the specific time period of the COVID-19 pandemic, it loomed in the air inevitably during my research and during my conversations with the research participants. Maya said that she was "already a very social person", and that that may have enabled her to make new friends on Facebook, apart from reconnecting with long-lost friends.

This sense of carefree life was also expressed by Maya: "We women never get any recognition anywhere, for anything we do. But now, when women comment on my writing, that is massive encouragement. I don't think they would say it just for fun. Sometimes, when I am awakened at night, I check my phone to see if anyone has commented on my writing. The smartphone has not only become a tool for my expression, but also survival, especially for us women. My mother was a prolific writer, but never had such opportunities as me. We are not writing high-end literature, but 'housewife literature'. Even so, that this is getting published, means a lot" (Borpujari, 2021)

The absence of women in public sphere that Maya details, about her own mother as well as her own newfound platform for self-expression, exemplifies the way in which Internet literacy has added to the cornucopia of these experiences of older women in India, by improving their level of participation in their own society, and their overall their quality of life and well-being.

Conclusion

Feminist leader Susan B. Anthony claimed in 1896 that "[bicycling] has done more for the emancipation of women than anything else in the world" (as quoted in Goddard, 2000, p. 7; and Eskilson, 2007, p. 54).

In the context of the existing research about older persons' use of social networking sites and the role it plays in their lives, there has been little research conducted specifically in India, let alone any research that is focused entirely on older women's use of this technology. That the lives of the research participants has been impacted to a significant degree by their use of Facebook—and whatever they make of the platform to suit their needs—is what I have shown in my research. It might seem a long stretch to make a similar comparison as Anthony's statement—about the Internet and Facebook as tools for emancipation of older women in India. Even so, my research reveals a departure from existing notions of older women devoid of agency.

One limitation in this research was that all the research participants identified as Hindu by their religious belief. Furthermore, this research was a seed that was planted in my mind—by observing the older women in my life—much before the COVID-19 pandemic. However, conducting the research during the pandemic, as the dissertation toward completing my Master's degree, meant that most of the research participants agreed that they had been spending more time on the smartphone and social media than usual. Neither of them, however, could define for themselves the period of time each day of what constituted as "normal" use of social media, or "excess".

Even so, it is evident how the idea of self-identity—and their desire to shift this—are far more pronounced with a strong intent, as they express their views, opinions and feelings on

a public platform. They are thus reclaiming the lost spaces and creating a new life course for themselves. The prevailing disposition of wanting to belong to something beyond their ascribed societal identity of an older woman seems to be the resistance against the infantilization of their personhood.

That an older woman's lived experience—as a convergence of history, culture, and the opportunities as well as the hurdles she may have faced in her life—is being recognized only in recent works of feminist gerontology. I argue that Internet literacy has added to the cornucopia of these experiences of older women in India, by improving their level of participation in their own society, their overall their quality of life and well-being.

For some women mobile phone usage means that they are often able to expand their interpersonal relationships beyond their immediate social context. Doron (2012) has explored how such an idea effectively makes these relations more individualistic insofar as they are made on the basis of individual choice or agreement rather than obligation and duty. As such, I argue that older women in India are embarking upon an unintended form of resistance, by defying the norms of what an "older" "Indian" "woman" ought to be.

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IIId. Un/Doing Age in Work and Consumption

13 In and Out of the Labour Market – A Linking Ages Perspective on Labour Market Transitions in Early and Late Adulthood

Anna Wanka and Andreas Walther

Introduction

Age constructions are being done and undone throughout the life course – as a category of difference, chronological age assigns social roles, responsibilities and expectations, and provides orientation on, for example, the appropriate time range to start working, have children or retire. These chrono-norms (Freeman, 2010; Riach et al., 2014) are often institutionalised, for example in legislation, educational and employment organisations, or rights and obligations, that are specific to certain life stages, like childhood, youth, adulthood, or later life.

Martin Kohli (1985, 2007) describes the standardised sequence of life stages that constitute our life courses, and their close ties to chronological age, as the major socialization programme of our times. Ensured and enforced by social institutions, like work, family, or retirement, and their respective policies and organisations, people gain meaning, orientation, and identity through their location in this life course. The 'normal life course' as a frame for orientation is thereby based on a specific chrononormative order of life-course transitions from education to work to retirement. According to Kohli, the modern life course can be understood as tripartite, with childhood and youth dedicated to education, adulthood dedicated to work, and later life liberated from work duties (and the respective institutions). The second part which circles around employment is thereby seen as the dominating part in modern capitalist societies.

When the modern normal life course circles around employment, and employment is limited to adulthood, this life stage becomes hegemonic, whereas childhood, youth, and older age are being framed as the 'other' (Krekula et al., 2017). Blatterer (2007) notes that adulthood has become "a metaphor for membership in society through the attainment of full personhood" (p. 12), symbolised through notions of autonomy, self-determination, choice and rationality. As life stages are always defined in relation to each other, the framing of childhood and old(er) age today depends on the non-attribution of autonomy, self-determination and choice to the very young and the very old (ibid.). Consequently, children, young and older adults are assigned less autonomy, power and hence become systematically disadvantaged at the privilege of middle-aged adults (Hockey & James, 1993).

In societies organised around paid work, in and out of work transitions are central for the reproduction of social inequality, social inclusion or exclusion (Clasen et al., 2006; Gallie & Paugam, 2000) in general, and a crucial burning glass for age constructions and respective age-based discrimination (Hanrahan et al., 2022). Studies have so far focused mainly on young people's entry to or on older adults' exit from the labour market, while few attempts have yet been made to relate such transitions and their regulation and to theorise them

comprehensively sui generis. Further, many studies have questioned the factors and effects of labour market transitions on individuals' social disadvantage in the life course, yet, without addressing how these transitions themselves are constituted and emerge. Instead, often the focus of analysis lies on how individuals manage, cope with and perceive transitions in and out of the workforce while the transitions themselves and the ways in which institutions organise, regulate, and assess them are treated as social facts. Consequently, and to develop research on labour market transitions and age constructions further, our contribution targets the question: How are transitions in and out of the labour market 'done', and how is age as a category of difference constructed and deconstructed within these practices and processes of 'doing transitions'? To approach this question, we start with a brief review of research on labour market transitions and its current biases. In this respect, the concept of 'doing transitions' is introduced, which captures how life-course transitions are shaped and constantly re-produced through discursive, institutional, and individual practices. Such an understanding, we argue, helps us shed light on the practices and processes of 'un/doing age while doing transitions', and vice versa. Drawing on two case studies from Germany – one of a young adult entering the labour market and one of an older adult exiting it – we discuss similarities and differences between these two transitional processes and practices. Both cases are characterised by social disadvantage and respective social policies revealing the chrono-normative matrix underlying life course transitions. In our case, the dialogue between the two case studies stemming from different (age-specific) projects, was facilitated in a research training group called 'Doing Transitions', in which transition researchers focused on different life stages come together. We wrote the paper from our respective positions as youth researcher (Andreas Walther) and gerontologist (Anna Wanka). The concluding section reflects upon the value and potential of this analysis for a Linking Ages research agenda.

Un/doing age while doing labour market transitions

Labour market transitions are an important and well-researched topic in social policy research – including recent labour market policy reforms in many welfare states aiming at earlier entry into and later exit from the labour market of the labour force. Whereas labour market transitions can occur across adulthood, it is particularly the entry into and exit out of the labour market that proves fruitful for the study of age constructions, as the entry into the labour market is institutionally and normatively associated with the transition from youth to adulthood (Walther, 2006) and the exit from the labour market as the transition from adulthood to later life (Wanka, 2019a,b). From a Linking Ages perspective, understanding how age is being un/done in labour market transitions requires to link – that is to contrast, relate, and perspectivise (see Wanka & Freutel-Funke in this volume), – research on labour market transitions in different life stages. In this paper, we therefore focus on school-to-work-transitions in early adulthood and work-to-retirement-transitions in late adulthood.

Research on *school-to-work-transitions* has been the motor of transition research over the last four decades. Stimulated by rapidly increasing and persisting youth unemployment, which contributed to 'yo-yo' transitions (Walther, 2006), and through the policies developed to address such issues, research has been concerned with the effects of different systems of education, labour market entry, and welfare on youth unemployment, career stability, and risks of exclusion (e.g., Blossfeld et al., 2005; Shavit & Müller, 1998). Since the 2000s, an orientation towards problematic transitions and risk factors has fostered a shift in the

focus of school-to-work-transition research from unemployment to early school leaving and NEET (Not in Employment, Education, or Training) (cf. Carcillo et al., 2015). These new foci reflect the move towards individualised and preventative approaches in labour market policies in the framework of activating welfare states (cf. Harsløf, 2005; Pohl & Walther, 2007; Serrano Pascual, 2004), which increasingly seeks to address the retention of potential early school leavers in education and training. At the same time, guidance tends to make young people responsible for taking on 'realistic' orientations and choices (cf. Chyle et al., 2019; Sultana, 2018; Walther, 2015; Walther et al., 2016).

Work-to-retirement transitions have been a major theme since the beginnings of ageing and social-policy research. Studies in this field have been concerned with questions about why people retire (individual motivations), how they retire (institutional pathways), and how retiring affects economic and health-related outcomes (cf. Ekerdt, 2010; Wang & Shi, 2014). The institutional pathways taken by individuals towards retirement have been shown to be strongly dependent upon welfare legislation (Fasang, 2010), discourses, and norms around 'right' retirement ages (Jansen, 2018), as well as individual characteristics like gender, health, or education (Loretto & Vickerstaff, 2015). Since the United States, and European policy imperatives to 'extend working lives', policies have focused on 'activating' older employees and keeping them in the labour market as long as possible, while also framing their (in-)ability to do so as an individual responsibility (Phillipson, 2018). Retirees are increasingly expected to give back to a society that pays their pensions, and they continue to work with or without pay (van Dyk et al., 2013). At the same time, and in contradiction to these policies, research suggests that ageism is still widespread among employers, as older employees are viewed as less productive and, thus, more likely to be offered early retirement routes that they are less likely to accept (Naegele et al., 2018).

This paper proposes a concept of 'doing transitions', which conceptualises transitions as social constructs rather than social facts, to reconstruct how age is being un/done in different life stages. In this framework, labour market transitions can be analysed as multi-agential and multi-sited processes emerging in terms of relational social practices (Walther et al., 2020; Wanka, 2019a). Discursive practices like, for example, 'employability', 'early school leaving', 'NEET', 'active' and 'productive ageing', or 'extending working lives' articulate powerful expectations and representations of work at different stages in people's lives (cf. Riach & Jack, 2016; van Dyk, 2015; van Dyk et al., 2013; Walther et al., 2016). Practices of institutional regulation and gatekeeping connect progression in the life course with access to status positions (especially in education, work and welfare). Regulation of access to education and training, work, pensions and social security reflect discursive distinctions of success vs. failure. Individuals are confronted with institutionalised expectations of status change towards which they have to position themselves and into which they have to integrate their subjective identities and biographies. Institutions and individuals are tied together by discursive practices that articulate social situations and processes as transitions. This implies individualisation as well as temporal and normative differentiation (before vs. after, too early vs. too late; cf. Walther et al., 2016, 2020). When researching labour market transitions, we therefore need to consider discursive formations, institutional arrangement, and individual agency at the same time.

Methodology and data: Vertical case studies from Germany

In this section, we will present two case studies contrasting, relating, and perspectivising transitions into and out of the labour market in early and late adulthood. These case studies

can be characterised as 'vertical' case studies, a methodology that has been developed in the area of comparative education studies combining three elements: '"vertical" attention across micro, meso, and macro levels, or scales; a "horizontal" comparison of how policies unfold in different contexts; and a "transversal", processual analysis of the creative appropriation of educational policies across time' (Bartlett & Vavrus, 2014, p. 131). The cases are derived from two different German research projects concerned with transitions under conditions of social disadvantage.

Labour market transitions in Germany can be characterised as a case of the employment-centred transition regime. They are structured by the combination of a selective school system, standardised but segmented vocational education and training that allocates individuals to different employment positions, and a conservative welfare state in which access to social security reflects the segmented structure of education, training and work (Walther, 2017). Due to the centrality of standardisation, references to 'normality' are particularly strong in this context (e.g. 'normal work condition' or 'normal life course'; Kohli, 1985). Since the 1980s, however, the 'integration promise' of the normal life course (Böhnisch, 1994) has been challenged and the conservative welfare state has shifted towards a model of activation. Unemployment benefits were reduced in both amount and duration, expectations of self-responsibility were introduced, controlled and sanctioned in cases of non-compliance while more welfare services have become conditional. As regards labour market transitions, institutionalised pathways into and out of paid work still suggest normality although neither can young people expect 'normal' occupational positions nor can older people rely on lifelong careers that provide a 'normal' pension. In fact, life course politics in Germany seem torn between de-standardisation and re-standardisation (cf. Walther, 2012).

The case study on transitions into the labour market focusses professional orientation in lower secondary education. It centres around an individual biography that has been reconstructed in an evaluation of social work in professional schools providing counselling for disadvantaged young people in pre-vocational courses involving biographical interviews with students, expert interviews with teachers, and social workers as well as ethnographic observation (cf. Verlage & Walther, 2021). For reasons of contextualisation, this case study has been enriched by findings from two other studies on counselling services in labour market transitions (Chyle et al., 2020) and lifelong learning policies for young adults in different European regions (cf. Parreira do Amaral et al., 2020, see also Walther, 2020). The case study on transitions out of the labour market focuses on forced early retirement out of the status of unemployment. Empirical findings used for this case study come from a project which follows 30 older adults from before retiring to three years after, combining episodic interviews, activity, and photo diaries (Wanka, 2019a, 2019b).

All interviews have been audio-recorded and fully transcribed. Transcripts and ethnographic protocols have been coded following constructivist grounded theory (Charmaz, 2014). Direct citations have been translated from German to English.

School-to-work-transitions: The practical constitution of 'training maturity'

Paul, 17 years old, is the middle child of five. His family migrated from Afghanistan, and he describes his father, a car dealer, and his mother, a housewife, as supportive but also demanding regarding school success. Paul first attended a comprehensive school, an exceptional school type in the German school system in which pupils are differentiated according to three tracks after grade 4: Hauptschule, covering compulsory education (5 years); Realschule (6 years); and Gymnasium, which provides access to higher education (8 or 9 years).

Paul admits that he made a lot of trouble rather than studying but also refers to teachers' racial discrimination and his subsequent demotivation after being relocated in the lowest track of the selective school system (Hauptschule):

> In fifth grade, I still did pretty well […]. When I heard that I would go to 'Hauptschule' […] I completely lost interest […]. It was only then when I started making trouble […] I no longer cared about school.

After obtaining the basic school-leaving certificate, Paul was placed in a pre-vocational course in a professional school.

In Germany, school leavers from Hauptschule and Realschule are expected to enter vocational training in the dual system of apprenticeship and professional school. However, declining apprenticeship positions have placed Hauptschule school leavers in a disadvantaged position. They are ascribed a lack of '*training maturity*' ('*Ausbildungsreife*'), a concept introduced by employers in the 1990s to legitimise the decreasing number of apprenticeship positions with regard to the PISA (Programme for International Student Assessment) study revealing under-average literacy skills among German students (OECD, 2001).

> A person can be categorised as being 'training mature' if s/he fulfils the general abilities necessary for education and work and displays minimum requirements for entry into vocational training […]. Lacking training maturity at a given moment does not exclude achieving it later.
>
> (Bundesagentur für Arbeit, 2006, p. 13)

This quote expresses a quasi-clinical logic according to which a lack of training maturity can be diagnosed and pedagogically treated (Stone, 1992). In response, the so-called 'transition system' was established, consisting of compulsory pre-vocational schemes for students under the age of 18. However, given the limited effectiveness of such schemes in reversing social disadvantage, they serve to 'cool out' (Goffman, 1952) young people's occupational perspectives. In the end, many young people accept training in occupations they are not interested in and which offer precarious employment conditions. One interviewed school social worker literally referred to "downsizing them" (Walther, 2015, p. 32).

Especially in the shift towards an activating welfare state, institutional actors aim at actively preventing career choices that do not match available training opportunities. This has materialised in professional orientation courses in lower secondary school. In Hauptschule and Realschule in particular, an '*in-depth professional orientation*' ('*vertiefte Berufsorientierung*', IAB, 2010) class begins in seventh grade, with non-formal skills assessment, internships, and individual counselling. In this context, cooling out is performed by making young people aware of lacking information and overestimating their potential. Only after the student validate this discrepancy a trustful space of counselling opens, allowing for future steps albeit within a limited range of options (cf. Chyle et al., 2020).

To avoid cooling out, leavers from Hauptschule increasingly try to upgrade their schooling by applying for courses in the professional schools that offer middle-school qualifications, which applies also for Paul:

> I came here, thought this school would help me […] to achieve 'Real' [middle-school <qualification] […] but they [teachers and social workers] don't support you to change, they don't support my goals. I want to do Realschule, […] I know there's a way. Here, they refuse to explain it …

Due to the low capacity of such courses and selective access regulations (cf. BIBB, 2017), teachers and social workers in school form a 'cordon', which prevents young people from the lower school tracks to take the 'deviation' away from vocational training. A social worker in a transition programme states: '*Those who complete Hauptschule are told, "no way towards further education, pre-vocational education means preparation for training, not for school."*' (Walther, 2015, p. 32). At the same time, young people experience pre-vocational measures as useless and stigmatising. Paul describes the co-students in his course as 'psychos', the teachers as disinterested, and the class atmosphere in terms of 'escalation'. This reveals, on the one hand, the futility of resisting cooling out, but on the other also the experience of powerlessness arising out of the requirement to collaborate with institutions.ç

To understand why politics and employers stand 'shoulder to shoulder' (Hessisches Ministerium, 2014) in preventing disadvantaged young people from upgrading their school qualifications, one may look at the increasing reference to a *'lack of skilled labour'* ('Fachkräftemangel'). In combination with the ascription of a lacking training maturity, referring to a lack of skilled labour allows for an individualisation of the mismatch between supply and demand: young people are ascribed a lack of adequate skills, while structural aspects such as lack of available apprenticeships tend to be neglected.

In sum, Paul's case underscores the complex interrelationships in the 'struggle for realistic occupational perspectives' (Author2, 2015). The institutional legitimation of cooling out relies on notions of 'training maturity'. A lack in skilled labour is characteristic for the specific combination of selective school, standardised training, and representations of work as a vocation in the employment-centred transition regime. Some young people subscribe to this cooling out and turn options of second choice into their own choice, others – often those who might have more social capital – refuse it. Such refusal is, in turn, identified as a symptom of their lack of training maturity.

Work-to-retirement transitions: The practical constitution of 'pensionability'

Robert, 64 years old, retired out of unemployment at age 59. As a teenager, he dropped out of school because he wanted to earn money, and, not having completed any vocational training, he job-hopped between different lower white-collar and blue-collar positions. In his mid-forties, he started his own business, went bankrupt, and started working as a shift foreman with one of his former clients. Soon after, however, he was given notice. At first, Robert was confident he would find another job because he had managed to secure different petty employment positions throughout his entire life.

> […] back then I was a little before 50, and I thought: Well, okay, you take the compensation and apply and take the next job. And back then, this was my kick-off to the out. That means, I tried hard and did all I could, I really wanted to—with all the abilities I had available—to find a new job. But I failed, no matter how hard I tried, I failed.

Although the unemployment rate among people aged 55 years or older has decreased steadily in Germany since the early 2000s (cf. Steiner, 2017), ageism has been shown to be more pronounced in the German labour market than in other European countries (Büsch et al., 2009). Robert remembers how the employment agency labelled him 'unemployable' due to his age. The institution that was supposed to help him, he felt, had already

up on him due to his age. All they did, in his narration, was transfer him from one job creation measure to the next, with none of them resulting in a permanent position.

> I wanted to return to the labour market. And, originally, those measures were conceptualised—at least that's what the politicians said—to […] to create a job where there wasn't one before. […] But I realized quite soon that […] all they wanted was cheap labour.

After many fruitless attempts to re-enter the labour market, Robert had to switch from the first level of unemployment benefits (*Arbeitslosengeld I*) to the second (*Arbeitslosengeld II*), commonly called '*Hartz IV*'. The German Hartz reforms merged the former unemployment benefits for long-term unemployed (*Arbeitslosenhilfe*) and the welfare benefits (*Sozialhilfe*, since 2022 *Bürgergeld*, i.e. 'citizens' wage') with the aim to lower the monthly standard rate (2019: €424, increased to €563 in 2024). It was both the little money with which he had to make ends meet and the fact that he had to accept any kind of legal job deemed reasonable by the responsible employment agency that Robert found demeaning. He called the unemployment system the '*Hartz IV regime, because it dehumanizes and degrades you*'.

Nearly ten years passed between when Robert exited the labour market and when he was eligible to claim pension benefits. In Germany, pensions are insurance-based, relying on contributions from employers and employees. It is only in cases of insufficient contributions that they are paid from taxes on the level of social benefits. Hence, Robert was caught in a status in-between not working anymore and not yet retired: Possible employers assessed him as '*ready*' for retirement way before the German pension system would classify him as eligible. Due to increasing funding problems, like in many European states, the German retirement legislation aims to 'extend working lives', raising retirement ages, lowering pension benefits, and exacerbating access to early retirement pathways (cf. Phillipson, 2018). Under the German pension reform process, the statutory retirement age has been extended from 65 to 67 years, and many early exit options have been closed. At the same time, pensions have been reduced systematically, from around 60% to below 50% of the last received wage. This has resulted in an increase in poverty among seniors, especially women, and incentives for private pension schemes have been introduced. These policy changes have led to a rise in the average retirement age and an increase in employment rates among older adults, often, however, especially for low-income groups, persons with ill-health, and women, involuntarily (cf. Hofäcker & Naumann, 2015). Moreover, nearly every third adult retires out of non-employment or unemployment.

One of the few early exit routes that still exist is via an assessment of reduced earning capacity, which Robert finally claimed. He recalls that the status in-between working and being retired felt unbearable to him, so he had to initiate *something* that would transition him out of liminality. He says he '*faked*' a burnout to become eligible for a reduced earning capacity pension.

> […] and at this time I just simply got this so-called burnout—more or less willingly or also partly, um, constructed. This was accompanied by an external examination commissioned by the unemployment agency at that time, meaning that I was examined […] I played convincingly that I am not able to work more than three hours a day. And that was the trigger that made the unemployment agency say you have two possibilities: either you apply for a reduced earning capacity pension or we do it for you!

More than anything, Robert remembers being relieved that he had successfully changed his status from unemployed to retired. With this status change, the institutional responsibility for Robert shifted from the dreaded unemployment agency to the social services department, who would issue his small pension benefits and otherwise '*leave me alone*'. Yet, retirement also came with financial hardship. The Organisation for Economic Co-Operation and Development (OECD) predicts that the recent pension reforms will increase pension inequality and old age poverty in Germany, particularly as no basic or minimum pension exists (OECD, 2017). Living in one of the most expensive cities in Germany, Robert's unemployment, and now his pension benefits were not enough to cover his rent. Hence, he has continued working in informal and undeclared jobs.

Finally, the exemplary snapshot of this case highlights the sequence of practices necessary to 'make retirement happen', from being given notice to struggling to find another job to faking a burnout. Employability and 'pensionability', i.e. pension eligibility, were negotiated in an arena involving discourses on age stereotypes, ideals of extending working lives, and productive ageing, institutions like former and potential future employers, employment agencies and the (extending working life and Hartz) policies it enacts, to the clinical investigator as a gatekeeper for a reduced earning pension eligibility, to, last but not least, Robert himself. Hence, the case renders visible the multi-agential nature of the practices and processes associated with finally securing pensionability.

Discussion

Comparing the cases of Paul and Robert from a Linking Ages perspective reveals similarities and differences that can help us reconstruct un/doings of age in life course transitions. Analysis shows that transitions into and out of the labour market do not simply exist for individuals of a certain age to pass through with more or less success, but are actively being 'done' in social practices that weave together un/doings of transitions and un/doings of age. In our two case studies, age constructions become relevant in different forms and relations, and unfolds in different ways – for example through discursive, institutional and individual practices of training maturity or 'trainability' – as marker of entering adulthood –, 'employability', as characteristic of adulthood, and 'pensionability', as marker of leaving adulthood behind and entering later life (Figure 13.1).

In the following, we will analyse similarities and differences across the discursive, institutional and individual practices forming the transitions into and out of the labour market and thereby the transition into and out of midlife respectively middle adulthood. While starting from two individual biographies located at different stages of the life course, the analysis of interaction of individual, institutional and discursive practices allows for generalisation beyond the individual case in a heuristic rather than explanatory way.

In terms of *similarities*, both cases are characterised by deviation from 'normal' transitions and chrono-norms that define the respective life stages. They neither meet representations of normal employment careers, nor fulfil the expectations of institutional gate keepers or coincide with the biographical life plans of the individual actors. In short, both cases represent constellations of social disadvantage (cf. Pohl & Walther, 2007).

Regarding *discursive practice*s, an overarching discourse is 'employability' by which employers communicate their criteria and their power of assuming or dismissing labour. This discourse has been translated and rationalised in terms of a clinical logic (cf. Stone, 1991) and, thus, 'objectified' by educational and welfare actors with the employment service in the first line. In the context of the central role of work as a vocation and of vocational training
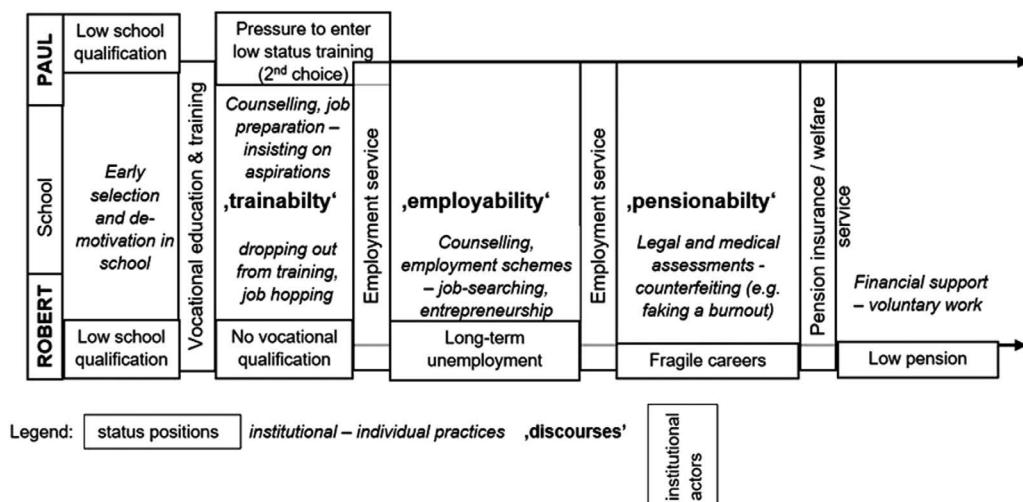
Figure 13.1 Discursive, institutional, and individual practices across life-course transitions of the two cases

in Germany, this is broken down into (lacking) 'training maturity' for disadvantaged school leavers and into 'employability' in the case of older unemployed. In fact, demographic change and increasing pension costs have nourished discourses of extending working life. However, the relation between employability and pension eligibility is ambiguous reflecting contradictory policy objectives. Thus, discursive practices do not simply frame transitions but permeate both institutional regulation and subjective coping and identity work (Butler, 2004; cf. Riach & Jack, 2016; van Dyk et al., 2013; Walther et al., 2016).

Institutional gatekeepers translate these discourses into *institutional practices* of regulating access and procedures (cf. Esping-Andersen, 1990; Kohli, 1985; Walther, 2012, 2017). In the case of disadvantaged young people, this is the anticipation of professional orientation and the early initiation of counselling and organisation of internships in school and by advertising pre-vocational education as support to develop realistic occupation perspectives (rather than an unproductive waiting loop; cf. Walther, 2015). At the other end of the working life, institutional gatekeepers, need to reverse employability into turn pension eligibility where inserting older unemployed into jobs proves impossible to legitimise early retirement towards both the individual and the tax or contribution payers. Placing older unemployed people in ineffective job creation schemes appears highly functional in this respect. In both cases, employment services act as a central gate keeper, assessing eligibility for training, employment, or pension while constellations of disadvantage imply limited negotiation power of individuals in relation to this institutional actor.

At the *individual level,* both Paul and Robert experience processes of cooling out in terms of lowering their educational and occupational aspirations. From their perspective, institutional promises have been broken: Paul expected to upgrade his qualification and increase his training options; Robert expected job offers reflecting his former occupational status. In both cases, however, it is the individuals who validate and complete the cooling out by accepting undesired occupational options or exiting from the labour force and accepting the lower pension level. In fact, it seems that cooling out 'functions'; in accepting and repositioning themselves to lower status positions they are ascribed, individuals invest in meaning making and regain options of agency (cf. Goffman, 1952).

Differences do not only concern the direction of the respective transitions (entry into or exit from the labour market). Regarding *discursive practices*, the notion of employability involves different temporalities reflected by the respective *institutions*. Paul is confronted with the expectation to achieve training maturity, and hence employability, as *soon respectively early* as possible, whereas the ideal in Robert's case is to maintain it as *long* as possible (and hence postpone pension eligibility). One major difference here regards the role of (pre-vocational) education and training, which is prominent in Paul's case but absent in Robert's. This difference is typical for the German transition and welfare regime where – different, for example, from the liberal transition regime in the United States or the United Kingdom – labour market entry is structured by selective school and standardised vocational training (cf. Blossfeld et al., 2005; Pohl & Walther, 2007). At the same time, Robert's case reveals how the segmented structure of German welfare perpetuates the effects of (failed) school-to-work transitions: His placement in ineffective job creation measures is followed by a (downward) transition from unemployment benefits to residual social benefits and an (upward) transition from social benefits to a basic pension. Differences in *individual practices* are that Paul rejects the discursive and institutional expectations to enter the labour market as soon as possible. In fact, his insisting on further education rather than accepting 'support' implying lowered aspirations reflects the meritocratic promise of the normal life course that more education will pay off. Contradictory ascriptions and expectations force to but also allow for positioning oneself in the way that resonates biographically (Butler, 2004). Accordingly, he distances himself from his co-students speaking of them as 'psychos', thus, reproducing the mechanisms of 'othering' to which he is subjected himself. Robert, on the other hand, first conforms to the rules, before realizing that he could not 'stand it any longer' and coming up with the idea of 'faking' a burnout. Failing in finding another job, he succeeds in convincing his medical investigator that his earning capacity is reduced. Interestingly, pension eligibility offered more scope for negotiation for Robert than employability in terms of both income and recognition through voluntary work (cf. van Dyk et al., 2013).

At second glance, however, and relating similarities and differences with each other, these differences appear as mirror-inverted and thus *complementary* rather than fundamentally different. This applies not only to the directions into versus out of the labour but also to the employers' role. Public education and employment services anticipate potential employers' recruitment preferences, translate them into adaptation demands towards lower-qualified persons subjecting them to processes of cooling out at both ends of working life. A gradual step-by-step process – rather than a linear and one-dimensional passage – is identified in both cases and can be ascribed to an interactive cooling out process which depends on individuals' acceptance that institutional promises do not hold in their case. This complementarity of the discursive, institutional and individual practices supports the hypothesis that transitions in and out of the German labour market are part of the same transition regime – at least when they are structured by social disadvantage and thus depending on social policy institutions. This goes along with Kohli's (1985) conceptualisation of life course regimes (cf. Mayer, 1997; Walther, 2017).

Conclusions and potentials for linking ages

In this paper, we have posed the questions of how age as a category of difference is being un/done in transitions in and out of the labour market. In a 'normal life course' (Kohli, 1985) that centres around employment, and a society in which employment is tied to midlife, these transitions become crucial burning glasses for the study of age constructions.

Introducing the concept of 'doing transitions' allowed us to understand life-course transitions and the risks associated with them as practical accomplishments that emerge from complex figurations of discursive, institutional, and individual practices (and respective actors) (Walther et al., 2020; Wanka, 2019a). A Linking Ages perspective that suggests to contrast, relate and perspectivise similar phenomena – in our case, labour market transitions – in different life stages sheds light on how age is constructed across the life course, and in particular, how young and late adulthood are differentiated from midlife.

Analysis has revealed that both institutional and individual actors share and act before the background of the same set of discursive representations and normalities in both life stages. First, we see that selective systems of education and segmented labour markets not only structure the allocation into the employment system but also pave the way out of it. Second, we find parallel procedures in the institutional treatment: individuals are placed in schemes that serve to show them that their initial aspirations were not 'realistic'. Such procedures have been framed in youth studies with Goffman's (1952) concept of 'cooling out'. While we find cooling out procedures in both early and late adulthood, educational actors play a greater role in younger than older people's transitions, especially in an activating welfare state, where the perspective of building human capital is key. This means that, third, both cases are exemplary for the specific mix between apparent path-dependency in conservative welfare states – with their orientation towards standardised status positions –, as well as individual responsibilisation in the activating welfare state. For practice and policy, such knowledge may be relevant in order to understand that each strategy in addressing social disadvantages in life-course transitions not only changes the outcome but also the processing of the transition itself.

For a Linking Ages research agenda, this analysis shows not only how similar or different age is constructed empirically in different life stages, but also encourage an intensified dialogue between youth and ageing researchers regarding theoretical approaches and conceptual considerations – like the concept of training maturity, while there is no equivalent of pension 'maturity', or the concept of cooling out that is widespread in youth studies, but yet hardly deployed in retirement research. Although originating from an interactionist rather than practice theoretical background, the concept helps interpreting the relation between labour market segmentation, selective institutional access regulation, and the ways in which individuals are subjected and identify with certain status positions (cf. Walther, 2015) – for example of age or social disadvantage. In gerontology and retirement research, a similar-but-different concept of 'disengagement' (Cumming et al., 1960) is being used to explain the "withdrawal from work in later life on the part of individuals, groups, or populations" (Ekerdt, 2010, p. 70). Like cooling out, it is understood as a relational process – society is gradually releasing a person from their social roles, and the individuals themselves give up these roles. A dialogue between the two concepts and their use in youth and age studies could create innovative new insights into the construction of age, but also social inequalities in life course transitions.

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14 Different Life Phases and the Limits of Consumption

Opportunities and Barriers

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Introduction

In sustainability and transformation research, concepts of boundaries or limits regularly play a central role. More than half a century ago, the path-breaking book "The limits to growth" of the Club of Rome (Meadows et al., 1972) already highlighted the devastating consequences of an unlimited growth of resource consumption on society worldwide, raising awareness of the necessity of limits. Almost 40 years later, the German Advisory Council on Global Change (WBGU, 2009) identified different approaches to define limits of consumption and production and emphasised the importance of intra- and intergenerational justice in this context. The council proposed a "budget approach" which involved calculating a budget for each country (and downscaled to each citizen) that can be disposed of until an upper limit to emissions is reached. At the same time, a team of international climate scientists proposed the concept of "planetary boundaries" (Rockström et al., 2009), presenting a set of nine boundaries (e.g. climate change, freshwater use, ocean acidification) within which humanity can continue to develop safely. The debate on boundaries is intended to provide a target orientation for political decisions: Should there be a limit to what societies in general and individuals in particular can consume? And how can these limits be defined and measured? Pressure to act accordingly comes from international climate protection movements, such as Fridays for Future, that highlight the necessity to strictly limit individual consumption, especially among the wealthier parts of the global population. This is because politically negotiated limits must not only be accepted by the population, but also translate into everyday practices. Limits on consumption, often interpreted as restrictions, are controversially discussed among societal groups and political parties.[1] However, negotiating and determining limits also poses challenges for consumption research. Inter- and transdisciplinary research is urgently needed to answer questions about potentials and conditions of implementing consumption limits in the context of everyday practices (Rau, 2018). A promising approach in inter- and transdisciplinary research that addresses the question of consumption limits is the concept of "consumption corridors"[2] (Di Giulio & Fuchs, 2014; Fuchs et al., 2021). Consumption corridors are defined 1. by minimum standards of consumption that should enable everyone to live a good life and 2. by maximum standards of individual resource consumption that should enable equal access to natural as well as socio-cultural resources to every person living now and in the future. The authors of this concept clarify that the standards to define the consumption corridor are based on an informed social consensus and are hence dynamic. We would add that consumption corridors also have to reflect the social diversity, i.e., in terms of life situation, age or physical constitution of the concerned group. Against this background, this paper critically examines

the opportunities and challenges of limits on individual consumption in different phases of life comparing youth, adulthood and later life. Life phases[3] are understood here as social constructions transported in images and beliefs about delineable age groups which are (re)produced in processes of social interaction and socialisation. Each life phase entails challenges and opportunities for the organisation of (everyday) life (i.e. Kohli, 1985) as well as everyday consumption which both might foster or hamper sustainable consumption practices. More generally, each life phase ideally develops different aspirations and needs of consumption – not seldom supported by phase specific advertising efforts in the economy. Though in sociology of ageing (e.g. Rosenmayr, 2001) older age groups are often focused, young age groups are mainly used for contrasting purposes, whereas middle age groups are widely ignored (see van Dyk, 2015). From our perspective, a life phase perspective is useful, since people's aspirations and needs and, by extension, their minimum standards of consumption differ from one life phase to the other. Moreover, life phases are heterogeneous in terms of social composition, and different life situations and related living conditions must be considered depending on socio-economic but also infrastructural circumstances. As is shown below, life phases and life situations not only impact on the minimum standards that need to be met, but also shape people's ability to respond to limitations of consumption options and integrate them into everyday life. We argue that proposals for consumption corridors must consider the specific challenges in different life phases and life situations.[4] Our review of empirical material concentrates on youth and adolescence and later life before comparing these life phases to the apparent 'normality' of adulthood (see conceptual paper of editors).

Initially, the paper introduces the concept of consumption corridors as an approach to social-ecological transformation that combines a needs-oriented perspective on the minima of consumption for establishing a good live with a justice-oriented perspective on the limits of consumption to enable a fair distribution of means for a good live. We will then discuss challenges and opportunities in different life phases. We conclude with a summary of results and some ideas for further research.

"Consumption corridors" as a perspective for social-ecological transformation

The concept of consumption corridors (see Figure 14.1) bridges the gap between the vision of a "good life for all" and the structural, economic, and institutional framework conditions of consumption (Blättel-Mink et al., 2013; Fuchs et al., 2019). It calls for an inclusive, fair and transparent societal debate on the question of "protected" needs that allows for a definition of a minimum standard of consumption – and that provides the possibilities of satisfying them (Di Giulio & Defila, 2020). The concept thus considers it a societal task to negotiate what is "enough" in terms of the relation between subjective wants and individual consumption, thereby relying on "sufficiency" as a concept of sustainable development. During these negotiations, a society needs to agree on these needs as well as on relevant means of satisfying them (satisfiers) so that minimum standards for access to threatened ecological – and societal – resources can be defined. Based on the assumption that all people (now and in the future) have a right to live a good life, maximum standards of consumption need to be defined too, considering existing knowledge of the limits of the resilience of ecological systems (i.e., planetary boundaries) and societal stress limits (such as increasing social inequality). The space between minimum and maximum standards defines the consumption corridor in which all people are free to shape their lives according to their own ideas.[5]

Figure 14.1 Concept of Consumption Corridors
Source: Fuchs et al. (2021, p. 34).

By expanding this perspective to include different life phases and related practices, changes in needs and wants and varying possibilities for satisfying them come into view. For example, following changes in household composition (e.g., the birth of their children), people may feel that their home is now too small, triggering a search for alternative accommodation. Conversely, after the children have moved out, people may view their homes as too big, which may or may not lead to relocation to reduce floor space (and, by extension, the cost of living). Depending on life stage and context, it can thus be easier or more difficult to shape consumption in a way that meets one's own needs, and that is socially and environmentally compatible at the same time. It is also relevant to ask how lower and upper limits of consumption interact with the challenges of consumption in different phases of life. For example, when entering working life, everyday mobility practices may need to be reconfigured, including the possibility of car ownership. This, in turn, has significant implications for resource consumption. It also raises the question whether certain structures, material arrangements, spaces or regulatory frameworks need to be created so that consumption in specific life stages can be made more sustainable. By applying the corridor concept to different life phases, it is possible to gain much more differentiated insights that can inform a societal dialogue on the possibilities and challenges of limits to consumption (see Figure 14.2).

Minimum: The possibility of satisfying needs as a prerequisite for a good life – the necessity of defining minimum standards of consumption.

Maximum: Right of all people to lead a good life and adapt to planetary boundaries – necessity of defining maximum standards of consumption

In between: Free space for the individual organisation of life

Life phases, changing needs, and opportunities for consumption corridors

There is consensus in social sciences that age groups – childhood/youth, adulthood, (old) age – are not biologically determined but socially constructed. Kohli (1985) for example highlighted the social-political production and safeguarding of life phases in his book on the "Institutionalisation of curriculum vitae". In a similar sense, Ehmer (1990, p. 11f) wrote: "the definite caesurae of contemporary life courses […] are socially set" and do not depend
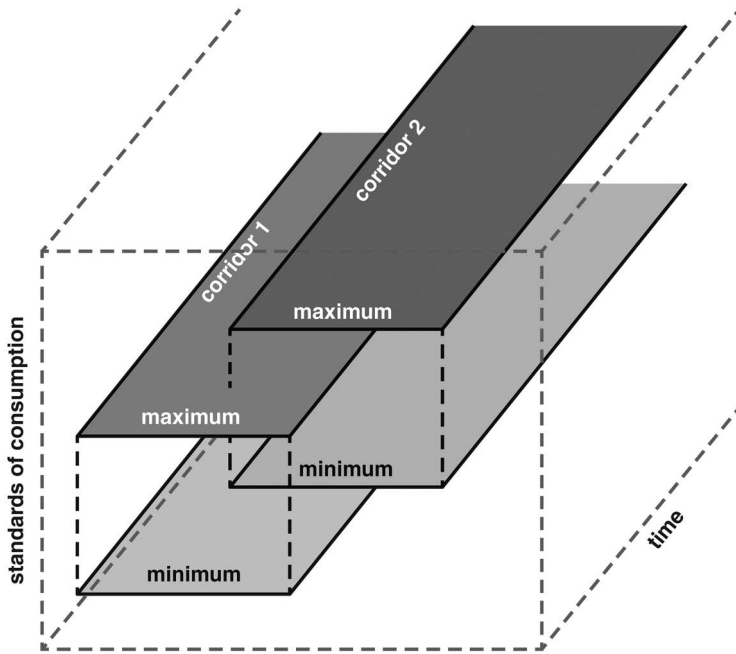
Figure 14.2 Dimensions of Consumption Corridors (Di Giulio & Fuchs, 2014)

"on the state of the physical and mental resources of the individual, his preferences and requirements" (translation from German by authors). Life phases in that sense are characterised by collectively shared socio-cultural challenges and expectations – interlinked with images and perceptions around biophysical constitution. Different life phases, and particularly life evens that are considered as characteristic of a certain life phase, have already been studied in their role for (un)sustainable consumption. For example, the expanding field of mobility biographies research – the scientific recording of mobility practices such as transport use, route choice and driving skills – has made major contributions to the advancement of knowledge concerning the influence of critical life events on mobility practices (Müggenburg et al., 2015; Rau & Manton, 2016; Sattlegger & Rau, 2016; Holz-Rau & Scheiner, 2020). Furthermore, there have been significant scientific forays into linking life events and consumption (Davies et al., 2014; Jaeger-Erben & Offenberger, 2012; Schäfer et al., 2012). Life phases in that understanding differ in terms of consumption needs and requirements (e.g. Grömling, 2021; Rose, 2021) and in relation to "windows of opportunity" for sustainable consumption (Onnen, 2022). Furthermore, consumption as part of many, if not most everyday social practices, serves a broader function than just satisfying basic needs. Consumption also is a means of social distinction and in- or exclusion and the performance of social identity (Bauman, 2007; Bourdieu, 1987; Schoenheit, 2009), it also serves as a marker of belonging to a certain age group (Jaeger-Erben & Offenberger, 2012).

As for example Kohli (1985) suggested, we distinguish three life phases: Youth/adolescence, adulthood and later life. Our basic assumption is that each life stage is linked to specific challenges and socially negotiated norms and expectations, which in turn correspond to "typical" consumption practices. Each life phase is linked to particular challenges that demand a response, regardless of whether individuals consciously strive for them or

not (Havighurst, 1963). At the same time, not all people have the same resources at their disposal to respond adequately to the challenges that arise at different life stages. It is thus important to consider additional factors such as gender, socio-economic status, lifestyle, as well as social milieus (compare BMU & UBA, 2019). In their interconnectedness – if not intersectionality-, these factors clearly shape the ways in which these challenges are addressed. They also harbour opportunities and obstacles concerning limits to consumption and related sustainability issues.

Youth and consumption limits

Childhood and adolescence are characterised by identity formation and integration into social groups and hierarchies (Erikson, 1973). At the same people in this life phase are increasingly confronted with the supply side of consumer society (e.g., Baudrillard, 1998). For adolescents, the conflicts involved in finding one's way into an adult identity are particularly important. They must deal with processes of inclusion and exclusion by peers and social institutions as well as with challenges of their educational path (Abels et al., 2008). Due to limited financial resources, the consumption patterns of many young people are still strongly tied to those of their family, which clearly limits influence on their own ecological footprint. However, consumption practices adopted during this life stage often lay the foundation for later consumption practices (Limbourg et al., 2000; Tully & Baier, 2011). For example, growing up in an environment where only a few people consider and use the bicycle as a means of transport often leads to a lack of engagement in cycling in later life (Mahne-Bieder et al. 2020). Additionally, within certain social milieus, preferences for fulfilling consumption wishes can already be recognised among young people, for example regarding clothing, social media and technology, taking brands into account. The representative and biannual study "Environmental Awareness in Germany" identifies significant consumer demand in the area of technology and media, cars, fashion and (long-distance) travelling among people belonging to the social milieu of "young pragmatists" (see e.g. BMU & UBA, 2019, p. 15). However, the study also mentions the consumption-critical attitudes of "critical-creative" and "idealistic" milieus (BMU & UBA, 2019) whose members are more likely to show pro-environmental attitudes and self-reported behaviour, particularly if the peer group supports these.

Young people with more idealistic attitudes and visions of the future also tend to express comparatively positive attitudes to the topic of limits to consumption.[6] Other studies which focus on specific practices such as car ownership and use or sufficiency-oriented sharing and swapping assume a higher level of post-materialist values among Millennials (Heo & Muralidharan, 2017; O'Rourke & Lollo, 2015). These findings can be connected to the support of new social movements such as Fridays for Future, which publicly discuss the urgent need for limits. The new international movement "Last Generation" even goes a step further and designs highly symbolic actions that are explicitly directed at tackling over-consumption. With street blockades, a human barrier is set, so to speak, against excessive or unlimited resource consumption. It thus seems plausible to assume that adolescents who belong to more resource-aware social milieus are potentially open to endorsing the idea of consumption corridors (e.g. Marquardt, 2020). Perceptions of a major threat to their future arising from climate change can promote the adoption of biospheric values among young adolescents, which may in turn encourage the adoption of pro-environmental practices such as recycling, environmentally friendly travelling and purchasing 'green' products and services (see Balundė et al., 2020). Nevertheless, the role of pro-environmental values has some

limits since research shows that these values lose their significance in some product segments, particularly new technologies (Calafell et al., 2019). Here, the systems of provision facilitating a more sustainable consumption for this particular – to a great deal technology-savvy – age group is of greater relevance than individual dispositions.

Consumption limits in later life

Entering later life requires people to adapt to life after employment that may or may not be filled with care work, in addition to dealing with physical limitations and the finitude of human life. This may also include taking stock and looking back at one's past experiences, achievements, failures and adventures. In addition, changes to one's economic situation can also stimulate new consumption practices in later life. Depending on people's previous lifestyle as well as the possibilities and desires that have arisen during life, this can mean growing old together with others and trying out new forms of living and housing, lowering consumption in the process. In a survey of the so called "LebensRäume" ("living spaces") project, 41 per cent of interviewees in Germany agreed with the statement that they would like to live in a smaller flat or house in old age (Fischer & Stieß, 2019). This opportunity meets several challenges like attachment to one's home and neighbourhood, soaring rents and the resulting need to hang on to an old rental agreement or a lack of credit opportunities for older people. Getting older can also mean to finally treat oneself to something special (e.g. a luxury cruise), with all the associated increases in ecological footprint (Edmondson & Scharf, 2015; Fox et al., 2017; Kuoppamäki et al., 2017). However, it may also be that goals beyond one's lifetime become more important, such as concerns for sound living conditions for future generations (Zaval et al., 2015). Older age could thus also present opportunities for limiting consumption.

Some cross-generational research suggests that older generations, especially those born in the war and early post-war periods (up to about 1950), tend to live and consume more frugally (e.g. Robins 1994). This contrasts with the "baby boomer" generations who were born and grew up in times of mass production and the "American way of life," making them on average more disposed toward material prosperity and resource-intensive lifestyles (see Diprose et al., 2019). These assumptions are mostly based on Ronald Inglehart's (1971) postmodernisation theory which postulates a transformation of basic value orientations in relation to the evolution of the industrial society. However, empirical evidence concerning Inglehart's theory and differences between the 70+-generations and the 'baby boomers' is inconclusive, which suggests that these intergenerational differences as well as the generational homogeneity in values should not be overstated (Hitchings & Day, 2011). However, a study by Diprose et al. (2019) shows that older and younger generations alike find some appeal in a "new thrift" concerning the consumption of resources. Both groups experience(d) the limits of consumption in their youth but in different contexts: Older generations in the war and post-war period and younger generations during the emerging climate crisis.

Adulthood and consumption limits – What happens in between?

Compared to youth/adolescence and older age, adulthood involves a wide range of decisions regarding career paths, partnership and family. The number of necessary consumption decisions thus tends to increase during adulthood. At the same time, the responsibility for the (consumption) needs of others, such as children of different ages or parents in need

of care, increases (Ritch & Schröder, 2012). Decisions during this life phase, for example, where to live and in what type of accommodation, how to be mobile (e.g., by car or public transport) or whether to accept a job that involves a long-distance commute, result in path dependencies that can last for the rest of one's life. Such paths are the result of structural conditions (house in the countryside requires own car) but also reflect individual experiences and preferences. In certain life situations, the social influence on one's own perception and definition of products and services to satisfy needs is particularly intense. For example, parents sometimes tend to purchase many objects before the birth of their first child, which are not needed later (Jaeger-Erben, 2013). The suggestion of supposed satisfiers of needs by the media, marketing and reference groups must therefore be considered, especially during transitions to completely new life situations. Here, experiences in childhood and adolescence influence how people handle these challenges. This said, experiences during adulthood also shape the resource intensity of consumption in later life.

Summary and research outlook

Acknowledging the heterogeneity of socio-economic conditions, lifestyles and (non-) sustainable choices in different life stages opens new and fruitful avenues for examining the notion of consumption corridors and its practical application. At the same time, it makes it difficult to identify particular 'windows of opportunity' regarding the introduction and subsequent successful adoption of consumption corridors. Developing some ideal-typical sustainable consumption biographies could serve as a normative framework for further conceptual debates and empirical work in this direction. Also, systematic comparisons based on longitudinal consumption data collected from different social and age groups could reveal where and why needs are met via non-sustainable options and how and why certain paths taken go beyond socially and ecologically acceptable levels. The achievements to date of mobility biographies research show the enormous potential of such longitudinal research work (cf. Scheiner & Rau, 2020). It would also be possible to show which means and framework conditions can be used to bring about a consumption-related sustainability transformation that either lowers the resource impact of established social practices or promotes the adoption of less resource-intensive ones.

Importantly, our research for this article reveals that there are life stages during which people show a greater openness towards consumption limits. Especially in (post-)adolescence, young people in certain milieus may endorse more sustainable practices and ways of living and, by extension, a voluntary limitation of their own consumption. This implies that educational and recreational institutions can be important change agents that encourage young people to adopt less resource-intensive practices. Similarly, the transition to retirement can serve as an opportunity space for a shift towards more sustainable consumption 'within limits'. Those who look back on a long life may develop a greater sensitivity towards questions about the future or "the meaning of life" than before, resulting in the adoption of new practices and related aspects of consumption. At the same time, a short-term orientation that questions the meaning of medium- and long-term consumer goods, such as cars, can also be a way of dealing with one's own finitude. In all phases of life, specific challenges of reshaping everyday consumption have to be mastered, for which sustainable options are not always easily available. Particular attention should be paid to the possible path dependencies that result from decisions in the transition between life phases. So far there has been a lack of awareness among decision-makers in politics and civil society concerning the need

for targeted measures that take seriously variations in demand and resource consumption of different stages of life.

The concept of consumption corridors envisages a broad and fair societal debate on minimum and maximum standards of consumption, to make them just, legitimate, and dynamic. From our point of view, a promising approach is to discuss these standards and to clarify questions about needs, the good life and maximum permissible resource consumption as part of a wider intergenerational dialogue about sustainability in a climate-constraint world. A Linking Ages-perspective seems very fruitful to inform such a dialogue. It facilitates a focus on opportunities and challenges concerning sustainable limits to consumption that can be applied to different life phases, not only looking at differences and contrast but also at complementarities and links. For us as social scientists working on sustainability, a Linking-ages perspective enables a more systematic consideration of the challenges of adhering to consumption limits created by each life phases. It can add to a framework for societal debate and critical reflection: What contextual factors, systems of provision, political decisions, regulatory frameworks and societal norms will make it easier to stay within consumption corridors in different phases of life, bearing in mind the variations in consumption that affect different social groups at different stages of their lives? Is it possible and indeed desirable to require young people to "save up" for their increased resource consumption during adulthood? How can older generations be supported to compensate for earlier excesses of maximum standards after retirement? Evidently, opportunities for living within a sustainable consumption corridor may open or close depending on the phase of life. This presents both challenges and opportunity for societal dialogue. Moreover, comparing different phases of life can help to better understand the everyday relevance of limits and corridors, especially if the heterogeneity of life situations across the entire biography is considered. Measures should be taken to encourage the adoption of less resource-intensive practices for example by assisting older people without dependent children or relatives to relocate to a smaller flat within the same neighbourhood, to avoid them having to deal with the vagaries and uncertainties of a volatile real estate market where they are confronted with much higher costs for accommodation. Similarly, young adults who start their working lives could be encouraged to adopt novel notions of success in work that do not depend on excessive and/or conspicuous consumption. It is also important to examine opportunities for the adoption of limits 'from below'. According to Kallis (2019), limits need not only be perceived as restrictions, but can also serve as opportunities for liberating oneself from the 'shackles of consumption'. However, this needs to be politically actively facilitated, for example through basic security systems, the promotion of social innovation and opportunities for participation in the development of alternative consumption infrastructures. In dealing with this topic, social scientists have looked at it largely from a distance. Future research that puts life phases centre stage could facilitate a much more dynamic approach to limiting consumption. This research should be inter- and transdisciplinary, enabling scientists from diverse disciplinary backgrounds as well as decision-makers, citizens and practitioners to collaborate, with a view to advancing the society-wide adoption of sustainable consumption corridors.

Notes

1 It is worth remembering, for example, the idea of a "veggie day" in Germany introduced by BÜNDNIS 90/DIE GRÜNEN in 2013.

2 The concept has been developed in the context of the research programme "From Knowledge to Action. New Paths to Sustainable Consumption", which was funded by the Federal Ministry of Education and Research (Blättel-Mink et al., 2013). It has since been further developed in lectures and publications (Di Giulio & Fuchs 2014; Fuchs 2017; Fuchs et al., 2021) and applied in an empirical study in Switzerland, regarding the acceptance of the concept among the population (Defila & Di Giulio, 2020).

3 Even though in literature the term "life stages" seems to be more widely used as scientific concept (see Fries Rader 1979), we prefer the term "life phases" for its less static connotation.

4 The article links the authors' previous scientific preliminary work with a literature study on the topic of consumption in different life phases as well as with the results of an expert group discussion on transformation corridors for sustainable consumption in different life phases in April 2019, which was funded by the German Research Foundation (DFG).

5 The concept of consumption corridors shares the focus on upper and lower limits with other corridor approaches in sustainability research, such as the doughnut economy (Raworth, 2017) or "transformation corridors" (WBGU, 2016).

6 According to the study Environmental Awareness in Germany, around five per cent of young people belong to this group. Critical-creative milieus, which include younger people under 30, make up 13 per cent of the total population (BMU & UBA, 2019, p. 14).

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IIIe. Experiencing Violence in Childhood and Later Life

15 Testimonies About Child Sexual Abuse in the 1950s

Bearing Witness and the Concept of Linking Ages

Sabine Andresen, Johanna Christ, and Lia Pollmann

Introduction

People in later life talk about their childhood in different contexts. They tell their family, children or grandchildren about their school days and leisure time, but also about war, grief and loss. Perhaps they share experiences with their peer group or remember something from their childhood through photographs. They are witnesses to their own childhoods and testify about how families and society as a whole treated children and young people. But often memories are not shared, adults are silent about experiences from their childhood because they feel guilty or ashamed. In particular, talking about experiences of abuse, something traumatic, seems to be difficult.

In recent years, childhood maltreatment has become a social issue. Survivors at a late stage of life are reporting their violent experiences and the consequences for their entire biography. They are demanding recognition for the injustice they have suffered. They want institutions like the churches, where they were not protected as children, to take responsibility today. This social movement has also resulted from a change in the way violence in children's upbringing is judged. In Germany, since 2000, children have had the right to grow up without violence. This is where our understanding of the linking ages approach comes in. We draw on findings of inquiries in many countries dealing with survivors of child abuse and neglect and their accounts. This is linked to the transitional justice approach. Since the 1990s, there have been reports of cases of serious violence and abuse, particularly sexual abuse in educational and social institutions of the Catholic Church, in many countries, including Ireland, the United States, and Australia. Numerous surveys and reports are also available from Germany (cf. Sköld & Swain, 2015; Wright, 2017).

In the context of transitional justice, the concept of bearing witness comes into play and thus reports from individuals point beyond the personal biography into the social sphere. In the chapter, we take this as our starting point: The testimonies of survivors in a later phase of their life include knowledge about childhood and education from the past and today. We learn about the child of the past and the life of the testifying person today. Here, we are encountering relational aspects of different ages, and this is our explorative way of mapping the linking ages approach.

Our focus is on testimonies of child sexual abuse (CSA) and testimonies about childhood in post-war Germany provided by the German Independent Inquiry into Child Sexual Abuse (IICSA).[1]

Since the IICSA began its work in 2016, adults of all ages have been giving testimony about their experiences of sexualized violence in childhood. The group includes survivors who grew up in the 1950s, who also came forward to the Inquiry to bear witness about

CSA they experienced. The chapter intends to take an explorative approach to the question of which specific findings about the intertwining of older age and experiences of violence in childhood are revealed in these testimonies.

By definition, CSA means any sexual act performed against the will of children or adolescents, female, male or other, to which they are not able to knowingly consent due to a lower level of physical, psychological, mental or linguistic capacity. Children are not competent on age grounds to consent to sexual activity (Independent Commissioner for Child Sexual Abuse Issues [ICCSAI], 2023). "The abuse causes those affected to experience a profound loss of trust and control, as well as powerlessness, humiliation, shame and disgust" (ICCSAI, 2023).

The authors' research interests in the field of witnessing encompass three central epistemological areas of focus: Production of knowledge, recognition of suffering and injustice, and transfer and transformation.

Thematization in the public sphere of violence and abuse in childhood and adolescence

The ways in which violence, abuse and injustice are processed are highly individual. This also applies to bearing witness. In this section, we focus on the social dimensions, in the sense of the historically shaped societal context. Reappraisal, as a critical examination of the past and bearing witness, especially in Germany, is particularly focused on addressing the injustices of the National Socialist regime.

An important impact of dealing with the past is based on critical theory from the Frankfurt School. In 1959, one of the School's founders, Theodor W. Adorno, called for a constant critical examination of the past. He used the term *Aufarbeitung*, which is difficult to translate satisfactorily. In the English translation of Adorno's text, it is rendered as *working through the past*. This *working through* is defined as a critical reflection on the meaning of past injustice, with its consequences for the present and the future. For Adorno, it was about how Germans dealt with the guilt of the Nazi regime, about the persistence of anti-Semitism, and about political education in Germany in the shadow of Auschwitz (Adorno, 1967, cited in Adorno, 1998).

After 1990, pioneering approaches were used in the examination and reappraisal of injustice in the German Democratic Republic (GDR), where there was significant institutionalization.

However, the relevant context for this chapter is one of violence and abuse, which is specifically aimed at people in their childhood and youth and about which they provide testimony in later life. Children and young people may be affected by injustice, war, or state violence. Yet contrary to common perceptions, the majority of children and young people experience violence and abuse at the hands of people they know and are familiar with, in the private space of the family and/or in institutions created especially for them. A proportion experience different forms of violence and abuse in different settings, for example, first in the family of origin and then in out-of-home care. Violence varies and merges from physical, emotional to sexualized.

Since the 1990s, many European countries, as well as Australia, Canada, and the United States, have initiated a political examination of injustice against children and young people in residential institutions, often on the initiative of survivors and through pressure from media reporting. In some countries, this has led to the establishment of commissions of inquiry, round tables, processes of financial redress, the development of counselling and

support structures for survivors, and in some cases an apology by representatives of the state. Johanna Sköld and Shurlee Swain have called these kinds of processes "apology movements" (2015). Such acts of apology are a way of acknowledging guilt towards minors.

In Germany, for example, the public debate about the history of abuse in the GDR and in West German residential institutions was accompanied by taboos: Victims of sexual violence as well as their perpetrators in residential education were not initially visible. This had material consequences, such as in the recognition of pension claims and victim compensation. The way in which different forms of violence and abuse suffered in childhood and youth were and are made visible to the public is one of the challenges of research into abuse and, further, critical evaluation of the past.

Until 1989, everyday life in children's homes and residential youth work centers (*Jugendwerkhöfe* – institutions particular to the GDR) was often characterized by arbitrariness, disregard, and violence towards the inmates, which has only become a topic of discussion through the testimonies of those affected. Moreover, scientific studies on the conditions in these institutions have only recently become available.[2]

In 2009, the *Runder Tisch Heimerziehung in den 1950er und 1960er Jahren* (Round Table on Residential Care and Education in the 1950s and 1960s)[3] was initiated following several petitions to the German Bundestag by former child residents. In its final report published in 2010, the Round Table identified systematic human rights violations against children and young people under the care of the state, through exploitation of labor, withholding of qualification opportunities, and violence. It was only the survivors' testimonies that brought recognition and highlighted the violations that took place, and led to a shift in the transmission and transformation of these experiences.

Child sexual abuse and the independent inquiry in Germany

The history of the Shoah and the guilt of the Germans was initially suppressed in Germany. Yet over time, the memory of guilt, of violence and, above all, of the victims and survivors became a political issue. Each German government must therefore deal with the question of how remembrance has been shaped politically to date. In Germany, 2010 is considered to have been a symbolic year for change in the response to CSA, which is also relevant in terms of policy around remembrance.

It is of interest to consider what changed in that year. In January 2010, Klaus Mertes, the then headmaster of Canisius Kolleg in Berlin, made public past cases of sexual abuse by clergy at his school (Anker & Behrendt, 2010). Prior to this, he had expressed his willingness to believe the disclosures of former pupils. In the same year, former pupils from the Odenwald School, a rural boarding school (*Landerziehungsheim*), came forward, were heard, and shared their historical CSA experiences (Schindler, 2010). The reporting triggered a wave of further disclosures. The example of the two schools reveals aspects that are relevant for a critical examination of past sexual abuse in an institution. It is shown that people, especially in leading roles, must be willing to consider the possibility of sexual abuse and other forms of boundary violation and disrespect in their institution, to imagine it and not to deflect the witnesses, but to listen to them. Klaus Mertes took personal and representative responsibility for this.

Cases of CSA at the Odenwald School, disclosed by the survivors, had been reported in a national newspaper as early as 1999 (Schindler, 1999) but unlike in 2010, there were no significant responses and no societal resonance – not in the media, nor in academic circles, not even in educational science and connected disciplines. In Germany, the right of the child

to be raised without violence has only been enshrined in the Civil Code since 2000. Yet this does not explain the lack of response in 1999, because CSA was already a punishable and illegal offence at the end of the 19th century.

In the acknowledgement of and response to violence and abuse against minors – and this is significant in the case of CSA– there are persistent symptoms of tabooization. These also play a role in the relevant academic fields. Sociological research on abuse has only recently begun to address abuse in generational and gender relations (Hartmann & Hoebel, 2020), and a similar situation has been seen in recent years in educational science and childhood and family research (Andresen & Künstler, 2015; Demant & Andresen, 2020).

In addition to the political response that led in 2010 to the setting up of the Round Table on Child Sexual Abuse by the German government,[4] the position of an Independent Commissioner for Child Sexual Abuse Issues in Germany was established.[5] Furthermore, in 2015, a survivors' council (German Survivors' Board)[6] was founded and in 2016 the Independent Inquiry into Child Sexual Abuse[7] was set up. Since 2018, there has been a National Council against Child Sexual Abuse.[8]

The German Independent Inquiry into CSA has been undertaking work based on survivors' testimonies. The establishment of the Inquiry formed part of a global approach to addressing injustice perpetrated against children under the umbrella of health services, churches, education and the state. Objectives include acknowledgement of the injustice, but also the production of collective knowledge about violence and abuse against children, who are significantly dependent, and about the role of bystanders in society who failed to protect them (Wright, 2017). A unique aspect of the German Inquiry is its mandate, which includes the investigation of two political systems, the GDR and the Federal Republic of Germany from 1949 to the present, and consideration of the family.

The remit of the Inquiry is to investigate the extent, nature, causes, and consequences of sexual abuse. The main methods it employs to achieve this task are conducting confidential hearings of survivors and other witnesses, and creating a database and clarifying how archiving will take place (IICSA, 2018, 2019a). The fulcrum of the Inquiry's work is inviting people to speak who were subjected to the abuse during their childhood and/or adolescence, and encouraging them and other witnesses to share their experiences (Andresen, 2015, 2019).

People from the age of 16 to over 90 years old have contacted the Inquiry and shared their stories. Since May 2016, more than 2,500 people have registered to report their experiences, close to 1,600 confidential hearings have been held, and over 650 submissions of written testimony have been received (IICSA, 2022). In 2019, women made up the largest group at 83%. At the time of reporting, 1% were aged 16–20, 25% were aged between 41 and 50, the largest proportion was 51–60-year olds at 31%, and 2% were over 70 years old (IICSA, 2019a, p. 34). In 2021, 52% of the reports (from 1,041 people) concerned family sexual abuse.

Based on the influence of the critical theory of the Frankfurt School, the Inquiry developed a definition for processes of *working through the past* in institutions such as out-of-home care as follows (explicitly not in families; IICSA, 2019b, p. 8):

> The *Aufarbeitung* process should uncover the culture in which child sexual abuse took place (for example in an institution), which structures may have contributed to perpetrators inflicting violence and abuse on children and adolescents, and who knew about it but did not stop it or stopped it late. It should reveal whether there was an attitude among those responsible for their upbringing, care, and education that encouraged sexual abuse and devalued children or adolescents, and it should clarify whether, and if so why, child sexual abuse was covered up, repressed, or concealed.

The Inquiry process aims to acknowledge the suffering and uphold the rights of and support for adult victims. It seeks to contribute to better-protecting children and young people and establishing their rights, and it aims to raise society's awareness of the dimensions of CSA. Through public reporting and recommendations, the *working through* process comes to a conclusion that can be followed up for prevention and intervention (IICSA, 2019b, p. 8). Within this, the concept and necessity of witnessing are elemental.

The concept of bearing witness

We argue that bearing witness is not only a matter of generational transmission of knowledge, such as family stories passed on from older to younger family members, a knowledge that may change through transmission. Further, it concerns unspoken matters transmitted within families or other groups and also leaves an impression on children, for example.

Knowledge production

A witness can produce truth and speak about facts as an eyewitness, but bearing witness can take different forms: Sibylle Schmidt defines "survivor witnesses" as people who bear witness to something life-threatening, often violence (2017). They document how they experienced fear of death, war, or fleeing danger. As survivor witnesses, they also bear witness to those who have died. Witnesses are thus "bearers of knowledge" and bearing witness can be ascribed the character of a source of knowledge. Witnessing addresses the "interplay" of forgetting and remembering and, as a social knowledge practice, is dependent on a resonance space and listeners (Schmidt, 2017).

As we already mentioned above, our research interests in the field of witnessing encompass three central epistemological areas: Production of knowledge, recognition of suffering and injustice, and transfer and transformation. Our research is primarily interested in what knowledge is possible through bearing witness to violence and abuse in relationships of care and upbringing. For this chapter, the following aspects are relevant:

- The connection between upbringing, care and violence and abuse
- The tipping points (*Kipppunkte*) towards violence and abuse
- The struggle to understand and interpret a violent incident from the perspective of a child or young person
- Knowledge about and awareness of vulnerability in this phase of life
- The role of *third parties*, i.e. people in the environment who themselves do not commit abuse but also do not intervene.

Secondly, we are interested in how recognition of injustice – even if it is not (or no longer) justiciable – and of abuse against children and young people can also be achieved retrospectively. Here, we examine the potential and the limits of reappraisal within society, which is largely based on bearing witness.

Thirdly and finally, we look at the transfer of knowledge from bearing witness and possibilities of transforming upbringing, education and care relationships within the normative framework of growing up without violence and abuse.

Our knowledge categories therefore comprise knowledge produced through bearing witness and scientifically processed, recognition of suffering through the "loss of childhood",

a narrative that many of those affected by CSA choose, and the view of transformation processes. These are situated in a society in which power relations between members of the younger and older generations are critically examined, long-dominant perceptions lose their power, and resonance spaces exist in which the truths of victims have become more powerful.

Bearing witness and childhood theory

Based on this, bearing witness requires a childhood and generational theoretical framing. The linking ages approach and the analysis of abusive relationships during the course of an individual's life are always embedded in generational order (Alanen, 1992; Alanen & Mayall, 2001; Honig, 1999). This raises the question of what is specific to childhood and being a child, which is affected by dependencies, unequal power relations, historically evolved principles of how this phase of life is shaped and furthermore, the social position of children in a generational order.

Childhood is socially defined and shaped and corresponds to the ideas and social conditions of adult life stages. The generational difference is defined along age lines and is always also characterized by inequality. As a result, children and young people are more exposed to various risks than members of other age groups, especially compared to people in mid-adulthood as an unmarked life stage, for example in an authoritarian climate where violence is seen as a legitimate tool in raising children. However, generational position and age are often intertwined with other categories of difference and inequality, such as gender or class, and they correspond to experiences of discrimination, racism, or group-based misanthropy. If an authoritarian environment that supports violence in upbringing goes hand in hand with sexism, female children are more likely to be exposed to the risk of sexual abuse. Age and generational status increase risks and can intertwine with other socially determined hazards.

Perceptions of injustice in childhood and generational theoretical framing distinguish between the specific of the child as a child, and the general of the child as a human being (Honig, 1999). Expressed as a question: What difference does it make if sexual abuse is experienced in childhood and youth and this takes place in a power-structured generational relationship (Arbeitsgemeinschaft für Kinder- und Jugendhilfe, 2010)? According to the US violence researcher David Finkelhor, the vulnerability of children results from their structurally conditioned lack of overview of their own environment and of control over their fellow human beings in their families of origin, in foster and adoptive families, or in state institutions (2008).

Based on historical and empirical findings about the multiple forms of dependency and vulnerability in childhood, we consider one phenomenon to be particularly noteworthy: One aspect of being a child is the giving of trust, and this makes children particularly vulnerable (Baier, 2001). With these perspectives, we framed the analysis of testimonies about violence and abuse in childhood in post-war Germany. Building on a previous analysis of 36 written reports (Andresen et al., 2022), four narratives of trust in the context of CSA could be reconstructed. Firstly, there is the narrative of the abused trust of the survivor, in which a normative charge of childhood and *the description of the survivor as a former child appears* (Andresen, 2018). Secondly, there is the narrative of the trust that was gained as a strategy by the perpetrators, and thirdly, there is the narrative of the climate of trust in which speaking about and confiding in the social environment of the former child was enabled or hindered. Fourthly, however, in the interpretation for this chapter, we have

identified the narrative of trust in inquiries and bearing witness against the background of the individual's situation in later life.

In the following, we are interested in showing how life stages are linked in the testimonies of people in later life who have consciously chosen to bear witness to experiences of sexualized violence in their childhood.

For the analysis, we have defined "linking ages" as follows. In the life stories of people in late life, the two life phases of childhood and old age become intertwined. This also generates knowledge about childhood and youth in earlier decades. This knowledge, in turn, is also fed by the retrospective knowledge of older people, but located in the present.

Methodological approach and findings from the testimony of survivors in later life

For the exploratory analysis, we used online-published testimonies. Since January 2022, there has been a "story portal"[9] on the Inquiry's website with over 100 testimonies from confidential hearings and written reports. In a methodologically carefully designed project, the Inquiry prepared testimonies for publication, always on the basis of the survivor's own words, partly abridged and the final draft agreed with the survivors. However, account must be taken in the analysis of the fact that these documents are edited.

Methodology

The online portal has a filter function, which we used to identify those testimonies for the ageing perspective that report sexualized experiences of violence and abuse against children and young people in the 1950s.[10] The testimonies include CSA in the home environment and institutional settings as well as in both East and West Germany. The eight stories we found belong to Regina, Sylvia, Ursula, Viktoria, Uwe, Wilhelm, Klaus, and Sigmund. All of them were abused in childhood in either a family, institutional or religious context and have suffered the consequences throughout their lives.

For example, to provide a glimpse of some of the stories, Regina's mother fled former East Prussia when she was eleven and had hoped to find safety in early marriage. The stepfather sexually abused Regina for many years and this led to a "loss of all childishness" ("Regina" cited in IICSA, 2023). Wilhelm spent the first years of his life in an infant home in the late 1940s and then in a children's home until the age of 15. There, he was required to do "forced labor" and suffered CSA from two educators ("Wilhelm" cited in IICSA, 2023). Sylvia had four siblings, her parents were divorced, she and her siblings were temporarily sent to a children's home, and afterwards Sylvia lived with her grandmother. There, an "uncle" showed up one day and, after a while, he abused Sylvia, the first time in the cellar ("Sylvia" cited in IICSA, 2023).

Based on the structured content analysis approach (Kuckartz, 2016), after an initial reading, the testimonies were coded using keywords denoting the life stage of childhood – early years, childhood, youth – as well as keywords signifying later life and current age. Attention was also paid to whether temporal forms could be distinguished, because the first readings drew attention to the fact that childhood was often spoken about in the past tense, while present age was spoken about in the present tense. Subsequently, the coded passages from all reports were combined and analysed in depth. Passages from the testimonies were assigned to the deductive and indicative codes. The epistemological category of knowledge was the focus of the in-depth hermeneutic analysis. The aim of this stage of

the analysis was to identify areas of knowledge and to be able to assign individual codes to them.

Three areas of knowledge are produced through this analytical step: Knowledge about childhood and violence and abuse in German post-war society, knowledge about lifelong processing modes of sexual violence experienced in the 1950s, and knowledge about emotional and social positioning in later life, i.e. the present-day experience of the witness. We present the exploratory findings below in a descriptive mode.

Knowledge about children, childhood, and CSA in the post-war period

All reports provide information about experiences of violence and abuse in post-war childhood in Germany. The survivors' accounts of childhood in the 1950s paint a negative picture. Their own childhoods were portrayed as a story of loss. We were able to reconstruct various characteristics of childhood and abuse in post-war society on the basis of the testimonies. They point to the material, personal, and ideological experiences of children and adolescents during this time.

Cramped living space

In the 1950s, living conditions were cramped. Rooms, flats, and houses often had to be shared by several families. As a result, children and young people encountered strangers in the kitchens or bathrooms and there was little privacy. This also affected the ability of children to retreat and protect themselves. Ursula, who experienced CSA from an older cousin, describes this as follows: "It was a very small half-timbered house, the bedrooms under the roof, a lavatory in the yard. I was supposed to sleep in the bedroom with my aunt and that very cousin" ("Ursula" cited in IICSA, 2023).

Strangers in the home

After the end of the war and during the 1950s strangers could appear as if from nowhere in the family or as part of the household. Often, these were men who had returned from wartime captivity and whose children did not even recognize them. In other cases, a new partner moved in with the mother or aunt, but their status was not communicated to the children. Children and young people had very little agency in relation to the people around them or professionals working for welfare services. Sylvia's story is marked by this: "One day a man who was a complete stranger to me was sitting in her living room. I was told to call him uncle, he was now living with grandma" ("Sylvia" cited in IICSA, 2023). After some time, the sexual abuse by him began.

Mothers in difficult circumstances

The precarious situation of many women after the war is also a striking feature of childhood during this period. Regina's mother, for example, hoped to find a safe haven in marriage. However, her new husband abused her daughter Regina for many years. Regina explains the toxic family dynamic by describing her mother's wartime experiences: "My mother had to flee East Prussia when she was eleven and saw her only chance in life as being provided for by marriage" ("Regina" cited in IICSA, 2023). Uwe provides a similar account about his

stepfather, against whom his mother was unable to assert herself: "My mother's second husband was not only an alcoholic, but also a child hater who often beat me for trivial things. In the mid-1950s, my mother put me in a children's home" ("Uwe" cited in IICSA, 2023).

Far from the family

Uwe's mother's decision points to the interactions between the family of origin and institutional care at this time. The findings on out-of-home care in the 1950s and 1960s paint a violent picture of post-war childhood under the care of the state and churches. Uwe also ran away from the institution in which he was placed because he could no longer bear the violence: "I wanted to go home, although I knew that I was certainly not welcome. But it was the only way for me to escape the horror, and I had to live somewhere" ("Uwe" cited in IICSA, 2023). Here, we see evidence of how family and out-of-home care intertwined and increased the children's dependency.

Material hardship and the circumstances of the time could also mean that children and young people could not stay in their families. Sigmund, for example, was sent to work on farms belonging to distant relatives due to his family's poverty: "In their distress, my parents agreed in the early 1950s to send me to relatives to work as a keeper boy [Hüterjunge]" ("Sigmund" cited in IICSA, 2023). He had to endure hard work and was sexually abused on one of the farms.

The silence towards children

Testimonies about CSA often provide information about taboo and silence. Silence about violence and guilt was also a feature of the 1950s in Germany, and survivors provide an insight into this. Silence, concealment, or looking away in families and the immediate environment can be seen as a leitmotif of narratives about violence and abuse. It is reported that the silence could not be explained by not knowing. Sigmund draws a bitter conclusion: "Everyone knew how bad things were for us. Everybody knew we were starving, they were watching, the churches, Caritas, the offices" ("Sigmund" cited in IICSA, 2023).

Even if parents like Klaus' believed their child, an acquittal of the accused also silenced them:

> It ended with his acquittal. My parents kept silent. Only once in the evening after the trial did they ask me if the vicar was guilty. Yes, he should have been punished, I remember my answer. Then we never spoke about it again in the family.
>
> ("Klaus" cited in IICSA, 2023)

Education through manipulation

Klaus' memories of the court case point to the manipulation of children and adolescents. Manipulating children also served to protect adults. The strong role of elders, especially adult men, had been instilled in children and adolescents during their upbringing. One effect of this kind of upbringing was the feeling of being without rights and powerlessness. Perpetrators were able to use this strategically. The stubborn patriarchal structures of post-war Germany are also evident here. Sylvia writes: "He [the perpetrator] thought it was his right, since he was the man and father substitute in the family" ("Sylvia" cited in IICSA, 2023). And Regina experienced how she was actively blamed and thus manipulated: "Above all,

he blamed me and considered me a fully fledged sexual partner who had to bear the responsibility for what happened" ("Regina" cited in IICSA, 2023).

In addition, there are references to manipulation with religious connotations, for example, in the case of Uwe, who experienced sexual abuse from a priest and found no help from a nun:

> Once he literally said: 'God has chosen you to be an altar boy and you shall serve me too.'
>
> [...] I cried a lot after that [latin] lesson and resolved to tell one of the nuns at the home what I had experienced. When I started to tell her about the beatings by the priest, I was forbidden to say such bad things about the priest. She said that, if what I said was true, I must have deserved a slap. I realized that I couldn't talk to the nuns about it to get help. They wouldn't believe me.
>
> ("Uwe" cited in IICSA, 2023)

Education through violence

Violence as a legitimate means of education and upbringing was a characteristic of childhood and youth in the post-war period. Nevertheless, CSA was forbidden. For children and adolescents, the boundaries between "legitimate" and "forbidden" violence in educational and family relationships were difficult to discern because adults had the authority of interpretation. In the accounts from the survivors, everyday violence in the family was reported as well as violence in school or out-of-home care. Sylvia writes, "I was dragged out by force by my mother and beaten. No one asked why I was so scared and unruly" ("Sylvia" cited in IICSA, 2023). Sylvia recalls her early years in a children's home positively because her mother was so violent. And Wilhelm exemplifies exploitation and violence in an institution that should have provided education even back then: "We children were made to do forced labor there, without pay. I don't want to talk so much about the violence, it happened every day, and you got used to it over time and became numb to it" ("Wilhelm" cited in IICSA, 2023).

Knowledge of the witnesses in later life about processing modes

Witnesses who give testimony in later life about the CSA they suffered do so from the perspective of the entire course of their lives. The very decision to approach the Inquiry points to the lingering experiences of violence and abuse from childhood. Coding has made visible a mode of taking stock of one's own life and efforts to come to terms with a violent and abusive childhood.

Hard work

For survivors, it was not only their childhood that was marked by hard work, but their entire life journey. In particular, coming to terms with powerlessness, exploitation, and CSA is characterized as hard work. In this sense, hardships have an impact far beyond the 1950s. Many years of silent suffering and survival are described, but also ambitious efforts at education, qualification, and social advancement. A determination to assert themselves against resistance, to study against the will of relatives or to find their own financial means to complete their studies are themes of processing an early experience of violence. This also

includes the resolve not to let go, an experience that Viktoria recounts: "Everyone in the world, and especially myself, told me: Pull yourself together, you have everything. You have a lovely husband, children, a house. During my third pregnancy, I knew – either you end your life now or you seek help" ("Viktoria" cited in IICSA, 2023).

Overcoming silence

The power of silence in the post-war period has already been identified. Survivors view the decision to speak as a possibility for constructive, perhaps healing processing, even if there is not yet a wide social resonance space for their testimony. Ursula had read an article about CSA in a weekly magazine as a young woman and has the impression that there is still a lack of awareness of the importance of being open with children and young people:

> What concerns me is the fact that so little has changed in people's awareness since the article in *Der Spiegel* 35 years ago. It's so easy to dismiss anything unpleasant with the phrase: 'Oh, they're too little, they forget.' But children don't forget, they repress because they don't know what is happening and obviously have no-one to confide in.
> ("Ursula" cited in IICSA, 2023)

Overcoming the silence – both one's own and that of others – addresses social spaces. Here, the Inquiry is understood as an opportunity in later life. In this sense, Uwe writes:

> Since the media have often been reporting lately about sexual abuse in the church, I have dealt again with what I had repressed and made the decision to talk about my years of abuse. Today, everything has to be listened to and believed.
> ("Uwe" cited in IICSA, 2023)

Gaining autonomy

Their childhood was also reported in the mode of powerlessness and dependence. In contrast, gaining autonomy – similar to the theme of hard work – testifies to explicit processing and possible freedoms. Nevertheless, the experience of CSA remains present and integrated into the individual's biography. Viktoria describes her gain in autonomy as a decision to turn away from the church:

> I no longer want to belong to a community in which women are worth less than men and the reputation of the church is so important that they cover up crimes and cover up criminals at the expense of children.
> ("Viktoria" cited in IICSA, 2023)

Developing understanding

"I was still a child and didn't knew what was happening to me" ("Wilhelm" cited in IICSA, 2023) is how Wilhelm describes his feelings as a sexually abused child. The child's non-understanding has been elaborated in a childhood theory analysis (Andresen, 2018). In the testimonies evaluated here, knowledge emerges about how someone perceived everyday life as a child after suffering CSA. Sylvia writes: "I didn't understand why the sun kept shining. That day my world view had completely changed" ("Sylvia" cited in IICSA, 2023).

Understanding more as life goes on proves to be a psychosocial resource for some. In particular, changes around feelings of guilt are reported. They can be shifted to the perpetrator or the environment through better knowledge and understanding. This is what Sigmund describes:

> "I, too, initially blamed myself, but over the years I developed a hatred of the social, political and societal, and for that matter, religious environment. Everyone knew how badly off we were. Everyone knew we were starving, they were watching, the churches, Caritas, the offices."

> ("Sigmund" cited in IICSA, 2023)

Knowledge about emotional and social positioning in later life

The third knowledge area refers especially to the concept of linking ages, because it addresses the biographical significance of turning points in dealing with or realizing the injustice caused by CSA. Several survivors in our sample refer to media coverage that encouraged them to speak publicly or to more actively integrate their own history of violence and abuse into their life narrative.

Lost childhood – Childhood today

A central motif in the testimonies is the sense of childhood being stolen through CSA and other forms of violence. Many quotes provide evidence of this, for example by describing a personal loss that continues to have an effect into later life. In Viktoria's case, this is expressed as an image of death: "The happy child died and what was left was a heap of fear and horror. It was clear to the child that she could say nothing at home" ("Viktoria" cited in IICSA, 2023) The feelings of loss and irreversibility that accompany the acts of CSA indicate an existential defenselessness at that very stage of life when this is elemental. In the testimonies, children are attributed qualities such as cheerfulness, playfulness, lightness, which the survivors believed themselves to have lost due to the abuse. Regina describes this as the "loss of all childishness" ("Regina" cited in IICSA, 2023). These thematizations refer at the same time to post-war childhood and to childhood in the present. "Children", says survivor Ursula, "will not hang a sign around their necks with the words 'Me too' to draw attention to themselves" ("Ursula" cited in IICSA, 2023).

Agency

The testimonies of older people also reveal concerns about familiar feelings of powerlessness that now accompany later life (Andresen et al., 2021). However, in the light of conscious testimony, themes that provide information about agency also come into play. Here, concepts such as strength, fighting, and personal will are used. Wilhelm uses his agency to fight for justice: "I am fighting for justice and compensation today. That is my wish for reparation for my destroyed childhood and youth. Hopefully, we victims will not have to wait so very long" ("Wilhelm" cited in IICSA, 2023) Nevertheless, the pain remains, as he notes: "I will never forget this cruel and terrible trauma, what I experienced and went through as a child in the home, and I have not forgotten it even today in my old age" ("Wilhelm" cited in IICSA, 2023)

Remembering the powerless child and the traumatization of that child is painful even in the present. This is described by Klaus who, on his own initiative, has expressed a wish

to see his file, thus emphasizing agency, and at the same time noting that memories are no less difficult to bear in later life: "Only sometimes I still feel the traumatic experience of the abused child and that doesn't get easier in old age. So 30 years later I have tried to obtain the trial files" ("Klaus" cited in IICSA, 2023).

Mourning in childhood and old age

In the analysis, various explicit and more implicit indications of mourning were found. This needs to be looked at more closely, also because the witnessing itself can trigger feelings of grief or sadness. Wilhelm makes this clear: "Even today, when I write this to you, tears come to my eyes and it makes me really sad" ("Wilhelm" cited in IICSA, 2023). In the mode of taking stock, the positive in life can be named and the feeling of sadness accepted, as Sigmund writes: "I will be 80 in a few months, have four children and three grandchildren. There is not a day when I have not thought about what happened to me" ("Sigmund" cited in IICSA, 2023) The grief that exists in later life corresponds – at least the analysis suggests this – to the child's grief over the loss of being a child and what this means. This reveals another explicit connection possibility to linking ages.

Discussion and conclusion

The will to bear witness in late life has various roots. Some want children to be better protected today, so they talk about their own violent childhoods. Others fear they could face similar violence, abuse, and powerlessness in care settings in later life to that which they experienced in childhood. They want a safe environment in old age. Survivors aim to make sense of their lives and the suffering of their childhood. These examples show that the phases of life are intertwined in different ways. This is why we consider the linking ages approach to be appropriate for research on violence, especially for research on abuse and neglect in childhood.

The findings from the exploratory study of survivors' testimonies of CSA have been presented in three areas of knowledge: Knowledge about childhood and violence and abuse in German post-war society, knowledge about lifelong processing modes of sexual violence experienced in the 1950s, and knowledge about emotional and social positioning in later life and in the individual's present-day experience as a witness.

The findings on childhood in the post-war period point to material circumstances such as cramped living conditions and poverty. However, the importance of ideas and practices about upbringing and education also becomes apparent. To demand silence from children, to manipulate and devalue them was not considered to be wrong. With the linking ages perspective, the question arises of how today's ideas about upbringing allow people in later life new perspective on their own childhood and on education and parenting in the present. The results of looking back on life and how they coped point above all to subjective practices such as the hard work of coping and also the struggle for autonomy. These are aspects that are also relevant in childhood studies. The relationships between childhood and old age, however, are particularly evident in the third area, in relation to the individual's own lost childhood and childhood today. The passages on mourning in childhood and old age are also significant here. Grief as a profound emotion and – as outlined in the testimonies – as a lifelong challenge, is one of the issues for which a linking ages perspective creates new insights.

The researching findings emphasize that age is a relevant characteristic that greatly influences how a person is treated. Age is defined by a specific set of characteristics, values, and

societal norms, and linking ages can involve connecting these different generational orders, highlighting how they shape and influence each other over time. Bearing witness refers to the act of having observed or experienced an event or situation, as shown. It involves an interplay between forgetting and remembering and, as a social knowledge practice, it is reliant on a resonating space and listeners. Consequently, attention has been paid to this more recently in the political and scientific context, which produces knowledge about how childhood can still be marked by violence today.

Testimonies are often related to human rights violations, crimes against humanity, or other forms of suffering, such as the tabooized issue of CSA. The potential of linking ages refers to the notion that the experiences and struggles of past generations can inform and inspire present and future generations. So, the concept of linking ages highlights the interconnectedness of these struggles and can lead to linking these different age groups and the value of sharing their stories within existing structures. This act of transitional justice seeks not to repress or hide past injustices, but to disclose them in the interests of the survivors and to provide a chance for reconciliation, even decades later, and especially in the interests of democratizing a society.

Notes

1 Independent Inquiry into Child Sexual Abuse in Germany (IICSA) (2023). *Portal „Geschichten, die zählen"* [story portal]. https://www.geschichten-die-zaehlen.de/
2 Federal Foundation for the Study of the Communist Dictatorship in Eastern Germany (2023). *Materialien zum Thema Heimerziehung in der DDR.* https://www.bundesstiftung-aufarbeitung. de/de/recherche/dossiers/heimerziehung-in-der-ddr/materialien
3 The aim of the Round Table was to investigate the system of out-of-home care in the Federal Republic of Germany, mainly in the 1950s and 1960s, and to develop proposals for solutions as to how society as a whole should deal with and come to terms with these events.
4 Runder Tisch Sexueller Kindesmissbrauch (2011). *Abschlussbericht. Runder Tisch. Sexueller Kindesmissbrauch in Abhängigkeits- und Machtverhältnissen in privaten und öffentlichen Einrichtungen und im familiären Bereich.* https://www.bmfsfj.de/resource/blob/93204/2a2c26eb1dd 477abc63a6025bb1b24b9/abschlussbericht-runder-tisch-sexueller-kindesmissbrauch-data.pdf
5 Independent Commissioner for Child Sexual Abuse Issues in Germany (2023). *Central portal for issues involving sexual violence against children and adolescents.* https://beauftragte-missbrauch. de/en/
6 German Survivors'Board (2023). *Betroffenenrat bei der Unabhängigen Beauftragten für Fragen des sexuellen Kindesmissbrauchs.* https://beauftragte-missbrauch.de/en/survivors-board/survivors-board-at-ubskm
7 Independent Inquiry into Child Sexual Abuse in Germany (IICSA) (2023). *Sharing stories.* https:// www.aufarbeitungskommission.de
8 Nationaler Rat gegen sexuelle Gewalt an Kindern und Jugendlichen (2023). *Forum für den Dialog zwischen Verantwortungsträger*innen aus Politik und Gesellschaft.* https://www.nationaler-rat. de/de/
9 Independent Inquiry into Child Sexual Abuse in Germany (IICSA) (2023). *Portal „Geschichten, die zählen"* [story portal]. https://www.geschichten-die-zaehlen.de/
10 The testimonies were translated from German into English. We thank Heather Stacy very much for her professional support.

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16 Does an Abusive Family History Cause Elder Abuse and Neglect?

Marcela Petrová Kafková

Introduction

The elder abuse and neglect (EAN) topic is related to linking age research in two ways. Firstly, using the same theoretical framing as research of childhood abuse, and secondly, through the effort to explore the issue from a life course perspective. More attention has been paid to the topic of EAN many years after child abuse has been studied, and most scholars draw on child abuse studies in their research. This chapter seeks to question the impact of childhood conditions on the occurrence of EAN in older age and focuses exclusively on EAN in the home environment in this chapter. I question the essential influence of childhood conditions by analysing the influence of conditions in adulthood too. Thus, I am exploring whether risk conditions in childhood and/or adulthood cause a higher incidence of EAN. Typical perpetrators are the victim's close relatives, spouse or children. In this chapter, for clarity, I work with this simplistic dichotomy of victim-perpetrator, but the inappropriateness of the perpetrator label is reflected and addressed within the project. Although this chapter focuses exclusively on EAN in the home environment, violence perpetrated within the system of the state, church, school, and care institutions represents another significant area. It is this systemic violence, specifically sexual violence against children that Andersen et al. focus on in the previous chapter of this book.

EAN is a very complex phenomenon that has only been recognised in its complexity recently. The first research from around the 1980s focused on just one type of abuse, typically physical violence (Pillemer, 1986). However, the EAN phenomenon is multi-layered, and for this chapter, I use the definition developed by the RESTABUS project of which it is a part: Elder abuse, neglect, and mistreatment is a single or repeated, intentional or unintentional act or omission to act against an older person, typically in a relationship of reasonably expected trust, that results in physical, psychological, social, material, legal, or moral harm or injury, or a combination thereof. The consequence of this act or omission to act may be, in addition to a threat to the property, health, life, liberty or human dignity, the creation or aggravation of situational, temporary or general vulnerability. The above-defined acts or omissions to act may or may not fulfil the definition of the criminal offence. (Definition of EAN RESTABUS adopted by the Committee on the Rights of Older Persons of the Government Council for Human Rights 1.6.2022.)

The almost exclusive topics addressed in EAN research are mapping its incidence and prevalence and finding risk factors of victims and perpetrators. Due to the complexity of the phenomenon, but also due to the use of different methodologies and sampling techniques, we do not talk about the causes of EAN, but only about risk factors (Schiamberg & Gans, 1999). A pilot study of EAN was conducted by Pillemer and Finkelhor (1988) in Boston,

but they surveyed only physical maltreatment, verbal aggression, and neglect. They determined a prevalence of 25–39 maltreated older people per 1000, with physical maltreatment being the most common, followed by verbal aggression and neglect. More recent and complex research on EAN concludes that it affects 6–12% of older people (Yon et al., 2017). However, this estimate is based on reported acts, and the actual magnitude is expected to be much higher, as with child abuse or partner violence.

Most scholars repeat a similar list of potential risk factors contributing to EAN. One of them identified Storey (2020) based on a scoping review. He found eight risk factors for perpetrators and eight risk factors for victims. Not entirely surprisingly, they are the same. Specifically, problems with physical health, problems with substance use, dependency, problems with stress and coping, problems with attitudes, victimisation and problems with relationships (Storey, 2020). Similar risk factors can also be found for perpetrators of child abuse or partner violence (Stith et al., 2009; Van der Put et al., 2018). Heise (1998) saw low socio-economic factors more generally (difficult financial situations and heavy alcohol consumption). However, their explanatory power is uncertain because, as Storey (2020) also points out in the example of 'dependency on others', they can be both a risk factor and a vulnerability factor. Others confirm uncertainty of the influence of these factors. Pillemer (1986) found no empirical support in his data for the widely held assumption that care-dependent people are more likely to be victims.

On the contrary, many offenders were financially or for housing dependent on their victims. In Pillemer and Finkelhor's (1988) study, nearly 3/5 of the perpetrators were spouses, often wives than husbands, followed by sons. However, they explain the preponderance of partners among offenders by cohabitation in the same household. If they looked only at offenders living in the household with the victim, sons were slightly more likely to be offenders than spouses. Indeed, the main pattern is that the perpetrator of EAN is most often the one who lives with the victim (Pillemer & Finkelhor, 1988). As pointed out by (Fraga Dominguez et al., 2021), risk factors are determined based on reported abuse, although most go unreported. Reporting and EAN detection are pretty different things, and this is because the perpetrator and victim are typically in a long-term close relationship (Jackson & Hafemeister, 2015). Due to the specific dynamics of this close relationship, reporting violence is difficult.

The gender aspect of EAN has been widely studied, with most research considering women to be more frequent victims, but the consensus is not universal. Already Pillemer and Finkelhor (1988) identified men as more frequent victims than women. Amstadter et al. (2010) did not find women more frequent victims than men. If we focus only on financial abuse, Biggs et al. (2009) also agree with the higher proportion of men among victims. In addition, male victims appear to be more dependent on the perpetrator, and perpetrators of physical violence against men showed more pathological characteristics than perpetrators of physical mistreatment against women. Elder abuse of men is typically considered less common than that of women because it is even more hidden than the EAN of women (Melchiorre et al., 2016). Regarding the age of victims, there is a long-standing consensus that risk increases with age (Kosberg, 1988; Melchiorre et al., 2016).

Some studies have found sources of EAN in the quality of the relationship. Based on their quantitative study, Perez-Rojo et al. (2008) found that the risk of EAN increased with poorer relationship quality, receiving less help, showing greater anger expression, burden and stress, and more problematic behaviours. Similarly, Griffin and Williams (1992) prove that EAN is more likely to occur in families where violent behaviour was present for a long time.

Questioning life course perspective on EAN

Capturing the complex causes of EAN means tracking the intergenerational transmission of violence and early trauma. This source is examined not only for EAN but also for child abuse and partner violence. The ecological model is often used to capture the complexity of possible causes. It was first applied in the 1970s to explain child abuse (Belsky, 1980; Bronfenbrenner, 1979), later to explain partner violence (Sethi et al., 2011), and finally to explain EAN. The model seeks to capture the risk factors contributing to the occurrence of violence, thus looking at the relationships between individuals, their relationships, the community and society. Applying the ecological perspective provides a theoretical framework that goes beyond the simplistic single-factor explanation of EAN. It represents a contextual-based and systematic focus on intergenerational relationships as the organising and determining factor in shaping abusive outcomes (Schiamberg & Gans, 1999). Indeed, the ecological model also allows us to observe the dynamic family dyad. The specific relationship between the ageing parent and the adult child which contributes to the risk of EAN. The model itself also works with dynamics over time. Risk factors are present at all levels of the model. The model captures the interrelationships between personal, situational, and socio-cultural factors and works with a complex range of factors at four levels: personal history, microsystem, exosystem, and macrosystem. The model is primarily used to capture violence in the home environment.

Many studies have examined intergenerational transmission patterns because intergenerational transmission of violence is seen as one of the sources of EAN (Sethi et al., 2011). Childhood is seen as a specifically sensitive period. It is therefore typically assumed that inappropriate conditions in childhood have negative effects on later life. Young adulthood, adult life or any other period is not considered in this way. The concept of the cycle of violence is often used (Korbin et al., 1995; Reilly & Gravdal, 2012; Whelan & Maître, 2008). This transmission can take two forms. It can be a repetition of learned behaviours, for example, committing child mistreatment in an episode where the current perpetrator was a victim in childhood. The change in the abuse type can also occur. For example, a person abused in childhood later commits elder abuse against their parent. Empirically capturing intergenerational transmission is considerably complicated. The risk of retrospectively tracking these data further complicates the research possibilities. Moreover, the risk of transmission of abuse can be reduced if one has a safe, stable, nurturing relationship with someone (Schofield et al., 2013). In essence, this brings us back to the ecological model, which, although it allows for a theoretical grasp of the issue´s complexity, its empirical use is problematic (it is impossible to implement a survey that would capture all possible influences at different time points in variables).

Studies usually focus on analysing limited segments or comparing the risk of transmission of two types of violence. Haselschwerdt et al. (2019) conducted a meta-analysis of 16 studies testing the theory of intergenerational transmission of violence. They summarised that the transmission of violence among those who experienced partner violence in childhood or were themselves, victims of child abuse, to the point of becoming perpetrators, is negligible. There is only a weak link between being exposed to violence in childhood and later becoming a perpetrator, and it is not as linear as assumed. Other direct effects of violence on the life trajectories of victims are also observed.

However, many other scholars find a risk of direct transmission of violence. van de Weijer et al. (2014) found that men exposed to domestic violence from their fathers in childhood or youth are more likely to perpetrate family violence in adulthood. Dong and Wang (2019), based on quantitative data from US Chinese older adults, find that people with experience of child maltreatment also have a higher prevalence of EAN. Similarly, those

who have experienced intimate partner violence are also more likely to experience EAN than those who have not experienced partner violence. Child abuse, but more generally adverse childhood experiences, are strongly associated with upbringing underachievement, unemployment and poverty (Metzler et al., 2017). A significant factor in partner violence appeared when the perpetrator was exposed to partner violence against his or her mother as a child (Heise, 1998). They find this relationship a clearer risk factor for perpetrating partner violence in adulthood.

Social learning, i.e. direct exposure to violence, plays a major role in the transmission of patterns of violent behaviour (van de Weijer et al., 2014). Korbin et al. (1995) observed violence against children and older people in an intergenerational cycle. While there was no difference in the proportion of perpetrators of violence against children and violence against older people who experienced violence in childhood, there were more perpetrators of violence against children who experienced "severe" violence in childhood. They note, however, that explaining violence against children and older people by the perpetrator's exposure to violence in childhood is firmly entrenched in cause-finding studies, although empirical evidence for this rationale is lacking (Korbin et al., 1995). The belief that one of the strong risk factors for EAN is the presence of violence in childhood is strongly present in studies, despite the inconclusive results of existing research.

Methodology

The intergenerational transmission of violence, the impact of early traumas and previous experiences with violence and their influence on the development of EAN is monitored using data from the survey "Experiences of older people with various social phenomena RESTABUS", which was conducted as part of the project "Innovative ways of defining, measuring the prevalence and addressing elder abuse in the Czech Republic (RESTABUS)". The sample was constructed using quota sampling and does represent the population of 65 years and older in the Czech Republic with respect to gender, age, education, municipality size and NUTS3. The total sample size was $N = 2687$ respondents. Only people in their own households were interviewed; people living in institutional settings were not interviewed. Data was collected between September and November 2022 by face-to-face CAPI ($n = 2181$) and online CAWI ($n = 506$), and no proxy was used. The average age of respondents was 73.9 years. 37% of respondents live alone, 54% live in a two-person household, 6% live in a three-person household, and the remaining 1% live in a multi-person household. The other structure of the sample is as follows:

Table 16.1 Socio-demographic characteristics

Gender	Men	43%
	Women	57%
Age	65–69	30%
	70–74	28%
	75–79	20%
	80–84	13%
	85+	9%
Education	Primary	16%
	Vocational	41%
	Secondary	30%
	Tertiary	13%

Given the topic´s sensitivity, there is some indication (De Donder et al., 2012; Skafida et al., 2002) that choosing not to answer might imply abuse. For this reason, the category "do not want to answer, do not know" was not assigned to missing values. For some categories, there was a non-negligible proportion of responses. Thus, I consider only the answer no as an unequivocal absence of the phenomenon.

In the analysis, I focus first on risk phenomena (physical violence, addictions, and financial hardship) in the respondents' childhood and adulthood. In the next section, I analyse the relationship between this experience and the actual perpetration of EAN and becoming a victim of elder abuse in the first place. Only EAN in households is analysed, and its occurrence in the last year. Given the low prevalence of each type of event, we do not observe gender, age, education, or socio-demographic differences. We are at least partially justified in this simplification because the proportions of men and women suffering from EAN do not differ in our data. For risk phenomena, the only gender difference is the 8% higher proportion of men than women who did not report a family history of addiction problems; otherwise, the prevalence of risk phenomena does not differ between women and men.

Results

Firstly, I focus on the occurrence of risk phenomena in the childhood and adult life of the respondents. The most common is the experience of 'upbringing' punishment, i.e. physical punishment (spanking, slapping) of children. 71% of respondents experienced this in childhood, another 5.4% in both childhood and adult life, and 0.5% only in their adult life. Only 22.1% of respondents clearly declared that they had not this experience in their family. More serious physical violence is a significantly less frequent experience. However, 13.4% of respondents have experienced it in their childhood, another 2% in both their childhood and adult life and 1.5% only in their adult life. About 10.5% of respondents had family experience of addiction in their adult life, 3.6% only it in their childhood, and 2.9% experienced it in both childhood and adulthood. Experiencing severe financial difficulties in the family is more common, with 13.1% of respondents having experienced these in childhood, 10.3% in adulthood and a further 9.6% in both childhood and adult life. Although the share of those who have experienced some adverse circumstances in previous life stages may seem relatively low, given their severity and expected long-term impact, this is a significant finding.

Table 16.2 Experience of risk events in the family (%)

	No	Only in my childhood	In adult life only	In childhood and then in adult life	Don't want to answer, don't know
Was physical punishment of children used in your family? (spanking, slapping)	22.1	71.0	0.5	5.4	1.0
Was there violence or beatings in your family?	81.4	13.4	1.5	2.0	1.7
Has anyone in your family had problems with addiction (alcohol, drugs, etc.)?	80.1	3.6	10.5	2.9	2.9
Has your family had severe financial difficulties?	61.0	13.1	9.6	10.3	6.1

Table 16.3 Co-occurrence of risk events in
the respondent's family

A	37.8
none	17.1
AD	14.5
AB	5.2
ABCD	5.1
ACD	4.4
ABD	4.1
D	3.9
AC	3.8
ABC	2.0
C	0.9
CD	0.7
BD	0.2
B	0.1
BCD	0.1
BC	0.0

Note: (A) was physical punishment of children used in your family? (spanking, slapping); (B) was there violence or beatings in your family? (C) Has anyone in your family had problems with addiction (alcohol, drugs, etc.)? (D) has your family had severe financial difficulties?

The question of how these adverse circumstances are interrelated, i.e. whether 'upbringing' punishment, physical violence, addiction, and financial hardship are linked, is also a severe issue. The results do not offer a clear-cut answer. In Table 16.3, for simplicity, I have distinguished only whether or not a risk event occurred and its concurrence. These results do not analyse any possible correlation, only the combinations that occurred in the respondents' households. I also disregard whether the experience was in childhood or adult life, but purely whether it happened in the family. The prevalence of each combination is very low, so our interpretations need be cautious. The most frequent possibility is only 'upbringing' punishment, experienced by 37.8% of the respondents. 17.1% said that none of the observed risk phenomena occurred in their family. All the other possible combinations of risk experiences were experienced by 39.1% of the respondents. More precisely, these respondents experienced at least one risk phenomenon other than 'upbringing' punishment in their childhood and/or adulthood in their family or its concurrence with others. The incidence of all possible combinations of 'upbringing' punishment with at least one other risk phenomenon is approximately 5% of respondents. The proportion of those who have experienced all four risk phenomena in their family is similar (5.1%). The cumulative proportion of those (5.9%) who reported one or more risk phenomena without "upbringing" punishment is also the same.

We can therefore conclude that in cases where people reported that some of the risk phenomena occurred in their families, this fact is often associated with at least one other risk factor. The specific position of 'upbringing' punishment is that it was used in families significantly more often than the frequency of the other risk phenomena. However, this view of the data only shows whether the respondent reported only one type of event in the family or several, i.e. the co-occurrence of risk phenomena, not their association.

Table 16.4 Correlations of risk phenomena in the family, dichotomisation into occurred vs not occurred

	A	B	C	D
A	1	.222*	.144*	.146*
B		1	.323*	.236*
C			1	.275*

Note: Pearson's correlation, $p \leq 0.05$.

The possible interrelation of 'upbringing' punishment, physical violence, addiction, and financial hardship are also important. The results do not offer a clear-cut answer. Table 16.4 shows an association between physical violence and addiction and between addiction and financial hardship. There is also a weak association between physical violence and financial hardship and between physical violence and 'upbringing' punishment. 'Upbringing' punishment, which is not correlated with addiction and financial hardship, is less correlated to the other items. Thus, although 'upbringing' punishment is the most common experience, it does not causally contribute to the emergence of more severe forms. Instead, it occurs alongside them.

The chapter focuses on the long-term effects and intergenerational transmission of violence and ill-treatment. The survey captured respondents primarily as victims but not exclusively. One question asked whether respondents themselves had ever harmed an older person. Such respondents accounted for 3.4% of our sample, while 91.9% said they had never knowingly harmed an older person.

Respondents who perpetrated EAN were more likely than others experienced 'upbringing' punishment in their families in both childhood and adulthood. For respondents in the other categories, we found no association between 'upbringing' punishment and committing EAN. Committing EAN is more common among respondents who have experienced physical violence in previous life stages. This is true for those who experienced physical violence in the family during childhood or in childhood and adult life. Respondents who have not committed EAN are more likely to have not experienced physical violence in childhood or adulthood than those who have ever committed it, a difference of almost 20%.

Respondents who did not commit EAN were also less likely to have a family history of addiction. Conversely, those who were themselves perpetrators were more likely to experience addiction problems in the family either in childhood, in childhood and adult life, or only in adulthood. The differences in all categories are substantial and statistically significant. There is also a significant association between committing EAN and the experience of several financial situations. Respondents who did not commit EAN themselves were twice as likely as those who were perpetrators to report that they did not experience a difficult financial situation in their family. Those who had ever committed EAN were more likely to have experienced a difficult financial situation in their childhood and adult life. Family financial hardship only in adult life does not affect the commission of EAN.

To summarise, EAN is more likely to be committed by people who have experienced a risk event in their families at an earlier stage in their lives, especially if this occurred both in childhood and adulthood. However, it should be noted that people with these adverse childhood and adulthood experiences are not the only perpetrators of EAN but are more likely to be perpetrators.

Table 16.5 Relationship between committing EAN and risk phenomena in the family

		I have never knowingly harmed an older person myself*		Unfortunately, I have hurt an older person before		I don't want to answer	
		%	AR[1]	%	AR	%	AR
Was physical punishment of children used in your family? (spanking, slapping)	No	22	−0.5	15.2	−1.6	29.4	2
	only in my childhood	71.4	1.5	67.4	−0.8	65.9	−1.3
	in adult life only	0.5	−0.8	1.1	0.5	0.5	0.4
	in childhood and then in adult life	5.3	−1	14.1	3.7	1.6	−2
	I don't want to answer, I don't know	0.9	−2.1	2.2	1.2	2.4	1.7
Was there violence, or beatings in your family?	No	82.5	4.6	60.9	−5.2	76.2	−1.5
	Only in my childhood	12.6	−3.9	27.2	3.9	18.3	1.6
	In adult life only	1.5	−1	3.3	1.4	1.6	0.1
	In childhood and then in adult life	1.8	−2.4	6.5	3.2	2.4	0.3
	I don't want to answer, I don't know	1.7	−0.2	60.9	0.4	1.6	−0.1
Has anyone in your family had problems with addiction (alcohol, drugs, etc.)?	No	81.1	4.4	62	−4.4	73.8	−1.8
	Only in my childhood	3.4	−2.3	8.7	2.7	4.8	0.7
	In adult life only	10.3	−1	14.1	1.2	11.1	0.2
	In childhood and then in adult life	2.5	−4.5	9.8	4	6.3	2.4
	I don't want to answer, I don't know	2.8	−1.5	5.4	1.5	4	0.7
Has your family had severe financial difficulties?	No	62.4	5.1	35.9	−5	51.6	−2.2
	Only in my childhood	12.9	−1.1	20.7	2.2	11.9	−0.4
	In adult life only	9.5	−0.5	12	0.8	9.5	0
	In childhood and then in adult life	9.6	−4.1	27.2	5.4	11.9	0.6
	I don't want to answer, I don't know	5.7	−2.9	4.3	−0.7	15.1	4.3

*Whole sentence: I have never knowingly harmed an older person myself (we are not referring here to ordinary quarrels).

Table 16.6 Relationship between EAN and risk phenomena in the family

		%		AR
		Yes	*No*	*Yes*
Was physical punishment of children used in your family? (Spanking, slapping)	No	17.7	23.1	2.7
	Only in my childhood	68.8	71.5	1.2
	In adult life, only	0.8	0.5	−0.9
	In childhood and then in adult life	11.2	4.1	−6.4
	I don't want to answer; I don't know	1.5	0.8	−1.5
Was there violence or beatings in your family?	No	69.4	84.3	−7.9
	Only in my childhood	20.6	11.7	5.4
	In adult life, only	3.1	1.2	3.2
	In childhood and then in adult life	4.8	1.3	5.2
	I don't want to answer; I don't know	2.1	1.6	0.9
Has anyone in your family had problems with addiction (alcohol, drugs, etc.)?	No	62.6	84.3	−11.1
	Only in my childhood	6.2	3	3.5
	In adult life only	19.8	8.2	7.8
	In childhood and then in adult life	6.9	1.9	6.1
	I don't want to answer, I don't know	4.4	2.5	2.3
Has your family had severe financial difficulties?	No	40.1	66	−10.9
	Only in my childhood	14.8	12.7	1.3
	In adult life only	18.3	7.5	7.5
	In childhood and then in adult life	17.9	8.4	6.4
	I don't want to answer, I don't know	8.9	5.4	3

Now let us look at another type of intergenerational transmission of violence, whether the respondents were victims of EAN. Overall, 28.5% (*n* = 765) of our sample are victims of some EAN. When we look at the association with experiencing overall EAN, we find that if the respondent experienced risk phenomena in adulthood or childhood as well as in adult life, they are more likely to be a victim of EAN. In the case of childhood experience only, the situation is more complex. Only physical violence and addiction problems in childhood contribute to EAN. The difficult financial situation and 'upbringing' punishment have no effect. However, it is clear that if people have not experienced any of these risk events in their childhood or adulthood in their family, they are also less likely to be victims of EAN in older age. This relationship is strong for financial hardship, addictions and physical violence and weak for 'upbringing' punishment.

Let us take a closer look at the different types of EAN and their potential association with various risk phenomena in childhood and adulthood. We first focus on neglect, which was experienced by 4.3% of respondents (*n* = 115) in the last 12 months. Respondents who were neglect victims were likelier to have experienced 'upbringing' punishment in childhood and adulthood. Other experiences of 'upbringing' punishment were not related to neglect. People who were neglect victims were more likely to have experienced physical violence in their family in childhood or both in childhood and adulthood (see Table 16.7).

Table 16.7 The relationship between different types of EAN and risk phenomena in childhood (%)

		Neglect			Psychical abuse			Financial abuse			Physical abuse			Sexual abuse			Personal rights		
		%		AR	%		AR	%		AR	%		AR	%		AR	%		AR
		Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes	Yes	No	Yes
Was physical punishment of children used in your family? (spanking, slapping)	No	17	24.1	−4	16.2	23.6	−3.8	17.8	22.7	−2	13.5	22.2	−1.5	11.9	22.4	−2.3	13.9	22.8	−3
	Only in my childhood	70.7	71.1	−0.2	71.2	71	0.1	67.8	71.5	−1.4	0.7	71	0	73.8	70.9	0.6	70.3	71.1	−0.2
	In adult life only	0.7	0.5	0.6	0.4	0.6	−0.6	0.9	0.5	0	1.9	0.5	1.4	1.2	0.5	0.9	1	0.5	0.9
	In childhood and then in adult life	9.9	3.6	6.5	10.9	4	6.4	11.8	4.5	5.6	11.5	5.3	2	11.9	5.2	2.7	13.9	4.7	5.6
	I don't want to answer, I don't know	1.7	0.7	2.4	1.4	0.8	1.2	1.8	0.9	1.6	1.9	0.9	0.7	1.2	1	0.2	1	1	0
Was there violence. or beatings in your family?	No	70.8	85.6	−8.9	68.9	84.8	−8.6	68.6	83.3	−6.5	61.5	81.8	−3.7	70.2	81.8	−2.7	67.5	82.6	−5.4
	Only in my childhood	19.9	10.8	6.2	21	11.4	5.9	21.3	12.3	4.6	23.1	13.2	2.1	17.9	13.3	1.2	19.6	12.9	2.7
	In adult life only	2.6	1.1	2.9	2.3	1.3	1.7	2.4	1.4	1.3	7.7	1.4	3.7	6	1.4	3.4	2.9	1.4	1.7
	In childhood and then in adult life	4.6	0.9	6.1	5.9	0.9	7.5	5.3	1.5	4.7	7.7	1.9	3	4.8	1.9	1.9	8.1	1.5	6.7
Has anyone in your family had problems with addiction (alcohol, drugs, etc.)?	I don't want to answer, I don't know	2.1	1.5	1.1	2	1.6	0.6	2.4	1.6	1.1	0	1.7	−1	1.2	1.7	−0.4	1.9	1.7	0.3
	No	66.9	85.4	−10.9	65.1	84.1	−10	60.4	83	−9.7	55.8	80.6	−4.4	52.4	81	−6.5	59.8	81.8	−7.7
	Only in my childhood	5.2	3	2.8	4.1	3.5	0.7	6.8	3.2	3.4	9.6	3.5	2.3	6	3.5	1.2	6.7	3.3	2.5
	In adult life only	18	7.4	8.1	19.4	8.1	7.8	21	8.9	6.8	23.1	10.2	3	31	9.8	6.2	20.6	9.6	5
	In childhood and then in adult life	5.8	1.8	5.5	6.6	1.9	5.8	6.8	2.3	4.6	7.7	2.8	2.1	7.1	2.8	2.4	7.7	2.5	4.3
	I don't want to answer, I don't know	4.2	2.4	2.5	4.8	2.4	3	5	2.6	2.5	3.8	2.9	0.4	3.6	2.9	0.4	5.3	2.7	2.1
Has your family had severe financial difficulties?	No	45.2	67.2	10.5	45.6	65	−8.4	37.9	64.3	−9.3	42.3	61.3	−2.8	39.3	61.7	−4.1	42.6	62.5	−5.7
	Only in my childhood	15.2	123	2	15.3	12.5	1.7	12.1	13.2	−0.6	19.2	13	1.3	16.7	13	1	14.4	13	0.6
	In adult life only	15.7	7.2	6.8	15.5	8	5.3	20.1	8.1	7	19.2	9.4	2.4	26.2	9.1	5.2	18.7	8.8	4.6
	In childhood and then in adult life	15.9	8	6.1	16.7	8.6	5.7	20.4	8.8	6.6	17.3	10.1	1.7	11.9	10.2	0.5	17.2	9.7	3.4
	I don't want to answer, I don't know	8	5.3	2.6	6.9	5.8	1	9.5	5.6	2.8	1.9	6.1	−1.3	6	6.1	0	7.2	6	0.7

Similarly strong as the association with physical violence is the experience of addiction in the family. However, experience either in adulthood or in both childhood and adulthood is significant. People who have experienced neglect are also significantly less likely than those who have not reported that their families were not affected by addiction problems (61.7% vs 80.9%). The strongest contributor to neglect is a difficult financial situation. Respondents who had not experienced neglect were twice as likely (62.2% vs 33%) as those who had experienced it to report that they had not experienced a difficult financial situation in their families. People who have experienced financial hardship in their families only in adulthood or in both childhood and adulthood are more likely to be neglect victims.

The second type is psychological and emotional violence, which concerns 20.9% of respondents (*n* = 456). A clear finding is that those who have not experienced any of the risk phenomena in their families are less often victims of psychological and emotional abuse. On the contrary, 'upbringing' punishment contributes to abuse if it occurs only during childhood and also only during adulthood. Physical violence contributes if it occurs only in childhood or both in childhood and adult life, and financial hardship if it occurs only in adulthood or both in childhood and adulthood. The effects of addiction are the most obvious. Addiction in all life phases is associated with psychological EAN.

The next type observed is financial abuse, which 12.6% of respondents (*n* = 338) experienced in some form at least once in the last year or so. The relation between financial abuse and 'upbringing' punishment is very weak. A relation can only be found for those who experienced 'upbringing' punishment in their families both in childhood and adulthood. The relation with physical punishment is obvious, specifically its experience in childhood or childhood as well as adult life. Any experience of addiction in the family, especially adult life experience, strongly contributes to financial abuse. Similarly, the association with a difficult financial situation in the family is strong, except this childhood experience only.

Physical abuse in the past year had experienced 1.2% (*n* = 52) of respondents. This is, therefore the least frequent type of abuse, which encourages us to be even more cautious in interpreting the results than for the previous categories. Relations with the prevalence of family violence tend to be weaker or non. The influence of 'upbringing' punishment in the family appears to be statistically insignificant. The influence of financial hardship is also very weak. The financial hardship only contributes to physical abuse when the respondent has been involved in adult life. In contrast, a link, albeit weak, can be found for physical abuse and addiction problems. Physical abuse is more likely to be reported by those who experienced addictions in the family in childhood, in childhood and adulthood, and only in adult life.

Sexual abuse is an even more neglected topic than other types of elder abuse, yet according to our data, it concerns 3.1% (*n* = 84) of respondents. A clear relation is seen among those who have not been victims of sexual violence with not being affected by any of the risk phenomena studied. Slightly more frequent among victims of sexual violence were those who had experienced 'upbringing' punishment in the family or outright physical violence in childhood and adulthood. They were also slightly more likely to be people who had experienced dependency in the family in childhood and adulthood or just in adult life. Financial hardship was associated with sexual abuse only among respondents who had experienced it only in adult life.

The last category observed is the violation of personal rights, which 7.8% of respondents (*n* = 209) experienced in the last year. Violation of personal rights was more often experienced by those who experienced 'upbringing' punishment in their families during childhood and adult life and by those who experienced physical violence during both childhood and adult life. The strongest relation is with addiction problems in the family. Any observed

exposures to family addition problems are significantly associated with a higher incidence of rights restrictions. Financial hardship is only influential if it affects the respondent in his or her adult life or was experienced in both childhood and adulthood.

Overall, we can summarise that EAN are linked to the previous life stages of the current victim. However, the link is not direct and does not necessarily go back to childhood. On the contrary, exposure to these risk phenomena only in childhood is not related to the occurrence of some types of EAN. Moreover, there is not always a long-term transmission of the same type of violence.

Those who have experienced any risk phenomena in both childhood and adult life are most typically exposed to EAN. It is, therefore, a long-term exposure. The questionnaire does not distinguish whether the respondents were perpetrators or victims of this risk phenomenon. Moreover, although the relationships between the different types of risk phenomena and the different types of abuse vary in strength, overall, we can conclude that 'upbringing' punishment is only weakly or not related to later exposure to EAN. The association with physical violence is also somewhat weaker but noticeable. The stronger association is for addiction and hardship. Even physical abuse is slightly more strongly related to addiction in the family than violence in the family.

Conclusion

This chapter has examined the complex phenomenon of EAN of older people in home environments. Specifically, it seeks to contribute to the empirical evidence of early influences and intergenerational transmission of EAN. The state-of-art literature has produced mixed results. I demonstrate the phenomenon's complexity by analysing survey data from the aged 65 and older Czech population. The research on EAN draws on works focusing on child abuse and takes inspiration from the ecological model (Belsky, 1980; Bronfenbrenner, 1979; Sethi et al., 2011) to capture the EAN phenomenon in its complexity. Although many scholars are devoted to finding the risk characteristics of both the victim and the perpetrator of EAN, there is relatively weak empirical evidence on this topic (Fraga Dominguez et al., 2021; Korbin et al., 1995; Storey, 2020). A considerable body of research has focused on the intergenerational transmission of violence and various forms of the cycle of violence (Korbin et al., 1995; Reilly & Gravdal, 2012; Whelan & Maître, 2008). Indeed, this intergenerational transmission is also considered one of the sources of EAN (Sethi et al., 2011). Research on the impact of difficult childhood conditions shows long-term consequences in the form of experiences of poverty and unemployment later in life (Metzler et al., 2017) and detrimental health in later life. At the same time, however, it is known precisely from childhood research that the impacts of these early traumas can be mitigated at later life stages (Schofield et al., 2013). It is, therefore, insufficient to look only at the situation in childhood, even though it is a formative period. The life course perspective seems insufficient to find the causes of EAN. A potential solution may be using the perspective of the linking ages. Focus research attention on which conditions and what their effects must be to become a risk for EAN.

Older people in the Czech Republic have been exposed to various risk phenomena in relatively high numbers in previous life stages. Approximately one-fifth have experienced physical violence in the family in previous life stages, the same proportion has experienced addiction, and an even higher proportion has experienced a difficult financial situation. 'Upbringing' punishment was essentially common in this generation. Finding a link to the current exposure to EAN is difficult. My analyses, consistent with previous scholarship,

show that the transmission of violence and the influence of risk factors is often not direct. Experiences of physical violence do not always lead to becoming a victim of physical abuse as an older person. Various influences throughout life can mitigate the impact of adverse living conditions in earlier life stages. Although childhood may seem to be the riskiest period in the transmission of abuse, it is the association with exposure to risk phenomena in the family for becoming a victim of EAN that I found to be the weakest in our data. In contrast, adulthood experience is related to EAN. Thus, when studying the causes of EAN, it is necessary to look not only at the situation in childhood, but at exposure to adverse life circumstances at any time throughout life.

If we look at the transmission to perpetrators of EAN, they are more likely than others to have experienced some of the risk phenomena from previous life stages in their family. In particular, financial hardship, 'upbringing' punishment, and dependency only pose a substantial risk if they operate from childhood to adulthood. Exposure to physical violence carries the risk of becoming an EAN perpetrator when it occurs in childhood.

Exposure to risk phenomena in childhood and also adult life, i.e. very long-term exposure, seems to be a significant risk for EAN victims. This necessity for long-term exposure, not just childhood exposure, is still under-researched. I found the strongest association between EAN and addictions and financial hardship. These seem to carry more risk than direct physical violence or 'upbringing' punishment. So, it seems to be primarily the challenging family environment, not directly the presence of violence in the family, that brings the risk of EAN occurrence.

EAN research is extremely difficult due to the sensitivity of the topic and thus, this chapter has more limitations. Following the AWOV (Prevalence Study of Abuse and Violence against Older Women) survey (Luoma et al., 2011), a face-to-face survey was chosen for this project. However, with the most serious EAN cases, the interviewers probably did not have a chance to complete the questionnaire. In addition, respondents filled in information about risk conditions in childhood or adult life retrospectively, which is methodologically problematic. While the section tracking the current EAN issuance followed the AVOW interrogation method as much as possible for comparability, the retrospective section was designed differently. This section was designed both to be as time-efficient as possible and to maintain respondents' willingness to answer. Secondly, considering the generality of studies talking about intergenerational transmission of violence. These often mention in general risk conditions in childhood and the change in the form of violence when transmitted to the next generation. Thus, the retrospective questions do not track the incidence of individual EAN types, which would be useful to capture in a new survey that would ideally include more countries to obtain sufficiently robust data set.

Dedication

Note

1 The adjusted residuals are the difference between the observed counts and expected counts divided by an estimate of the standard error. Since the adjusted residuals are normally distributed, those cells with absolute values greater than the critical value 1.96 will have raw p-values of less than 0.05 (for a two-sided test), which means that the difference is statistically significant.

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17 Protection from Violence in Home Care Settings for Older Adults and Lessons Learned from Child Protection

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Introduction

Family caregiving over many years can be a great challenge for both the caregiver and the caretaker. On the one hand, caregivers try to cope as best they can with the caregiving situation. They provide care for many years with great commitment and often without professional support, even at the price of overwork, self-exploitation, and low self-care (von Arnim, 2021). On the other hand, criminal statistics reveal cases of extreme neglect. Some, such as the case of a malnourished 93-year-old woman who was cared for by her son and weighed only 26 kilograms at the time of death, have been published by the media (Deutsche Presse-Agentur, 2021). However, caregiving experiences are often ambivalent, associated with both negative and positive feelings simultaneously (Leipold et al., 2006, among others). Despite possible positive aspects of caregiving, chronic caregiving is often stressful, especially if only one caregiver takes primary responsibility and care tasks are challenging (e.g. neuropsychiatric symptoms, high body weight, contractures, cramps, defensive behaviour of the care recipient, or spatial conditions that impede care). Because of contact restrictions due to the Severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) pandemic, the loss of support and social contacts often increased the burden for caregivers, at least temporarily. This also applies to the lives of all families that have been impacted since the early stages of the pandemic.

Despite all challenges in daily caregiving, the person in need of care must also be respected in terms of their dignity, rights, and obligations. The same applies to caregivers. This paper focuses on the phenomenon of violence against older persons in family care settings, and their caregivers. Detection methods and interventions are discussed particularly with respect to the current practice of child protection. While too few prevention and intervention concepts exist for child protection and are implemented with varying degrees of success, corresponding concepts for older people are completely lacking in Germany.

Initial situation and empirical evidence in Germany

Remaining in one's own home even when care is needed is in line with the wishes of many older people (e.g. Oswald et al., 2013), even if more differentiated views are emerging in younger birth cohorts (Naumann & Oswald, 2020). Moreover, home care is socio-politically desirable, as stated in the Eleventh Social Code § 3: Priority of Home Care (Elftes Sozialgesetzbuch, 1994).

In Germany, of the total of 4.96 million people in need of care within the definition of the Care Insurance Act (SGB XI), around 79% (i.e. almost 3.92 million people) are 65 years

old or older (Statistisches Bundesamt (Destatis), 2022). About 4.17 million people who are dependent on care live at home and about 790,000 people in institutional contexts. Another approximately 2.55 million people with care level 2 or higher are cared for without professional help (Statistisches Bundesamt (Destatis), 2022). According to Geyer and Schulz (2014), an estimate based on EU-SILC data from 2011 also includes around 5.4 million people with needs for care and assistance who do not meet the criteria of long-term care insurance and who are mainly cared for at home by relatives.

Violence in care can be understood following the definition of elder abuse by the WHO (2008) and the Istanbul Convention (Bundesgesetzblatt, 2017 II), as: "*a single act or repeated acts or lack of commanded acts within a care relationship that causes or may cause physical, sexual, or psychological harm or suffering to an older person and/or the caregiver, including threats of such acts, coercion, and deprivation of liberty*" (Konopik et al., 2021, p. 84, mod. according to Bundesgesetzblatt 2017 II; WHO, 2008). In this context, the violence can come from the caregiver as well as from the person being cared for. The definition distinguishes between the following forms of violence (e.g. Gröschel et al., 2010):

- *Psychological violence* (e.g. calling names, insulting, laughing at, threatening, social isolation, emotionally cold handling)
- *Physical violence* (e.g. hitting, rough handling, pushing, intentionally showering too hot or too cold, forcefully aggressive defences or refusals)
- *Sexual violence* (e.g. physical touching without permission, sexual harassment, genital injury, or rape). Recent findings by Moser et al. (2021) highlight the need for recognition and action regarding sexual abuse of care recipients
- *Measures restricting freedom* (unless medically indicated and legally legitimised, e.g. eating under duress, restriction of freedom of movement, confinement in the home or room, administration of sedating medication)
- *Restriction of free will* (e.g. preventing the free choice of place of residence, influencing the drafting of a will, forcing certain behaviours, such as the choice of clothing or structuring daily routines), as well as the denial and abuse of rights (e.g. denying access to medical and adequate nursing care, abuse of powers of attorney by the legal guardian)
- *Neglect of elementary needs* (e.g. failure to provide necessary assistance in daily living or nursing care, such as not washing, not giving enough to eat/drink, making patients wait for help, not putting them in bed, refusing oral care, ignoring wishes, failure to provide medical care, and self-neglect through for example lack of sleep and constant availability)

In a German survey, 40% of family caregivers reported that during the six months prior to the survey they had engaged in behaviour classified as violence toward the person they were caring for. In particular, psychological violence (32%), physical violence (12%), neglect (11%), and deprivation of liberty (6%) were mentioned. The prevalences of all forms of violence were again significantly higher in the sample when caring for persons with dementia. However, family caregivers are not only offenders, but in many cases can also be victims of violence at the same time through (partly illness-related) verbal (45%) and physical assaults (11%) on the part of the person in need of care (Eggert et al., 2018). In a survey of 448 stressed family caregivers (Pfeiffer et al., 2021), 11% of respondents reported at least one instance of their own rough behaviour (e.g. pushing, pinching, grabbing harder, giving food too quickly) toward the person in need of care during the previous four weeks, and 2% reported it on a regular basis. It can be assumed that the actual prevalences are even higher in both directions.

Violent behaviours and violation of personal rights on the part of caregivers occur situationally or cross-situationally, predominantly without an intent to harm and in the context

of care activities (Görgen et al., 2012). More seldom and particularly problematic are forms of "cross-situational violence with an intention to harm" (Görgen et al., 2012, p. 27). These include, for example, relationships characterised by violence (e.g. exploitation of care-related dependencies to settle old "unpaid bills", reciprocal violence), withholding adequate care and provision to preserve inheritance, or other forms of financial harm (Görgen et al., 2012). According to Görgen, these forms of violence are predominantly not addressed by the acting persons, but rather from an observational perspective by third parties (Görgen et al., 2012).

Risk factors and warning signals for violence in family caregiving

The risk factors for violence in family care come primarily from studies that shed light on the phenomenon of elder abuse. These studies classify older persons or care recipients as victims and relatives, namely significant others or caregivers, as offenders. However, professional practice and research that focus on family relationships and intergenerational relations in later life show that the risk factors for victims and offenders can apply to both groups (see also Chapter 16 in this book). Moreover, there is research that focuses on lifetime abuse among older adults (Eslami et al., 2019). Research has shown a connection between reporting childhood abuse and experiencing elder abuse to the effect that a history of child abuse may increase the risk for elder abuse (Kong & Easton, 2019; McDonald & Thomas, 2013). Herrenkohl and colleagues report that parent self-reports of physical child abuse are a significant, unique predictor of elder mistreatment. Adolescent and adult substance use problems were also predictors of elder mistreatment (Herrenkohl et al., 2021). The lifespan perspective holds promise for better understanding elder abuse and for identifying risk factors.

The risk factors are divided into (see Pillemer et al., 2016):

Individual risk factors of the victim

Emphasising the victim's perspective, the most important risk factors are difficulties through which the person cannot communicate (e.g. aphasia, late-stage dementia) (Powell, 2002), poor physical and mental health (Pillemer et al., 2016), Dementia (Pillemer et al., 2016), aggressive behaviour on the part of the person in need of care toward the caregiver (Görgen et al., 2012), and financial dependence (Pillemer et al., 2016).

Individual risk factors of the offender

From an individual offender's perspective, risk factors particularly cover overload, excessive demands, and inadequate caregiving support (e.g. due to multiple burdens of caregiving, balancing caring work with a simultaneous work role, own poor physical health) (Gröschel et al., 2010), substance dependence or substance abuse to cope with problematic situations (Görgen et al., 2012) and mental disorders (e.g. depression) (Pillemer et al., 2016) as well as financial problems (Sethi et al., 2011).

Risk factors in the offender-victim relationship

In the offender-victim relationship, risk factors are rooted in long-standing poor relationship quality between the caregiver and person in need of care and negative caregiving motivation (Görgen et al., 2012; Sethi et al., 2011), in the lack of opportunities for distancing and lack of privacy due to living together in a shared household (Gröschel et al., 2010) and in unrealistic expectations and demands of care-receiving parents on caregiving children

(Perring-Chiello, 2012). Moreover, risks arise from problems and conflicts due to the reversal of roles and dependencies (e.g. in the case of caregiving by children who used to be dependent on their parents) (Gröschel et al., 2010) and a dependency of the caregiver on the person in need of care (e.g. emotional and financial, this may include living on the property of the person in need of care) (Sethi et al., 2011).

Risk factors in the social environment (Sethi et al., 2011)

Finally, risks within the environment are social isolation of the person in need of care and the caregiver living together, lack of social support, and stress imposed by COVID-19 (e.g. enforced isolation, possible added financial stress, reliance on technology) (Chang & Levy, 2021).

Other risk factors and warning signals that may coincide can be derived from the link between the forms of violence and symptoms of the person in need of care (e.g. Landesärztekammer Baden-Württemberg, 2010), such as: frequent cancellations; missing and rescheduling of medical appointments; frequent changes of doctors; unexplained injuries or complaints, occurring repeatedly and comparably; caregivers conducting the interviews with doctors, which does not allow the patient to speak and does not want the doctor to speak with the patient privately; caregivers reacting to patients in an angry or indifferent manner; nursing aids that are not available or only available inadequately; and financial abuse (e.g. changes in will, transfers of money or property, or unexplained financial transactions), because it often occurs in tandem with other forms of abuse, i.e. psychological, verbal, and physical (Görgen et al., 2002).

In addition, there are various physical and psychological symptoms that present as possible warning signals, such as: dehydration; redness, swelling and abrasions on wrists and ankles; hematomas of different ages at sites not typical for a fall or at sites typical for a fall; shaped haemorrhages under the skin that may depict the shape or pattern of an impacted object; bone injuries; pressure ulcers (with the inclusion of health status and nursing report); torn out body hair; rectal or vaginal bleeding without disease-related cause; acute psychological symptoms or symptoms that intensify over time, such as acute stress reactions (e.g. dejection, anxiety, restlessness), adjustment disorders (e.g. prolonged depressive reactions, impaired social functioning), post-traumatic stress reactions and other symptoms that occur over time (e.g. loss of self-esteem, suicidal thoughts) (Ministerium für Arbeit, Gesundheit und Soziales des Landes NRW & Ministerium für Generationen, Familie, Frauen und Integration des Landes NRW, 2005).

When risk factors of child abuse and the above-listed risk factors for elder abuse are compared, similarities and differences can be identified. As with children, older people in need of care, as "systematically weaker" family members, are at particular risk of becoming victims of violence in the form of abuse or neglect (Zenz, 2008). The care motive can be different in the area of caring for older people. Socially normative expectations of the care of one's own parents (in-laws) play a role, which can contradict one's own wishes and life plans. In addition, the child schema triggers involuntary feelings of affection in very young children and promotes protective and nurturing behaviour (Glocker et al., 2009). In a review that follows the socioecological model to identify risk and protective factors for child maltreatment, Austin and Colleagues have identified individual, interpersonal, community, and societal risk factors (Austin et al., 2020).

Among the individual risk factors for child maltreatment are greater dependency and time spent with the caregiver, which is typical for younger children, for example, who do not go to kindergarten or school. Also, social isolation and dependence are risk factors

with respect to elder abuse. There is evidence that children with special health care needs or disabilities are at greater risk for maltreatment. This comes alongside research highlighting people with dementia as a high-risk group for being victims of elder abuse. According to Austin, Lesak and Shanahan, family level risk factors for child maltreatment include poverty (housing instability, such as difficulty paying rent and eviction, utility shut-offs, and food insecurity), parental mental health and substance use disorders, and intimate partner violence. In the context of elder abuse, this corresponds to the risk factors of financial dependence, lack of opportunities for distancing, and lack of privacy due to living together in a shared household. Well-documented are the risk factors for parental mental health and substance use disorders as well as intimate partner violence for child maltreatment. Factors such as substance dependence or substance abuse as well as mental disorders (e.g. depression) are risk factors for elder abuse.

On a community level, there are studies that focus on neighbourhood crime and violence and concentrated disadvantage as risk factors for child maltreatment. These studies highlight that adverse neighbourhood conditions contribute to maltreatment risk above and beyond the effect of individual and family level factors. There is a lack of studies here that can be transferred to the area of elder abuse.

As part of their review, Austin and colleagues also found out possible effects of policies, trends, and norms at the societal level (e.g. the Global Financial Crisis and regressive taxes) as potential risk factors for child maltreatment. According to their analysis, the mechanisms explaining this association are not clear, but there are assumptions that such society-level factors help to create contexts within which maltreatment is more likely to occur. This could also be the case in the elder abuse area. Moreover, this goes along with research suggesting that gains in women's rights and empowerment are associated with positive outcomes across multiple domains of child health and development. Within the care debate, there are demands for gender equity. Feminist approaches to elder abuse emphasise women's much heavier caregiving roles and responsibilities than men in society, and that they generally reach old age poorer, sicker, and more burdened than men (Tong & Lintz, 2019). It would be interesting for both areas to determine to what extent men's participation in care or a fair distribution of care work between genders could contribute to a reduction in violence in family care.

Recommendations for action

Predominantly, it is about recognising and addressing signs of violence as well as overload and protective factors of caregiving relatives, but also the limits of home care, as well as about acting accordingly. Prevention is particularly important for family caregivers of people with neurodegenerative diseases, frontotemporal impairments, lack of impulse control, etc.

At the same time, it must be taken into account that older people in need of care usually find it difficult to talk voluntarily about their experiences of violence due to their illness (e.g. dementia, aphasia), shame or fear (e.g. due to their dependence on the caregiver, fear of inpatient care, fear of being considered ungrateful). This can also be the case when there is inherent protection of the caregiver, particularly if the caregiver is an adult child. In general, the disclosure process, i.e. confiding in someone and telling them about stressful experiences that are also associated with shame, is a major challenge (Andresen, 2016, p. 14).

If the person in need of care is able to provide information, the clarification should therefore take place in an atmosphere of trust and not in the presence of the (possible) offender of violence. It is further not only in the case of patients in need of care who do not have

close relatives that wishes and questions regarding their own future care and provision and the necessary arrangements (e.g. power of attorney, care directive, living will) should be addressed at an early stage.

Clarification

A possible structured approach from the physician's side is summarised in Figure 17.1. In case of suspicion, patients without cognitive impairment (e.g. Mini-Mental-Status-Test > 23) can first be screened, e.g. with the *Elder Abuse Suspicion* Index (EASI©) developed by Yaffe et al., 2008) especially for family physicians. If at least one question of questions 2–5 is answered positively by the person in need of care, or question 6 is answered positively by the physician, a further differentiated clarification of possible abuse or neglect should take place. Grundel et al. (2012) provide an overview of questioning and assessment instruments. The further clarification should address various factors if possible (Hirsch, 2016), such as risk factors and warning signals (see 3.); the onset, intensity, duration and effects of the abusive behaviour or neglect, as well as possible reinforcers; living, housing and financial situation of the person concerned; resources (social network, professional support, coping), a "third-party" behaviour, and structural and cultural factors.

Particularly in late life, it is often difficult to distinguish physical symptoms such as hematomas or other injuries caused by violence from medication side effects, disease-related symptoms or age-related physiological changes. If the cause of an injury cannot be clarified even after talking to the person concerned and exchanging information with colleagues, there is an additional option in Germany of involving a forensic pathologist.

Involvement of family caregivers

Family caregivers themselves often suffer from the situation, their own uncontrolled behaviour, and accompanying feelings of shame, guilt or failure. Addressing and analysing difficult care situations (e.g. dealing with challenging behaviours of the person in need of care, reconciling care and work) can provide important clues about appropriate forms of support and limits to home care. This also includes the effort and burden associated with prescribed therapies and care measures (e.g. multimedication, enteral nutrition, and support for wound treatments). Counselling should also include an appreciation of the care provided and a normalisation of the family caregiver's experience of his or her own limitations and difficulties in caring for and supporting the relative. An initial assessment of the burden of care can be made using the Caregiver Self-Assessment Questionnaire with the underlying constructs of caregiver stress and depression (American Medical Association 2015) or the German instrument of the Home Care Scale (Lichte et al., 2018). Corresponding recommendations can be found in medical guidelines such as the German DEGAM S3 guideline, Caring Relatives of Adults (Lichte et al., 2018). For emergencies, family caregivers and care recipients should be referred to low-threshold crisis hotlines. If further contact confirms the suspicion of violence in-home care, Figure 17.1 can provide guidance on possible next steps.

Crisis intervention in case of immediate danger

In the event of bodily injury or for immediate danger prevention, short-term crisis interventions are necessary (e.g. police call, accompaniment to a violence outpatient clinic or admission to a clinic). This applies in particular to the protection of persons who are not capable of making decisions, whereby existing powers of attorney and legal guardianship

Suspicion of violence or neglect in caregiving

Cognitive impairment of the person in need of care?

yes unclear no

Cognition screening — negative → **Elder Abuse Suspicion Index**

positive

positive negative

Differentiated clarification on abuse/neglect
- Risk factors / warning signs (e.g. physical, psychological symptoms)
- Living situation
- Resources (social, professional)
- Structural / cultural factors
- Viewpoint of caring relatives

Routine examination

Primary prevention, if applicable
- Consulting and training
- Support for the relatives
- Money management
- Recognise limits of home care

Suspicion yes Suspicion no

Immediate threat to patient safety?

yes no

Crisis intervention with measures to ensure the safety of the concerned person

Acceptance of aid measures

yes no

Implementation of aid measures/secondary prevention
- Consulting and training
- Reduction of risk factors
- Assistance and care planning (e.g. case management)
- Emergency plan
- Case conference (e.g. therapists, counselors, nursing service, nursing care and health insurance
- **Always: follow-up contacts and further accompaniment**

Decision-making ability?

yes no

"Persuasion" Follow-up

- Case conference
- If necessary, judicial clarification (hazardous situation, aid measures, legal support)
- **Always: follow-up and further accompaniment**

Figure 17.1 Differentiated approach to suspected violence in-home care
Sources: Konopik et al. (2024); adapted from Hirsch (2016), Hoover and Polson (2014).

must be included. If the offender is also the legal guardian, the guardianship court must be consulted (Zenz, 2014).

Planning and implementation of relief measures

As is also known from family studies, institutional or formal care is important, especially for single parents (Bundesministerium für Familie, Senioren, Frauen und Jugend, 2012, 24f.) In general, primary caregivers in particular need support. For the selection and combination of suitable assistance as well as its implementation and support, good interaction between local actors and providers is necessary in addition to the inclusion of the persons in need of care and their relatives, as described above. In the case of vulnerable patients who are discharged from inpatient treatment, good discharge management that initiates networking or cooperation with outpatient actors plays an important role. Central actors in networking are (Graffmann-Weschke et al., 2021):

- Treatment providers (e.g. physicians, nurses, hospital social services, memory consultation, rehabilitation clinics and their discharge management)
- Advisors (e.g. care advice according to §7a SGB XI at care support points or by care advisors of the care insurance funds, advice visits according to §37.3 SGB XI, care training according to §45, municipal specialist advice centres and advice services, social and gerontopsychiatric services, self-help)
- Providers of nursing and care (e.g. outpatient nursing services, short-term care, low-threshold care services)
- Cost units and decision-makers (e.g. long-term care insurance fund, guardianship court)

The implementation of support measures should be accompanied and evaluated by one of the actors (e.g. as part of case management). Even if the implementation is successful, vulnerable care relationships should be accompanied on a permanent basis. Depending on the problem, this can be done for example through regular visits to the general practitioner, in the context of counselling interventions (e.g. § 37a of the German Social Code, Book XI), municipal instances such as outpatient care-accompanying social work or through initiatives such as care companions (www.pflegebegleiter.de). Regular low-threshold support with appropriate documentation, but also agreements for emergencies and the greatest possible risk reduction, is also useful and important in care arrangements with persons in need of care who are capable of making decisions and by whom assistance or alternative forms of care are initially rejected. Case conferences can, under certain circumstances, also provide ideas for further action in such cases. The same applies to home care arrangements in which patients who are no longer capable of making decisions refuse necessary assistance. To clarify the course of action, the local guardianship office or the guardianship court may also need to be involved.

Potentials and challenges for the legal protection of the family care setting

One of the few scientific studies that specifically focuses on the rights of caregivers and care recipients in family care is the research project "Human Dignity and Personal Rights in the Case of Care Dependency in Home Care – Legal Protection for Caregivers and Care Recipients (VERA)," which builds on expertise from different life stages on the well-being of children and older people (e.g. Zenz, 2014). From the recommendations for action derived

from the project (for details see Schwedler & Wellenhofer, 2018), five recommendations serve to concretely put protective measures into practice (recommendations 12–15). For reasons of presentation, the following list is slightly adapted from the VERA research project (Schwedler & Wellenhofer, 2018, pp. 140–150):

- Legal protection mandate in the event of late-life endangerment: A competent body would have to be entitled and obliged – like the youth welfare office according to § 8a SGB VIII – to assess the risk, i.e. to determine the facts, if there are important indications of a risk to the welfare of the older person (late life endangerment). This also includes the creation and implementation of a help plan (help-oriented measures)
- Creation of a legal basis for judicial measures: If the investigative or offered assistance measures are unsuccessful and there is a short-term need for protection, the option or even the obligation is provided for the competent body to be established to appeal to the competent court (family or guardianship court)
- Establishment of legally binding network structures: Binding network structures must be established between all actors involved in care and support and the agency responsible for protection against domestic violence
- Legal authority for certain professional groups: Physicians, professional psychologists, state-recognised social workers or educators, nursing professionals, guardians ad litem, legal guardians, and nursing consultants should be allowed to pass on data to the competent body to be established in cases of suspicion
- Bright field statistics: Data on violence in-home care should be collected

Summary and conclusion

The problem of violence against family caregivers and care recipients is widely underestimated despite findings on prevalence by dark field studies and the sometimes drastic health consequences for all involved. This article presents a differentiated approach to suspected violence in-home care (Figure 17.1). Meanwhile, there is increased general discussion around the topic of realising human rights in old age with regard to vulnerable living conditions and vulnerable persons (e.g. Mahler, 2020; Zenz, 2018). Studies and reports from the field indicate that despite various counselling and respite services as well as caregiver training, home-based caregiving by family members is burdened by violence against caregivers and cared-for persons. In contrast to existing legislation in child protection, there is a lack of legal provisions on violence in the family care of older persons. This is mainly due to the fact that in the area of child and youth protection law the legislature has done much more to support the family early on in the task of raising children and to be able to determine and intervene in individual cases if the well-being of the child is endangered (Schwedler & Wellenhofer, 2018).

Safe living at home in the event of care dependency in old age therefore requires better legal protection for caregivers and cared-for persons. More extensive legal foundations will be needed in the future, including regulations on the disclosure of information beyond the precondition of a justifiable state of emergency pursuant to § 34 of the German Criminal Code (StGB), and on responsible agencies for the protection of late life endangerment, in order to systematically initiate assistance planning, follow-up and, if necessary, judicial measures. This also includes the right and the obligation of judges to undergo further training, as in the case of child protection. Above all, however, it requires the attention and action of all professions involved if there are suspicions of or visible signs of violence in

care. This includes working toward the utilisation of help and, if necessary, repeatedly persuading those affected. Especially in times of a pandemic, special protection concepts are needed when support and control are no longer available. In order to recognise violence and act appropriately, existing services should be more closely interlinked, e.g. in the form of interprofessional formats such as case discussions or direct cooperation between care support centres and family doctors or hospital discharge management. Ideally, they are already taught in training or through advanced training. Home care is a major challenge that should not rest solely on the shoulders of family members providing care. Rather, it is necessary to solve this challenge in a generationally appropriate collaborative manner, whereby interprofessional cooperation in the neighbourhood with the participation of the municipality and elder care (structures, gender-sensitive offers, and their networking) plays a central role.

In the VERA research project, therefore, as in child protection, a primarily help-oriented approach was pursued, which aims at relief and support. However, if help-oriented measures are not effective, new housing and care services must be made available to separate the perpetrator from the victim. This is particularly important in the case of severe previous biographical burdens and psychological disorders that are associated with a propensity to violence, and incorrect attempts to cope (e.g. alcohol, medication), in order to prevent further damage. In all considerations, however, the high value of the right of self-determination of the person being cared for must also be taken into account. Unlike children, this also includes the right to self-endangerment of the adult person capable of making decisions (Schwedler & Wellenhofer, 2018, p. 142).

More attention is needed on primary prevention in the context of violence against older persons. More recently, research in child protection has begun to address factors at the community and societal levels, with results suggesting that programmatic and policy interventions contribute to reduce risk and enhance protection (Austin et al., 2020). These include promising primary prevention strategies for child maltreatment that could also work against violence against older people. Following these approaches, research, theory and practice at different life stages could inform one other.

Finally, the social phenomenon of vulnerability in the context of resource-poor old age should be considered comprehensively without jeopardising remaining potentials of older people for forms of protective agency by care-receivers, where care-dependent persons actively help to minimise caregiver burden. This contribution helps to shed more light on the phenomenon of elder abuse in family care settings, a topic that has not yet been sufficiently researched. Childhood studies and ageing studies can benefit from more in-depth research on lifetime victimisation and intergenerational violence in families across the lifespan. Moreover, risk factors and methods of detection can be compared and learning can be done from the measures, e.g. to network professions and share information. This article is particularly important for the various professional groups involved, such as nursing, medicine and social work, as it deals very specifically with the recognition of violence and measures against it. Policymakers can use the article as a rationale for investing in the protection of family systems, i.e. family caregivers and cared-for elderly, because it highlights the importance of the issue given society's reliance on informal family care.

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18 Un/Doing Violence and Un/Doing Care[*]

Mapping Boundary-Making Practices of Violence in Elder Care from a Transdisciplinary Perspective

Grit Höppner, Anna Wanka, and Vera Gallistl

Introduction

Demographic change and the restructuring of healthcare systems are mutually shaping a "care crisis", which may lead to a failure to provide care, decreasing quality of care, and increasing threats of elder abuse and violence in care settings (Blättner & Grewe, 2017; Dowling, 2022). Under such circumstances, practices of caring and violence can blend, and boundaries between protection and violence might blur (Hörl, 2014). However, social awareness of the problem of violence in elder care is still underdeveloped (Eggert et al., 2017b), and violence in later life is still under-researched (Görgen, 2020; Gröning & Yardley, 2020). Research has shown that the risk of being affected by violence decreases in older age and increases again when an older person becomes dependent on care and thus develops greater dependencies on the social environment (e.g., Görgen & Nägele, 2005; Gröning & Yardley, 2020; Neise & Zank, 2019). The risk of persons in need of care in inpatient facilities to experience violence therefore tends to be higher than those receiving outpatient care (Castle et al., 2015). However, it can be assumed that there are a high number of unreported cases, so research has troubles identifying how often violence against older people in need of care occurs in Germany.

In this paper, we argue that this is, first, because violence is generally a taboo topic, second because older people are not always included in statistics of violence, and third – and most importantly for our argument – because there is no shared understanding of what constitutes violence in later life and no overarching debate to come to such a common understanding. Although there is a central definition according to which violence in later life as "a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (Action on Elder Abuse, 1995), each scientific discipline (e.g., medicine, nursing studies, social work) and field of practice (e.g., geriatrics, care) refer to distinct, yet partly overlapping forms of disciplinary and practical knowledge and beliefs about violence. In geriatrics, for example, violence is defined in a narrow sense, and thus primarily understood as physical violence that is diagnosable via bodily injuries (Zeeh, 2019). In nursing studies, violence is defined in a broader sense and can additionally comprise psychological and sexual violence, neglect, humiliation, poor care, and freedom-depriving measure (Eggert et al., 2017a). Hence, different disciplines and practice fields share differing views about

what violence "is", use differing explanations of the emergence of and solutions to minimize violence, and perform different boundaries between protection and endangering. Because of this heterogeneity in concepts and indicators used, violence in later life becomes harder to detect, voice, and sanction. We therefore argue that it is timely and important to reconstruct and explicate these differences in knowledge about violence and facilitate a transdisciplinary dialog (e.g., Schäffter, 2011) and find a common, interdisciplinary understanding of violence in later life to make violence in elder care settings visible and eradicable.

The aim of this paper is to contribute to such an endeavor through asking which forms of knowledges are used to construct the phenomenon of violence in elder care. We aim at mapping disciplinary and practical differences in knowledge about violence in elder care. We follow approaches from new materialist ontologies and epistemologies and apply them in the field of ageing, as suggested by material gerontology (Höppner & Urban, 2018). Conceptually, we draw on Karen Barad's (2003, 2007) approach of agential realism and Adele Clarke's (2005, 2018) methodological approach of situational analysis mapping. From such a post-structuralist perspective, we understand the boundaries between different disciplinary and practical knowledges, explanations and solutions of violence as outcomes of boundary-making practices between different disciplines, practice fields, and older people who might be affected by violence.

In order to map these boundary-making practices, we examine two selected vignettes, as case examples of how violence in later life is understood in two different disciplines: one from geriatrics and one from nursing studies. These vignettes are used in the German literature to give practitioners in different fields examples of what violence might look like in elder care, how it can be detected and dealt with. Conducting an in-depth analysis of the perspective from geriatrics and nursing studies, we reconstruct the multiple boundaries that are drawn in these vignettes: Boundaries between caring practices that are understood as violent and those that are not; boundaries between which explanations are used for the emergence of violence and which ones are left out; and boundaries between the solutions are suggested to prevent or minimize violence and those left in the dark. Contrasting these boundaries and perspectives, we argue, helps to identify disciplinary and practical logics in eldercare settings that can hinder effective protection from violence. Discussing the findings with a linking ages perspective can, ultimately, help us identify the age-codedness (Krekula et al., 2017) of un/doing violence. We conclude that care and violence are mutually shaping each other. Partly, this relational shaping of care and violence is achieved through the establishment of age boundaries (as age codings), as important indicators of who is caring (and who is in need of care), and what is considered as violent (and what is not). In the discussion, we outline how a linking ages approach can help us in drawing boundaries differently.

Boundary-making practices as a conceptual and methodological focus

We draw on Karen Barad's (2003, 2007) approach of agential realism and her idea of boundary-making to map the differences between what is understood as violence and what is not as well as the explanations and solutions to minimize violence from different disciplinary, practical and everyday perspectives. Barad has developed an agential realist account of ethics, ontology, and epistemology and argues that "phenomena" – such as the phenomena of violence in elder care – do not have any pre-existing relata; rather, phenomena are constituted by the drawing of boundaries (Barad, 2003, p. 815). Hence, she argues that

all phenomena are constituted by material-discursive boundary-making practices (Barad, 2003, p. 815). Barad (2003, p. 822, 2007, p. 208) names these practices intra-actions as opposed to interactions, which presume the prior existence of independent entities and relata. Intra-actions are "material-discursive practices" (Barad, 2003, p. 818) through which the relation between materiality and meaning emerges.

When it comes to the phenomenon of violence in elder care, different disciplinary, practical and everyday knowledges, explanations and solutions of violence can be understood as ongoing accomplishments in which bodies, technical artifacts, everyday objects, spaces, meanings, images and representations are differentiated, set in relation to each other and distinguished from other relata. Violence as a phenomenon emerges within these arrangements, and its shape changes with changes in the arrangements. This implies an understanding of violence that departs from understanding one person as victim and another as perpetrator, but emphasizes the processes of violation and victimization as a 'doing' – something that is being done through a range of material-discursive practices. Moreover, what is equally (if not more) important in the field of violence prevention are those practices that 'undo' (Hirschauer, 2014; Höppner & Wanka, 2021) violence. Other than preventing or minimizing violence, undoing refers to practices that negate or ridicule violence, make it seem irrelevant, not worth talking about, or even stigmatizing it as a shameful taboo. Further, these un/doings might also include age-codings, as practical boundaries between phenomena considered "young"/"not young", "old"/"not old". Krekula (2009) frames these age-codings as "age-based practices of distinction", and hence draws our attention to the un/doings that establish age as a category of difference. Particularly in elder care, intergenerational social interactions are common, and descriptions, definitions and solutions of violence in elder care might hence not only establish boundaries between phenomena that are considered violent and others, but also between phenomena that are considered old and those that are considered young, or have no assigned age characteristic.

How can we empirically grasp the 'doings' and 'undoings' of these boundary-making practices? In our research, we aim to do so by applying situational analysis and further developing it toward "boundary making analysis". Situational analysis was developed by Adele Clarke (2005) as a post-structuralist stance on Grounded Theory Methodology (GTM; Glaser & Strauss, 1967) and its social constructivist interpretation according to Charmaz (2006). From that approach, all social phenomena, captured in "situations," are understood as processual and emergent, meaning that they are continuously co-constituted, negotiated, and changed in relational arrangements and by human as well as non-human actors – making the methodology particularly suited for new materialist perspectives, like Barad's. As a toolkit for analysis of empirical material, Clarke and colleagues provide different types of maps: "Messy Maps," which form the basis of all mapping strategies, "Situational Maps," "Social Worlds/Arena Maps," and "Position Maps." They suggest, however, to use these as a flexible toolbox (Clarke et al., 2018, p. 369) and develop them further according to the research questions.

For this paper, we follow Clarke and her colleagues' invitation by further developing situational maps to focus more closely on the boundary-making practices between phenomena. In our situational analysis, we hence posed the following questions toward the vignettes and mapped our answers to these questions using situational analysis: Which boundary-making practices are relevant in this situation? Who or what is considered an actor and how are boundaries between actors established? Which boundaries are necessary to develop agency in this situation?
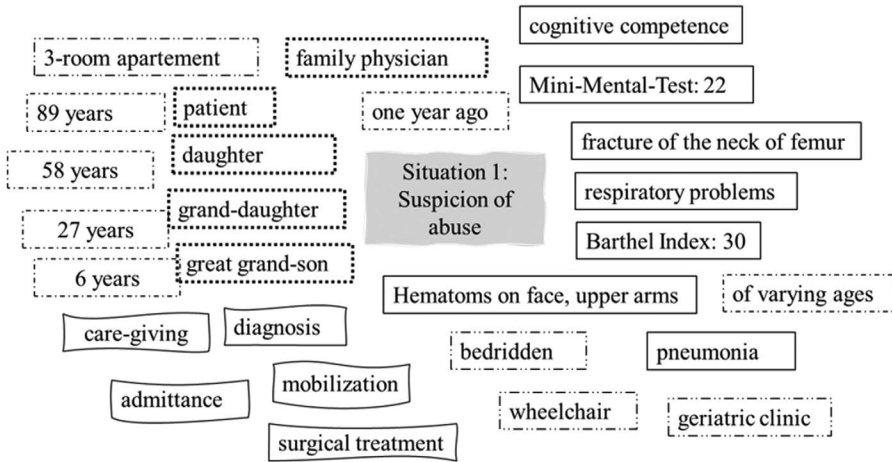
Figure 18.1 Ordered Map of vignette 1 (medical sciences), situation: suspicion of violence. Differences in boundaries refer to different categories (clockwise: temporal elements, human actors, medical assessments, spatial elements, and other referred practices)

In a first step, we created messy maps of the situations we found in the vignettes. Therefore, we collected all elements we found in the vignette. In a second step, we ordered these messy maps by categorizing the elements, for example – and as suggested by Clarke – into human actors (e.g. the patient, the physician, the daughter), temporal elements (e.g. age), spatial elements (e.g. the three-room apartment), and other related practices that are mentioned (e.g. caregiving). For the vignette at hand, we also added a category of medical assessments as a specific kind of practices (Figure 18.1). In a third step, we identified the relations and boundaries between these elements, positioned them accordingly in relation to each other and thereby created situational maps.

After the initial mapping, we started our boundary analysis of the text. We thereby started by reading one word, covering the rest of the text, and discussed its meanings, associations and what words might follow. For example, we read "An 89-year-old" and discussed why the very first information we are given, as readers, concerns age; what it means to be 89 years old (e.g. Is this very old? Should it refer to a person at the end of the life?) and how this specific age might be related to the understanding of violence, as well as what other descriptions might follow (e.g. "woman"/"man"). We then in a final step returned to the maps with a deeper understanding of how and where boundaries were drawn and added these boundaries to the situational maps.

Mapping violence in eldercare settings: Empirical analysis

We based our analysis on two vignettes as case examples of how violence might occur in later life. These vignettes were published in research articles on violence in later life, with the aim of illustrating cases of violence to their readers. These cases – that we will consider as vignettes of violence in later life – are based on fictional or real experiences and differ greatly based on the discipline and respective readership. For this paper, we selected two such vignettes – one written by a physician, one by a nurse – and analyzed them using boundary-mapping analysis.

Vignette 1: The suspicion of violence in later life

The first vignette was published in a German medical journal in 2016. The author of the article is a specialist for internal medicine and clinical geriatrics in a geriatric hospital in Germany (Zeeh, 2019). The vignette reads as follows:

> An 89-year-old patient was admitted to our geriatric clinic by her family physician. Since a surgically treated fracture of the neck of the femur a year ago, she was only mobilizable in a wheelchair for hours and otherwise considered bedridden. She appeared cognitively competent, and the geriatric assessment revealed a Barthel index of 30 out of a possible 100 points. In the Mini-Mental-Test the patient scored 22 out of 30 points. She lived with her 58-year-old daughter, her 27-year-old granddaughter and her 6-year-old son in her three-room apartment and was mainly cared for by the daughter. (…) The family physician was called because of respiratory problems and diagnosed pneumonia. In addition, multiple hematomas of varying ages were found on the face and upper arms. The family physician admitted the patient with 'suspicion of pneumonia' and 'suspicion of abuse'. (...)[1]

What does this vignette tell us about boundary-making practices of un/doing violence? Four boundaries emerge (Figure 18.2): The narrative written in the past starts with a description of a woman (89 years old, no name mentioned) who was admitted to the clinic by her family physician. She had a surgery a year ago, is only mobilizable by others in a wheelchair for some hours. Thus, the first boundary is drawn by featuring a central materiality: an *old human body*, characterized by its immobility and the need of care, dependent
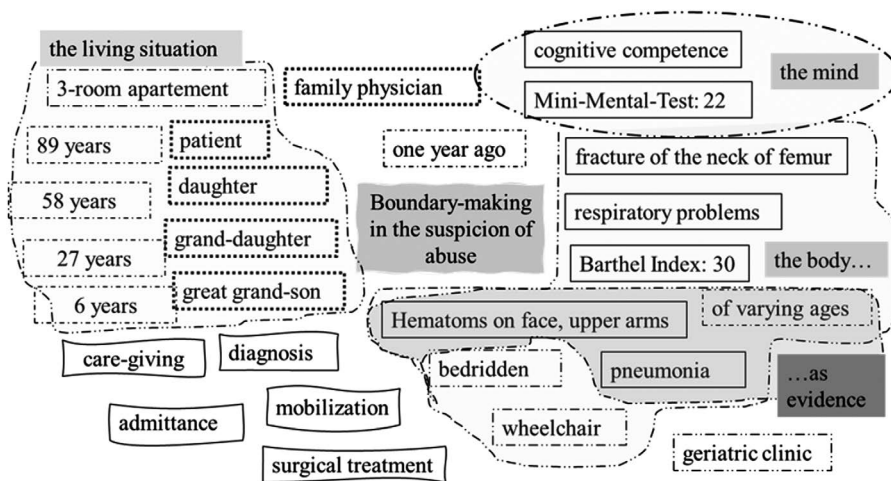
Vignette 1: Medical sciences

Figure 18.2 Boundary Map of vignette 1 (medical sciences), situation: suspicion of violence. Differences in boundaries refer to different categories (clockwise: temporal elements, human actors, medical assessments, spatial elements, and other referred practices). Boundaries are being drawn around the old body, between the body and the mind, the living situation of the body, and the body as evidence

on the physician, persons not yet named who lift the body into the wheelchair and care for it in bed. The word "only" points to an age-specific coding of the body because degradation processes that are presented in this narrative are irreversible and long-term; rehabilitation seems impossible. The meaning that is linked to the body is a burden because the body is not able to move independently and thus is immobile. This age-coded stress situation is hence depicted as the first, and we would argue most important, boundary, as the background against which violence takes place. The second boundary is drawn through a *segmentation of the patient*: While the body is immobile, the mind seems to be cognitively competent. Two different medical examinations are mentioned to support this assessment. The third boundary refers to the *living situation* of the unnamed woman. Four people are mentioned sharing a three-room apartment. The spatial capacities are at the limit, i.e. the material dimension is implicitly associated with the meaning of the burden. Unlike the three bodies of daughter, granddaughter, and great grandson, the aging body appears as something that needs space. The forth boundary is drawn when it comes to the woman's *body that serves as evidence of violence*. When it comes to the suspicions of violence, the woman's body is segmented into bodily parts that proof violence (hematomas in the face and on upper arms, the lung), bodily parts that are free of evidence, and the mind of the woman, which articulates itself in the fact that the woman speaks very little, but then vehemently denies the experience of violence. During this phase of the suspicion of violence agency is attributed only to the body parts that provide evidence of violence – they seemingly speak for the woman and the whole family situation in an intergenerational living together. Thus, the old body speaks through the hematomas and the lungs and thus is ascribed agency, but not the woman herself who is denied agency in this situation.

The analysis shows that the central aim of the geriatric perspective that is analyzed here is to proof quasi objectively violence by the use of medical categories and diagnosis, and finding indications of violence on different, agential body parts. Therefore, the context of violence is segmented through three material-discursive boundaries into the human body, the mind of the woman, and the living situation. This order is not arbitrary, but makes the in- and outside of these boundaries – hence the seeming entities they create – interpretable and assessable. For example, in this vignette, if we only know about a woman living in a three-room apartment we wouldn't necessarily be able to connect this to violence. However, knowing that she lives in this apartment together with three other people of different ages – hence encompassing both the human actors and the housing situation – helps to interpret the living situation as crowded, which might suggest stress and overload. The boundary-making practices segment a micro-perspective within a broader context that is structured by the need of help and dependency relations in a society of care.

Vignette 2: Sexualized violence in elder care

The second vignette was published 2017 in a German edited volume, entitled "Sexual violence against adult persons in need of protection and assistance".[2] The author of the chapter works as a prevention officer, in the fields of human resources development and education and as a lecturer at universities (Rose, 2017). The translation is as follows:

> I went in the morning to a very old, dying patient (about 85 years old), who had spent the last days almost only sleeping, to offer to freshen him up a bit. He agreed and I made him as much as possible somewhat fresh. When I had to turn him onto his right side to change the pad and to rub his back, I asked him to just hold onto me as I turned

him over to me. Sleepily, he nodded. Instead of grabbing my flank as I expected, he rolled his whole body (fortunately he was cachectic) against me and grabbed my chest, smiling contentedly. (…)[3]

In comparing the two situational maps across the two vignettes, we can see that medical assessments play less to no role in the description of the second situation, and instead, practices of care and caring are in the forefront. These practices are targeted both at the body (e.g. rolling, changing), but also the mind of the patient (e.g. asking for consent).

Which boundaries are established in this vignette (Figure 18.3)? The first boundary is drawn by describing a caring situation in the context of standard procedures in an institutional setting during which *two human bodies are linked to roles and tasks* that are clearly distributed und to agency that is specifically ascribed: the active nurse performs caring tasks while the passive patient is being cared for. The patient is described through his age ("very" old, 85 years old), health status ("dying") and last day activity that points to a degenerative process ("almost only sleeping"). The second boundary is drawn through a detailed description of a specific caring practice – to freshen the patient up – to which the patient has agreed. Here, a close *entanglement of bodies and care objects* emerges. The nurse has to turn the almost sleeping body to the back in order to be accessible, the pad that has to be changed, the bed, in which the caring takes place and that was at first only occupied by the patient's body and during the caring practice is also occupied by the nurse's body. The third boundary is drawn through a *segmentation of the nurse's body*: While same parts of the nurse's body are allowed to touch during the caring situation (flank), others are not (chest). The fourth boundary is drawn when the caring situation changes into a *violent situation* and evidences are mentioned to proof this change. When it comes to the violent situation, the men's body is also segmented into bodily parts that cause violence (body, hand) and bodily parts that proof violence (mouth) and therefore allow conclusions about intentionality. The patient's body moves incorrectly ("he rolled his whole body (…) against me") and thus becomes an instrument of violence; this materiality is linked to domination in this situation. The patient touches a body part of the nurse (chest) that is not allowed to touch. He smiles, which is
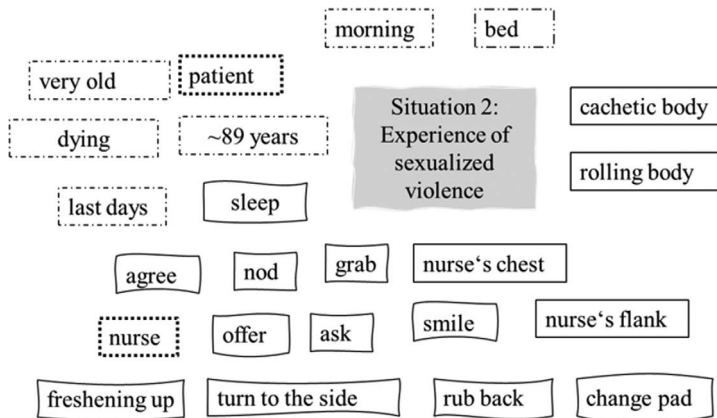
Vignette 2: Nursing studies

Figure 18.3 Ordered Map of vignette 2 (nursing studies), situation: experience of sexualized violence. Differences in boundaries refer to different categories (clockwise: temporal elements, human actors, medical assessments, spatial elements, and other referred practices)

Figure 18.4 Boundary Map of vignette 2 (nursing studies), situation: experience of sexualized vio-
lence. Differences in boundaries refer to different categories (clockwise: temporal ele-
ments, human actors, medical assessments, spatial elements, and other referred practices

linked to the meaning of intentionality what excludes the possibility that the action was an
accident or an attempt to get out of bed ("smiling contentedly"). The different bodily parts
speak for the patient while he is silent and smiles, and they also speak for care settings that
are not neutral but age- and gender specific coded. Through this boundary-making practice
agency is redistributed from the nurse to the patient; agency is now ascribed to the patient's
body, hand, and mouth (Figure 18.4).

The analysis shows that the central focus of the nursing perspective is the caring situa-
tion that has to be evaluated based on implicit norms of caring behavior as either violent or
non-violent. Therefore, no concrete categories and diagnosis are available, rather the nurse's
own assessment and this of her colleagues' is used to evaluate the situation. The background
of the situation is segmented through three material-discursive boundaries: a differentiation
of bodies, roles and tasks as being either a nurse or a patient, the caring practice of freshen-
ing up with the entanglement of bodies and care objects, and the segmentation of the nurse's
and the patient's body. In their relation to each other they co-produce a care setting that is
linked to the meaning of support, need for care, and dependency.

The vignette ends by thoughts of the nurse on possible reasons for the patient's behavior
("Maybe he thinks I'm his wife or doesn't really know what he's doing") and her evalu-
ation of the situation ("if he were younger and not in this pre-final state then I would be
horrified and angry now") and the evaluation of her team colleagues. They conclude by
laughing about the situation because the man was old, dying and they also liked him –
three indicators that hence position his behavior as "non violent." In addition, they talked
about "sexual assault from patients that really bother us". This part of the vignette hence
highlights age- and gender-specific ideas of violence.

Discussion

The aim of the paper was to map disciplinary and practical differences in knowledges
about violence by using Karen Barad's approach of material-discursive boundary-making
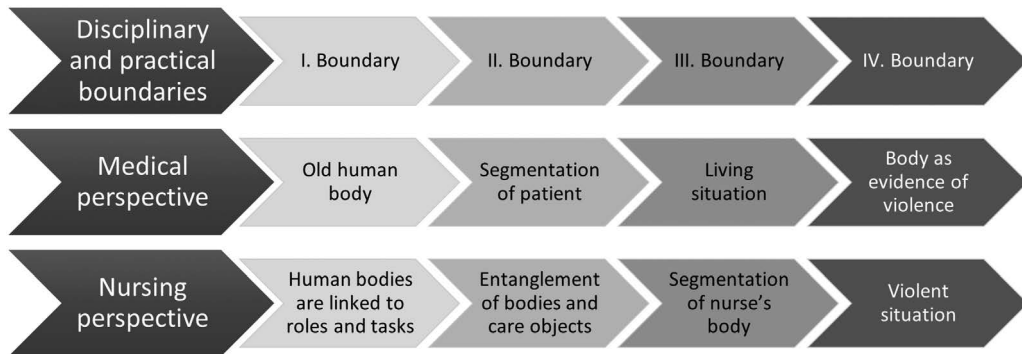
Figure 18.5 Summary of boundary-making practices of different disciplines

practices. The empirical analysis clarifies the boundaries that were drawn from the medical and nursing perspective in two vignettes as summarized in Figure 18.5.

The comparison of these boundaries shows discipline-specific notions and understandings about the emergence and detection of violence, the line between violent and nonviolent actions and strategies to react to, cope with, minimize or prevent violence. The first vignette, written for a medical readership, bases the detection of violence around medical diagnoses and assessment tools and thereby quantifies it. The target of these assessments is primarily the old body – as being separated from the mind – as an agentic actor that can witness, prove and visibilize past experiences of violence. The emergence of this violence is explained by the overload that an old body in an unsuitable housing arrangement can cause for its caregivers. This interpretation of the emergence of violence then also shapes the actions taken to minimize or prevent it in the future: in the first vignette, the family caregivers are granted more support – both human, in terms of caring staff, and non-human, in terms of a toilet chair – in caring for the older woman in the future in hopes that this will decrease their care burden and thus the risk of violence.

In comparison, the second vignette, written from a nursing perspective, focuses on the caring situation. Here, violence is not being quantified and does not leave visible traces on the body. Thus, in contrasting both vignettes, the narrow medical understanding of violence as physical violence that is diagnosable via bodily injuries becomes clear (Zeeh, 2019), while from a nursing perspective, violence is defined in a broader sense and can additionally comprise sexualized violence, among other things (Büscher, 2020; Eggert et al., 2017a). Moreover, caregiving is not solely targeted at the old body, as the medical assessments are in the first vignette, but involves the older man as a person with his own preferences and intentions: He is asked for consent to conduct care practices on his body, like changing and moving, and he gives it non-verbally. Here, it is not the body or the spatial living arrangement, but the mind, in which the emergence of violence is located: Whether or not the touching of the nurse's breast was intentional makes the difference between sexualized violence and a sheer mistake. Whereas the vignette implies intentional behavior on the side of the older man through his smile, it still leaves the nurse, and the readers, ambivalent about it. Even though the man is framed as somehow able to consent, he is yet not directly asked about his intentions – instead, the nurse goes on to find excuses for his behavior. Again, this understanding of violence shapes its consequences, namely that the nurses just laugh it off.

Consequently, the different disciplines also understand their role in situations of violence differently. While the role of a physician is that of a detective who searches for physical traces and evaluates them, the role of a nurse is to be an actor during a violent situation – either as the victim as in the vignette that was analyzed or as the perpetrator (e.g., Görgen, 2012; Ölhöft, 2022). The contrasting perspective that was taken in this analysis hence helped to identify disciplinary and practical logics in eldercare settings that can hinder an effective shared violence protection, what calls for a transdisciplinary dialog (e.g., Schäffter, 2011) to make violence in elder care settings visible and eradicable.

Finally, after contrasting two disciplinary understandings on violence in later life, we want to perspectivize our findings by contrasting them to understandings of violence in childhood – hence, following a linking ages approach. Let's imagine both vignettes had a child framed either as the victim or the perpetrator of violence. In the first vignette, there is in fact a child present – the 6-year-old great grandson of the old woman in focus. This child, however, simply serves as a means to explicate the care overload that the household is facing. And other than the adult daughter and granddaughter he is never implied to be a possible perpetrator and thus source of the hematomas on his great grandmother's face and body. Hence, we are not used to seeing children as perpetrators of violence, but rather of victims. Imagine now that the 6-year-old boy would come to the family physician with hematomas of different ages on his face and body. Would similar medical assessments be performed on him? Would he be asked about the bruises? While it is likely that care overload would, again, be framed as the main reason for violence against the child (just as against an older person), it seems hard to imagine that the boy would be sent back to live with his potentially abusive family. Does this imply children are societally deemed 'worthier' of protection against violence? Or does it mean that their word – if he, like the old woman, wanted to stay at home – was not taken as seriously as that of an (older) adult?

While we can, thus, imagine a similar vignette – even though with potentially different strategies to prevent violence – the second vignette is even harder to translate to childhood research. If we replaced the old man with a child in need of professional care, we would be left with no instance of violence in the case. If a child held on to the breast of a nurse instead of her flank and smiled at her, nobody would even think about sexualized violence, and if the nurse raised the issue among other nurses, she would most likely get laughed at. In the relation between child and adult, a child can never be understood as a perpetrator of sexualized violence, but as its victim – for historically good reasons. Sexualized violence is thereby a practice that is, to speak with Krekula and colleagues (2017), age-coded. However, despite the different understandings around violence in childhood and later life, the consequences would most likely be similar: The nurses would laugh the incident off or not mention it at all. If, conversely, a minor caregiver would be touched at the breast by her great grandfather, the vignette could be understood differently, depending on the gender and age of the child.

Hence, deploying a linking ages approach shows that in the first vignette, the understandings of violence and the reasoning about its emergence might be similar, independent of whether we are dealing with a child or an older person. However, the consequences might be different. In the second vignette, the understandings of what violence is and how it emerges would be completely different when dealing with a child or an older person as perpetrator, but the consequences might be similar. This can be both due to medicine's quantified and standardized understanding of violence that gives little leeway for age-differentiated understandings of violence, and the different forms of violence in focus.

Conclusion for violence research and a linking ages perspective

Our findings suggest that, as in line with the state-of-the-art literature, no shared understanding of violence in later life exists. Instead, we find that different understandings about the nature of violence, explanations of its emergence, and ways to combat it exists across disciplines and research fields. By drawing on Karen Barad's approach of material-discursive boundary-making practices, and empirically applying them with mapping tools, we can make these disciplinary differences and their age-codings explicit. This opens up four alleys for future research on violence and age(ing): first, decentralizing the subject in violence arrangements and practices; second, taking a closer look at the undoings of violence; third, exploiting the potential of a linking ages perspective on violence; and fourth, exploring new methodological tools for violence research.

First, thinking of violence as a practice, and visualizing this practice as an arrangement with different elements helps us to decenter our focus from individual A as perpetrator and individual B as victim of violence. In later life, the private space of the care relationship is understood as one of the main sites where violence happens. Several studies hence analyze caring relations between old people and caregivers. Some of these studies explain the development of violence through the overburden of caregivers (e.g., Nägele et al., 2010; Zeeh, 2019) and the caring system (e.g., Hirsch, 2017; Kraft, 2022), others through neglect or absence of caregivers (e.g., Görgen, 2012; Ölhöft, 2022). Other studies focus on residents of nursing homes and their violent behavior against other residents (e.g., Pillemer et al., 2012) or caregivers (e.g., Baer, 2014; Görgen, 2012; Görgen & Nägele, 2005; Rose, 2017). In contrast, the study that we presented in this paper shows that violence not only emerges between people and thus as a relationship action but that spatial arrangements of bodies, care objects, and spaces as well as norms of caring behavior and images such as vulnerability and dominance create opportunities for violence. While forms of materiality have been considered in studies of violence in elder care – e.g., the old body problematized as a sick body and constructed as needing help (Gutzmann & Pantel, 2019), economic dependencies or financial exploitation described as a form of violence (Acierno et al., 2010), care objects that support or minimize violence (Zeeh, 2019), cramped living conditions in double rooms in nursing homes as a risk of violence (Suhr & Kuhlmey, 2020) – these materialities are defined as passive or neutral and thus are not seen in their capacity of being an influence factor on a violent event.

Consequently, we argue that a reduction of violence in care settings to intersubjective actions ignores the agential interplay between bodies, care objects, spaces, discourse, representations, and institutional frameworks in which violent actions and settings of violence are co-constituted. We suggest the term of interobjective violence and therefore refer to Bruno Latour's (2001) idea of interobjectivity. Interobjective violence means that it cannot be assumed that exclusively people act violently to each other but that we have to broaden our view to all material entities and discourses that might be recognized and addressed as a violent actor in the emergence of violence. By recognizing the material diversity of violent settings, such an interobjective perspective avoids causal presuppositions in favor of the human body. This does not mean to relive people as perpetrators of violence but rather to answer through empirical analysis in which material-discursive practices violence emerges, is maintained or minimized.

Second, it is just as important to look at the undoings of violence as at its doings (Höppner & Wanka, 2021). Especially with a topic that is often stigmatized, tabooed and silenced as violence, and even more so in later life, it is crucial to explicate not only what is understood

as violent and how it is being explained and coped with, but also what is *not* understood as violent and/or has no consequences, and why. These undoings can set in at different points in time of the process of defining what violence is and what it is not. As we saw from a medical perspective, forms of violence that cannot be made measurable through assessment tools are thus made invisible in violence detection, or from a nursing perspective, actions that are not attributable to a bad intention, or that can be excused, follow no consequences (Hartmann & Hoebel, 2020).

This leads us to the third point, namely the potential of a linking ages perspective for violence research. From this, we see that some of the disciplinary and practical logics are not specific for eldercare settings but can also be found in other care settings, for example a children's hospital. In institutional child- and eldercare we find similar contexts, which comprise patients, physicians, nurses, and other health staff and these relations are characterized by the need of care, trust and dependency. They comprise in addition care objects and specific spatial arrangements and are contextualized within institutional rules and processes. In addition, the structural problem of overburden is similar in child and eldercare. The current tense situation in children's hospitals in Germany is accompanied by an overload of health care personnel, threats of violence and the actual use of violence against hospital staff (Zeit. de, 2022). Thus, a transdisciplinary understanding of violence is therefore also urgently needed here – bridging gaps between ageing research and childhood research.

Despite these similarities we argue that violence and care are mutually shaping each other in the form of an age coding during the life course. What makes a difference in child and eldercare is the age of the patient's body and the meanings and images that are linked to it. It is not just a matter of describing diseases of older persons as degenerative processes with no prospect of rehabilitation, as it is demonstrated in the two vignettes. Such a description of a disease of a child would only be conceivable in a palliative setting. It is also a question of which people of which age are associated with which forms of violence and which roles and tasks are attributed to them. The vignette of sexualized violence by a patient against the nurse, for example, is hardly conceivable for the context of childcare. Young people are addressed mainly as victims of sexualized violence but not as perpetrators, and if they are, then primarily as adolescents or in the family context, not in institutional contexts (e.g., Legano & McHugh, 2013). A linking ages perspective helps to reflect such connections of life stages with care and violence. This is not only important for decoding age specifics of violence but also for the generation of knowledge on violence across the life course that will help minimize violence in caring societies.

Fourth, the paper introduced a novel methodological approach to researching boundary-making practices in general and boundary-making around violence phenomena in particular. Even though our methodological procedure is still more of an experiment than an established method, it might inspire violence researchers to shift their methodological perspectives. By imagining, mapping and thus displaying violence as a practice that emerges in arrangements helps to empirically decentralize the human subject in the situation, without rejecting or neglecting agency – which then also becomes understandable as something that emerges in those arrangements. The method of creating boundary maps by mapping boundary-making practices in reference to Karen Barad's approach of agential realism is particularly helpful here because it enables both a process-oriented and a comparative analysis of disciplinary and practical knowledge on violence in elder care. While the maps can help us analyze which elements are part of a situation of violence, and around which of them boundaries of relevance and irrelevance are drawn, a boundary mapping can help us understand *how* they are being drawn.

Finally, we acknowledge that the study at hand has limitations not only in the scope of its empirical material – two case vignettes – but also in terms of the scope of knowledges it considers. While other disciplinary knowledges and understandings of violence, like that of social work, could be involved as well, it would also be fruitful to involve lay knowledge and understandings of violence, for example by children and older adults themselves as well as their family caregivers. Moreover, the method of mapping could be taken further to include different forms of maps that would lend themselves to the analysis, like social world and arena maps (that portray logics and understandings of violence in, for example, different institutions) or positional maps (that locate and relate different positions or discourses on violence to each other).

Notes

1 German original: „Eine 89-jährige Patientin wurde von ihrer Hausärztin in unsere Geriatrische Klinik eingewiesen. Seit einem operativ behandelten Oberschenkelhalsbruch vor einem Jahr war sie nur noch stundenweise in den Rollstuhl mobilisierbar und ansonsten bettlägerig. Sie wirkte kognitiv kompetent, das geriatrische Assessment ergab einen Barthel-Index von 30 von 100 möglichen Punkten. Im Mini-Mental-Test erzielte die Patientin 22 von 30 Punkten. Sie lebte mit ihrer 58-jährigen Tochter, ihrer 27-jährigen Enkelin und deren 6-jährigem Sohn in ihrer Dreizimmerwohnung und wurde hauptsächlich von der Tochter gepflegt. (…) Die Hausärztin wurde wegen Atembeschwerden gerufen und stellte eine Pneumonie fest. Zusätzlich fanden sich multiple, unterschiedlich alte Hämatome im Gesicht und an den Oberarmen. Die Hausärztin wies die Patientin mit ‚V.a. Pneumonie' und ‚V.a. Misshandlung' ein. (…)"

2 Original: Sexualisierte Gewalt an erwachsenen Schutz- und Hilfebedürftigen

3 Original: „Ich ging morgens zu einem sehr alten, sterbenden Patienten (ca. 85 Jahre alt), der die letzten Tage fast nur noch schlafend verbracht hatte, um ihm anzubieten, ihn etwas frisch zu machen. Er willigte ein und ich machte ihn soweit möglich etwas frisch. Als ich ihn auf die rechte Seite drehen musste, um die Unterlage zu wechseln und um den Rücken einzureiben, forderte ich ihn auf, sich doch einfach an mir festzuhalten, wenn ich ihn zu mir rüber drehe. Schläfrig nickte er. Anstatt wie erwartet an die Flanke zu greifen, rollte er mit seinem ganzen Körper (zum Glück war er kachektisch) gegen mich und griff an meine Brust und lächelte zufrieden. (…)"

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IIIf. Linking Ages Perspectives on Health and Care

19 Children of Old Age?

Infantilisation of People Living with Dementia

Valerie Keller

Introduction

The idea of dementia as a pathological process of continuous regression leading back to infantile stages of human existence seems to persist not only in public media discourses but also in guides, self-help formats, and even scientific discussions (e.g. Grebe, 2019; Reisberg et al., 2002). A report by the German TV magazine, *Welt der Wunder*, for example, references how dementia patients 'do nonsensical things like little children', but 'they are not funny pranks' (cf. Schweda & Jongsma, 2018, p. 182). As 'very old little children' (cf. Van Gorp & Vercruysse, 2012, p. 1278), people affected by dementia are considered to be at the 'developmental stage and [have the] habitus of a toddler', with the difference that 'a mother can happily observe how her child learns and becomes wiser everyday', while the relatives of a person with dementia would see 'that the vital signs of this being, and even more so its ability to accept or even give attention, have completely disappeared' (cf. Grebe, 2019, p. 204). In the metaphorical use of childhood references, those affected are ascribed childlike behaviour, which is, at the same time, not seen as cheerful play but rather a dramatic situation. The main difference is found in the direction of the development: If the behaviours in children are part of a learning process, they are the result of successive unlearning and forgetting in people with dementia. These opposing developments are further dramatised in the no less common image of 'reversed roles' (Van Grop & Vercruysse, 2012), which presupposes that parent and child will, at some point, eventually reverse their relationship, resulting in 'the horror of the reversal between mother and child' (cf. ibid., 1278).

If an adult person suddenly finds it difficult to do something that should not be difficult at all, this can be deeply irritating. The child metaphor may be useful to frame the need for care in a way that enables other people to reach out and help. In reference to Lakoff and Johnson (1998), the cultural researcher Heinrich Grebe points out that metaphors serve to translate and mediate a phenomenon to make it tangible and develop courses of action (Grebe, 2019, pp. 193–195). However, it is also in the very nature of a metaphor that the characteristics of the phenomenon are reduced to the those of the object being imagined. As a result, the use of a metaphor can be accompanied by ethically problematic distortions and exclusions (Ibid., 184–198). Consequently, when phenomena of social reality are translated into images, both mediation work and an interpretation of reality are performed (Ibid., 193). The image of 'children of old age', in which the pleasurable, childlike moments of life are excluded, brings associations of immaturity, vulnerability, and helplessness increasingly to the fore. Individual competencies, experiences, and potentials are overlooked, which makes it very difficult for people with dementia to meaningfully participate in society.

Dementia studies have called for a right to citizenship for over a decade (cf. Bartlett & O'Connor, 2007). The claim for citizenship based on the voices of people with dementia (Bryden, 2005, 2015; Rohra, 2012; Taylor, 2006) is thus a primary target for dementia activism.[1] Taking up this call to be heard, the present analysis takes the voices of people with dementia into account. It critically evaluates the idea that dementia is a reversed development towards infantile stages of human existence based on their statements. What do people with dementia say about this comparison? The first part of this study explores the question of what qualities, moments and practices in living with dementia those people affected associate with a childlike attitude towards life. Based on their statements, a counter-framing (Van Gorp & Vercruysse, 2012) of the child metaphor is developed. The second part of the analysis focuses on how people with dementia distance themselves from comparisons with children. It reconstructs how the child metaphor distorts understanding of dementia and how those affected defend themselves against this distortion. Finally, the third part elaborates the serious consequences that people with dementia face if these very differences are ignored.

Data and methods

This study is based on statements by people with dementia[2] from Switzerland and Austria. The data was collected as part of the interdisciplinary project, *Self-care in Dementia. In the Horizon of Spiritual Care and Cultural Studies*, which was conducted at the University of Zurich from 2018 to 2021.[3] Empirical data were centrally sampled from qualitative interviews with people affected by dementia and participant observation of four different self-help and self-advocacy groups for people with dementia.[4] Interview notes and transcripts were analysed using a narrative text analysis (Lucius-Hoene & Deppermann, 2002) and the method of open and axial coding according to grounded theory (Böhm, 2004, p. 476).

Seventeen interviews were conducted between August 2018 and May 2019. Individual interviews lasted between 46 minutes and almost three hours and took place either on a walk, on a park bench, at the interviewees' homes, in a café or restaurant, a hospital meeting room or university conference room. Interviewees chose the interview locations, mostly in their immediate neighbourhood. Participant observations were conducted between July 2018 and January 2020 across a total of 24 group sessions, each of which was attended by five to nine people with dementia, a group leader, and me. Sessions were documented using conversation transcripts.

At the time of data collection, the interview and discussion partners were in an early phase of their dementia development and did not experience any advanced dementia-related impairments. Accordingly, they were all able to agree to participate in the study in the sense of 'informed consent' (Hellström et al., 2007, p. 611). The people interviewed were between 51 and 85 years old, have different social biographical backgrounds, and have been living with a dementia diagnosis for between a few months and 14 years. Following the ethical research principle of 'non-harming' (Hopf, 2004, p. 594), the names of the participants speaking have been anonymised.

Data for the present study, therefore, comes from people who participate in self-help groups or socio-political self-advocacy for people with dementia. They are people who can speak about what it is like for them to live with dementia. This means that the topic of a childlike attitude towards life when living with dementia cannot be explored in all its facets based on the information available. On the one hand, the voices of people living with

advanced dementia remain unheard. On the other hand, the voices of those who withdraw from social interactions and refrain from involvement in self-help groups or self-advocacy initiatives are missing.

Living with dementia: A child-like experience?

Being treated as a child is nothing that people with dementia would wish for. References to this kind of social positioning in self-help groups sometimes coincide with the welling of tears of despair.[5] Demands that others taken them seriously are, therefore, frequent conversation topics. Despite rejecting being framed as a child, the people affected themselves sometimes draw comparisons to childlike experiences. The following section elaborates what this means, and the situations, practices, and performances in which these allegories come into play.

Following my interviewees' statements, life experience with dementia has a lot to do with being forced to confront your own failures as activities they had long performed without any problems suddenly become a big challenge. 'Reading the clock is no longer self-evident',[6] Ms. Marquez explains to me in the interview. The members of the self-help group Labyrinth discuss the radius around their own home within which they still dare to move independently, because orientation is becoming increasingly difficult.[7] Words, names of friends or federal presidents are suddenly forgotten or get lost somewhere on the way from the brain to the mouth.[8] When talking to other people, 'things get a bit mixed up',[9] ski boots can no longer be tied properly,[10] and cooking is also becoming increasingly difficult: 'I can no longer understand how we used to do it with cooking', Ms. Marquez tells me.[11] Ms. Goldman points out that her forgetfulness makes her increasingly unreliable: 'You can't count on me anymore, not 100 percent'. As a grandmother, she 'can no longer take full responsibility for [her] grandson'. She could only take care of him 'for a very short time' or when she could lock the door.[12] Mr. Isler also relates the difficulties he experiences with taking on care work within the family. He recalls that his daughters no longer tell him anything about themselves because they assume he is uninterested as he forgets a lot of things: '"He doesn't take me seriously, he's no longer interested" – and (laughs) I was a pastor (laughs longer), so that hurts'.[13] These statements clearly show that people with dementia are confronted with expectations that they can no longer meet. It is not only in everyday activities where they are increasingly dependent on support. They are also no longer satisfied with their ability to complete traditional or longstanding tasks within the family or society. More generally, people with dementia are confronted by the failure of *aging successfully*.[14] Alongside the parameters of able-bodiedness and able-mindedness, success in ageing is also measured by the extent to which someone lives up to the (heterosexual) ideal, which is reflected in 'happy intimacies with grandchildren' (Sandberg & Marshall, 2017) and the associated provision of unpaid care work (Van Dyk, 2016). People with dementia seem to be aware of their failure to meet societal age-related expectations: it is 'a mixture of being offended and being amazed',[15] as Ms. Goldman describes how others react.

According to Judith Halberstam (2011), however, failure is not understood as something exclusively negative but rather as something that closes one path and, in doing so, opens new ones. These paths are separate from dominant-hegemonic ideals. 'Failure', Halberstam writes,

> allows us to escape the punishing norms that discipline behaviour and manage human development with the goal of delivering us from unruly childhoods to orderly

and predictable adulthoods. Failure preserves some of the wondrous anarchy of the childhood and disturbs the supposedly clean boundaries between adults and children, winners and losers.

(2011, p. 3)

Following Halberstam, the resemblance between the life situation of people with dementia to that of children lies in the fact that everyday life is characterised by not meeting normative expectations of an 'orderly and predictable adult'. Against this backdrop, the question now arises whether, and if so, what new paths can be followed in the failure to age successfully.

My interview partner Mr. Isler writes in a volume of drawings and poems in which he is dealing with his experience in living with dementia that he is now open to unknown twists and turns. When I ask him about this, he says:

FI: Having to let go, being able to let go, that's my next topic, my weekly topic.
VK: Letting go of fixed ideas of how it should be. Or letting go of …
FI: A little bit of everything. Of values, ideas, and especially ideals, yes. […]
VK: You write about new horizons appearing.
FI: But they follow another direction. Until now, it was in the sense of achievement, values and so on. As much as possible in a short time. I must let go of that now.[16]

Mr. Isler's statement seems to reinforce Halberstam's assumption that the practice of failure also holds potentials. While it is true that he feels compelled to detach himself from some of his long-held life ideals, he also describes that this is a new skill that he has to learn: 'Having to let go, being able to let go'. The consequence of this is not the abandonment of ideals but rather a change in direction. Mr. Meier's reflection makes it clearer what that means. He describes how detaching from the ideal of getting as much done as possible in the minimum amount of time, which he has been forced to do as he lives with dementia, has also 'allowed'[17] him to take more time, implying a generosity towards himself. Mr. Meier explains that he allows more time, not only because he has become slower when carrying out activities but also because he wants to take as much time as he needs to be satisfied both during the execution of the activity and with its result:

Of course, we were very much inside a ticking machine. This must be done before then and until then – constantly this guillotine. […] Always running with a tongue hanging out. At the end, you still don't have the result you can enjoy or be satisfied with. That's what I'm trying to realise with the extra time I've gained.[18]

Although Mr. Meier's life with dementia has slowed down in many ways, he talks about having gained time. He does not regret the relatively long time he needs for a small activity because he uses it in such a way that he can enjoy it as much as possible at every moment. Mr. Meier's forced confrontation with his own failure to work efficiently consequently makes it possible for him to leave a future-oriented present in which one's attention is directed towards a future deadline and in which results are only satisfactory if they represent the best possible outcome given the time available. Avanessian and Suhail (2016) describe the future-oriented present as a fundamental structure of our time. Following their arguments, we live in a conjuncture of the future in which the future has replaced the present as the primary structuring aspect of time. Much of what we do is investment, wants to be part

of the future and ahead of time. Although our present is persistently directed towards the future, 'the optimistic belief in the future has become outmoded' (Boym, 2001) or, to refer to Frederic Jameson's famous quote,[19] has even become impossible. According to Jablonowksi (2022), this orientation, which not only makes it impossible to relate the future to the present but also does not bring joy to the future, leads to an unease which he describes as *Future Nostalgia*. Forced by living with dementia, Mr. Meier manages to escape this unease and restructure time at his disposal in the present. The failure to work efficiently opens the possibility of detaching his attention from the future, directing it to present moments and shaping them in a way in which he can enjoy them. This pleasurable reclaiming of present moments is something reminiscent of childhood, Ms. Schweri explains:

> I've always been somebody who can enjoy things, but now the enjoyment is much more unfiltered. Not in a negative sense, but it's, I'm like a little kid again, I live and act in the moment. Not like in working life, where you always have to consider: 'Does it fit now?' […] People say that with Alzheimer's you become like a child again. But that's not what I want to say. It's more that I'm acting in the moment again. […] I have always been a very cheerful person but, of course, also a very, very conscientious person. And this conscientiousness is sometimes a burden, isn't it?[20]

The practice of perceiving moments in their very quality, savouring them and enjoying them is something Ms. Schweri knows from her childhood. However, in dropping learned habits, which she describes as a burden, does not automatically make her a child, as she emphasises. Instead, she allowed a characteristic of her personality that she had strongly regulated in her development as an adult to return. When living with dementia, it is important to have a flexible understanding of what a person should be, Ms. Pompe explains. Who you are is not the only way you can be. Being open to alternative possibilities of self is very important to her now that she is living with dementia: 'I think every restriction, mentally or also what I say, is a restriction. We can't afford that with the disease, I think […] I can only open my mind, expand myself and see: "What is still waiting, what can I do, what can I be interested in?"'[21] The practice of opening up space for alternative possibilities of self is what Ms. Pompe calls 'expansion':

> I have expanded quite a bit into music. I come from really hard rock, I like that, yeah? I've only added a little folk music or reggae music over the years, but was somehow of the opinion, as I got to 60, that that's enough. That's enough, if you have four or five different directions, then that's enough. Then you get through well. […] Today, amazingly, you find me at piano concerts, at the concert hall, at the opera. The spectrum has become larger. […] And I think that something must also have happened in my head so that this expansion takes place, or that I have allowed myself to expand.[22]

Another parallel to childhood comes to the fore in the open attitude towards the ambiguity of self – as Ms. Pompe explains in terms of personal preferences and Ms. Schweri relates about her changing personality, comparing it to a phase of life in which character traits, likes and dislikes begin to form in the first place. As dementia coincides with a multi-layered experience of the failure to satisfy social ideals of what it means to be an adult, people living with dementia develop the ability to detach themselves from limited self-images and to move beyond the social ideals of what successful ageing should look like. This opens up the possibility to follow new paths on which physically degenerative processes can be lived in a

life-affirming way: to perceive a moment in its own quality, to enjoy the results of an activity and to discover new possibilities of self.

Still not a child

Although people with dementia face daily failures in meeting the social expectations of being an adult, and though they themselves recount moments that remind them of their childhood, this does not mean that people with dementia no longer perceive themselves as adults. The fact that they can look back on a rather long life brings along some major differences to the experiences of children.

First, many people with dementia know very well how to perform certain activities. They have done some of these things all their lives. If they fail to do so, it is not so much due to a lack of experience, but because they can no longer use the knowledge they had previously acquired. This discrepancy between knowledge and the concrete failure becomes clear in the following statement by Ms. Schweri:

> I went to the Memory Clinic and took the Mini Mental Test there. Failed spectacularly! (laughs) It was completely crazy! It's like some kind of an idiot test where you have to put crosses, a-absolutely easy stuff. Completely failed the test. Especially in terms of memory. The logical stuff went better, but anything that involved short-term memory, hey, there was not a single question (laughs) that I could answer.[23]

Ms. Schweri knew how easy the test would be and how she struggled to answer the questions. The contrast between knowledge and skill is sometimes almost unbearable, but fortunately she can still laugh about her failures, she explains in the self-help group Labyrinth.[24] Since people with dementia can often assess how their behaviour may appear in the eyes of others, they can adopt the other person's perspective of their actions and laughingly comment on the situation as an absurdity. Laughter, thereby, takes on the function of marking deviant behaviour from normality, of distancing oneself from it, and, in doing so, of protecting oneself from stigmatisation (Keller, 2022). The acquired knowledge of normal behaviour and the experience of performing activities, thus, marks a clear difference from what a child experiences. If a person with dementia is addressed as a child, they are treated as though they have never learned anything before. This not only calls into question their ability to perform an activity but also their sense of belonging in the world of adults.

A second important deviation from the idea of dementia as a continuous regression is event in how people with dementia engage in the practice of meaning-making. If life with dementia were characterised exclusively by the loss of memories and abilities, no new experiences could be had, and no future plans ventured. According to those affected, however, a central challenge in living with dementia is precisely the need to integrate progressive cognitive impairments in their own self-image and, accordingly, to develop intentions for action that are characterised by a personal meaning (cf. Keller, 2022). Thus, people with dementia seek to embed their current experiences of living with dementia in their past experiences, interweaving it into their previous lives and forming biographical constraints that make the current life situation with dementia appear to be a meaningful continuation of their prior lives.

Ms. Schweri, for instance, tells me, her life had never been 'a bed of roses', and that she had 'always had to tough it out'. That is why she has learned to deal with difficult situations.

She had always had the energy required to do this 'in her back pocket'.[25] This familiar life pattern continues in her life with dementia. One of the things that help her deal with moments of cognitive difficulty is her empathy, which she has professionalised as a nurse:

> I learned how to do that. As a nurse, I not only had to respond to patients, but I also had to sense what they couldn't tell me. And I was very empathetic and that still helps me today. […] Whatever the situation is. To feel, just basically, whether it's funnier or maybe more dramatic. I forget what it is, but the basic essence of it, whether it's positive or serious, I can feel that.[26]

Ms. Schweri's ability to perceive the moods of social situations continues in living with dementia. If she forgets what situation she is in and what is being talked about, she can draw on her professionally trained empathy to understand what the 'basic essence' of the situation is. The biographic embedding as a person who never had it easy in life, but who brought the ability and energy to always find a coherent way of dealing with difficult situations, now also helps her to maintain a self-image with dementia and gain agency out of it: Ms. Schweri has become a dementia activist. She publicly positions herself as a person with dementia, perceives the social challenges of the situation and has begun to campaign for a better quality of life with dementia. Because it is very difficult to understand what living with dementia means, she tries to 'raise people's awareness'.[27]

By creating a self-image with dementia, it becomes possible for Ms. Schweri to position herself within society in a way that offers new opportunities for participation and meaning-making. By speaking up as a person with dementia and trying to raise awareness, she contributes to mastering the societal challenge of enabling people in difficult health situations to live in dignity. In this way, she not only works to improve the quality of life of those affected by dementia, but also contributes to society. Assumptions that only a comprehensive regression is to be expected in the face of dementia and that the potential for action would be limited to slowing down the regressive tendencies therefore ignores the extent to which people with dementia have an impact on themselves, on others and their environment in order to contribute to a better quality of life and shape the future in a meaningful way.

Framing as a child: Vulnerabilisation and disenfranchisement

So far, this chapter has shown which circumstances and practices lead people living with dementia to recall their own childhood. It has also shown that within these similarities, serious differences also emerge. In a next step, the following section outlines the consequences of a failure to understand these differences for people with dementia.

With this purpose in mind, it is worth having a closer look at psychiatrist Barry Reisberg's 'Functional landmarks in normal human development and Alzheimer's disease' (cf. Reisberg et al., 2002), in which he compares stages of dementia development with developmental stages of adolescents and children. He describes that if a person with dementia loses their job because of dementia symptoms, they are at the same developmental stage as an adolescent between the ages of 13 and 19 – just on the cusp of vocational maturity. If a person with dementia finds it difficult to carry out simple financial transactions, Reisberg places them at a mental development age of between 8 and 12 years. If a person can no longer dress themselves properly, they are at a developmental stage of a 5- to 7-year-old child. His list continues until the person loses their ability to walk and thereby reverts back to the age of 15 months.

According to Reisberg, a person who loses their job at the age of 60 because of dementia-related symptoms suddenly loses 45 years of development. For people with dementia, such claims seem absurd against the background of their own experiences. It is not their abilities that warrant the discrediting of their previous experience but the association with a specific dementia category, as Ms. Schweri describes:

> When things are going well for you, people always say, 'She's doing so well, she doesn't have anything.' […] And when you don't succeed at something, something so simple it's impossible to fail, but you fail, then people no longer give you any credit. There are simply these two extremes. And in my opinion, that should be changed. […] You have this stamp on your forehead and that's what you are. But until that fades away again, until they realise – that takes much longer. To lose all confidence in you only takes a little moment and a mistake, but until they believe in you again, it takes months.[28]

For a long time, Ms. Schweri experienced how other people did not classify her as living with dementia, even though she had already received and communicated the diagnosis. She assumed that she was not seen as somebody living with dementia because of her obvious abilities. However, when she failed to do something very simple, she was suddenly labelled with dementia and classified as incapable in every sense. This leap from seemingly not having any issues at all to being classified as completely incapable consequently happens when the person reaches some pre-determined dementia category, which, in turn, is fixed on a failure and, to a certain extent, serves as proof of the condition. This assignment to incapacity is then so entrenched that it takes months of evidence to convince those who have judged her as a person with dementia of her abilities again. Rather than questioning their own ideas about dementia as different stages of incapacity, people doubt whether a person who does not exhibit symptoms is really affected by dementia; if symptoms are present, a high degree of incapacity is assumed. At the same time, Ms. Schweri explains, it is assumed that a person with dementia no longer wants to participate in society: 'Simply because – somehow it has been forgotten that this could be a need at all. Because one simply doesn't expect anything anymore from an Alzheimer's patient'.[29]

Although Ms. Schweri has actively sought participation in the secondary labour market, she has been denied jobs that are open to other adults with cognitive disabilities. Because she has dementia, she no longer fits into any structure:

> After that, you're not allowed. No, I would still be there today! I would have found a driver to take me there every day! (laughs) No, no, so that – because – I could still do that. I could still do this cleaning work, I do that at home, too. […] And that can't be! […] Because I have Alzheimer's, there is no single structure that I fit into. I was rejected by the workshop for disabled, although I have a mental disability, Alzheimer's disease. I had no chance of working there. And that is my concern, that simply cannot be! I would be the happiest person if I could fold boxes at home and at the end of the week, or at the end of the month, return a job that I did with my hands and know, hey, now you've done something useful![30]

The assumption that there is neither the need nor the ability for people with dementia to participate productively and meaningfully in society shows a parallel to society's treatment of children. Unlike children, however, who are trained and educated to participate in the future, people with dementia are excluded after many years of participation. Whether this

is what people with dementia want is not even a question. The comparison of dementia developments with developmental stages from childhood and adolescence can, therefore, lead to the unquestioned release from certain tasks within society – and, at the same time, to the allocation of new tasks: after all, the one and only socially supported path available to people with dementia is the therapy path. Basically, as those affected make clear, living with dementia is about delaying dementia's progression as long as possible (cf. Keller, 2022). For Mrs. Marquez, going to a specialist and getting a prescription for medication was an unquestioned consequence of her dementia diagnosis: 'Because that's just – anyway, when you're married to a doctor – you go to the specialist, what do I know who that is, and then you get something and then you look into what you are taking'.[31]

Regarding the disregard of the demands and abilities of people with dementia and the possibilities of therapy-oriented participation developed on their behalf, there are clear indications of disenfranchisement. The tendency can already be observed regarding people in the early stages of their dementia development; it is not something that emerges as a consequence of a high need for care and dependence. Incompetence is already assumed with the initial framing of dementia, as Ms. Schweri's example shows. Against the backdrop of a therapeutic imperative of living with dementia, tendencies of disenfranchisement are also accompanied by vulnerabilisation: people with dementia are constantly made aware of the threat of losing further abilities. The struggle to fight off this threat is therefore understood as a new life task for people affected. If someone resists this assignment, the resistance can be framed as a lack of insight into the illness and perceived as a symptom: Anosognosia (cf. Wilson et al., 2016). Here, it becomes clear how disenfranchisement and vulnerabilisation of people with dementia reinforce each other. Through the loss of their voice, it becomes more difficult for people affected to get rid of their all-pervasive status as a patient. On the other hand, people with dementia are further disenfranchised by means of vulnerabilisation: Incapacitation becomes a symptom of an illness.

It should, therefore, be noted that the supposed analogy to children accompanies processes of disempowerment, which make it difficult for people with dementia to meaningfully participate in society. Through the infantilisation of older people, a power relation emerges that is comparable to what has already been criticised in children studies under the term adultism (Hunner-Kreisel & Steinbeck, 2018): a social inequality between generations that has power over how social structures are organised (Qvortrup, 2012). The 'reversed roles' between child and parent, imagined as the result of a supposedly contrary ontogenesis, legitimises restrictions on action even against the will of the person concerned. In contrast to children, who in a later phase of life can criticise or approve their parents' decisions and, thereby, (de)legitimise them, people with dementia lack such opportunities to have their voices heard (Schweda & Jongsma, 2018, p. 192).

Conclusion

Living with dementia is characterised by the failure to meet social expectations about the life course. Affected individuals are often perceived to have failed to live up to the ideal of an orderly and predictable adult in many ways. Similar to the expectations about gender, normative ideas also shape how people are expected to act an age: to age successfully means, inter alia, to remain physically and mentally active and productively participate in society. However, akin to the failure to comply with expectations regarding gender, the failure to age successfully also offers subversive potential. Speaking with people with dementia illuminates how their life situation has fostered critically reflection on guiding social

ideals and has detached them from them to some extent. They can then resist the zeitgeist of a constantly future-oriented present and soften the rigid, limiting ideas of what a person should be. Being aware of failure allows failure to be turned into a conscious action and used as a practice of resistance in the face of the normativities of ageing and the associated (im)possibilities in old age.

The metaphorical comparison between people with dementia and children makes deviations from what is expected of an adult visible as the actions of adults are compared to those of children. The abnormalities which become recognisable are then framed as symptoms of a disease that must be treated. As a result, people with dementia are increasingly vulnerabilised as their dementia progresses. This coincides with processes of disenfranchisement reflected in a variation of the childhood metaphor: the structural metaphor of opposing ontogenesis. In the interplay between vulnerabilisation and disenfranchisement, people with dementia are silenced and the subversive potential in the failure to age successfully is undermined. The outcome of losing one's voice may be among the greatest dangers of the childhood metaphor for living with dementia.

Despite the considerable risk of disenfranchisement and loss of citizenship, which people affected strongly problematise, they sometimes describe moments of childlike feelings of life themselves, thus supporting the narrative of people with dementia as children. Their stories, however, are less about developmental stages and more about an attitude towards life that reminds them of their own childhood. They talk, for example, about the practice of allowing themselves more time and lingering in a situation for as long as the action or the quality of the moment demands. In addition, self-imposed limitations are consciously reduced and self-control regarding socially demanded behaviours is weakened. This makes it possible to embrace the unfamiliar and embark on new ways of ageing. Consequently, the child metaphor can also help to reveal hitherto unquestioned ideas about oneself or certain forms of social coexistence, which makes them negotiable. Ultimately, it is a question of interpretation: Do we understand certain practices and attitudes towards life as reflecting too great a deviation from a normal course of ageing and, therefore, as an illness in urgent need of treatment, or do we understand them as a welcome detachment from certain ideas of what successful ageing should look like?

Despite the similarities described in this chapter and beyond the question of interpretation, there are serious differences between the experiences of people living with dementia and those of a child. People with dementia bring experiences with them, for example, empathy in social situations or an awareness of the simplicity of certain activities. Such experiences are not suddenly lost to forgetfulness. Overlooking these differences carries the risk of excluding the people affected from adulthood. Removing them from citizenship hinders people with dementia's social participation and their meaningful attempts to shape their own lives are ignored. That is why they work hard to make these differences visible. Their affiliation to normality is demonstrated by the use of humour, and in their activism, attempts to raise awareness of abilities and demands of people living with dementia.

Notes

1 Cf. the work of the European Working Group of People with Dementia: https://www.alzheimer-europe.org/about-us/european-working-group-people-dementia (accessed 13 February 2023).
2 The World Health Organization defines dementia as 'a syndrome in which there is deterioration in memory, thinking, behavior and the ability to perform everyday activities.' (https://www.who.int/news-room/fact-sheets/detail/dementia, accessed April 16, 2021). This definition implies that dementia is recognised and diagnosed from a combination of different behavioral abnormalities. The

specific manifestations of dementia – such as Alzheimer's dementia, Lewi body dementia, vascular dementia, or frontotemporal dementia – are then determined by brain imaging. However, a diagnosis of dementia cannot be made based on physical findings alone, as there is no clear correlation between the physical condition of the brain and certain behavioral abnormalities (Kitwood, 2016 [1997], p. 57). Instead, identifiable abnormalities of a normal brain may provide a reference for possible causes of the behavioral abnormalities, which then are used to determine a subcategory of dementia (ibid., 50). In the present study, I use the collective term 'dementia' to avoid categorising people affected according to certain characteristics of their brain, but to delineate a phenomenon that describes behavioral abnormalities within a sociocultural context that itself influences this very phenomenon.

3 Cf. ISEK, University of Zurich: www.isek.uzh.ch/de/populärekulturen/forschung/projekte/drittmittelprojekte/selbstsorgedemenz.html (Accessed 14 December 2022).

4 The groups, *Labyrinth* in Olten, *PROMENZ* in Vienna, *Impuls Alzheimer* in Berne and the *Discussion Group for Younger People with Dementia* in Lucerne, were visited between July 2018 and January 2020.

5 Group participant, Labyrinth, November 2018, Olten, Switzerland.

6 Interview with Ms. Marquez on 7 May 2019, in Vienna, Austria.

7 Group participant, Labyrinth, July 2018, Olten, Switzerland.

8 Group participant, Discussion Group for Younger People with Dementia, April 2019, Lucerne, Switzerland.

9 Interview with Mr. Reiter on 10 May 2019, in Vienna, Austria.

10 Group participant, Discussion Group for Younger People with Dementia, April 2019, Lucerne, Switzerland.

11 Interview with Mr. Marquez on 6 September 2018, in Vienna, Austria.

12 Interview with Ms. Goldman on 5 September 2018, in Vienna, Austria.

13 Interview with Mr. Isler on 8 August 2018, in Lucerne, Switzerland.

14 In the concept of *successful aging* (Rowe & Kahn, 1998), people of old age are not framed in the traditional narrative of decline but are seen as active and productive citizens. Successful agers are healthy, satisfied, active, productive, effective, independent, self-sufficient people who are 'forestalling disease and disability, maintaining physical and mental function, and social engagement' (cf. Katz & Calasanti, 2015, pp. 26–27).

15 Interview with Ms. Goldman on 5 September 2018, in Vienna, Austria.

16 Interview with Mr. Isler on 8 August 2018, in Lucerne, Switzerland.

17 Ibid.

18 Ibid.

19 'Someone once said that it is easier to imagine the end of the world than to imagine the end of capitalism. We can now revise that and witness the attempt to imagine capitalism by way of imagining the end of the world' (Jameson, 2003, p. 76).

20 Interview with Ms. Schweri on 17 August 2018, in Immensee, Switzerland.

21 Interview with Ms. Pompe on 19 April 2018, in Vienna.

22 Ibid.

23 Interview with Ms. Schweri on 17 August 2018, in Immensee, Switzerland.

24 Self-help group *Labyrinth*, 19 July 2018, Olten, Switzerland.

25 Interview with Ms. Schweri on 17 August 2018, in Immensee, Switzerland.

26 Interview with Ms. Schweri on 17 August 2018, in Immensee, Switzerland.

27 Ibid.

28 Interview with Ms. Schweri on 17 August 2018, in Immensee, Switzerland.

29 Ibid.

30 Ibid.

31 Interview with Ms. Marquez on 6 September 2018, in Vienna, Austria.

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20 To Be Seen and Heard

Relational Caring Meets Lived Childhoods in Relationships Between Young Children and People Living with Dementia in Long-term Care Homes

*Melanie Lalani**

Introduction

My mother was diagnosed with vascular dementia ten years ago. She lived with my family for the first three of those years. I accompanied her to medical appointments to see neurologists, geriatricians, oncologists, ophthalmologists, and orthopaedic surgeons. I have seen, close-up, how people living with dementia are treated in a medical field and society that reduces individuals to their cognitive impairments. It was as though she had vanished: Doctors addressed questions only to me during appointments, and my mother's vast network of social connections diminished to a very few close friends. Seeing how assumptions about dementia played out in how she was treated and the negative effects it was having on her emotional well-being and happiness raised questions about why these social behaviours are normalized and made me reconsider my own interactions and relationship with her.

Being referred to an arts-based community program guided by a relational caring philosophy (Mitchell et al., 2020) was life changing for us both. I observed my mother, who insisted she didn't have any artistic talent, engage enthusiastically in music, painting, and creative writing sessions led by artists who saw her creative, relational capacities, and not just her dementia. She chatted happily about the day on our drive home and looked forward to returning. The approaches adopted in the program inspired me to understand more about relational caring in dementia care and the creative approaches that were breaking through the stigma surrounding dementia to create a renewed sense of thriving and relational well-being for my mother and other participants.

Having a child during the early stages of our journey with dementia brought additional insights. From the time my daughter was born, dementia cast doubt on the sort of relationship she could have with my mother. I assumed it would be unlike the one I had with my grandparents or that friends enjoyed with their families. This assumption was very much reinforced by friends' comments that suggested she would not have much of a relationship with my mother, which seemed to confirm my own doubts. However, I observed how my mother and daughter developed a relationship of their own making together, one that has evolved over my daughter's childhood, the pathology of dementia, and residential-care settings. They learned in the moment from each other, challenging dominant societal discourses about people living with dementia, long-term care, caregiving and children. Seeing my mother and daughter together during visits to my mother's long-term care home showed me relationship possibilities where I previously saw none. Their experiences lay in stark

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* Dedicated to my mother, Marilyn, whose lifelong acts of nurturing, caring and teaching continue to inspire.

contrast to the policies governing our visits and made me pay attention to the ways in which both people living with dementia in long-term care and children are affected by dominant societal views and the policy directives that extend from them. My mother and daughter showed me possibilities for creating meaningful connections together that contribute vividly to enhanced quality of life and inspired me to pursue doctoral research that seeks to understand these relationships with other families and the conditions needed to support them well.

Long-term residential care – where children are not seen or heard

As the doors to the long-term care home automatically slid open, it felt like walking into a different universe, so completely separate from the rest of the community and the world. It is a world that has otherwise moved on from the pandemic. Not so in long-term care. My mother, moved into a long-term care home in Ontario, Canada, in August 2020, a few months into the COVID-19 pandemic, when her dementia progressed suddenly. The opportunity to visit her with my 11-year-old daughter prior to the emergence of COVID-19 was routine, taken-for-granted and possible on a whim. But the introduction of infection prevention and control policies, while considered necessary for public health, created a state of prolonged isolation for all residents. Visiting restrictions prohibited my mother and her fellow long-term care residents from seeing loved ones in-person for months at a time during the first year of the pandemic. Once visiting restrictions permitted in-person caregiver visits, I was able to visit her weekly. However, even when fully vaccinated, children under the age of 16 were prohibited from visiting residents of long-term care for months at a time, and continue to be restricted during outbreaks, which may consist of a single, suspected case of COVID-19, Acute Respiratory Infection or influenza in a care unit. Such outbreaks trigger visitor restrictions that allow only designated caregivers to visit. My daughter, who visited with me when policies allowed, asked why she was restricted from visiting her grandmother, despite her fully vaccinated status and having completed the same infection prevention and control training as all the adults who were permitted to visit. I asked myself the same question.

While sitting in the corridor in the makeshift waiting area waiting for our COVID-19 test results, my daughter observed that she had not seen other children in the queue for tests or elsewhere in the residence. Children's voices were not typically heard here. Together, we wondered if the absence of children was new, or if it continued from pre-COVID times. Are long-term care homes generally regarded as 'adult spaces' occupied, and caring performed, explicitly and exclusively by adults?

In a time of persistently restrictive government policy, I wondered how a child visiting might be received. But the spontaneous, particularly warm welcome from staff, residents, and other visitors seemed to suggest that a child's presence was not only rare, but also especially appreciated. I noticed a stark difference between the experience of visiting alone and with my daughter. During outbreak periods when my daughter was not permitted to visit, I was treated as simply another adult carer in this space, exchanging quick, pleasant greetings with staff. By contrast, the presence of a child attracted especially open, warm, and inquisitive curiosity, sparking a chain reaction of spontaneous, serendipitous engagement with the residents, visiting family members, and staff, many of whom knew us on a first-name basis because of our frequent visits. Staff members routinely stopped to ask if my daughter was 'Marilyn's granddaughter', about whom they heard my mother speak, or from recognizing her from the many photos that covered the walls of my mother's room. My daughter and I

wondered what made these encounters so remarkable to residents, staff, and other visitors, and how opportunities for engagement with children might have meaningful implications for the lives of the residents, and the families and staff that comprise the long-term care community.

This chapter explores important social constructions of long-term care, dementia, and childhood. It then draws upon the theoretical frameworks of relational caring and lived childhoods to offer new ways of considering relationship possibilities between residents living with dementia in long-term care and young children. Relational caring honours embodied communication, lifelong experience, and relationships in dementia care. Lived childhoods is a theoretical framing that reconsiders ensconced social development models of children that rely on a developmental life course perspective to suggest that the situatedness of conditioned, everyday interactions and practices form a multiplicity of experiences for children. Placing these theories in conversation enables us to explore young children as important carers for people living with dementia in long-term care.

Stigma as barriers to engagement between people living with dementia in long-term care and children

Dominant discourses of dementia as a stigma

Dominant discourses about dementia have constructed and continue to reinforce the myth that it is an age-related phenomenon, where memory loss is viewed as a normal part of ageing (Gilles, 2000; Jonas-Simpson & Mitchell, 2005). Dementia is a chronic, progressive syndrome, generally characterized by cognitive changes that can lead to memory loss, limit the ability to think, orient oneself, and understand, and also affects speech, judgement, mood, movement, emotional control, and behaviour. Popular portrayals of dementia fail to recognize that individuals experience these symptoms differently because of how the illness affects different regions of the brain, how degeneration progresses over time, and how these changes interact with the person, their lived experiences, and social environment.

Two important cultural narratives about dementia are common: first, the medicalization of memory loss, which reduces institutional care to supporting basic physical safety and comfort; and, second, memory loss that entails a total eradication of the self. Together, 'these narratives perpetuate a collective representation of persons living with dementia as "non-persons"' (Grigorovich & Kontos, 2020, p. 1). With its focus on medical treatment, the biomedical lens reduces individuals living with dementia to the neurological impairment they experience and their deteriorating ability to complete daily life activities. This ontological positioning leads to a 'tragedy of decline' narrative that eradicates a person's essence, centralizing resources and attention to cure the disease and prolong life, rather than seeking to enhance quality of life (Nolan et al., 2002; 2003; Sabat, 2019). This prevailing discourse on dementia contributes to assumptions about individuals living with the disease, thus fuelling the stigmatization and social exclusion of persons living with dementia and the family carers around them (Behuniak, 2011; Mitchell et al., 2013).

The representation of dementia as a tragedy is evident in metaphors and images in policy, academic reporting, and popular culture that characterize dementia as 'the funeral without end', 'the loss of self', 'the zombie', and 'a living death', thereby promoting and perpetuating fear of, and disregard for, persons living with dementia (Behuniak, 2011; Kontos et al., 2021; Low and Purwaningrum, 2020; Mitchell et al., 2013). Such a discourse plays a powerful role in promoting stigma and creating considerable barriers to meaningful participation

by people living with dementia and their carers in all aspects of social life, including relationships. It ignores the important remaining cognitive and social strengths of people living with dementia and their continued need for engagement with all age groups in relationships to support these strengths.

Great fear often accompanies societal reactions to people living with dementia (Mitchell et al., 2013), stemming from assumptions and the sense that 'life is over' (Alzheimer's Society, 2022). This positioning has created stigma on multiple levels – public, associative, and affiliate (Snowball et al., 2022). Public stigma can create feelings of fear, anxiety, and disgust towards people with dementia. Self-stigma can cause feelings of frustration, anger, grief, loss of confidence, and depression for those experiencing the condition. Associative stigma results in the discrimination and prejudice that care partners of a person with dementia may experience because they are associated with individuals who belong to this stigmatised group. Affiliate stigma refers to the internalization of associative stigma and can result in carers feeling negatively towards themselves (Snowball et al., 2022). As a result, care partners, family members and friends may reduce contact with the person living with dementia, hide this relationship from others, and/or become less socially engaged. These forms of stigma associated with dementia find expression in stereotypes, prejudice, and discriminatory practices, which deprive people living with dementia and their carers of the right to pursue enriching relationships in support of quality of life. This deprivation creates social exclusion and inequality, presenting a threat to health, well-being, and life enrichment (Burgener et al., 2015; Garand et al., 2009).

The culture of long-term care, people living with dementia, and children

Long-term care homes have long been characterized as places of 'dread and despair', and 'repositories of the unwanted' (Subcommittee on Long-term Care, 1974, p. 160). Long-term care residents are seen as being 'abandoned,' (Badone, 2021, p. 389) helpless, and lacking meaning at the end-of-life, concepts which have come to embody stigma associated with being placed in institutional care homes (Zimmerman et al., 2016). In the early stages of the pandemic, these characteristics were exacerbated by egregious living conditions and increased mortality. There is considerable evidence of prejudices related to residents' cognitive and physical impairment (Dobbs et al., 2008), which shape societal views of residents living in long-term care homes and normalize structural conditions (e.g., inadequate staffing levels, care models, and visitation policies) that do not support high levels of quality of life.

The risk-averse culture of long-term care

A risk-averse culture that seeks to protect residents and employees' physical safety while reducing owners and operators' legal liability dominates the long-term care home industry (Armstrong et al., 2020). Risk mitigation in the context of long-term care is embedded in regulatory frameworks that govern everyday activities, including ambulating in and out of bed, eating/feeding, dressing, toileting, and medicating with the aim of avoiding hazards such as falling, choking, and pressure ulcers. This paradigm of care practices focuses on addressing bodily needs in a unidirectional flow from the 'expert' provider to the incapable recipient (Nolan et al., 2002). This care model underscores dominant societal views that people who are living with dementia are dependent, vulnerable care recipients whose limitations are assumed to destroy all possibilities for meaningful communication, life-enriching relationships, and activities (Kontos et al., 2020; Mitchell et al., 2013).

Adult staff and family members support the provision of bodily care in long-term care homes. Such support is objectively observable, measurable in the number of times an activity occurs or in its quantity/duration, and subject to standardized reporting. By contrast, psychosocial supports that are vital to developing and maintaining meaningful relationships fall outside such metrics, rendering this form of care hidden and undervalued. Despite being recognized as essential to well-being (Mitchell et al., 2020), social and emotional care is more challenging to measure and monetize. It is therefore not embedded in long-term care homes influenced by neoliberal ideals (Armstrong, 2017).

This risk avoidance paradigm may play a considerable role in why children are not seen as carers in long-term care. The physically laborious tasks of long-term care (e.g., operating mechanical hoists that manoeuvre residents in and out of bed, into a wheelchair, and on/off the toilet) are assumed to require adults' physical size and strength. However, a dominant focus on bodily care minimizes the elemental nature of emotional fulfilment in human lives and reinforces the concept of caring in long-term care as an 'adult' activity. This value system renders children invisible in the hierarchy of adult staff and family who provide care, marginalizes the essentiality of social care forms for vitality, and fails to recognize children's capacities to participate meaningfully in their loved ones' care.

Commonalities in societal views towards children and residents of long-term care

Long-term care homes can be seen as 'a barometer of values and practices; a signal of social perspectives, raising issues that go beyond specific services and practices into notions of what constitutes care' (Armstrong, 2017, p. 9). It is within this framing that we can see how both residents of long-term care and children are viewed similarly, through a lens of dependency, vulnerability, and diminished or undeveloped capabilities. Long-term care residents, especially those with cognitive impairments such as dementia, are viewed as being entirely dependent on others for physical and social supports, vulnerable to disease and frailty, and in need of protection against risks (Kaskie et al., 2015). People living with dementia are no longer considered able caregivers. Similarly, children are viewed as being dependent on adults for life-sustaining care, in need of protection from harms, and lacking the agency required to authorize decisions independently (Mills, 2000). Hearing from friends that they do not take their children to visit their grandparents in long-term care because it is a 'scary place', reflects a perception that adults need to protect children from what they may witness in long-term care. Protector adults employ such protective acts to ensure children's well-being; the long-term care environment conflicts with that aim. Within this protective stance is also a desire to protect children's innocence about aging, illness, dementia, dying and death, which can be characterized as 'certain states of life which adults feel should best remain secret from those inhabiting the world of childhood' (Mills, 2000; p. 12). Therefore, rather than being capable of filling caregiving roles, children are seen as needing protection from the stresses of caregiving (Dearden & Becker, 1997) and crucially, from socially constructed, discomforting ideologies towards dementia, dying, and death.

Concepts of caregiving

A binary, oppositional language has emerged in the context of how society views relationships where an individual needs supports. Individuals are compartmentalized as either caregiver or care receivers, independent or dependent, competent or incompetent (Bartlett & O'Connor, 2010). For those considered dependent, agential capabilities are called into

question and removed. This unidirectional conception of care applies both to people living with dementia in long-term care and children, the limited language suggesting that an individual can fall into one category or the other, but not both simultaneously or with any interconnections.

Incompatible views of children and caregiving

While we often conceive ageism as a social construct that only considers older people in terms of negative perspectives of ageing, similar constructs exist in our impressions of children. Work by de la Fuente-Núñez et al. (2021) and the World Health Organization's (2021) Global Report on Ageism suggest that 'childism' is a form of ageism in which adults believe that children are naïve, inexperienced, and incompetent, with adults knowing best and, thus, being more competent in making decisions that affect children. From an adult perspective, children are viewed as 'vulnerable in terms of a diminished ability to protect ones' own interests' (Singh & Keenan, 2013, p. 698), hence requiring emotional and physical protection. Like with older people, ageism against young people manifests across policies where younger people's voices are often not sought, denied, and/or dismissed, in part due to their lower political power. Because of such childism, the decision to prohibit children from visiting loved ones in long-term care when heightened infection prevention and control policies are in effect has largely gone unrecognized and unchallenged, conceivably due to our limited constructions of both young and old people.

Conceptions of child carers

Settings in which caring takes place for those needing supports (e.g., in the home and institutionally) tend to provide the contextual basis for child carer studies, with an emphasis on singular directional care, daily life activities and household tasks rather than psychosocial supports. Although care is conventionally thought to be predominantly provided by adults, more recent and heightened acknowledgment is emerging of the caring roles children readily undertake, including for family members living with dementia in the home environment (Townsend et al., 2012). However, this realization has not carried over to studies of long-term care settings. Over the last decade, scholarship has begun to recognize young carers as young persons under 25 who provide care, assistance, or support to another family member (McConnell-Gladstone et al., 2006). They – often regularly – carry out significant or substantial caring tasks and assume a level of responsibility that would usually be associated with an adult (Becker, 2007). The person needing support is often a parent but can be a sibling, grandparent, or other relative with a disability, chronic or mental illness, or any other condition connected with a need for care, including emotional support (EuroCarers, n.d.). 'Caring tasks' are often identified as domestic and personal care activities. Young people's caring tasks can include, for example, getting groceries, making meals, cleaning house, looking after siblings, and daily life activities (e.g., getting in and out of bed, bathing, dressing, feeding, toileting) (Aldridge & Becker, 1993). Like the emphasis placed upon bodily care in long-term care, this definition is also largely limited to task-oriented care, suggesting that children-provided care is outside established social norms of caregiver identities and the social roles of children in families (D'Amen et al., 2021; Kavanaugh & Stamatopoulos, 2021).

The 'child carer' literature and how governments formally consider these carers as a group often focuses on young people who provide care to family members in the household

out of necessity rather than choice, thereby constructing such care as being 'burdensome' (East, 2010). Despite growing attention to 'young carers' as part of the caregiving community in the home environment, understanding of children engaging in relationships and providing social care in long-term care homes is sparce. The characterization of caregiving as burdensome has become part of the dominant discourse of this phenomenon. Understandably, the young carer literature focuses on the concerns and experiences of children providing daily, ongoing care to family members at home with few supports and without the having a choice to take on this role (Savage & Bailey, 2004). When considered, positive aspects of caregiving in this context are oriented towards personal developmental potentials useful for transitioning forward into later life, such as improved self-esteem, resilience, maturity, empathy, and coping strategies (Kavanaugh & Stamatopoulos, 2021). While these are undoubtably important aspects of caring, there is opportunity to expand our conceptions of caring in the long-term care setting to include the potential for relational aspects of young carer's relationships with residents. Pre-teenage children have received limited attention in the young carer literature and are particularly absent in the context of being involved in the care of a loved one living in long-term care, making this area of young caring important for exploration.

Relational caring – thinking differently about caring for people living with dementia in long-term care

Conceptions of dementia care are diversifying to include a relational caring model that recognizes that care flows multi-dimensionally (e.g., embodied, psychosocially) as well as multi-directionally (e.g., between individuals), with recognition that the experiences of how a cared-for person receives and responds to 'being cared for' (Noddings, 1996) are critical aspects of care. This care partnership is understood as being essential for all and a characteristic of the human condition, where acts of caring are seen as being as interdependent as they are interpersonal (Barnes et al., 2015). In a long-term care setting, people living with dementia are commonly defined by their need to receive care. However, applying a lens of reciprocity in relational caring broadens the conception of care to also see these care recipients as givers of care through expressions of concern, dedication, and attachment (van der Geest, 2002). Returning to my personal experience, this exchange of devotion was a pivotal part of the caring relationship I observed between my mother and daughter, frequently demonstrated through embodied expressions of communication (Figure 20.1).

In the context of experiences of young caring in a long-term residential care setting, caring may look quite different than from the home setting. If daily life activities are largely undertaken by long-term care home staff on a 24-7 basis and financial and decision-making responsibilities are by necessity undertaken by adults, young carers' visits can focus on social connection. Hence, there is a need to explore this population of young carers who operate in near obscurity, using theories and methods that relate directly to the individuals and settings involved in this particular care relationship. A shift in focus from task-oriented care practices to relational models of caring (Kontos & Grigorovich, 2018; Mitchell et al., 2020) allows for a broader view of how children take on caring roles with people living with dementia in long-term care.

The biomedical model of dementia focused on loss has created multi-faceted stigma that affect people living with dementia in long-term care homes. Assumptions about children and the possibilities for how children can relate to people living with dementia interrelate with this paradigm, and thus poses considerable barriers for meaningful relationships.

Figure 20.1 Care as a reciprocal, embodied connection shared between my mother and daughter.

Source: Image by Melanie Lalani

However, the theory of relational caring provides a promising alternative framework that challenges hegemonic discourses about dementia and can be used to support relationships between people living with dementia and young children.

Conceived by Kontos (2005), with important contributions by other scholars including Dupuis et al. (2016a), Mitchell et al. (2013, 2020) and Jonas-Simpson et al. (2020), relational caring is based on Maurice Merleau-Ponty's theoretical approach to the body (1962) and emphasizes that despite memory loss, the body itself continues to engage actively with the world (Kontos, 2005). Relational caring recognizes that compassionate relationships are central to human wellness and that human beings learn, evolve, and thrive optimally within 'mutual and reciprocal relationships' (Jonas-Simpson et al., 2021).

Key tenets of relational caring practice have been conceptualized in recent scholarship to include: showing empathy and curiosity by being receptive and emotionally responsive and showing genuine interest in others; being attentive to the potential effects of our feelings and interactions with others; displaying openness to shared discovery and reciprocal learning possibilities; being compassionate and open with others; presenting openness to vulnerability and experiencing it as a possibility for potential growth rather than risk; respecting that everyone has the ability to have meaningful relationships; confronting discriminatory practices by addressing barriers such as oppressive policies and practices; and providing opportunities for creative and embodied self-expression, meaningful relationships, and thriving (Dupuis et al., 2016b; Jonas-Simpson et al., 2021; Kontos & Grigorovich, 2018). Relational caring also recognizes that relationships go far beyond interpersonal relations to include interconnections among individuals and social, cultural and political forces (e.g., stigma, policies) at various levels (e.g., family, institutions and community), and that these

forces play a crucial role in upholding or denying the fundamental human rights of people living with dementia (Grigorovich et al., 2019; Jonas-Simpson et al., 2021; Kontos et al., 2017). Relational caring's emphasis on bringing relationships to the forefront in conceptions of dementia and approaches to caring includes the importance of family and maintaining familial connections (Barken & Lowndes, 2018; Kontos et al., 2018). Expanding upon this foundation to explore the roles of young children in relationships with people living with dementia in long-term care is an important, novel, and complimentary area of exploration. Studies of relational caring theory have demonstrated the importance of embracing an affirming attitude towards persons living with dementia, which transforms how dementia is seen, explicitly positioning persons labelled with dementia as vital and complex beings. Similarly, explorations of relationships between people living with dementia in long-term care and children also involve seeing children as capable, interdependent, and capable of contributing valuable life experiences of their own. Accordingly, the theoretical framing of lived childhoods supports explorations of this ontology.

Lived childhoods – seeing children differently

Taken-for-granted concepts of childhood and people living with dementia are remarkably similar: both groups of often positioned as being dependent, in need of protection, and lacking the capability for emotionally complex relationships. When ingrained into institutional visitation policies in long-term care, this positioning isolates people living with dementia and young children from each other, actively perpetuating existing stigma and preventing opportunities for relationships. In sociological research, the concept of childhood abstraction has been used to depict the presumption that all individual children share a generalizable state based on their age and set social norms (Baraldi & Cockburn, 2018), perhaps a concept on which long-term care visitation policies restricting caregivers to the age of 16 and above were unconsciously or consciously constructed. In contrast to this abstraction, lived childhoods suggests the situatedness of conditioned, everyday interactions and practices as forming a multiplicity of possibilities for children. As Leonard (2016) presents, a shifting paradigm in childhood studies sees socialization as being more than a simple unidirectional process, positioning it instead as the result of reciprocal interactions that occur between agents that interact with the child, with the child playing an active part in this process. Studies concerning how children go about relating in their everyday lives have increasingly called into question the view of a fragile, incompetent, passive child, advancing more refined conceptions of childhood whereby children are capable of responding dynamically to the range of influences around them and active meaning makers in myriad ways (Leonard, 2016). Accordingly, children deserve to be seen as much more than 'apprentice versions of adults' or 'human becomings', and respected as human beings who are actively engaged contributors to the world around them (McConnell-Gladstone et al., 2006, p. 2540). In the context of children's potential to engage with and potentially change larger structures such as care paradigms and policies in long-term care and the stigma of dementia, children may be seen as actively making sense of the social processes they are subjected to, which may result in these processes 'being contested, negotiated, challenged and reinterpreted' (Leonard, 2016, p. 25). I see this expressed in my daughter's questioning of long-term visitation policies, active engagement with residents living with dementia, and rejection of assumptions about limitations enforced for both people living with dementia and herself as a child.

Lived childhoods posits that social competency is not a singular phenomenon or something traceable in a linear, developmental manner. Rather than being a function of attaining

a particular stage of development often associated with age, displays of social competence are intrinsically contextual and established through a child's negotiation of experiences set in given moments (Baraldi & Cockburn, 2018). Hence, the model of lived childhoods challenges visiting policies in long-term care that are based on age and result in the isolation of people living with dementia and children from each other with no apparent gain (e.g., in infection prevention and control). Additionally, social competence is very much connected to the structural contexts in which it is navigated (Baraldi & Cockburn, 2018). Lived childhoods understands that children employ resources available in the setting they are in to manage interactions as well as the social impacts of others' actions. Given the lack of exploration and understandings of the relationships lived between children and people living with dementia in long-term care, there is great opportunity to explore and elaborate the actual lived conditions of this area of childhood, thus possibly disrupting existing social and cultural presumptions.

Bringing lived childhoods and relational caring into conversation

Similar to how the biomedical model of dementia care does not allow for an appreciation of the many strengths that people living with dementia can bring to relationships (Sabat, 2019), childhood sociological literature with a developmental focus can also underestimate children's relational capabilities (Leonard, 2016), potentially creating assumptions about their capacity as a group to engage with people living with dementia (Alzheimer Society, 2022). Bringing lived childhoods and relational caring lenses together, we can view children and people living with dementia as possessing expertise from their own lives (Facca et al., 2020) that they bring together when engaging, rather than assuming that they do not have, or are unable to draw upon, relevant experience.

Bringing these two theories into conversation in research may enable the application of complimentary perspectives from both literatures that are understood to be supportive of the agencies of both people living with dementia in long-term care and children. Additionally, these theories can be used to guide adult family members and staff in effectively supporting the participation of people living with dementia and children. For instance, key elements from both models involve: (1) active listening in the moment; (2) encouraging personal and embodied expression; (3) prioritizing perspectives of people living with dementia and children; (4) consultation, joint planning, co-construction of decisions; and (5) working for the benefit of participants.

Creativity in relationships

For both people living with dementia and children, participatory arts have been used in research and programming to help create environments free of failure and offer opportunities for participants to express themselves, engage in meaningful relationships, and to foster a sense of connection, inclusiveness, and belonging (Basting, 2020; Cahill, 2007; Jonas-Simpson & Mitchell, 2005; Jonas-Simpson et al., 2021; Kontos et al., 2020; Nunn, 2020; Swinnen & de Medeiros, 2018). Creative approaches such as story-writing and sharing, visual arts, music, dance, and drama have also been used in daycare and school programs with residents of long-term care to offer new potential for expression, meaning-making, and relationship-building across all life stages (Bradwell, 2021). Additionally, engagement with the arts is increasingly recognized to reduce stigma and increase social inclusion of people living with dementia because the arts provide strong support for non-verbal, embodied

communication, and the opportunity to participate in activities that are meaningful to self and others (Kontos et al., 2020; Swinnen & de Medeiros, 2018). Similar potentials have been realized using arts-based approaches with children (Cahill, 2007) and are thus considered important methods that support exploration of the relationships between people living with dementia in long-term care and children.

Systemic barriers to relationships between people living with dementia in long-term care and young children

Even prior to the COVID-19 pandemic, young children were not commonly a part of the everyday culture of long-term care homes. In many cases, long-term care homes are physically and socially separated from the community (Boamah et al., 2021), which further erects barriers to the regular presence of children in long-term care. Additionally, long-term care has been organized as an adult setting, where the people that comprise it (residents, staff, volunteers and family visitors) are adults and everyday activities are centred on needs informed and addressed by a medical model of care that focuses on the treatment of illness. This care paradigm does not include children engaging socially with residents. Viewing residents predominantly according to the chronic illness and disabilities that create care needs and foregrounding these in individuals' identities displaces them as social beings. In the case of residents living with dementia, society tends to view them as being 'socially dead' (Sweeting & Gilhooly, 2008, p. 93). Pervading every layer in these barriers is the stigma surrounding death and dying, a complex phenomenon of human relations that adults widely meet with great discomfort and avoidance (Harrison et al., 2019), which may, in turn, make them want to shield children from anticipated distress (Martinčeková et al., 2020).

Visiting restrictions enacted in long-term care homes during the pandemic further entrenched the absence of young children in the lives of residents. While COVID-19 is no longer classified as a global public health emergency, associated policies created new precedents for infection prevention and control measures for other outbreaks of illnesses, such as acute respiratory infections and influenza, common in congregate living. For example, in Ontario, Canada, a single, suspected case of infectious illness can resume limitations on children visiting loved ones, thus creating a sense of permanence to these policies due to the regularity of outbreaks in congregate living settings. Thus, it is concerning that prescribed social behaviours in long-term care during the three years of the pandemic may have become firmly established, further cementing this setting as an adult institution and ingraining the intertwining stigma surrounding dementia, living in long-term care, death, and dying, and attitudes towards children as carers. Although recent scholarly reviews have called for an urgent 'reimagining' of family involvement in the daily lives of long-term care residents (Gaugler & Mitchell, 2022, p. 235), the potential roles that children might play have not been recognized as being part of this imperative.

An opportunity to explore relationships between people living with dementia in long-term care and young children

Opportunities to pursue life-enriching relationships between people living with dementia and young children in institutional care settings are rare. Acceptance of this age segregation reinforces a culture of stigma and fear of people living with dementia, perpetuates assumptions about the capabilities of children, and also dismisses any possibility and need for such relationships. However, bringing together theories of relational caring and lived childhoods with an arts-based methodological approach offers new possibilities for connecting

these groups and exploring relationships between people living with dementia in long-term care and young carers. This exploration can therefore expose possibilities for shifting dementia and childhood discourses from one of deficit to active citizenship. Thus far, however, research that considers connections between these groups has been approached with programmatic and therapeutic ontologies and epistemologies. For example, scholars have examined potential health benefits of interaction for people living with dementia (Lu et al., 2022), changes in children's attitudes about dementia following participation in an engagement program (Lee et al., 2007; Smith et al., 2020), and assessment of intergenerational programming for social aims (George et al., 2011). Accordingly, as a priority area for exploration in my research, I have identified the need to research relationships between people living with dementia in long-term care and young children to understand relational aspects of their engagement and how inclusion can be best supported.

Insights into areas for exploration

Casteel-Harper (2020, p. 160) suggests some examples of what children may contribute to such relationships including offering 'tender spontaneity and unguarded curiosity' (Casteel-Harper, 2020, p. 160) and bringing imagination and a freedom to play. In contrast to common adult reactions to dementia that focus on physical, cognitive and emotional deficits in those affected by the illness, Basting (2003, 2009) considers children to naturally seek out that which is hidden in each of us, a process that is not contingent upon memory, rationality, or a person's ability to recognize. Similarly, arts-based research with people living with dementia has found that when supported well relationally, individuals, even in advanced stages of dementia, relate through embodied acts of playful self-expression that defy assumptions about their capacity to engage (Kontos et al., 2020). These qualities featured prominently in the relationship between my mother and daughter and in informal encounters with other long-term care residents, providing inspiration for exploration with other families.

Linking ages meets intergenerational relations: Conclusion and implications

This contribution shows the potential of combining a Linking Ages perspective with an exploration of intergenerational relations in institutionalized settings. A Linking Ages analysis of the construction and constructedness of childhood and later life as distinct life stages significantly contributes to our understanding of how and why children and older adults are often separated in society at large and institutions concerned with care in particular. In reconstructing how children and older adults in need of care are framed, we can unveil the mechanisms in place for dividing them. That is, we can uncover what has shaped our age-separated society.

   This has implications for practice, too: Importantly, exploring caring relationships to their full potential between people living with dementia in long-term care and young children is essential for understanding possibilities for enhancing quality of life and changing approaches in long-term care. Creating supportive environments for people living with dementia in long-term care and children to engage creatively in meaningful relationships may help deconstruct the barriers of stigma we have collectively established that serve to 'separate our common humanity' (Snyder, 2009, p. 274). Supporting young children and people living with dementia in long-term care to be seen and heard in caring, creative relationships is essential for reducing the entangled stigma that both these groups experience, thereby reshaping dementia-care practices and transforming our very notions of caring.

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21 The Generational Conflict as a Social Construct of Certainty to Manage the Ambiguities of the Corona Crisis

Jana Heinz and Helga Pelizäus

Problem outline: Uncertainties of the corona pandemic

The SARS-CoV-2 virus is still a topic of media coverage, and it is still surrounded by uncertainty, absence of knowledge and ambivalence. Ambiguities, gaps in knowledge and contradictions are being uncovered every day, and previous certainties are being questioned. At the same time, typical patterns of dealing with the unknown can be identified. Definitions are being developed, clear boundaries are being drawn, and probabilities are being precisely calculated. Rules are then defined that provide or are intended to provide guidance and certainty in action (cf. Bonß, 1997).

At the beginning of the pandemic, for example, the stereotypical portrayal of older people as the "60+ risk group" dominated the media discussion. Beginning in December 2020, the effectiveness of various vaccines with the most precise possible probability calculations took centre stage (cf. e.g. SZ 29.04.2020). Since the end of April 2020, younger age groups have increasingly appeared as the "new risk group."

While the uncertainties and insecurities hit a large part of the population in a sudden and unexpected way, they are not astonishing from the perspective of late modernization theory. In the sociology of risk, the omnipresence and social explosiveness of insecurities and uncertainties have long been regarded as typical characteristics of late modern, contemporary societies. They are interpreted as consequences of a radicalization of modern dynamics such as globalization, mobilization, individualization, rationalization, and digitalization (cf. Bonß, 2001). For a long time, these uncertainties were hidden by the construction of supposed certainties and unambiguities, as sociologists who argue from the perspective of reflexive and modernization emphasize (cf. Beck et al., 2001; Pelizäus-Hoffmeister, 2006). Through the production of security fictions – as they are called following Bonß (1995) – uncertainties are concealed, but do not disappear.

Dealing with uncertainty in this way creates new problems, since it ignores the complex social interactions and thus the unintended side effects,[1] which in turn can jeopardize the security fictions. If these side effects are not recognized, they can become a powerful force that can produce profound crises of function and legitimacy, both socially and institutionally (cf. Beck et al., 2001, p. 42). The development of a new "risk culture with an eye for side effects" (cf. Pelizäus & Heinz, 2021b, p. 9) is necessary to cultivate appropriate forms of managing uncertainties. According to Wolfgang Bonß (2011, p. 65), a new type of actor is needed that no longer views uncertainties as a deviation from normality that needs to be eliminated finally.

The analysis of the current handling of the corona crisis offers the potential to address precisely this issue, because the virus has created a world of uncertainty. By looking at how

COVID-19 is dealt with – socially, institutionally and individually – typical "patterns" of dealing with uncertainties can be identified. These patterns can then be reflected on from a theoretical perspective with regard to their (non-) adequacy for late-modern scenarios. Based on these findings we propose strategies for managing late-modern uncertainties which avoid problematic side-effects on all levels as much as possible.

The objective of this article is, on the one hand, to trace the internal logic of the forms of crisis management with reference to sociological concepts of risk and uncertainty. We will show why presumed certainties – such as generalizing images of old and young people – are (or have to be) constructed in these times and to what extent they justify (political) action. On the other hand, this article will show that simplifications are accompanied by unintended side effects, which have to be made visible, critically reflected upon and, where necessary, eliminated.

We start with a media analysis which provides insight into central constructed simplifications. Employing articles from the newspapers *Süddeutsche Zeitung*, *Die Welt* and *Taz* in the period from January 2020 to August 2021, relevant discourses have been reconstructed through qualitative content analysis. The unintended side effects that gradually become visible will be examined. Subsequently, the interpretation and practice of dealing with uncertainties will be reflected on from a theoretical perspective. We conclude the article with some initial ideas for a new risk culture, which should be more appropriate for late-modern scenarios.

This analysis is based on the assumption of close interactions of politics and media with manifold interrelationships (Pfetsch, 2005), which, however, will not be examined. Our concern is rather to understand and classify the handling of uncertainties and insecurities through the production of unambiguity – using the example of the media-staged ways of dealing with the virus and the measures to contain it – as a typical form of late-modern action, independent from the actor level.

A media analysis of managing the corona crisis: the role of stereotypes

We understand media discourses as argumentative practices that generate, validate, and transform collective knowledge. Discourses form perceptions and "truths" for others (cf. Keller, 2004). In doing so, these texts produce rules that determine what and how things are talked about, what is kept silent, what appears as true and false (Biggs & Powell, 2009; Foucault, 1994). In this sense, we study texts as knowledge systems and rules of truth production (cf. Bührmann & Schneider, 2012; Diaz-Bone & Schneider, 2010; Hirseland & Schneider, 2008). Especially in extraordinary social situations such as the corona pandemic, discourses are essential for coming to an understanding of changes, risks, and *normality*. Discourses during the corona pandemic have reflected and described the attitudes of society members and have shaped awareness with regard to dangers, who is at risk, and the appropriateness of political measures.

Methodological proceedings

We chose articles from three national newspapers from different political camps (Süddeutsche Zeitung, taz, Die Welt) that discuss political discussions and decisions regarding the corona pandemic. Following Glaser and Strauss (1998) as well as Jörg Strübing (2014), we consider prior theoretical knowledge to be important for focusing our view on connections that are

not immediately visible. In this sense, the selection of texts was determined by our hypothesis that the age groups young and old and in particular, their relationship to each other ("generation conflict") are of the utmost importance in the understanding of the pandemic. To narrow down the text search, the following keywords were chosen: "corona" AND "generation" OR "children" OR "young people" OR "elderly" OR "seniors." In the first phase of evaluation (from January to September 2020), 354 articles from Die Welt (W), 263 from Taz (T), and 610 from Süddeutsche Zeitung (SZ) were selected. The second phase of analysis, from October 2020 to August 2021, included 807 articles from Die Welt, 588 from Taz, and 1956 from Süddeutsche Zeitung.[2]

The evaluation was carried out employing qualitative, structuring content analysis as outlined by Philipp Mayring (2000). In addition, a category system was developed inductively following Grounded Theory (cf. Strauss & Corbin, 1996). A particular focus was on terms of high frequency (cf. Bubenhofer, 2013), as well as metaphors for the two age groups and the generational conflict, as their function as cognitive and associative grids and meaning-making foils (cf. Niehr & Böke, 2010).

Empirical results from the first evaluation period (January to September 2020)

At first glance, it is striking that at the beginning of the pandemic, older people as well as children and adolescents hardly had their chance to speak for themselves in public discussions. At best, children are reported on or medically examined (T 25.04.2020a). Educators and specialists in institutions, daycare personnel and parents are interviewed. In the expert forums and political strategy plans reported in the media, the needs of children and adolescents are introduced in bundles by stakeholders, if at all. Similarly, the group of older people is hardly ever interviewed in the beginning phase. Here, too, it is mainly experts, such as nursing home directors, interest groups, associations and scientists, who are asked for their opinions on the situation of the elderly. The newspapers take an almost paternalistic approach to these groups. In the sense of Biggs and Powell (2009, p. 190), one could speak of a regime of expert power. At the same time, strongly generalizing images of both age groups are sketched.

If we investigate the discourses over time, we can see how topics and images shift, some disappear, others become an undisputed matter of course, and still others emerge anew and gain new relevance. During the first evaluation period, four successive phases were distinguished. However, since the articles on the topics did not appear in all newspapers at the same time, and since newspapers emphasized different topics, the following systematization provides only a heuristic orientation.

Searching for unambiguities

The first phase can be characterized by a sense of chaos, ambiguity, and uncertainty. It was impossible to make unambiguous statements about the danger posed by the novel virus, how it spread or how infectious it was, nor were there any specific suggestions about countermeasures. In addition, due to the variety of (expert) opinions and assessments, the uncertainty and excessive demands not only among individuals but also among politicians became visible. Accordingly, the Süddeutsche Zeitung (SZ 15.07.2020) described the reactions of the EU and its member states as "uncoordinated and helpless." The development of measures to mitigate the pandemic presupposes a minimum of knowledge about the

so-called enemy, – the virus with its spreading routes – as well as about who required special protection. Since initially, almost nothing was known about the virus, defining the groups to be protected then provided guidance for protective measures.

In February 2020, based on initial findings by the Robert Koch Institute (RKI), epidemiologists assumed that the virus was particularly dangerous for older people and that the risk of fatality increased with age. Measures developed on this assumption were discussed. The Süddeutsche Zeitung (SZ 22.05.2020) recorded that "the current situation requires a stricter isolation especially for the elderly as a risk group". In addition, younger people should take over the responsibility for the older generation (cf. ibid.). The emerging image of older people was one of vulnerability and needing protection. They were described as the main risk group.

As helpful as the establishment of older people as an at-risk group may be – it is also inappropriate. First, it ignores the heterogeneity of older people and their health. Second, and more importantly, it paints an inaccurate picture of old age that completely ignores the self-determination of older people. Agency is flatly denied them– which is echoed, for example, in the following: they "are grateful that someone takes their worries seriously" (T 25.04.2020b). Moreover, this image encourages age discrimination.

If there is an almost paternalistic approach to the elderly, children hardly appear in the reporting. When they do, it is mainly to question, "to what extent children transmit the coronavirus and schools and kindergartens serve as breeding grounds" (T 25.04.2020a).

Social distancing in the name of solidarity

The second phase of media coverage was dominated by discussions about suitable strategies for protecting the defined risk group of older people over 60. Two controversial positions can be distinguished.

The first position considers the measures introduced by politicians to be appropriate. Here, the slogan was "Social distancing in the name of solidarity" (T 30.03.2020). The so-called lockdown with the closure of public and private institutions and borders, contact bans, etc. was generally accepted. Reason and solidarity were requested as well as cooperation and trust in the state and its measures (W 29.04.2020). The pandemic, it was emphasized, was also an opportunity to take responsibility for others.

The arguments of the opposing position, reported in the newspapers, were decidedly different. They were characterized by the demand that the elderly voluntarily stay at home so that the young can live their lives largely unrestricted. For example, a physician was often quoted as saying, "It will reduce the number of serious infections if the group over 75 stays at home, and the more old people do this, the sooner the young can get out again" (T 11.04.2020). The economist Bernd Raffelhüschen was also frequently quoted, having calculated the number of years of life gained for society as a whole through the lockdown. His conclusion: as these years gained were – due to the lockdown – lower than without it, the measures would not pay off economically (W 15.06.2020). The frequently quoted statement of the mayor of Tübingen reflects a similar position: "Let me tell you quite brutally: we may be saving people in Germany who would be dead in half a year anyway" (SZ 28.04.2020a).

Furthermore, this argumentation represents a generational conflict that becomes visible in different dimensions, such as income levels, housing conditions, work situations, and social needs. With regard to the question who is most restrained by the measures to control

the pandemic, the same conclusion is typically drawn in the newspapers: "Pensioners are the winners – for the rest great injustice remains" (W 23.05.2020).

Both positions are similar in their classification of the elderly as a risk group which is no longer questioned. Differences exist with regard to the question how society and the older people should behave. Articles representing the first position reinforce the image of older people as fragile and at risk. The solidarity requested refers to the whole society; no generational conflict is addressed. Representatives of the second position, by contrast, assign responsibility to the elderly and call on them to isolate themselves voluntarily in order to preserve the freedoms of the young.

Normalization of the crisis

In the third phase, a kind of everydayization of the crisis emerged. The crisis scenario now appeared as a given everyday phenomenon that most people dealt with constructively. In reporting, the everyday nature of the crisis was reflected above all in the fact that topics once the subject of much discussion, such as the construction of older people as a risk group or the necessity of the lockdown were hardly ever questioned. They became the unquestioned "foundation" of all further decisions.

The viewpoints of a minority of dissenters - now referred to as "outside-the-box thinkers" ("Querdenker") – were not ignored by the media yet received only marginal attention. The media focused on the challenges of coming to terms with the pandemic. In line with the federal government, various national, regional and local rules and prohibitions were debated, along with their advantages and disadvantages. The elderly as a risk group increasingly disappeared from the media, as a new risk group was discovered, children and adolescents.

The "Corona" generation

From April 2020 onward, there were increasing reports on parents expressing their frustration at homeschooling, working from home and caring for their children simultaneously through demonstrations and networked actions on the Internet (fourth phase). The Süddeutsche Zeitung (SZ 29.04.2020), for example, headlined "'Parents in crisis' demonstrate for young children." Thus, the situation of children and adolescents was also increasingly moving into the public awareness. There was widespread consensus that young people were hardly suffering any negative effects from corona infections. Instead, they were described as a new risk group because they were most affected by the side effects of the social measures taken to control the virus. Mental and physical dangers were reported, which were seen in particular with children from so-called high-risk families (SZ 28.04.2020b). Educational deficits, financial losses and lack of training positions were described as problems, along with the prospect of having to pay off the financial debts of society in the middle and long term (W 06.08.2020; W 12.08.2020; SZ 14.04.2020).

Overall, the group of children and young people usually were discussed against the backdrop of a generational conflict. These discourses often employed the terms "justice" and "solidarity." Thus, "justice" was used when talking about the elderly, who were expected to reduce their demands (W 14.03.2020) and contribute to paying the costs of the crisis in order to relieve the young (W 14.07.2020). In articles on the young, in contrast, the concept of "solidarity" predominated. In particular, articles claimed the young had internalized this value and gladly gave up their rights and freedoms (W 19.03.2020). Die Welt

(W 24.07.2020) reported that "young people are clearly annoyed by the restrictions from the Corona crisis but at the same time emphasize that they are willing to make sacrifices for the health of their fellow citizens."

Side effects of these stereotypes

The media-produced image of older people as frail and helpless encourages age discrimination, which not only has an effect at the institutional and organizational levels but also becomes ingrained in people's minds. It becomes entrenched to such an extent that it guides political actions and medical interventions (see Pelizäus-Hoffmeister, 2010), which can seriously affect their self-perception. For example, the image of old age as a risk may lead to decisions "in the medical field being made solely on the basis of a person's age and not on the basis of detailed information about his or her state of health" (cf. Spuling et al., 2020). Moreover, this negative image of age may be adopted by the elderly themselves ("dependency-support-script" cf. Baltes & Wahl, 1992).

This image of ageing contrasts with the sixth report on ageing published by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth in 2010, which explicitly calls for not equating old age with illness and the need for care and assistance (BMFSFJ, 2010, p. 27). The image of old age presented in the media ignores the fact that the majority of older people manage their lives competently, responsibly and in a self-determined manner. Similarly, it overlooks the great heterogeneity of old age (Kricheldorff & Tesch-Römer, 2013). Its diversity is not only reflected in significant social and health differences but also in the varying time span of life, which is not adequately represented by a simplified image of old age. For example, what may be statistically true for very old people – such as the higher number of previous illnesses – does not necessarily apply to 60-year olds. In gerontology, a distinction is made between the so-called third and fourth ages (Baltes, 2004). People in the third age usually enjoy relatively good health and often provide a wide range of support for others, while the fourth age comprises people dependent on the help and support of others.[3] During the pandemic, for example, the lack of differentiation between the two groups meant that many third-age people were "'thwarted' in their engagement by existing restrictions" (Schroeter & Seifert, 2020, p. 9).

For children and young people, too, these stereotypical media descriptions can become a self-fulfilling prophecy. For example, with a strong focus on their future disadvantages (cf. Fickermann & Edelstein, 2020), their solidarity with their elders is overlooked as an important value in itself. This narrative of solidarity with the elderly also ignored the children's and adolescents' differentiated assessments of their role in the intergenerational relationship. The complexity of their situations remains just as underrepresented as that of the elderly. Some children, for example, thoroughly enjoy spending more time at home with their parents (W 18.04.2020). In addition, some younger people also see the crisis as an opportunity for "their ideas about the economy, politics, and society to prevail in the post-virus era" (W 02.04.2020). Moreover, it is problematic that children and young people are hardly ever interviewed. They are offered a chance to speak for themselves only in a few, mostly medical and psychological studies (cf. e.g. University Medical Center Hamburg-Eppendorf, 2020).

Moreover, the staging of a generational conflict further exacerbates existing generational conflicts in connection with national debt, pension policy, climate change (Fridays for Future), consumption of natural resources, etc., and encourages further stereotyping of the generations. The complexity of their relationship remains unacknowledged.

Empirical results of the second evaluation phase from October 2020 to August 2021

By this time, studies had already been published on both generations in the pandemic, some of which are lively discussed in the media (Andresen et al., 2021; Huxhold & Tesch-Römer, 2021). Gradually, the side effects of the measures taken to contain the pandemic were being revealed in their complexity, making (more) distinct assessments of the overall situation much more difficult. Side effects on different levels, such as occupation and work, education, subjective experience, etc., were reported, so that it seemed more and more difficult to find suitable solutions for combating the virus. The result was a multiplicity of diametrically opposed considerations and convictions. Identical facts were used to draw completely different conclusions. There was an increase in chaos and ambiguity, reflected for example in the phrase "vaccination chaos" (SZ 20.05.2021). With regard to vaccination, in May 2021, for instance, it seemed unclear who should vaccinate, where, who or which age groups should be vaccinated, how long the vaccination protection lasted, whether enough of the vaccine could be produced (for whom?), what relief there should be for the vaccinated, and what the situation should be with regard to equal rights for the unvaccinated (W 25.02.2021).

Unlike the first evaluation phase, the narratives no longer evolved. Two narratives in particular ran through the entire period and gained prominence. Although they varied in their thematic references and scenarios, their basic tenor remained constant. The first focused on the generation of young people as a risk group, the second on the generational conflict. The following evaluations are classified systematically on the basis of the central interpretations, presented in an ideal-typical way in the sense of Max Weber (2009, p. 191).

The corona generation

The new risk group discovered at the end of the first evaluation phase now became the focus of attention. However, it was not the virus itself that was discussed as a problem but the restrictions due to the lockdown (SZ 21.06.2021). The target was the then-current problems as well as presumed future problems.

The Süddeutsche Zeitung (SZ 29.05.2021), for example, reported on: "A year of missed opportunities and missed friendships" (W 17.04.2021). The problems, which children and young people were struggling with, were described in detail. Disadvantages of other groups such as migrants and low earners were reported on but were not the focus (SZ 03.05.2021). The main risk group was now considered to be children and adolescents.

The main topics on the corona side effects were job/work, leisure time and school. Moreover, the discussion focused on topics such as vaccinations and the lack of availability of vaccinations for children and adolescents, the increase in illnesses and a severely reduced quality of life. School was considered the number one problem area. The observed negative effects of the lockdowns ranged from isolation (T 17.04.2021) and personality development disorders (W 21.05.2021) to technical, social, and psychological problems with distance learning (T 17.04.2021) as well as emerging knowledge gaps and eating disorders (W 21.05.2021). With regard to work, the main issues were layoffs, hiring freezes (SZ 29.01.2021), lower incomes (T 12.06.2021), lack of classes in vocational schools (W 25.06.2021), and lack of internships (SZ 07.04.2021). Problems connected to leisure activities, such as "forbidden parties," were often discussed (W 17.04.2021). Illnesses were reported: "Eating disorders, depression, anxiety – all these have increased among children and young people during the pandemic" (SZ 11.02.2021). "The energy has simply been used up" (ibid.). On the subject of vaccination, Die Welt in July 2021 (W 20.07.2021) argue that young people perceive as

a great injustice the fact that freedom was linked to vaccinations; however, they had thus far not been offered a vaccination. The media also emphasized that young people's trust in politics was being "deeply shaken" (SZ 23.06.2021).

Looking to the future, the focus was not always on personal problems. Often, threats to the economic system were reported. For example, an economist was quoted as fearing serious problems for the future economy: "The loss of education will cost a lot in the long run" (SZ 15.07.2021). Scientists and politicians were calling for educational remedial programs, as the labour market needs more skilled workers (W 07.05.2021). Focusing on the youth themselves, a wide range of topics were addressed. Die Welt wrote, "Pupils fear the future because of Corona" (W 19.03.2021). There were many other reports about increasing inequality, poor educational and labour market opportunities, future losses in income (SZ 12.02.2021), widespread gaps in knowledge (W 23.01.2021) as well as the enormous debts that young people would have to pay off in the future. Die Welt (W 10.02.2021) claimed: "What is missed with school closures and amateurish distance learning, often cannot be made up for in a lifetime."

The corona generation gets a voice

Compared to the first evaluation period (Pelizäus & Heinz, 2021a), young people themselves are now increasingly being asked how they experienced the corona crisis. Accordingly, reports are often accompanied by personal recollections The Welt (W 13.01.2021) quoted a young person as follows: "We are seen above all as students, not as people." There are many reports about their fears for the future (W 19.03.2021), which is supported by the media discourse often speaking of the "Lost Generation" (SZ 12.02.2021).

Moreover, the consistently positive portrayal of the young is evident. The Süddeutsche (SZ 05.03.2021), for example, states, "After all, this young generation is more sensible than any other before." The Taz (T 13.02.2021) reports on the Generation Z (1995–2010): "They are so insanely reasonable, the children. Reasonable and patient and showing solidarity." Adolescents are reported to "feel responsible when they can't visit a friend who is depressed because of contact restrictions and at the same time feel like they are abandoning him" (T 25.01.2021). Moreover, if they evoke problems, such as with the forbidden parties, they are met with mildness and understanding – as "Corona victims" (W 05.07.2021). Journalists always take their side, in order to compensate, at least to a certain extent, for the serious disadvantages inflicted by the pandemic.

The generation conflict accelerates

Yet, how could such compensation take place? After the young have refrained from so much, the old should now give them something back (SZ 13.04.2021), is demanded. More specifically: they should abstain from cruises (SZ 29.01.2021), from the sought-after Biontech vaccine, since Astra Zeneca is associated with increased risks of side effects for younger people (T 05.05.2021), or "just shut up" (SZ 21.05.2021). The generational conflict expands, based on the belief that the young are the "Pandemic losers" (W 05.07.2021), while the "old" are the winners. A "pattern of generational injustice" is emerging, writes the Süddeutsche (SZ 15.05.2021), for example. "The 'intergenerational solidarity' demanded by politicians currently appears to be pointing in only one direction. The young and healthy should pull themselves together for the old […] and do without" (SZ 24.10.2020).

Remarkably, the elderly hardly receive any attention outside of the generation conflict. Few articles still deal with their problems and dangers. The focus is primarily on residents of nursing homes and homes for the elderly.

Corona and climate change

The side effects of fighting the pandemic are now also being linked to climate change, which further intensifies the perception of a generational conflict. This includes statements such as: "During Corona, the young had to show consideration for the old. In view of the climate crisis, it is now be up to parents and grandparents to show consideration" (W 27.01.2021). Or: "Most [young people; HP/JH] daily ask themselves still whether they perhaps might infect their grandparents or parents, the two generations, which have knowingly stolen their future with their life-style for decades" (SZ 05.03.2021). The Taz (T 26.06.2021) reports that, after the lockdowns "the double vaccinated old want to head off again after the long time at home. […] The trips [cruises; HP/JH] that parents and grandparents are treating themselves to today, their children and grandchildren will not be able to take later." The baby boomers developed a "crashing life style," which amounts to an "ecosocial sacrilege" (SZ 15.05.2021). The common assumption is that the old endanger the future of the young. Accordingly, the old should no longer continue to live at the expense of the younger generations (W 07.05.2021). The concept of "guilt" (of the old) becomes the new buzzword (T 23.06.2021); words such as "gerontocracy," a derogatory word, are common in media (SZ 23.06.2021).

What is obscured by the stereotypical images

As in the first evaluation phase, the stereotypical representations blur the heterogeneity within the generations and how they cope with the pandemic. Positive implications, such as of the school closures, are seldom reported. In the Süddeutsche Zeitung (SZ 02.07.2021), for example, a mother says, "After 16 months of pandemic, my daughter is unrecognizable. The girl with the cuddly bear in bed […] has become a computer expert who can be trusted with a system update. […] In short, she demonstrates all the skills that schools should actually provide: initiative, creativity and curiosity."

The description of children and young people as "pandemic losers," as "Generation Corona" or even as "Generation Lost" is particularly problematic (cf. T 08.06.2021). Stereotyping them as "lost" virtually denies them the possibility of perceiving themselves as self-efficacious. In fact, the few studies that survey children show that even the youngest have their own distinct perspectives on the pandemic and have developed age-typical strategies to cope with the crisis (e.g. Wendrock, 2020). The stereotype of a lost generation also serves to deprive them of agency to improve their situation. It also fuels fears. Thus, it is obvious that stereotyping them as lost, just as in the first evaluation phase, can become a self-fulfilling prophecy.

The strong focus on the supposedly evident generational conflict and its intensification neither do justice to the heterogeneous situation nor can they contribute to defusing it. The basis of the mediated conflict is the altered portrayal of older people. From the risk group described in the first evaluation phase as frail, in need of protection and helpless, they now become the main culprits for the difficult situation of the young. Their supposed guilt becomes the new catchword and replaces the concept of justice from the first evaluation phase. Accordingly, the old are expected to share the costs of the crisis. The staging of the conflict

is further intensified by the fact that two independent phenomena, climate change and the corona crisis, are now mixed together. On the one hand, there are the young people who act responsibly in the pandemic situation; on the other hand, there are the old people who steal not only the present but also the future from the young. The purely negative description of the group of the elderly is reinforced by the fact that their pandemic-related problems are no longer mentioned, that they are only invoked against the background of the generational conflict. As a result, these portrayals further exacerbate the generational conflict and further increase age discrimination.

Interpretations of the stereotypical portrayals from a sociological risk perspective

Media coverage of the pandemic employs unambiguous constructions that seem to determine political and social activities. To explain the necessity of these constructions based on reflexive modern argumentation, we first have to examine the phenomenon under analysis: media constructions, political discussions and the resulting measures as well as social reactions to them. We assume here a close "interaction of politics and media as a generalized exchange relationship," a relationship characterized by complexity (Pfetsch, 2005, p. 35). Following Barbara Pfetsch, we understand media as both actors and instruments in the political process (cf. ibid.). The clarification of their manifold, contradictory and constantly changing interrelationships – taking into account the respective social context – is a complex research question that cannot be dealt with here. Instead, our concern is to understand and classify the management of uncertainties and insecurities through the production of unambiguity – in this example, the (medially staged) ways of dealing with the virus and the measures taken to contain it – as a typical form of late-modern practice, irrespective of the actor level. Accordingly, a reflexive modern analysis is employed (cf. among others Beck et al., 2001; Bonß, 1995; Pelizäus-Hoffmeister, 2006). Subsequently, potential conclusions for practice will be derived.

Uncertainty and not knowing are catchwords that have always accompanied the pandemic; only the questions have changed over time. Whereas at the beginning, the focus was primarily on questions about the virus and the population groups at risk, later questions about the unintended consequences of the measures taken to contain the virus moved to centre stage. What remains is the omnipresence of the not-yet-known, the contradictory assessments of the situation and the resulting, sometimes diametrically opposed ways of dealing with the situation, which have radically shaped people's everyday lives.

In the sociology of risk, insecurity and uncertainty have long been regarded as basic facts of late modern and, in this sense, contemporary societies, except that they have hardly been perceived as such thus far. Reflectively, modern sociologists would call the currently visible forms of experienced uncertainties "new risks" (Beck, 1986) – phenomena that are temporally, factually and socially blurred – whose consequences are incalculable. They are caused by a plurality of assessments and opinions, which can be at the same time contradictory and ambivalent; by the increasingly visible and expanding ("not-yet") known; and by an increase and acceptance of the importance of alternative, non-scientific forms of explication - such as conspiracy theories (cf. Beck et al., 2001, p. 41). As a result, previously stable frames of orientation and action are dissolving (cf. Beck et al., 2001, p. 34). Perplexity, disagreement and a sometimes desperate search for reliable certainties result, leading to social constructions of supposed unambiguities. These certainties are constructed "by selecting […] from the universe of conceivable possibilities as relevant for action, while others fade out as irrelevant, whereby precisely this selection process leads to (social) unambiguity

and certainty" (Bonß, 1997, p. 24). Security fictions (Bonß, 1995) are created in the form of guidelines and clear rules to convey a feeling of orientation and security. For example, the German government refers to scientifically based constructions of unambiguity by the Robert Koch Institute – such as the construction of the elderly as a risk group or the seven-day incidence – and on this basis recommends actions. At the individual level, there are also constructs of unambiguity beyond rational experience, e.g. a gut feeling and simply trusting that everything will work out in the end. Sometimes even one of the many conspiracy narratives disseminated on the messaging service Telegram becomes the foundation of security fictions.

The unambiguous constructions clearly have an "as if" character (Beck et al., 2001, p. 39; emphasis in the original). Their fictional character is often broadly apparent. In Great Britain, for example, vaccination is carried out strictly according to age groups (starting with the highest age), as reported in Ärzteblatt (2021) in reference to statements by the British Vaccination Commission. However, not all people of the same age have the same risk of being infected and/or becoming seriously ill. Another example is the restrictions for pandemic control, which were usually linked to a seven-day incidence. If the upper limit set was exceeded, restrictions came into effect. At the same time, it is evident that it makes little difference whether or not the limit is exceeded by one point. Nevertheless, clear boundaries are indispensable in order to guarantee security of action in everyday life. The fact that these are also "'ad hoc' decisions" (Beck et al., 2001, p. 40; emphasis in the original), which are only valid for a certain period of time and cannot be universalized, can be seen in changing limits and/or the introduction of new limits, such as the load limit of hospitals in the context of pandemic control. From a theoretical perspective, the constructions of unambiguity reflected in media discourse are not only comprehensible but necessary to be able to make clear decisions. Broad societal regulations and measures must be specific to be implementable.

However, constructions of unambiguity also mean neglecting the complexity of the overall situation and lead to unintended side effects that can challenge the constructions themselves. The exaggerated depiction of the elderly as a risk group, for example, was a first step toward developing strategies to deal with the pandemic. Nevertheless, this stereotyping leads to side effects that only gradually become visible, which may damage the relationship between generations.

Developing adequate strategies to understand and manage complex uncertainties are the central challenges of late modernity. We argue that few suitable solutions exist. Adequate strategies would have to be based on the slogan "expect the unexpected" (Beck et al., 2001, p. 41). Bröckling, for example, uses the term of resilience to describe the ability "to adapt to challenges that do not jet exist" (Bröckling, 2017, p. 17). Acknowledging the (initially) unpredictable side effects of decisions is equally as important as accepting increase in uncertainty and in contradictory (expert) opinions. As a result, making clear classifications, differentiations and demarcations is becoming more and more challenging. We as a society have to acknowledge that decisions usually have to be made based on provisional understandings. The search for certainty and unambiguity is understandable, yet as a strategy to deal with late-modern uncertainties, it is insufficient.

Conclusion

Based on these considerations, conclusions can be drawn with regard to political discourse. For example, the acceptance of measures by the population necessarily presupposes that the

process of decision-making, with its underlying assumptions, is made transparent in public discourse. Public communication and political decisions should stress that the measures adopted are (or can only be) based on provisional knowledge. As a result, the measures will have to be modified as new insights emerge. Likewise, politicians and experts will have to explain that regulations and measures (e.g. incidence of 100 chosen as the boundary) are somewhat arbitrary.

In order to do justice to the complexity of the problem situations and the heterogeneity of the groups affected – in this case the two "risk groups" of the elderly and the young – the experience of those impacted must be made visible. In order to be able to recognize and avoid unintended side effects as early as possible, the individual perception of the pandemic and the strategies to manage them have to be publicly acknowledged. Political action should derive from contributions of the affected groups. Flexibility and contextual appropriateness are required, which can also mean publicly modifying measures that were previously considered correct. Such a risk culture acknowledging side effects would also enable admitting mistakes.

The heterogeneity, vulnerability and competence of children and young people should be made visible. Similar, the group of older people with their specific needs and dangers, which has almost disappeared from the media as of October 2020, must also receive attention. Including the side effects of necessary social constructions of certainty can help to avoid or mitigate them.

Notes

1 In Beck's sense, so-called side-effects are unexpected consequences of social interaction that are neither planned nor intended and include a temporal, spatial and or factual "cross-border-effect" (cf. Beck, 2002).
2 The division into two investigation periods results from the fact that the media productions have changed in terms of structure and content over time. While the first phase can best be reconstructed as a continuous (learning) process, the second phase is characterized by different emphases that are continuously sharpened.
3 It should be added that the distinction between the third and the fourth age can itself be understood as a discrimination. It highlights the third age against the background of a devaluation of the fourth, so-called "frail" age as the "active" one (van Dyk, 2015).

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IIIg. Children's and Older Adults' Rights and Well-Being

22 'I Thought I Was Going to Die'[1]

Bodily Autonomy and the Misuse of Restrictive Practices in Aged Care and Youth Detention Settings

Teresa Somes and Holly Doel-Mackaway

Introduction

Eminent jurist Lady Hale describes bodily autonomy as 'the most important of civil rights' (Herring & Wall, 2017, p. 556). The breach of this fundamental human right through the use of restrictive practices in 'care' settings, such as in aged care and juvenile detention, is attracting intense scrutiny in Australia and elsewhere (Baker et al., 2022; RCACQS, 2021; White & Gooda, 2017). Attempts to restrict a person's liberty without consent could amount to assault or unlawful detention (Erlings & Grenfell, 2022, p. 22). This chapter examines the use of restrictive practices (RP) in aged care and youth detention settings in Australia and how these practices impact on people's right to bodily autonomy and bodily integrity.

Using a human rights-based approach we examine the misuse of RP in aged care and youth detention settings and explore the frequent failure of these institutions to uphold people's agency, dignity, and choice. Our examination suggests these failures are not uncommon and that the misuse of RP is endemic throughout both the aged care and juvenile justice systems resulting in human rights violations. We document some of the ways this is occurring and propose that this is due in part to underlying social and political disinterest in people at the beginning and end of the life cycle. We draw on reported lived experience of individuals who have experienced the misuse of RP in aged care and youth detention centres documented by two Royal Commissions undertaken in Australia: the *Royal Commission into Aged Care Quality and Safety* and the *Royal Commission into the Protection and Detention of Children in the Northern Territory* ('NT Royal Commission') (White & Gooda, 2017). We consider the effects of institutional failures to uphold older and younger people's right to bodily autonomy from a human rights perspective and identify the implications of this in relation to Australia's duties under international human rights law. Our analysis centres around three human rights treaties, the *Convention on the Rights of Persons with Disabilities* ('CRPD') (United Nations, 2006); the *Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* ('CAT') (United Nations, 1987) and its and its Optional Protocol ('OPCAT') (United Nations, 2002); and the *Convention on the Rights of the Child* ('CRC') (United Nations, 1989). First, we situate our analysis in the context of the themes of this book by linking the experiences of people at either ends of the life cycle in relation to breaches of their rights to bodily autonomy through the misuse of RP. We then outline our conceptualisations of bodily autonomy followed by an analysis of the use, and misuse, of RP in aged care and juvenile detention settings. The paper concludes with recommendations about the need for greater regulation of the use of RP in relation to young people and older people in institutional settings.

Scope and connections to themes of the book

While older and younger people are at opposite ends of the life spectrum, we draw comparisons and commonalities in how the law engages with these age groups and the impact of this with respect to the fulfilment of their rights to bodily autonomy and bodily integrity. We correlate human rights breaches in aged care and juvenile detention contexts and in doing so seek to highlight gaps in legal and policy frameworks that contributes to people in these environments being at greater risk of experiencing a range of abuses. It may appear incongruous to analyse human rights obligations and compliance relating to bodily autonomy and integrity from the perspectives of two institutions that have almost diametrically opposed purposes – one to provide support and care for older people who can no longer live independently and require a degree of care, and the other to detain and rehabilitate young people for criminal offences. However, there are several key similarities between the lived experience of certain people living in aged care settings and all people living in juvenile detention in that these groups can both be defined as people 'deprived of their liberty' in accordance with article 4(2) of OPCAT (United Nations, 2002) that defines the deprivation of liberty as:

> … any form of detention or imprisonment or the placement of a person in a public or private custodial setting which that person is not permitted to leave at will by order of any judicial, administrative or other authority.
>
> (United Nations, 2002)

Australia ratified OPCAT in December 2017 but is yet to fulfil the obligation to establish a domestic National Preventative Mechanism (NPM) to oversee the implementation of the Protocol (Spivakovsky et al., 2023, p. 247). The Victorian Ombudsman has noted that the definition of *places of detention* is expansive, and may extend to areas beyond the traditional detention context such as locked wards in aged care facilities (Victorian Ombudsman, 2017 p. 25).

People living in both aged care and juvenile detention contexts have the right to care and protection from harm and ill-treatment including the protections conferred by international human rights law to freedom from torture and any other forms of cruel, inhuman or degrading treatment or punishment (United Nations, 1987). The overarching and central mandate of aged care and juvenile detention facilities is to 'care' for people within their facilities and we contrast this mandate with findings of serious and egregious human rights abuses within these settings via the misuse of RP. Young people in youth detention are, by virtue of their age, in need of care and protection and international law mandates standards of care in these settings.[2] Young people in detention are regularly subjected to a range of RP, some of which are lawful and others that are not. The purpose of an aged care facility is to provide an environment where people are assisted to live self-determined and meaningful lives regardless of the level of care needed. However, residents are subject to restrictions imposed by the institution concerning, at the very least, routine (for instance meals, activities, confinement to rooms at certain times) (Steele et al., 2020, pp. 8–9) or in other instances forms of unlawful RP including mechanical, physical, and chemical restraint (McSherry & Maker, 2020, p. 4; Nay & Koch, 2006, p. 34). The executive summary of the Aged Care Royal Commission Report confirmed this when it stated, 'the inappropriate use of unsafe and inhumane restrictive practices in residential aged care has continued, despite multiple reviews and reports highlighting the problem' (RCACQS, Executive Summary, 2021, p. 68).

There are many reasons why children and older people in institutions are at greater risk of having their rights to bodily autonomy breached. Crawford (2007) says a person's age is one of the primary factors associated with discrimination, she says: "[c]hronological age is one of those key markers – like race and gender – that greatly influence how a person is treated" (Crawford, 2007, p. 27). Further, Hockey and James (1993) reflect that those who experience dependency as a feature of childhood and deep old age are assigned less autonomy, and "are often made to share a space on society's fringe" (Hockey & James, 1993, p. 5).

We agree that people in institutional settings at either end of the age spectrum are more vulnerable to having their rights to bodily integrity breached due to their age, race and gender, in circumstances where those charged with their 'care' behave toward older and younger people in ways that are contrary to their human rights. Moreover, we view these abuses in the wider social-political context in which they occur and frame instances where RP have breached children's, young people's and older people's bodily autonomy and integrity as part of a broader system of oppression against people who are not perceived as being economically valuable. Therefore, abuses against them are often unchallenged and those responsible are not held to account.

We argue that abusive behaviour toward young people and older adults by caregivers in institutional settings is enabled by, and symptomatic of, ongoing prevalence of paternalistic social attitudes that are reflected in laws and policies that define older people and the young as deficient, needy, economically and socially dependant and consequently not as full citizens with the full body of citizenship rights. The Human Rights Commission in a study on ageism in Australia, found that Australians considered older people to have declining skills, agency and vitality, and to lack competence in many areas, such as with technology or professionally. The study found that older people's 'lack of association with meaningful life roles means they are regarded as onlookers, rather than active participants in society, including in the workplace' (Australian Human Rights Commission, 2021, p. 15). Kesby explores these social narratives, observing that the topic of ageing is often framed in the language of disaster or crisis (Kesby, 2017, p. 374). She states that 'global ageing is taken to be a 'crisis' when viewed from a neoliberal perspective, and one which presumes older persons are an 'economic burden which will cripple already overstretched economies' (Kesby, 2017, p. 374). Further, the systemic stereotyping of older persons by seeing ageing through the lens of pathology means aging is characterised by 'decline, dependency and loss of production', which reduces them to 'passive recipients of welfare and care, dependant on the State' (Kesby, 2017, p. 376).

The new sociology of childhood sheds light on the denial of children's and young people's citizenship rights and we suggest this school of thought offers insight into the emerging theorisation of older people's human rights. Adult control of children and young people has been the norm for centuries, 'often justified as necessary for their welfare' (Desai, 2010, p. 10). Philosophers from the 14th to the 18th centuries such as Hobbes (1968), Locke (1700), and Rousseau (1979) espoused Platonic/Aristotelian thinking about childhood, which viewed children as incomplete, as 'becoming', their potential for reason yet to be learned (Milne, 2013, p. 245). When the new sociology of childhood emerged in the 1980s 'social constructions of childhood as innocent, passive, or romantic' was challenged (Wilson & Wilks, 2013, p. 142). Yet, despite this the ongoing legacy of the Enlightenment period persists and paternalism in law, policy and practice remains, and in this context we argue it remains evident in the way RP are used to violate the rights of younger and older people in institutions.

Nevertheless, we argue that learnings from the child rights domain and the new sociology of childhood that challenged paternalistic and 'welfarist' rather than 'rights-based'

approaches to matters concerning children are relevant also to older people and the same reasoning is applicable.

Human rights of children, young people and older people in Australia

Elder law is an emerging area of thought and practice in Australia and internationally and we suggest that applying learning from the children's rights movement is directly relevant to tackling shared legal problems associated with human rights breaches across both age groups. We acknowledge however, that there are a vast array of differences and a diversity of legal concerns facing both groups of people that impact these groups differently. However, we draw on commonalities in this chapter to highlight common ground and possible ways to share learning for the advancement of young and older people's human rights.

The 'CRC' (United Nations, 1989) provides a legal basis for the global movement that recognises children as individuals and holders of human rights, rather than 'mini-persons with mini-human rights' (Connors et al., 2007, 15). While the United Nations Human Rights Council has, in 2020, appointed an Independent Expert on the enjoyment of all human rights by older persons, to date there is no comparable convention or global instrument that articulates and assures older people's rights. We argue that unfortunately Connors et al.'s assessment may be the reality as experienced by many older people in aged care settings, that is, that they may experience infantilisation and be perceived and treated in ways that do not afford them their full human rights. We argue this is additionally pertinent when considering the right to bodily integrity and autonomy in care settings.

The children's rights movement prior to and during the drafting of the CRC (from 1979 to 1989) emphasised the importance of a specific treaty to address and advance children's rights given the inadequacies of existing human rights law protections that failed to incorporate the rights of children. This movement challenged prevailing paternalism toward children and emphasised that children are experts in their own lives, with agency and the right to participate in decision-making processes about matters affecting them. This advocacy culminated in a central provision, article 12, being embedded into the CRC, which gave all children, everywhere, the right to express their views about matters affecting them and for these views to given due weight in decision-making processes. Prior to the CRC states were not duty bound to seek and take into account children's and young people's views and this is one of the reasons why a specific treaty for children was necessary. We argue the same is necessary for older people as there is no clear articulation of older people's rights in international human rights law, other than the *UN Principles for Older Persons* (1991) which are not legally binding and the CRPD (United Nations, 2006) that is legally binding and requires states to address discrimination against older people, yet it is not a comprehensive statement of older people's rights in the same way that the CRC is in relation to children's rights. We correlate the inadequate legal context for children prior to 1989 when the CRC came into force with the current inadequate legal context for older people today under international human rights law.

While UN human rights treaties exist for children (CRC) (United Nations, 1989), women (*Convention on the Elimination of All Forms of Discrimination Against Women*, 2016 ('CEDAW')) (United Nations, 1979) and people with disabilities (CRPD) (United Nations, 2006), specifically focussed international human rights law protections for older people do not exist. Consequently, treaty committees must engage in interpretive strategies that recognise the rights of older persons as being within a treaty's scope. A campaign for a new convention on the rights of older persons was explored on 20 December 2012 when the

United Nations General Assembly adopted Resolution 67/139 'Towards a comprehensive and integral international legal instrument to promote and protect the rights and dignity of older persons' where the Open-Ended Working Group on Ageing (OEWGA) were to start considering 'proposals for an international legal instrument to promote and protect the rights and dignity of older people' (Poffé, 2015, p. 591). However, more than a decade later, this promised convention has not materialised.

The OEWGA, established by the UN in 2010 have identified the need for more robust protections for the human rights of older people, and the strongest message to come out of the UN discussion on the human rights of older people is the prevalence and significant impacts on older people of ageism, and the failure of existing international human rights instruments to respond to ageism. Multiple reports have recommended enhanced legal protections against ageism at the international *and* domestic level. The 2021 OHCHR working paper identified ageism and age discrimination as 'fundamental underpinning concepts':

> Understanding the nature of the ageing process and the extent and impact of ageism is critical to any attempt to address violations against individuals on the ground of their older age. Ageism and actions based on ageist attitudes are a critical component and frequently a principal cause of human rights violations based on older age. Other factors may also combine with ageist attitudes and practices that constitute the disadvantage suffered by particular groups of older persons – such as race, ethnicity, gender and so on (the concept of intersectionality).
>
> (OHCHR, 2021, p. 13)

Additionally, Chapter 1 of *Care, Dignity and Respect*, the Aged Care Royal Commission's Final Report, recognised the need for a more human rights-based approach to the regulation of aged care services in line with Australia's international human rights law duties (Aged Care Royal Commission, *Final Report* 2021, 79.) Australia has agreed to be bound by a number of international human rights instruments, including the CRPD (United Nations, 2006). The World Health Organisation (WHO) has recognised dementia as a source of disability bringing many older people in care within the scope of the CRPD. While not all people living in aged care are living with dementia, a significant number of aged care residents experience some form of cognitive impairment, and misuse of RP violates their human rights under international instruments such as the *International Covenant on Civil and Political Rights* (ICCPR) and the *('CAT')* (United Nations, 1987).

Human rights ideals and values are expressed in the *User Rights Principles 2014* (Cth), the *Quality of Care Principles 2014*, and Charter of Aged Care Rights (Aged Care Quality and Safety Commission, 2019). For example, Schedule 1 under Part 4 of the *User Rights Principles* 2014 (Cth), states (amongst other things) that those in residential care are to be "treated with dignity and respect, and to live without exploitation, abuse or neglect" (s1(d)), and "to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation" (s1(e)).

Just as important as the existence of human rights obligations, is whether they are in fact understood and observed by institutions, and if they are not, what consequences flow from that. Aged care and juvenile detention facilities have a poor record of understanding and implementing human rights standards. Additionally, individuals living in these facilities may lack the resources or capacity to report compliance breaches.

As indicated earlier we posit that a key driver of socio-political neglect of these groups of peoples' citizenship rights is due to economic and political reasons, the fact that children and

young people as well as older people do not participate in the workforce (in the main), and the disenfranchisement of young people in political processes such as the exclusion of young people from voting. Another key reason why the abuse of RP in these institutional settings is occurring is because of inadequate domestic human rights protections. Australia is the 'only democratic nation in the world without a national charter of rights' and we argue that the ongoing 'absence of rights' (Doel-Mackaway, 2022, pp. 46, 238) for Indigenous children and young people, (the population of young people who are the most highly incarcerated demographic) is one of the key drivers of rights abrogations in juvenile detention settings. The lack of a national charter of rights to comprehensively embed Australia's international human rights law duties is also problematic for older people in care settings. At present, the Australian Government is inviting public submissions on the foundations of the new Aged Care Act, which is due to commence in July 2024. Human rights principles are to be at the centre of the legal framework, and the Act will include new system oversight and accountability arrangements. Nonetheless, there are concerns over the challenges associated with embedding human rights in the legislative framework, including questions concerning identification, regulation, enforcement and consequences for breach or non-compliance with the relevant human rights.

The ability to exert autonomy over decision-making and to exercise bodily autonomy are fundamental to individuals' rights to self-determination and control over their own bodies. We explore some of the complexities associated with these rights below before relating these to human rights violations in aged care and juvenile detention facilities via the misuse of RP.

The right to bodily autonomy and the use of restrictive practices

Generally speaking, any exercise of power over a person's autonomy – the authority to control one's own actions or mental state – is illegitimate unless it is authorised by the individual (Berofsky, 2005, p. 59). Cohen describes autonomy as 'that quality which describes the degree of mastery an individual exercises over his or her life' (Cohen, 1985, p. 146). While this chapter focuses on bodily autonomy and bodily integrity, there remains scope to explore the role of autonomy with respect to other areas impacting people in aged care and youth detention and, and in many respects they overlap. These include questions concerning guardianship and decision-making processes, privacy, access to information and communication, and sexual, cultural, religious, and spiritual autonomy.

Under the umbrella of personal autonomy, we can further distinguish bodily autonomy and bodily integrity – bodily autonomy means a person can make decisions about what happens in and to their body. Mackenzie describes this as 'bodily self-determination' (Mackenzie, 2001, p. 420). This is subject to any restrictions imposed by the law, for instance the law does not permit consent to be murdered or mutilated (*R v Brown (1993)* UKHL 19, [1994] 1 AC 212). Bodily integrity is expressed in the negative – it refers to someone's right not to have their body touched or interfered without their consent (Herring & Wall, 2017, p. 568). Circumstances raising questions of bodily autonomy and bodily integrity cover a vast spectrum of behaviours including restraint and RP, the receiving of medical treatments that are either unwanted, unnecessary or carry risks, and freedom from sexual assault. In these instances, both a person's autonomy and bodily integrity is interfered with (Herring & Wall, 2017, p. 568). The fulfilment of psychological needs for autonomy and agency is essential to a person's well-being. Retaining a sense of dignity, choice, and control over one's environment and care is a fundamental right, even if that choice is to assign decision making to someone else (Custers et al., 2012, p. 324). Hence, informed or supported decision making is the hallmark of consent.

Broad concepts of autonomy and individual agency encompass a wide range of concerns within the youth detention and aged care settings. This includes children's and young people's rights not to experience torture and inhumane treatment in detention settings in accordance with the *('CAT')* (United Nations, 1987). This also includes the common law right to bodily integrity and to be protected from battery. The Australian High Court found this includes the right not to have tear gas administered by a prohibited weapon (such as a CS fogger) (Binsaris v Northern Territory [2020] HCA 22, 2020).[3] The use of tear gas has long been deemed a form of chemical restraint and a form of restrictive practice (Trigwell, 1997). *Binsaris* highlights that detainees in juvenile detention are not prisoners, that youth detention centres are not prisons and that the administration of tear gas in this case amounted to the tort of battery.

Our discussion centres on the wrongful interference with bodily autonomy through the use of excessive or unlawful restraint and RP. These practices are highly controversial in both aged care and youth detention settings and have been used in these institutions a means of controlling people's behaviour (Baker et al., 2022; Clark, 2017; Grenfell, 2019). It is common for these practices to be rationalised and justified as necessary for the well-being of older or younger people (Lamont et al., 2020). Evidence given to a legislative committee inquiry into elder abuse in New South Wales observed that such justifications can act as a ruse for the infliction of abuse and the deprivation of bodily autonomy (General Purpose Standing Committee No 2, Report No 44, 2016, 71). The use of RP can lead to trauma, both physical and psychological, and sometimes death (Starr, 2022). The very nature of 'detention' is a purposeful deprivation of autonomy, however, the curtailment of liberty for the specific purpose of incarceration does not eliminate the right to bodily autonomy. Similarly, many aged care residents who live with dementia may lack capacity that can impair autonomous choice and consent may need to be given by an authorised person. Nonetheless, a diagnosis of dementia does not *presume* a lack of capacity (Barry, 2018), and even so, a lack of decision making capacity does not negate or eliminate the right to respect and dignity informing any consent when provided by a third party.

Similarly, when hearing about excessive use of RP in relation to children in juvenile detention, including as a means to manage detainee's behaviours, the NT Royal Commission "emphasised that the use of restraint for non-emergency reasons was contrary to human rights standards" (Spivakovsky et al., 2023, p. 222). The NT Royal commission recommended that the use of RP against children in detention should only occur under the following conditions:

- Use of force be permitted only in circumstances where all other measures have failed
- The use of force be permitted only to protect a detainee, another detainee, or another person from physical injury
- The use of force be applied only by persons trained and holding a current qualification in physical intervention techniques on children and young people
- The use of force be proportionate in the circumstances, and take into account the detainee's background, age, physical, and mental circumstances
- Mandate that a verbal warning be given before force is used, and the detainee given a reasonable period of time to comply, except in emergency circumstances
- The superintendent ensure any detainee injured by use of force is examined by a treating doctor or nurse and clinical notes be recorded (White & Gooda, 2017, p. 265).

When restrictive practices infringe bodily autonomy

The term 'restrictive practice' (RP) covers many different forms of interference with a person's bodily autonomy and integrity. In the context of aged care, the definition of a RP has been set out in the *Aged Care Act 1997* (Cth) under ss54-9 and 54-10. Section 54-9 (1) states:

> (1) A *restrictive practice* in relation to a care recipient is any practice or intervention that has the effect of restricting the rights or freedom of movement of the care recipient.

A restrictive practice therefore can include seclusion (forced confinement), chemical restraint (medication used for sedation rather than for prescribed medical condition), mechanical restraint (the use of jackets, straps, bedrails, ropes), physical restraint (where staff members use their bodies to restrain an individual). Some include within this definition environmental restraint, meaning a restriction of movement to all parts of a person's environment. Other forms of RP can be observed particularly in the case of people living with dementia in care facilities. Steele et al document instances where people are subjected to indirect restrictions, for instance being immobilised through deprivation of aids to mobility such as walkers, seating a person in a deep chair that they cannot get out of, placing a table in front of their chair, leaning a wheelchair back, or ensuring that the person is 'parked', for instance in front of television with little or no opportunity to move (Steele et al., 2020).

Restrictive practices are also used widely in youth detention settings and include, amongst others, physical restraint (the use of physical force); chemical restraint (such as forced medication or the use of tear gas) and mechanical restraint (such as the use of spithoods and restraint chairs) (Anthony, 2017; Fitz-Gibbon, 2018); segregation (Grant, 2017); solitary confinement (Naleemudeen & Mackay, 2021); and restriction of privileges and body searches.

Restrictive practices are a threat to bodily autonomy and integrity and this threat can constitute a breach of human rights, yet even when justified as 'necessary' are still problematic. In a detention setting movement is restricted and regulated. In aged care, the restriction of free movement is often justified on the basis of 'problematic' or 'challenging' behaviour' of those living with dementia. As Chelberg observes, this language of problematising individuals living with dementia also underpins the findings of the RCACQS in justifying 'lawful restrictive practices' (Chelberg, 2023). The improper use of RP is widespread in both aged care and youth detention settings and these abuses have attracted broad public condemnation in Australia. Our exploration below demonstrates many similarities between the misuse of RP against people in aged care and juvenile detention settings and the need for law reform in this area.

The use of restrictive practices in aged care and juvenile detention

Juvenile detention

In 2016, the Australian Broadcasting Corporation televised an episode of the current affairs program *Four Corners*, called 'Australia's Shame', showing graphic footage (filmed secretly) of heinous acts of state-based violence against, and torture of, Aboriginal children at the Northern Territory Don Dale Youth Detention Centre (Anthony, 2018b). This included the

misuse of many forms of RP against Aboriginal children including the use of spit hoods, tear gas, mechanical restraint chairs, sustained solitary confinement and refusing children access to toileting facilities (ABC, Australia's Shame, 2016; Doel-Mackaway, 2022, p. 184). The day after the Four Corners program aired the Australian Federal government announced the NT Royal Commission.

The program showed cruel and degrading uses of RP being used against Aboriginal children at the facility, including holding a 14-year-old child, Jake Roper, in solitary confinement in a dark cell for 17 continuous days. When he escaped in a highly agitated state through a door that had accidently been left open, he and several other children were tear-gassed after the riot squad with an Alsatian dog arrived at the scene (Doel-Mackaway, 2022, p. 4). When the riot squad arrived, and before Jake and the other children were tear gassed, Jake asked the officers in charge if they could talk 'things out' and said, 'I give up' to which he was told by the officers in charge that 'it was too late'(Anthony, 2017, p. 24). Then forgetting that closed-circuit television was in operation at the time in the detention centre, an officer, referring to Jake, said, '…the fucker should come through because when he comes through he'll be off balance [because he had been in solitary confinement in the dark] and I'll pulverise – I'll pulverise the little fucker. Oh shit, we're recording' (Anthony, 2018a, p. 65).

The Four Corners program showed many scenes where state officers at Don Dale assaulted, stripped naked and tear gassed children (ABC, Australia's Shame, 2016) – prohibited acts under article 1 of the CAT (United Nations, 1987). The effect of tear gassing 'constrained the children's breathing, blinded some of them, and made them feel as though they were going to die' (Anthony, 2018b, p. 259). One of the young people shown in the program was Dylan Voller, who was 13-years old at the time, and described to the NT Royal Commission his experience of being tear gassed, he said "I thought I was going to die" (Anthony, 2017, p. 24).

The NT Royal Commission report details the prevalence of the torture of children at Don Dale and shows evidence of the misuse of solitary confinement of children 'beyond the statutory limits in section 153(5) of the *Youth Justice Act* (NT)' (White & Gooda, 2017, vol 2a, p. 330), yet there have been no convictions for these offences against children (Doel-Mackaway, 2022, p. 6). Very few of the recommendations outlined in the final report from the NT Royal Commission have been implemented and Don Dale remains open despite calls for its closure.

The Australian Child Rights Taskforce identified more than 14 state and territory inquiries into violations of children's rights in detention that demonstrate 'widespread and systematic failings' on a national scale (Australian Child Rights Taskforce, 2018, p. 73). Since the NT Royal Commission, knowledge about endemic abuse and torture of children in juvenile detention have surfaced across youth detention centres throughout Australia including in Tasmania, Queensland, New South Wales, and Western Australia (Cunneen, 2022).

Unlawful use of a range of RP, particularly solitary confinement and the use of force, against children in Australian detention centres is not restricted to the NT – it is widespread across other jurisdictions and the UN Committee Against Torture has noted this as a 'serious concern' (United Nations Committee Against Torture, 2022, para. 37). In 2022 evidence emerged about the mistreatment of children living in detention centres in Western Australia (WA) and Tasmania (Mackay, 2023, p. 91). The National '*Disability Royal Commission*' heard evidence of the abuse of children in Banksia Hill Detention Centre and the unlawful use of solitary confinement and restraint (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2022, 6 October 2022; VYZ By Next Friend XYZ v Chief Executive Officer of the Department of Justice *[2022]* WASC 274). Further,

the misuse of solitary confinement and the use of force against children detained at the Ashley Youth Detention Centre in Tasmania were uncovered by the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings* (Transcript of Proceedings, 2022).

There is no shortage of inquiries into the treatment of child detainees, the problems are known, however, little action is taken to address these problems and perpetrators of such crimes against children are not brought to account. For example, despite the findings of the NT Royal Commission detailing grave abuses of children in detention no officers responsible for these offences have been prosecuted (White & Gooda, 2017). The conclusion we draw from political inaction (other than calling for investment via costly investigations and Royal Commissions) is that systemic abuses of children in detention persists and those responsible for such acts continue to do so with impunity.

Justifications for the use of RP against young people in detention settings centre on the notion that this is in their *best interests*, to for example, prevent a young person from harming themselves or others (Baker et al., 2022). The best interests principle is highly contentious and steeped in colonialism as well as adultist interpretations and definitions of what is in children's best interests(Blanchet-Cohen et al., 2023). Australia has one of the lowest ages of criminal responsibility in the world and this is one of the key drivers of children's engagement with the criminal justice system as children as young as 10 can be incarcerated. In concert with racist policing this has facilitated the hyper-incarceration of Indigenous children and their removal from Country and family through juvenile justice systems which has led to Indigenous children experiencing egregious harms and abuse by the state in detention (Cunneen, 2020). The United Nations Committee on the Rights of the Child have implored Australia to set a higher minimum age of criminal responsibility to a minimum of 14 years (United Nations Committee on the Rights of the, 2019, paras. 47–48).

Restrictive practices in aged care

Lamont et al argue that 'care' provided within institutional settings based on paternalism rather than a rights-based approach causes tension between the respect for autonomy and beneficence which justifies or legitimises duty of care (Lamont et al., 2020). They argue the duty is commonly used, in the health care environment at least, as a (misguided) legal justification for imposing non-consensual patient care and treatment where a belief that failing to uphold that duty makes them susceptible to legal action (Lamont et al., 2020).

Lack of government oversight particularly in relation to for-profit residential care providers has led to instances of cost-cutting and the overuse of unacceptable RP. Criticisms include poor coordination with the broader medical care sector (in particular during the COVID-19 pandemic), and workplace issues including poor staffing ratios, inadequate staff training (RCACQS, 2019, p. 207), particularly concerning rights-based rather than paternalistic approaches to care (RCACQS, 2019, p. 205). A common theme is use of RP for cost and labour efficiency, as explained by some people's experiences that were recounted by the Royal Commission into Aged Care Quality and Safety:

> Mrs Barbara Spriggs gave evidence about the experience of her husband, Mr Robert Spriggs, at the Oakden Older Persons Mental Health Service. Mrs Spriggs said Mr Spriggs received medicine to sedate him and that other patients 'appeared sedated'. In Mrs Spriggs's view, 'this was done by staff to ease the management of residents.
>
> (RCACQS, 2021, p. 98)

The *Royal Commission into Aged Care Quality and Safety* (RCACQS, 2019) was established by the Australian government in October 2018 in response to reports of appalling practices and egregious human rights abuses in care institutions across Australia. Its terms of reference were to inquire into the quality of aged care services provided to Australians, the extent to which those services meet the needs of the people accessing them, the extent of sub-standard care being provided, including mistreatment and all forms of abuse, the causes of any systemic failures, and any actions that should be taken in response. In its Interim Report, the Royal Commission found that the prevalence of physical restraint was 'very poorly documented' (RCACQS, 2019, p. 198) and that prescription rates of antipsychotics for people in residential aged care 'are significant and well above what might be expected' (RCACQS, 2019, p. 200). Professor Joseph Ibrahim, the Head of Health Law and Ageing Research at Monash University, gave evidence that 'the use of restraints generally is sadly still widely accepted, though people will all react abhorrently when they hear it, but it's still used' (RCACS, 2019, p. 198). The Royal Commission concluded that the ongoing and common use of RP in aged care was unacceptable, and reform was needed to address the level of severely substandard and unsafe care (RCACQS, 2019, p. 216). There are also issues associated with use of RP beyond what has been legally authorised by guardians. For example, evidence given during the RCACQS brought to light the following case study:

> I signed permission for [name removed] to have a seatbelt on his wheelchair, expecting it to be used only when he is in transit. I am assured that it will not be left on him all day, but every time I go to see him, at different times every day, he is strapped down. It looks like the staff, at each new shift, just leave him as they find him. He is trussed tightly around his legs and body, the strap in the middle biting deeply into him. This makes it extremely difficult for me to take him to the bathroom, or for him to eat at table. He has no exercise, and his mobility is affected. He is constantly agitated, asking me and others to set him free.
>
> (RCACQS, 2021, p. 99)

Insofar as RP are justified on the basis of responding to behaviours of concern, they can be used to enforce discriminatory assumptions about what is deemed 'normal' and 'ideal' behaviour (RCACQS, 2021, p. 99). For example, people who have been previously subject to physical or sexual abuse, or "forgotten Australians", those who have experienced institutionalised care as children may be retraumatised by some aspects of aged care, and their responses, for instance anger or aggression, interpreted as disproportionate (Brown-Young et al., 2020). Such behaviour can be used as a justification for restraint, and under s15F-F(c) of the *Quality of Care Principles (2014)*, may be considered an 'emergency' and override the circumstances set out in the Act for when RP can be used.

Regulating the use of restrictive practices in aged care

As mentioned above, RP are recognised in aged care as 'necessary' in certain circumstances where a person may be at risk or in danger, but their use without consent is unlawful. Amendments to the *Aged Care Act 1997* and the *Quality of Care Principles 2014* that regulate restrictive practice arrangements for approved residential aged care providers took effect on 1 July 2021. These amendments aimed to define RP, detail the requirements that providers must meet for the use of RP, introduce compliance notices and the potential for civil penalties if providers do not meet the requirements, and emphasise 'person centred' care. Under the *Aged Care Act 1997* and the *National Disability Insurance*

Scheme Act 2013, care providers must ensure the use of RP is in accordance with an individual behaviour support plan. These plans detail the circumstances when RP may be used and provide a mechanism of gaining informed consent based on a hierarchy of authority. Under section 15NB (2A) *Quality of Care Principles (2014)*, the use of a restrictive practice not in accordance with a care plan is a 'reportable incident'. Linda Steele describes this form of authorised restrictive practice as 'lawful violence' (Steele, 2017, p. 5), where violence to an individual is sanctioned by the state. There is further procedural uncertainty as the detail of authorisation has been left to the respective state and territory governments to legislate. This leaves aged care residents in a precarious position, as the types of people who are permitted to be 'substitute decision makers' remains undefined in some jurisdictions. At present there are questions concerning the extent to which the provider responsible for ensuring residents without capacity are informed, and whether an appropriate decision maker has been appointed. This makes those people in aged care who have been assessed as lacking capacity, wholly reliant on substitute decision makers appointed under guardianship laws. Additionally, Schedule 9 also grants an aged care provider 'immunity from civil or criminal liability in relation to the use of a restrictive practice in certain circumstances.' The explanation given for this measure is that it represents an interim solution until all state and territory governments enact legislation defining who can consent to a restrictive practice on behalf of an aged care resident deemed incapable of doing so. Erlings and Grenfell argue that the interlocking federal and state laws lack clarity regarding the consent procedure, which in turn impacts both the recipients and providers of care (Erlings & Grenfell, 2022, p. 22).

Additionally, the Serious Incident Response Scheme was introduced in mid-2021 and requires federal government subsidised residential aged care services to systematically report incidents including neglect, psychological or emotional abuse, financial coercion by staff, RP, and inappropriate sexual conduct. Unfortunately, more than 37,800 "serious incident notifications" were received by the Aged Care Quality and Safety Commission during last financial year, and while the statistics do not offer a breakdown detailing the use of RP, most of the notifications were related to the unreasonable use of force.

Conclusion

Grave violations of older people's and young people's rights are occurring in institutional settings in Australia. In this chapter we document some of the ways this is occurring and propose that part of the reason for this is due to underlying social and political disinterest in people at the beginning and end of the life cycle. We posit that a key driver of socio-political neglect of these groups of peoples' citizenship rights is due to economic and political reasons, children's and young people's as well as older people's non-participation in the workforce (in the main). We also argue that the ongoing 'absence of rights' for Indigenous children and young people, is one of the key drivers of rights abrogation, especially in a national context where there is no national human rights charter.

We situate institutional abuse in aged care and in youth detention settings as being grave human rights violations constituting, in many cases, acts of torture in contravention of Australia's duties under the CAT (United Nations, 1987) and are inconsistent with Australia's obligations under international human rights law including the 'CRPD' (United Nations, 2006) and the 'CRC' (United Nations, 1989). We note however, the lacuna in international human rights law regarding protections for older people the consequences of which have serious implications as there is no overarching international instrument that require states to adhere to with respect to the promotion, protection and fulfilment of older

people's rights. We argue that the continued tolerance of these practices only reinforces the dehumanisation of both the detained child and aged care resident, and the perpetuation of the social disinterest in people at the beginning and end of the life cycle.

This chapter sought to highlight many serious legal problems in Australia concerning the use of RP in both aged care and youth detention settings. The correlations we draw between these two settings highlight the urgency of addressing the abuses of people at the early and later stages of their lives living in institutional settings, at times in the life cycle when the most care is necessary and should be expected and delivered. Instead, this chapter cites instances of grave human rights abuses across various institutions. These abuses are neither isolated nor accidental but rather symptoms of ongoing structural discrimination against young people and older people in institutional settings. Often such abuse is carried out behind closed doors, and even when revealed, accountability for these offences is continuously evaded.

Notes

1 Thalia Anthony. (2017). NTER took the children away. *Arena Magazine*, 21, 24 quoting testimony Dylan Voller gave at the NT Royal Commission into Juvenile Justice and Child Protection about when he was placed in a mechanical restraint chair at Don Dale Youth Detention Centre at 13 years old.
2 The human rights standards applicable to juvenile justice are: *Convention on the Rights of the Child* (1989) (CRC), Arts 37 and 40; *Standard Minimum Rules for the Administration of Juvenile Justice* (1985) (the 'Beijing Rules'); *Standard Minimum Rules for Non-Custodial Measures* (1990) (the 'Tokyo Rules'); *Guidelines for the Prevention of Juvenile Delinquency* (1990) (the 'Riyadh Guidelines'); and *Rules for the Protection of Juveniles Deprived of their Liberty* (1990) (the 'Havana Rules').
3 In this case the majority of the High Court of Australia (made up of Justices Gordon and Edelman) found that the use of the CS gas (a form of tear gas) had been unlawful because it was administered using a CS fogger, a prohibited weapon under the *Weapons Control Act* (NT) 2001.

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23 Involving the Community in Ageing Policy Design

The Cascais Protocol

Gustavo Sugahara and Marta Osório de Matos

Introduction

The quest for an age-friendly urban environment is already a multi-decade-long endeavour with a varied range of interpretations, scales, and scopes across the globe. Theories and policy frameworks have typically focused on the 'margins of the life course': childhood, youth, and old age. Recently, the global demographic trend towards an unprecedented growth in an older population has made 'old-age' friendly cities a priority in terms of political and academic interests.[1]

The Active Ageing Framework[2] and the World Health Organization's (WHO) Age-Friendly City and Community' (AFCC)[3] model have emerged as the main reference points to address ageing in urban environments. This has coincided with the so-called age-friendly movement,[4] which continues to expand rapidly since its inception in 2005.[5] Recently, at least one journal special issue[6] and three books[7] were dedicated to the Age-friendly movement. As observed in other 'city models', the academic debate has been translated into policy in various ways.

The Cascais protocol was developed by the authors as part of a government-contracted research project. As the fifth largest city in Portugal with 215,000 residents, 20% of whom are 65 and older, Cascais wants to adapt and prepare for a never-before-experienced population structure. The project was developed based on two central premises: (i) age and old age should be conceptualized beyond a mere accumulation of problems and (ii) the project should be co-constructed with residents adopting an action-research approach.

Our proposal adopted critical gerontology[8] as a theoretical framework, and the WHO-AFCC as its main conceptual tool. During the research process, we reviewed the latest developments in the age-friendly debate and advanced an innovative approach towards the construction of age-friendly cities focusing on the deconstruction of age-related stereotypes and the transformation of cities into places where the right to care is established as a central axis. This implies the recognition that each person is an interdependent, vulnerable being, and an active agent in the production and reproduction of everyday life and the city.

Through the lenses of critical gerontology this paper aims to describe and critically reflect on the research protocol designed for Cascais. This paper starts by reviewing key debates in the Age-friendly movement. We then describe the approach taken to develop the Cascais protocol, including its guiding concept and setting and focusing on a series of workshops we conducted. The paper's third section describes the results of a survey that was distributed before the workshops and the qualitative analyses of the workshops with participants. Finally, in the discussion, we revisit the main findings, outline the project's limitations, and present our contribution to the AF movement. We claim that the Cascais Protocol not only

acknowledges the importance of the life course and intergenerational approaches but also a third dimension represented by the linking ages approach, which advances the promotion of care as a coherent agenda for action.

Ageing policies in a contested cities framework

Demographic facts about the older population are usually presented without further contextualization.[9] Older persons are portrayed simplistically, as a fast-growing homogenous group of frail[10] and dependent individuals.[11] Very often, there is no balance between addressing the important issue of declining functional capacity—present in many older persons' lives—and highlighting the diversity of ageing experiences. The latter is frequently subsumed by the former.

In this context, the idea of a 'demographic tsunami'[12] is a powerful argument that simultaneously raises a dilemma for 'Age-friendly cities' advocates'. Highlighting the unprecedented nature of the current demographic change towards an older and urbanized population usually taps into the growing ageism we have been witnessing in all societies. In contrast to such approaches, the theoretical current of critical gerontology has been gaining ground in the analysis and formulation of public policies. On the one hand, it posits that there is not a single type of old age, while, on the other hand, it recognizes that 'gerontological knowledge' is not only a particularly powerful tool for disciplining and controlling older people but also has direct implications for the meanings that this same population attributes to ageing.

In 2007, the WHO published a guide intended to be used by individuals and groups interested in making their city more Age-friendly, that is, a city that promotes 'active ageing by optimizing opportunities for health, participation, and security to enhance the quality of life as people age'. The guide offers an Age-friendly features checklist that older people can review and contrast with their own experiences.

Fifteen years after the first publication of the WHO 'Age-friendly Cities Guide',[13] the initiative has progressed both in terms of global program implementation and as an academic topic. This network's expansion since its foundation in 2010 is noteworthy. It now includes approximately 760 cities and communities in 28 countries, covering over 217 million people worldwide.[14] A new guide was published in 2023,[15] aiming at national authorities and stakeholders involved in national programs for AFCC. An interview Lisa Warth did with Thibauld Moulaert[16] gives a good recollection and discussion of how the network developed over the last decade.

In Portugal, the movement continues, despite a lack of adherence among major municipalities, including Cascais. To date, only 14 out of 308 municipalities are affiliated with the network, accounting for 12% of the national resident population aged 65 and over: Arouca, Matosinhos, Santa Maria da Feira, Setúbal, Porto, Castro Marim, Oliveira de Azeméis, Gondomar, Maia, Ponte de Sor, Torres Vedras, Vila Nova de Foz Coa, Odivelas, and Alfândega da Fé.

In the introductory chapter of their book, Fitzgerald and Caro[17] provide a glimpse of the diversity of approaches, and of the sometimes confusing and overlapping frameworks related to and generally associated with the so-called Age-friendly Movement. The authors call attention to the variety of scales that have been reported as 'Age-friendly initiatives', which is one of the reasons why the terms 'city' and 'community' have been used interchangeably in the literature.

The literature on this subject usually deals with similar, but not identical, concepts, the Age-friendly Movement, the WHO Age-friendly Cities and Communities framework (AFCC), and the WHO Global Network of Age-Friendly Cities and Communities (GNAFCC).[18] A fundamental distinction is the fact that the Age-Friendly Movement is an umbrella for different research and policy streams that address the relationship between population ageing and the environment in different contexts. Although the other two ideas are closely connected, several cities, e.g., Lisbon, Berlin, Tokyo, and Singapore, are using the WHO-AFCC framework to some extent but are not network members.

Although the active ageing framework has been established as the lowest common denominator for older person's policy debate, its interpretation and translation into policy remain controversial. As a global catchword, all the major international organizations, such as the United Nations (UN), the European Union (EU), and the Organization for Economic Development (OECD), have adopted it indiscriminately. This results in different and sometimes contrasting interpretations that ultimately lead to empty meaning and content.[19]

The WHO defines Active Ageing as 'a process of optimizing opportunities for health, participation, and security, to increase the quality of life as people age'.[20] This perspective highlights the importance of adopting a life course perspective[21] and the influence of the socio-environmental context. Here, the term 'active' is associated with continuous participation in social, economic, cultural, spiritual, and civic life, going far beyond the possibility of being physically and professionally active.

More than the simple 'absence of disease', the perspective of active ageing that the WHO advocates centres on quality of life, embodied in the individual's unique trajectories and perception of their life positions, reflecting both the cultural context and values in which they live and their goals, expectations, standards, and concerns. In addition to the quality of life, interdependence and intergenerational solidarity are important principles for active ageing. Thus, the family, the community, and society have an impact and influence on the way people age.

The WHO underscores that older people are not one homogeneous group, and that individual diversity tends to increase with age. Ageing transforms both opportunities and constraints. As such, a single-minded focus on constraints obscures the opportunities that emerge as people age and policies that take such advantages into account. The WHO has generally been consistent in understanding what the guiding principles of these policies are. It is nonetheless important to note that the concept itself, even within the organization, has undergone some changes. It has, for example, oscillated between the use of 'active ageing' and 'healthy ageing' with similar meanings.

To mention one out of many alternative interpretations, the OECD defines active ageing as 'the capacity of people, as they grow older, to lead productive lives in society and the economy'.[22] According to Walker,[23] this institution's perspective is coherent with the influence of its acceptance of the neoliberal doctrine. Thus, it employs a narrowed and focused life-course conceptualization and policy approach that emphasizes the critical transition from work to retirement.[24]

In addition to criticizing the OECD, Walker has also expressed concerns about the AF movement's lack of clarity about what active ageing comprises. He claims that the comprehensive all-ages aspect of active ageing is often ignored in favour of an old-age focus. According to him, this risks the dominance of an 'Age-friendly' instead of 'Ageing-friendly'[25] focus. Other critiques have outlined how the AF movement reinforces traditional 'silo thinking', in this case, age-segregated silos,[26] which circumvents the discussion on active ageing

by focusing on the built environment arguing for multigenerational or intergenerational approaches.[27] The Universal Design framework, which focuses on how buildings, products, and environments are designed to ensure accessibility to people with a wide range of abilities, disabilities, and other characteristics, also raises essential questions about frailty and disabilities in contemporary societies.[28]

Another topic of contention in the AFCC theoretical field is Bufel et al.'s[29] suggestion that the academic discussion move away from questions such as 'What is an ideal city for older people?' to the question of 'How Age-friendly are cities?'. Moulaert and Garon[30] argue that such approaches would trap researchers into either an 'expert position' or a 'lay position'. Experts would tend to 'defend' the AFC practices and discourses from a 'helicopter view', mitigating their limits and difficulties. The lay position would need to capture the person-environment fit and the experience of 'ageing in place'. Therefore, the authors suggest a move towards a 'pragmatic practitioner position' that would be capable of linking both positions by addressing an intermediate question: 'How are Age-friendly Cities and Communities developments experienced?'

Christopher Phllipson's[31] recent intervention within the scope of the *Interações Symposium* (2023) highlights three main challenges for the AF movement: (i) older people's strengthened and effective participation in decision-making; (ii) empowering marginalized groups to enable them to claim and enforce their rights; and (iii) a better recognition of diversity, both from socio-political and cultural points of view. For Phillipson (2023), equity, diversity, and co-production must be key factors for the future of the AF movement.

At this point, it is also crucial to acknowledge that strategies and plans regarding ageing may potentially conflict with other legitimate aspirations that people may have for space. Furthermore, their presence in and perhaps influence on the public debate is still relatively modest compared to other urban paradigms. While cities strive to become more age-friendly, various stakeholders also advocate for cities to become more innovative, child-friendly, smart, sustainable, green, compact, creative, resilient, inclusive, etc. It is worth recognizing that some of these frameworks share common goals. However, there are notable divergences and occasional conflicts in terms of priorities and objectives.[32] Attention should also be given to the many questions in terms of its effectiveness and sustainability that the model and the network are not yet fully capable of answering.

The Cascais Protocol – age construction and reconstruction in an ageing policy design process

Age-friendly initiatives are perhaps the best available source to take the pulse of the macro influence of the construction of ageing in specific contexts. A typical feature of AF initiatives is their roots in the 'health and care department', the Cascais Protocol is no exception. Such a singular affiliation might present a challenge when the aim is to embrace a life course (all ages) approach. Attitudes towards ageing and disability play crucial roles in promoting or hindering new sources of inspiration and participation possibilities.

In this section, we will outline the general protocol used in Cascais and argue that the age-friendly movement can benefit from the 'linking ages' approach. This practice helps to expose age stereotypes and biases while providing an opportunity to reconstruct life stages based on a concrete, context-based policy development process. Specifically, we focused on ageism, as a key topic of discussion, and on care, as a mobilizing framework for research and policy alternatives.

Making age or reproducing ageism?

The Cascais Protocol was developed in response to a public tender launched by the municipality, which required proposals to be based on co-creation action research methodologies and to have a transdisciplinary scope that was not restricted to older persons with disabilities. Table 23.1 summarizes the research design adopted.

Table 23.1 Research design summary

	Specific aim	*Method*	*Sources*
Top-down	Ensuring that we have complete and up-to-date information about the object of the research, and obtaining information that may not appear in the reports.	Interviews with technical staff and other key informants	Key persons in social policy services
	Identify global projects, trends, and studies on the topic of age-friendly cities and communities as well as those in Cascais, with a focus on ageism and involuntary isolation. Systematize data, initiatives, and programs already underway, as well as the history of ageing policies in the municipality.	Desk review	NSI, Open data Cascais, GeoCascais, LxHabidata, Social Diagnostics, etc.
Bottom-up	Raise awareness among the public about the study, share information and knowledge between the municipality and the research team, and involve other actors in the study design and strategy.	Inaugural Seminar	Municipality and research team / National and international experts / Participants survey
	Identify positive and negative points for the construction of policies for good ageing in the municipality, questioning stereotypes about ageing and old age.	Workshops with reference groups	Analysis of the content of the discussions and surveys conducted during three workshops held for each of the six reference groups
	Explore the phenomenon of ageism in Cascais. Understand positive/negative perceptions about ageing and old age. Understand whether socio-economic factors influence perceptions. Investigate priorities for political action around ageing. Check knowledge/satisfaction with current measures.	Resident's survey	Representative sample for parish population 40+
	Co-creation of responses to ageing in a concrete and prepositional perspective.	Case Study (Social Dreaming)	Residents or Local Actors

Given the intended transdisciplinary approach, the perspectives of action research, and the co-construction of the strategy, we opted for a research strategy that was strongly based on the population's involvement and inputs (bottom-up). It is important to emphasize that the different phases aimed to achieve two methodological objectives: First, to enhance participation opportunities throughout the diagnosis process, and second, to challenge stereotypes and prejudices related to ageing and old age.

Ageism is a serious problem, as it involves systematic stereotyping and discrimination against people because of their age. While ageism can manifest in both positive and negative ways, negative ageism is the most common when it comes to older persons. Ageism is a ubiquitous[33] issue that affects not only our perception and actions towards older individuals but also how we view ourselves as we age.[34] This kind of discrimination poses the greatest threat to older individuals' potential contributions. The WHO's Global Report on Ageism also highlights the pervasiveness of ageism, emphasizing that it is real and has negative consequences on people's lives. It proposes three recommendations for action: changes in policy and law, educational, and intergenerational interventions. Therefore, the Cascais protocol unintentionally promoting an 'ageism-friendly Cascais' would be worse than settling for a 'frail-elderly-friendly Cascais'.

To combat ageism, a recent systematic review[35] suggests that education about ageing and positive intergenerational contact can be effective in reducing ageist attitudes and increasing knowledge about ageing. Additionally, these interventions can also increase comfort in interacting with older adults and interest in careers working with them. Ultimately, we determined that it would be crucial to take action against ageism to ensure that we did not limit older individuals' potential but that the protocol would contribute to promoting a more inclusive and equitable society.

To enhance participation opportunities, we created conditions that allowed participants to jointly reflect on individual and collective aspects of ageing and old age, exchange experiences and opinions, and change their minds throughout the entire process. To achieve this, we held three meetings and prepared summaries of our observations (debriefings). These documents were shared with the participants before the next workshops so that discussions could be held during the following workshops.

Workshops were held with 'reference groups' to give participants the opportunity and time to reflect on the proposed themes. The English expression 'workshop' was chosen because it reflected the spirit of this moment of investigation that aimed to make a diagnosis collaboratively, by involving the participants. While this paper focuses on the workshops (see Table 23.1), other research components were also key to the project´s ambitions to produce a diagnosis, a strategy, and an action plan.

Workshops with reference groups

Together with the Cascais Municipal (CM) team, six reference groups were defined to ensure that the topic of ageing and old age in Cascais was approached from a broad perspective. These groups comprised: (1) representatives from different CM departments, (2) Citizens, (3) Social Responses and Organizations, (4) Formal and informal caregivers, (5) Older people, and (6) Organizations and Places of Work.

The CM team was responsible for identifying the participants and making the initial contact. Subsequently, our team organized the strategy for monitoring and recruiting other participants in the groups. The location chosen for the workshops was the DNA Cascais auditorium, which provided all the required COVID-19 mitigation conditions, privacy, and

accessibility. A transport plan was also organized in collaboration with the CM for those participants who requested it.

Three workshops were held between February and June 2022, each lasting a maximum of two hours. Three surveys were designed according to each of the workshop themes. The first workshop focused on ageism and participants' perspectives of ageing. The second workshop discussed the AFCC paradigm, departing from the Vancouver protocol[36] and looking at the priorities the Council had outlined for each of the eight model domains. The third workshop aimed to confront the participants with previously applied questions and obtain their perceptions on the local (Parish or Parish Union) that offers better conditions for ageing, as well as a set of questions on the evaluation of this process and the organization and opportunities for participation throughout this process.

To investigate the change in participants' perceptions, a longitudinal component was included. Each participant was assigned a code to complete the surveys, meaning that the responses belonged to the same person in each of the three surveys. Whenever possible/appropriate, we tried to make the study compatible with other data sources, such as, for example, the European Social Survey, the Census, and the Expectations Regarding Ageing Survey (ERA-38).

Before each workshop began, participants completed the surveys on paper. Their answers were then digitalised. Surveys were completed before each of the workshops to ensure that impressions were extracted from each respondent before they were influenced by the discussions about the themes that were conducted during the sessions.

Although CM identified potential participants, those who could not participate on a scheduled workshop date could send someone on their behalf. The initial list of potential participants included 86 people. Fifty-three people attended the first workshop; although all 53 were invited to participate, 39 participants attended the second workshop because of personal/work schedules. For the third and final workshop, participants who had already been present at one of the workshops were contacted, and 30 participated.

Although age was not a criterion for participation, the average age for all groups was 55 years, with the exception of the group of older people, with the youngest person being 19 years old and the oldest, 97 (see Figure 23.1).

Figure 23.1 Reference groups

Several participants dropped out of the third workshop because they experienced personal difficulties participating. Therefore, a mitigation strategy was used by using online solutions such as sending the survey to be filled online and a workshop was held online (using Zoom) for those who wanted to participate (three participants, two from the citizens' group, and one from the Cascais City Council representatives' group). In the group of older people, one participant needed help to complete the 1st and 2nd surveys. As they were not present at the 3rd Workshop, the survey was sent on paper to be filled out, which was later sent scanned via email by the reference contact—which accounts for another mitigation strategy that was used to keep people enrolled in the project.

In line with the study's general objective, the analysis strategy aimed to triangulate qualitative and quantitative data. The rationale behind this strategy is that the strengths of each method can offset the weaknesses of the other, leading to a more comprehensive and integrated knowledge of ageing in Cascais.

Two senior members of the team (GS and MOM) conducted most of the workshops, supported by the other two who observed in the background taking notes (IS and SC). After each workshop, meetings between the team were held to reflectively discuss and to debrief impressions. After reaching a consensus, the debriefings were prepared and sent to participants in advance before the following workshops took place. The results presented in the following session were derived from the descriptive analysis of the surveys, the debriefings, and the notes taken during the final workshops.

Reporting expectations and perceptions about ageing and old-age

The first workshop aimed to understand participants' social representations of ageing and old age. Participants were asked to bring objects with them (that they though was a good representation of 'ageing' and 'old-age'). These objects catalysed the discussion. The diversity of objects refers to some main ideas related to (a) time and its passage (clock, hourglass, bird, sun hat), as well as the passage of time associated with ideas of (b) memory, family, and connections (camera, frame, family album, wedding ring); with (c) activities that older adults do (car keys, pruning shears, hiking stick, Pilates stick, book, crossword puzzle, company business card, theatre group script); with (d) supports that people need to support their changing bodies and motor skills (hearing aids, pill box, post-its, fan, cane, incontinence diaper, scale); (e) with wisdom and accumulation of knowledge and experiences (matryoshka, Rubik's cube, tree branches, African statue of a thinking man); and also some objects related to (f) communication (cell phone) and accessibility (cobblestones).

When asked if they thought about their old age, many participants said they had not reflected on the matter because they were 'highly active' people and refused to think about it because it was linked to the final stage of life, death. Those who said they had already thought about their old age were participants who had gone through some illness or who had already been/formal and informal caregivers, and those who were linked to social/community services.

In addition to dependence and illness, old age was also associated with a utility/uselessness binary that positioned an 'active' 80-year-old person as not being old but an 'inactive' 80-year-old person as being old. This division arises from a limited view of what is 'useful' and 'productive,' considering only what is done in the sphere of the labour market or produces what is considered valuable, which will be very noticeable when we look at the perceptions that people have demonstrated about discrimination in the labour market, education, and health.

Some participants spoke in the workshops about the need to 'prepare for ageing' and lose the fear associated with this life stage. For the vast majority, ageing coincides with a loss of functional capacities as well as fear caused by inaccessibility and a lack of support for life in a state of dependence.

The surveys offered nuances for these perspectives. For example, when asked about how they feel about their age, most participants (35) stated that they feel younger or considerably younger (65%). About 33% (17) said they feel exactly their age. Only one participant indicated feeling older than their age. Forty participants, the majority, said they felt younger (49.2%) or considerably younger (14.3%) than their age. About 32% (20) of participants reported feeling exactly their age. There were only two participants who said they felt older than their age.

It is also important to point out that the distribution of responses regarding statements about decline in physical capacity and health as an inalienable part of old age had quite dispersed responses, without clearly defined trends, as Figure 23.2 depicts. Furthermore, the answers related to social relations showed a great disagreement with another stereotypical perspective that links ageing to loneliness: ageing and distance from the family. When asked about the expectation that they would spend less time with family and friends, the vast majority disagreed with this scenario.

On the specific issue of loneliness, the vast majority answered that the statement that it only occurs in old age is completely false (Figure 23.3).
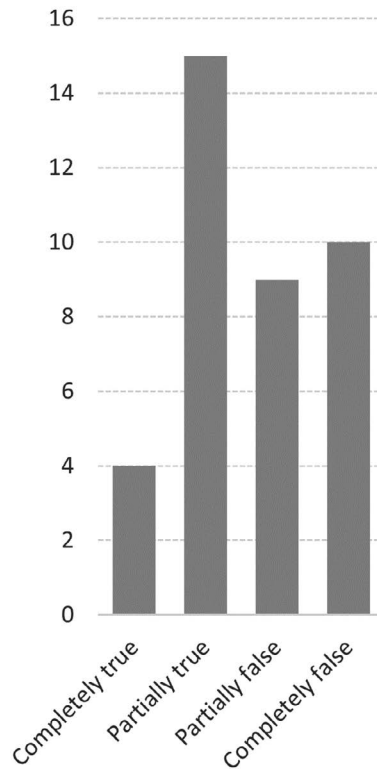
Figure 23.2 Having more aches and pains is part of ageing (*n* = 38)
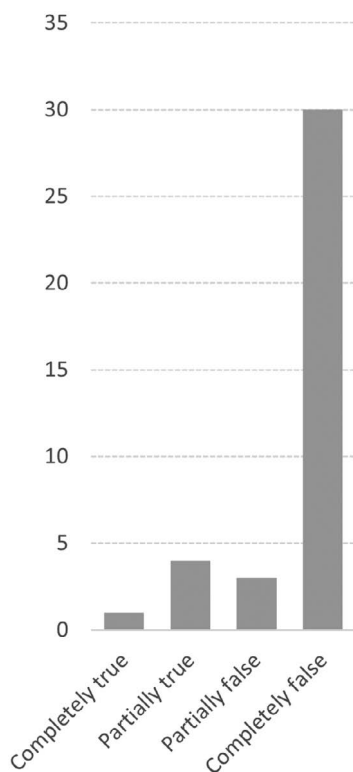
Figure 23.3 Loneliness is just something that happens when people get older (*n* = 38)

Another group of questions focused on issues related to dementia and memory. Here, a significant part of the responses pointed to a perspective that corroborates the image that forgetting, and 'mental slowdown' are inevitable characteristics of growing old (Figure 23.4).

The surveys asked the participants if they ever felt or witnessed discrimination, disrespect, or mistreatment related to their or someone else's age. The results obtained from the first and last surveys are summarized in Table 23.2.

Most participants reported having observed situations of ageism in certain contexts but identifying situations in which they were ageist was less common (see Table 23.2). Regarding perceptions of discrimination, mistreatment, or lack of respect due to age, only 1 and 7 people (out of 63 surveyed), respectively, initially reported feeling mistreated or disrespected. While only 22% of respondents (13) reported feeling that they were discriminated against because of their age, 64% (36) reported having witnessed someone being discriminated against for being older.

Among the people who reported not having felt discriminated against due to their age at WS1 (*n* = 41), 59% responded that they had already seen someone being discriminated against for being older, meaning they do not feel that they were targets of ageism, but they have seen it happen to others (Table 23.2).

While only 40% (*n* = 4) of the 10 men surveyed reported having seen someone discriminated against due to their age, 69% (*n* = 31) of 45 women who answered this question indicated that they had witnessed this situation.
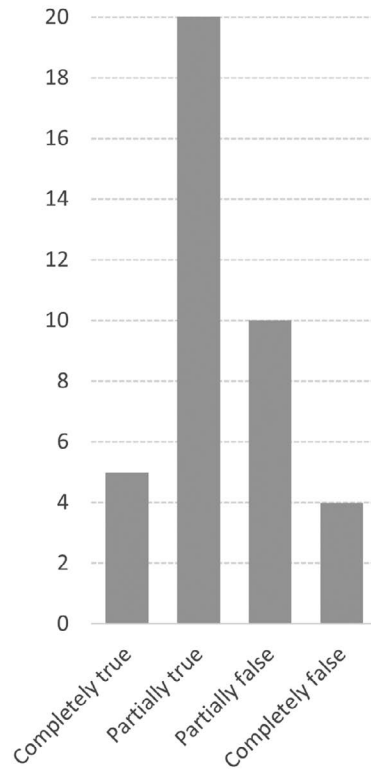
Figure 23.4 It's impossible to escape the mental slowdown that happens with ageing (*n* = 39)

We were also interested in capturing changes over the course of the workshops. From a statistical point of view,[37] the crude comparison of the differences found between responses in workshop 1 and workshop 3 was not statistically significant. However, as the survey had a longitudinal design, it enabled the analysis of individual trajectories (Figures 23.5 and 23.6), reported only for those who answered the questionnaire at the beginning and the end.

In Figure 23.5, we observe that between the first and the last workshop a significantly larger number of people changed their perception concerning having ever experienced age discrimination. It is important to clarify that it is not possible to establish a direct link

Table 23.2 Self and other perceptions of ageism reported on workshops 1 and 2 *N* (%)

	WS1 02/2022		WS3 06/2022	
	No	*Yes*	*No*	*Yes*
Have you ever felt discriminated against because of your age?	45 (70.3)	13 (20.3)	21 (60)	14 (40)
Have you ever felt mistreated because of your age?	61 (95.3)	1 (1.6)	36 (94.7)	2 (5.3)
Have you ever felt that you were disrespected just because of your age?	52 (81.3)	7 (10.9)	31 (81.6)	7 (18.4)
Have you ever seen someone being discriminated against for being older?	20 (31.3)	36 (56.3)	6 (16.2)	31 (83.8)
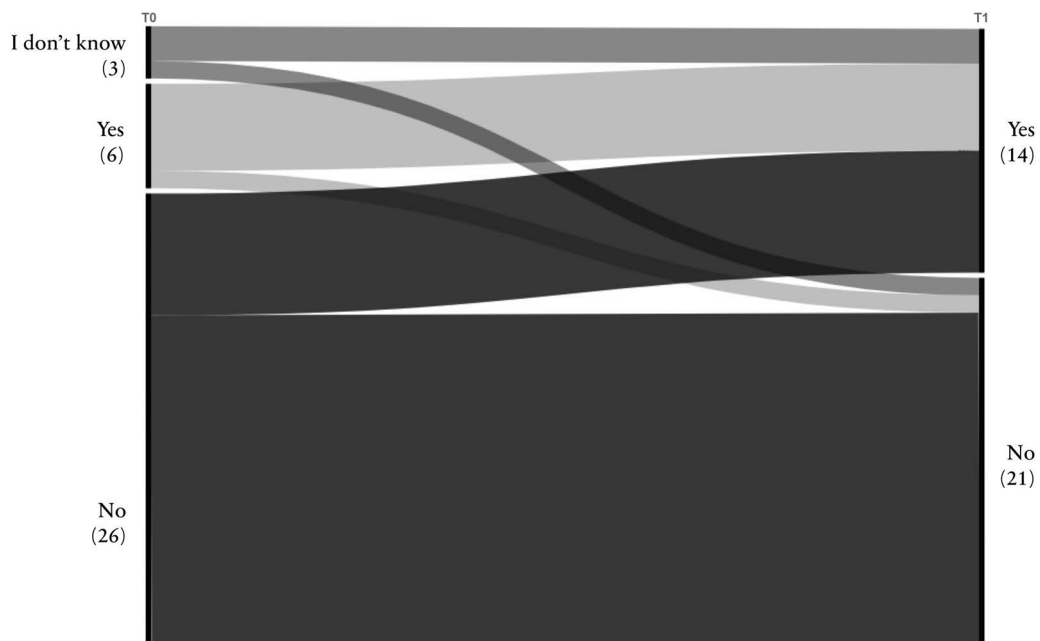
Figure 23.5 Have you ever felt discriminated against because of your age?

Figure 23.6 Have you ever seen someone being discriminated against for being older?

between participation in the workshops and this 'awareness'. The increase, however, does coincide with the project's desired direction. The alluvial diagram also allowed us to observe that one person changed their opinion in the opposite direction, and three defined their position.

A similar movement occurred when comparing responses about having seen discrimination (Figure 23.6). This time, three participants changed their minds and their answers after the first workshop and denied ever having seen someone being discriminated against for being older. The vast majority, however, maintained their answer, and nine changed their answer to yes.

Five additional participants defined their stance by acknowledging that they had witnessed instances of age discrimination. It is noteworthy that the repetition of the questions during the concluding workshop did not alter the interpretation of the findings presented in Table 23.2. Based on these findings, it appears that ageism is often concealed and more readily observable in others than in oneself.

During the last workshop, the participants corroborated the trend observed in the descriptive analysis of the surveys, which helped to identify, on the one hand, whether participants felt they had undergone profound changes in the way they see the ageing process and old age, because of their participation in the workshops and, on the other hand, having a space for reflection that allowed them to have contact with the notion of ageism and the ageing process as something continuous throughout life:

> Yes and no – yes because I've always thought about getting old, because it's something that scares me, getting old is becoming dependent, but I liked other people's ideas that were different, but that complemented mine.
>
> > Participant WS 3 Group 3

> I didn't know the concept, not the way it was exposed and the way we dissected the concept.
>
> > Participant WS 3 Group 5

> We live in our sphere and the rest is landscape. We live in our sphere, we are the best in the world and the rest is landscape, I had never heard of ageism. This drew my attention to ageism, and I did not know that I had also been a victim of ageism. I was one of the first to leave the factory because there was a hunt for fifty people, and I volunteered to leave. I started to be more informed, and in terms of volunteering, and the permanent fight against whining professionals
>
> > Participant WS 3 Group 4

They also reported that, throughout the workshops, they experienced new notions about ageing, which allowed them to acquire new perspectives on themselves and others:

> It has not changed my view of my ageing and my old age. But I have heard certain opinions from people in a social sphere than mine, and I see myself walking in that sphere, and it is a reality that could become mine. Everyone thinks there is no crisis, but it is taking place
>
> > Participant WS 3 Group 1

The questions they asked on the questionnaire made me confront some issues that I don't think about as often, which made me think more about ageing. I am also very much at a stage in life where I am thinking more about what my ageing will be like.

Participant WS 3 Group 3

For the first time, I thought about myself, and it made me reflect on what I want for my future. We started to lose our friends' parents. Although I live in Estoril, and I love it, I walk to the beach, the only supermarket I have is the traditional one, which is not for a social worker's purse. I like the area where I live, but it is really important to think about what we want for our future.

Participant WS 3 Group 2

When I participated in the 1st workshop I had a feeling of sadness, I had never realized that I was getting old, I had never put ageing on the agenda. I went to read a book about ageing in Portugal and I was stunned. Another thing that I had never looked at carefully was the word ageism and I found very funny questions, it made me think and made me look around me.

Participant WS 3 Online Event

(…) in a light way it made me think and reflect, listen to different experiences, pass by the bus stops and remember that you are not sheltered, there was a trigger here, there is a positive balance more because of being more attentive.

Participant WS 3 Group 5

Normally we only talk about active ageing, we do not talk about supports, architecture, or the house; I have now received a Manual on how to make the house safe and this is also important for both informal and formal caregivers to facilitate the service. People think we are not getting old.

Participant WS 3 Group 6

The concept of discrimination thus generated some discussion, with it being pointed out that discrimination based on age can also be positive. In this sense, being discriminated against is also different from feeling discriminated against, since the person can be discriminated against for several reasons, including in relation to attention/respect, while the feeling of discrimination is already associated with something negative:

I hate the word ageism. Cultural, economic, financial, and political issues. I think it has nothing to do with age, it has to do with socioeconomic, cultural, employment policies, low wages, it has nothing to do with age alone

Participant WS 3 Group 1

Discussion

Before moving forward, we will take the risky step of boiling down the theoretical contentions of AF-related public policies to a conundrum between two agendas: (i) the mainstreaming of ageing issues, and (ii) the practical acknowledgment of a life course, intergenerational (and 'age-linked') perspective.

In an article published in 2016, Buffel and Phillipson[38] asked if global cities can be Age-friendly Cities. The authors argue for a stronger integration between research, AF movement policies, and the analyses of the impact of global forces transforming the physical and social contexts of cities. We suggest this integration should acknowledge the tensions and contradictions arising from the implementation of AF initiatives.

It also entails the explicit recognition of human interdependence, the influence of the socio-environmental context on health and well-being, and that 'gerontological knowledge' is not only a particularly powerful tool to discipline and control older people but also has direct implications in the meanings that this same population attributes to ageing.

Although we have observed significant changes in the discourse on ageing, an ageist perspective still prevails. As our results showed, co-creation processes must be aware of this challenge and allow room for change. In our case, the participants' general perspective about ageing and old age was also marked by ambiguity/ambivalence, with a clear focus on the 'problem of being old' directly linked to an independence/dependence binary, alternatively, the idea that being old means being sick and/or dependent.

Just as ageing and old age are associated with illness and dependency, the same often happens with the notion of care. In our final report to Cascais, we argued that a strategy for ageing and old age should adopt a broader notion of care[39] that is separate from dependency. This same notion also offers alternatives to integrate the linking ages approach to the AF movement.

This project would not have been possible without a pre-existent openness to a broad discussion on ageing that influenced the call for applications (or terms of reference). The complete Cascais protocol is ambitious; it is still being debated. In this sense, it is not possible to comment on any important concrete implications it might have.

We must, however, register the lessons learned for future improvement of the protocol. Although the Vancouver protocol[40] was an important reference source, we are convinced that the inclusion of people of all ages (without missing the focus of the debate on old age) was an important and positive deviation. Future initiatives should aim for the inclusion of people under the age of consent, something we decided not to do in the face of the extra challenges of the COVID-19 restrictions, and our team's inexperience conducting intergenerational activities in such a broad age range. Despite the diversity we managed to mobilize and the enriching discussions we had; we are aware that we failed to include those with the most challenging disabilities.

The revision of the original domains[41] is another well-known issue among age-friendly scholars. Apart from our focus on ageism (part of the respect and social inclusion domain), we also adapted the domains reflecting the specific challenges and suggestions we collected during the workshops.

Conclusion

Our contribution to the linking ages practice approach departed from 'one of the newest margins' of the life course. The unprecedented extension of life brings pervasive and 'retroactive' effects to the entire segmentation of life. The life course approach is particularly important here, not only because it reinforces the notion of interdependence, but also the idea that people grow (age) in very different ways depending on the contexts in which they are inserted.

By revisiting the protocol applied in Cascais, we contributed both concrete tools that can be used in the development of age-friendly cities and communities movement and critical

reflection on the challenges and opportunities in participatory action research methods. We showed that inclusion and participation might risk the reproduction of stereotypes and prejudices, ultimately working against an agenda to promote a more inclusive all-ages public policy design. The transformation of cities into places where the right to care is established as a central axis implies the recognition that each person is an interdependent, vulnerable being, and an active agent in the production and reproduction of everyday life and the city.

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24 Investigating the Association between Childhood Circumstances and Old Age Quality in Ghana

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Introduction

Childhood adversity is a widespread phenomenon that affects millions of children across the globe (WHO, 2020) including older adults. It entails multiple types of adversities namely physical, social, sexual, and psychological abuse physical or emotional neglect (Kobulsky et al., 2020); maltreatment culminating from household dysfunction or exposure to violence (Finkelhor, 2020; WHO, 2020); parental illness or loss, parental intimidation; parental violence; unemployment; divorce (von Bonsdorff et al., 2019; Wilson et al., 2006), father's and mother's psychiatry illnesses (depression, schizophrenia), own serious illness, parental illness, father's and mother's alcohol problems, being bullied at school (Korkeila et al., 2010), poverty (Issahaku, 2018; Moasun & Sottie, 2014; von Bonsdorff et al., 2019), andsubstance abuse (von Bonsdorff et al., 2019). More adversity is associated with smaller social networks (Wilson et al., 2006). Childhood adversity relates to potentially traumatic events that occur in childhood and/or adolescence and can be detrimental to health and well-being (WHO, 2020). These are major risk factors for the development of a wide range of psychiatric disorders in adulthood including posttraumatic stress disorders (Burri et al., 2013) in Ghana (Akpalu, 2007; Issahaku, 2018; Moasun & Sottie, 2014). A large number of Ghanaian children are vulnerable for the want of care and protection in family settings. Vulnerable children in this context may encompass orphans, those exposed to abuse and neglect including children exposed to trafficking and child labour Ministry of Employment and Social Welfare (MESW) (2010). The Ghana Statistical Service (GSS) (2014) has estimated that there are 17% of children who live in settings other than their biological family homes.

Childhood discourses, images of childhood and later life in Ghana

The Cambridge English dictionary describes a child as a boy or girl from the time of birth until they become adults. In similar vein, the Oxford English Dictionary defines 'child' as 'a young human being below the age of puberty or below the legal age of majority'. Considering the definitions above, it can be concluded that childhood can be determined in two ways: **biologically**, i.e., when one reaches the biological age of puberty, or **socially**, i.e., when society (reflected in the law) decides whether someone is an adult. Childhood is defined as the state of being a child, often described contrarily to adulthood. The argument of childhood as a social construct suggests that the concept of childhood is created by society and not determined by biological age. For instance, the social construction of childhood is the idea that children should be educated and should not be responsible for earning money.

Childhood encompasses the cultural signifiers of identity, social order, and morality, which form the basis of the social fabric of all societies (Boakye-Boaten, 2010). Scheper-Hughes and Sargent (1998) have documented that it "represents a cluster of discourses and practices surrounding sexuality and reproduction, love and protection, power and authority and their potential abuses" (p. 2).

The portrayal of African/Ghanaian childhoods as crisis childhoods is hinged on the hegemonic discourse that describes Africa as a dark continent bereft of technological, economic, and political contexts which are characteristic of the developed world. Resultantly, research and scholarship focus on a uniform childhood frame after existential challenges, which flatten children's diverse experiences and render childhood as a sheer-size. Contemporary descriptions and representations of the phases of childhood result in the creation of a typology of childhood based on western ideals (Dowden, 2014). Yet, this disregards the unique childhoods across different geographical spaces in sub-Saharan Africa (Dowden, 2014; Valentine & Revson, 1979) whilst belittling African childhood experiences.

Conformation to the values and norms of the community is expected from children. Another important conceptualisation of childhood and rearing practices is through the concept of lineage in Africa. There are two main lineages in Africa, the matrilineage and the patrilineage. The lineage in which a child is born has two important significances. It determines which household the child will spend the greater part of his/her childhood. In matrilineal societies, childhood training, and apprenticeship exists mainly in a matrilocal context (Boakye-Boaten, 2010; Nukunya, 2021). The reverse is the truism in patrilineal societies where rearing and training practices are conducted within the patrilocal context. The general perspective of the African situation, applies directly to the Ghanaian situation.

The position of the child continues to change and in many cases in a negative spectrum. The dynamics of childhood in this chapter is shaped by childhood adversities. Children from wealthier families may have the luxuries of protected childhood, the reverse is truism for many who have been affected by some of the factors discussed above. Many children are forced into traumatising experiences of adult responsibilities without the needed securities (Boakye-Boaten, 2010).

The Ghanaian society is a gerontocratically structured one, where adult-child relations is structured on the basis of age. During gatherings and other community events children and young people do not sit in the company of elders. This, according to a young person is driven by the 'fear that young people will be arrogant if given the chance to sit with the elders' (Adu-Gyamfi, 2013a, p. 217; Adu-Gyamfi, 2013b). Ghanaian children are raised in such a way that they perceive themselves in relation to their relatives and community (Boakye-Boaten, 2010; Nyarko, 2014; Osei-Tutu et al., 2018) and emphasis is placed on cultivating children's sense of belonging and relatedness with others. Parenthood is viewed as the opportunity to train and instill Ghanaian values, such as reciprocity, responsibility, respect, honesty, humility, sense of obligation, and the fear of God (Twum Danso, 2009).

Bullying of children

Bullying is the systematic abuse of power and is defined as aggressive behaviour or intentional harm-doing by peers that is carried out repeatedly and involves an imbalance of power (Wolke & Lereya, 2015), either actual or perceived, between the victim and the bully (Olweus, 1993). Being bullied is still often wrongly considered as a normal rite of passage. Bullying can take the form of direct bullying, which includes physical and verbal acts of aggression such as hitting, stealing or name calling, or indirect bullying, which is characterised

by social exclusion (e.g., you cannot play with us, you are not invited, etc.) and rumour spreading (Bjorkqvist et al., 1992; Crick & Grotpeter, 1996; Wolke et al., 2000). Bullying is a major risk factor for poor physical and mental health and reduced adaptation to adult roles including forming lasting relationships, integrating into work and being economically independent. Bullying by peers has been mostly ignored by health professionals, yet needs to be considered as a significant risk factor and safeguarding issue.

Bullying has been observed to occur in settings where individuals do not have a say concerning the group, they want to be in. Bullies will try to exert their power over all children particularly in an attempt to institute a social network or hierarchy. This situation applies to children in school classrooms or at home with siblings, and has been compared to being 'caged' with others. Those who have an emotional reaction (e.g., cry, run away, are upset) and have nobody or few to stand up for them, are the repeated targets of bullies. Bullies may get others to join in (laugh, tease, hit, spread rumours) as bystanders or even as henchmen (bully/victims). Conditions that foster higher density and greater hierarchies in classrooms (such as inegalitarian conditions), (Garandeau et al., 2014), at home (Wolke & Skew, 2012) or even in nations (Elgar et al., 2009), increase bullying (Ahn et al., 2012) as well as the stability of bullying victimisation over time (Schäfer et al., 2005).

Childhood adversities

There are two childhood adversity contexts such as intrafamilial (i.e., relative within the familial environment) and extrafamilial (i.e., relative outside the familial environment) that serve as mechanisms that link childhood adversities to later life outcomes (Rohner et al., 2022). Physical health effects comprise neurological disorders, inflammation, chronic pain (Kerr et al., 2020) mental health effects entailing personality disorders, depression and anxiety (Blakemore et al., 2017; Carr 2018). Childhood adversity has been linked to issues of psychosocial adjustment such as antisocial behaviour, domestic violence, alcohol and substance abuse, etc. (Afifi et al., 2019; Esposti et al., 2020).

Childhood adversity has been associated with lasting negative effects in several domains of health and well-being (Rohner et al., 2022) including positive adaptations. Studies show that adversities that individuals experience in childhood contribute to a higher burden of chronic illnesses in adulthood including cardiovascular diseases and mental disorders (Alastao et al., 2013; Campbell et al., 2016; Norman et al., 2012), decreased physical performance and functioning (Alasto et al., 2013; Mistra et al., 2014), cognitive decline (Barness et al., 2012), decreased mental well-being (Pesonen et al., 2007; Stafford et al., 2015) in later life. A growing body of evidence also suggests a link between early childhood trauma, post-traumatic stress disorder (PTSD) and higher risk for dementia in later life or old age (Burri et al., 2013). Early childhood adversities such as physical and sexual abuse, emotional neglect, parental loss, etc., are major risk factors for the development of a range of psychiatric disorders in adulthood, including posttraumatic stress disorder.

Childhood adversity is usually announced in less adaptive psychosocial functioning in later life (Wilson et al., 2006). Maltreatment, neglect and other related adverse experiences occur during childhood. Historically, adverse childhood experiences have been observed to be linked to adverse psychotic problems, personality disorders, depression, alcoholism, substance abuse, suicidal tendencies, poor physical health. A great deal of research focuses on parental emotional support, associated more with physical and emotional problems in older people. Further, the loss of parents in childhood has been related to impaired physical health

but not disability in later life. In consequence, the extent to which the deleterious effects of childhood adversities persist into old age is not well understood. Further, little knowledge exists on the linkage between the effects of the experience of childhood adversities and later life conditions.

The abuse and neglect of children has become a worldwide threat to their growth and well-being (Issahaku, 2018). The general lack of knowledge on issues about poverty, the high demand for care (Moasun & Sottie, 2014) including the linkage between childhood adversities and consequences in later life are important factors that predispose individuals to untold experiences in later life. Childhood adversities have been linked with adverse health outcomes. However, less is known about the long-term consequence of childhood and home atmosphere related physical and later life functioning of older adults (von Bonsdorff et al., 2019). Much of the extant literature on the linkage between childhood adversities and experiences in later life in Ghana is limited. A knowledge gap exists with regard to the scope of childhood adversities and the effects on the later lives of their experiencers. This chapter sought to address this gap. It provides a background for the search of evidence of the linkages between childhood adversities and effects in later life in Ghana. The objective of the chapter is to investigate the extent to which childhood adversities expose experiencers to health and social challenges in later life.

Theoretical framework

The theoretical framework that guides this study is hinged on the life course as life-span human development and life course as early life influences on later adult outcomes. The concept of the *life course* has gained extensive fame in the social and behavioural sciences. The life course approach has become the "new wave" programme for studying ageing and human development as a dynamic and heterogeneous phenomenon (O'Rand & Krecker, 1990, p. 248). A variety of literatures across disciplines have brought to the fore five different uses of the term "life course" as follows: (1) life course as time or age, (2) life course as life stages, (3) life course as events, transitions, and trajectories, (4) life course as life-span human development, and (5) life course as early life influences including their agglomeration on later adult outcomes (Alwin, 2012). Riley and her colleagues' (1972) age stratification model that resolves the various meanings of life course into one general framework also pertains. This framework serves as an integrated perspective for studying the causes and consequences of life course events and transitions and understanding the manner in which life events and the role transition they signify influence the life-span development of outcomes of interest across stages of the life cycle.

Elder (1997) observed that the study of the "life course and human development has become a flourishing field … extending across substantive and theoretical boundaries … and life course thinking now appears in most disciplines and specialty areas" (p. 939). Featherman (1983, p. 12) outlines life-span perspective on human development and behaviour, which posits that "developmental changes in human behaviour occur from conception to death, and emerge from a background of biological, psychological, social, historical, and evolutionary influences and from their timing across the lives of individuals."

Mayer (2003) perceives development across the lifespan principally as changes of genetically and organically based functional capacities and as behavioural adaptation. Featherman (1983) notes that 'developmental change occurs over the entire course of life; it is synonymous with ageing in the broadest sense. Ageing is not limited to any particular time of life; neither is development' (p. 2). In this sense, ageing simply refers to *changes to individuals*

that transpire over time, that is, within-person change (Perlmutter, 1988), which is consequential from some combination of biological, psychological, and social mechanisms. This perception of ageing is at odds with the traditional view of ageing among gerontologists, who define it as a time-dependent process characterised by irreversible changes that lead to progressive loss of functional capacity (Finch & Kirkwood, 2000, pp. 6–8).

Human development and ageing have been conceptualised as multidimensional and multidirectional growth (or change) processes that entail both gains and losses. Human development and/or ageing are entrenched in multiple contexts and are conceived in terms of dynamic processes in which the ontogeny of development interacts with the social environment, a set of interconnected social settings, embedded in a multilayered social and cultural context (Bronfenbrenner, 1979). *In simple terms, development* is the act or process of developing. In its biological meaning, it refers specifically to growth, that is, the process of natural evolution from one stage to another, as in the progression from an embryonic to an adult form (Alwin, 2012; Elder, 1997).

Elder et al. (2003) *note from the principle of agency that*—individuals construct their own lives through the choices and actions they take within social structures (i.e., the opportunities and constraints of social arrangements) and historical circumstances. These may be linked to un/doing age and childhood adversities in a peculiar manner. It is worth noting that the life course approach offers an alternative way of linking early life factors to adult disease. It suggests that throughout the life course exposures or insults gradually accumulate through episodes of illness, adverse environmental conditions and behaviours increasing the risk of chronic disease and mortality. Accumulation of risk is different from programming in that it does not require nor does it preclude the notion of a critical period (Kuh & Ben-Shlomo, 2004, p. 6).

The life course concept on one hand, has an assortment of meanings that are at variance with one another. This is problematic, since communication may be mired (Alwin, 2012). On the other hand, to the extent that the concept of life course encompasses a rich embroidery of different stresses, is a good thing, and the diversity of meanings need to be retained.

Methods

This study used a mixed methods design, involving both quantitative (that is questionnaire) and qualitative (that is, individual interviews) approaches in examining the experiences of childhood adversities and linkage of it with later life exigencies. This approach was selected and used because the study sought to explore the connection between childhood experiences and those of old age. The study was situated in two regions of Ghana—the Greater Accra Region and the Volta Region. Tema Metropolitan Assembly was selected from the Greater Accra Region, whilst the Ho Municipality was selected from the Volta region. Persons aged between 13 years and 60+ years were selected and participated in the study. Children aged 13 years and above and adults including both middle and old made up the target population.

The study adopted a combination of stratified simple random and purposive sampling techniques in selecting the study participants. First, the population was categorised into the following stratums childhood (13–19), early adulthood (20–34), early middle age (35–44), late middle age (45–59), and older adulthood (60+). The simple random sampling technique was used to select 300 respondents from the stratums and the purposive sampling technique to select 26 individuals, who participated in the study constituted by 13 males and 13 females.

Data for this study was collected using a mixed methods approach as stated earlier. The quantitative tool of collecting data for this study involved the use of a questionnaire. The questionnaire used for older persons is a short instrument for screening depression and general anxiety (Kronenke et al., 2009). For the qualitative tool, a semi-structured interview schedule was used. The areas covered by the data collection methods include: demographic characteristics; types of childhood adversities and number of childhood adversities experienced; components of neuroticism; components of social adjustment. The qualitative aspect focused on the trajectories of childhood adversities and the related outcomes.

It is hypothesised that: (1) There is no impact caused by childhood adversities on later life outcomes; (2) There is no association between childhood adversities and later life consequences; (3) There is no difference in opinion of the age categories on the consequences of childhood adversities on later life. Use was made of a 29-item measure based on portions of the childhood Trauma Questionnaire and other structured inventories, measures of neuroticism (i.e., proneness to negative emotions) and social adjustment.

The 29 items were rated on a four-point scale. Childhood trauma questionnaire and the RAND 36-Item Health Survey for older adults. Scores on the rest were based on a count of family problems (namely depression; alcoholism; frightening experiences); family separation (e.g. divorce, separation from mother, hospitalisation, prison) (Erikson et al., 2015; Ware & Sherbourne, 1992). Neuroticism was assessed with the 6-item neuroticism scale for NEO-PI-R due mainly to the merits of this scale in terms of the scores in six (6) distinct components of neuroticism such as anxiety, angry hostility, depression, self-consciousness, impulsiveness, vulnerability. Components of social engagement are size of social network, frequency of social activities, the level of emotional isolation was measured with 3-scale item.

Purposeful sampling is a technique used in the qualitative aspect of the research for the identification and selection of information-rich cases related to the phenomenon under study (Patton, 2005), based on responses provided in the questionnaire. This involved the identification and selection of children/youth and older individuals who were especially knowledgeable about and/or experienced with the phenomenon of interest. Additionally, the essence of availability and willingness to participate, in tandem with the ability to communicate experiences and opinions expressively, and reflectively by the participants cannot be overemphasised. In order to gain insight into the problem, the following research objective was operationalised: to examine the effects of childhood adversities on later-life survivors.

Qualitative participant sample characteristics

A total of $N = 26$ interviews were conducted with two samples: $n = 13$ female survivors of childhood adversities $n = 13$ male survivors of childhood adversities between 13 and 90 years. Their demographic profile are found in Table 24.1.

Data collection procedure

To ensure that the participants have a good understanding of the purpose of the study, they were given a detailed explanation on the purpose of the study. The consent of participants was sought using verbal means, and the research objectives were explained to them. The advantages of the study were clearly communicated through verbal means. Additionally, the respondents were made to understand in clear language that participation in the study

Table 24.1 Participant demographics

Participant	Pseudonym	Age	Gender
P1	Boakye	90	Male
P2	Habiba	24	Female
P3	Kwakyiwaa	65	Female
P4	Maku	63	Male
P5	Ohene	67	Male
P6	Ohenewaa	59	Female
P7	Mamle	45	Female
P8	Yao	57	Male
P9	Naana	49	Female
P10	Worlasi	70	Female
P11	Adizah	23	May
P12	Konadu	40	Male
P13	Boafowaa	15	Female
P14	Ofori	38	Male
P15	Sarfo	63	Male
P16	Marfo	39	Male
P17	Agyeiwaa	60	Female
P18	Mawusime	68	Female
P19	Kobena	78	Male
P20	Issah	80	Male
P21	Ebo	14	Male
P22	Ekow	13	Male
P23	Ekua	15	Female
P24	Fosu	15	Male
P25	Obaa	15	Female
P26	Yaa	14	Female

Source: Field data.

has no physical risk. The questionnaire was administered randomly. In addition, the questionnaire were collected back and reviewed to ensure accuracy. The questionnaire were administered on individual basis and the rights of the respondents were fully respected. Participation was voluntary. The study respondents were allowed the freedom to refuse, skip questions, or quit at any time if they feel patronised or compromised in any way. The interview questions were formulated to complement the quantitative data. Since they provide a broad range of explanations with respect to the mere outline of childhood adversities experienced.

The interviews were recorded and taken through audio editing processes to ensure audio quality and clarity before transcription. The transcripts were edited for clarity and quality. To ensure reliability and validity, the questionnaire and interview schedule were piloted, the results were used to refine the data collection tools.

Data analysis

The data collected by questionnaire were cleaned and serialised. Quality checks were applied to the completed questionnaire to ensure that they were answered as expected before being entered for analysis. Analysis of the quantitative data were undertaken using Statistical Package for the Social Sciences (SPSS) version 21 with tools such as regression analysis and, Pearson correlation coefficient. In the case of the qualitative data, the recorded audios

were transcribed by the researcher in order to guarantee confidentiality and privacy of respondents. The recorded audios were edited to ensure audio quality and clarity, then transcribed. After editing, cleaning, coding and ensuring accuracy, the Nvivo version 12 software (is the premier software for qualitative data analysis) was employed to manage the process of analyse the data.

Findings

This chapter presents the direct linking mechanism between life experiences during childhood and the consequences in later life and the incorporation of a myriad of indicators of life's circumstance(s).

Sample characteristics

Table 24.2 shows the demographic characteristics of the respondents. The age of the respondents were categorised into childhood (13–19), (20%), early adulthood (20–34), early middle age (35–44), late middle age (45–59), and older adults (60+), (20%). Majority (60%) of the respondents have a bachelor's degree, few (3.3%) are middle school certificate holders with the remaining holding masters' degree certificates. Divorced respondents made up the minority (8.7%), with most respondents (41%) being single. This is mostly due to the composition of the study sample.

Dynamics of childhood adversities

Childhood

The findings show that the study respondents experienced a wide range of childhood adversities namely severe disability of a parent; a bedridden parent; a parent often feeling anxious, a

Table 24.2 Socio-demographic characteristics of respondents

Characteristics	Frequencies	Percentages
Age		
13–19	60	20
20–34	60	20
35–44	60	20
45–59	60	20
60+	60	20
Educational level		
No formal education	10	3.3
Middle school leaving certificate	10	3.3
Secondary	60	20
Bachelor's degree	170	56.7
Master's degree	50	16.7
Marital status		
Married	101	33.6
Widowed	50	16.7
Divorced	26	8.7
Single	123	41

Source: Field data.

Table 24.3 Childhood adversities experienced

Childhood adversities	Frequencies	Percentages
Severe disability of a parent	39	4.1
A bedridden parent	26	2.7
Starvation	10	1.1
A parent suffering from mental illness	10	1.1
Parental death	30	3.2
Divorce	23	2.4
Lack of affection	20	2.1
Parental neglect	30	3.1
Being physically abused by parents	9	0.9
Parental alcohol misuse	30	3.1
Parental drug misuse	30	3.1
Frequent domestic violence	40	4.2
Being poorer than other families	60	6.3
Poor health in childhood	40	4.2
Bullying	100	10.5
Victimisation	15	1.6
Abandonment	60	6.3
Orphaned	50	5.3
Abuse	75	7.9
Emotional abuse	21	2.2
Sexual abuse	19	2.0
Physical abuse	28	2.9
Household dysfunction/family disintegration	85	8.9
Parental conflict	45	4.7
Poor-quality relation with parent	76	8.0
None	11	1.6

Source: Field data.

parent being depressed, a parent suffering from mental illness; death of a parent; divorce; lack of affection; parental neglect, being physically abused by parents; parental alcohol abuse; parental drug misuse; parental conflict; parental involvement in criminal activities; frequent domestic violence; poor quality relation with parents; being poor than other families; poor health in childhood; bullying; victimisation in childhood; abandonment; being orphaned; abuse; emotional abuse; sexual abuse; household dysfunction; family dysfunction (Table 24.3).

Some of the children/youth respondents had parents who did not suffer from any severe disability, mental illness, being bedridden or drug abuse but little of the time had anxiety and depression. Twenty per cent indicated that they lost a parent some years back to an undisclosed health issue. Despite not being neglected by their parents and no frequent domestic violence, they felt they experienced the lack of affection moderately with little parental conflict that resulted in poor-quality relation with parents. The respondents also experienced bullying (5.7%) (Table 24.4), sexual abuse, physical and emotional abuse and poor health a little of the time in their childhood.

LATER LIFE

The items used for older adults are also diverse. For instance, family problems (contains depression, suicide, alcoholism, frightening experiences); family separations (divorce,

Table 24.4 Items for older adults

Older adult adversities	Frequencies	Percentages
Family problems	42	14
Family separation	30	10
Physical functioning	44	14.7
Role limitations caused by physical health problems	51	17
Pain	29	9.7
General health	19	6.3
Role limitations caused by emotional problems	22	7.3
Mental health	30	10
Social functioning	21	7
Health change	121	4

Source: Field data.

separated from the mother, prison, hospitalisation); physical functioning; role limitations caused by physical health problems; bodily pains, general health, vitality, mental health, social functioning.

Some older respondents on the other hand, had parents who suffered from severe disabilities with moderate anxiety, depression and no mental illness. With no lack of affection, divorce, parental neglect and drug abuse, some were physically abused by their parents most of the time with no frequent domestic violence. A cross-section of the respondents in this category experienced bullying, physical, emotional, and sexual abuse and abandonment. Yet, there was no parental conflict and had a good quality relationship with a parent despite losing some of their fathers and the shortfalls associated with that.

The qualitative data shows confirmatively that divorce dealt a big blow at some of the respondents barring their ability to stay with their mothers. Some were also bullied in both intrafamilial and extrafamilial contexts, whereas others still survived bedridden parents' syndrome. The later experience creates a reduced level of attention. These in a way affect the emotional stability of the survivors. The qualitative childhood adversity narratives in confirmation, show the following:

> When my parents got divorced, my father retained custody of me. However, the relationship between my father and I has been poor. I only get closer to him when my cousin visits us. In the absence of that my father and I are distant from each other relationally.
>
> (Ebo, Male, 14 years)

> *My parents are constantly fighting each other*. It does not show us love, happiness and unity. It rather makes us anxious about the future.
>
> (Obaa, Female, 15 years)

> My father takes alcohol and is always insulting my mother even in her ailing condition. This occurs with frequent domestic violence even against we the children.
>
> (Ekow, 13 Male)

The death of my Dad led to the dysfunction and disintegration of our family life. and things have not been the same and has taken a different turn – living with one relative or the other. Our food supplies have always been in short supply.

(Yaa, Male, 14 years)

I did not live with my mother but with my grandmother and paternal uncle because of divorce.

(Mamle, Female, 45 years)

I have been bullied and mocked for having a big nose when I was a child. I have also been through a lot during my childhood right to my adolescent period.

(Konadu, Male, 40 years)

I was bullied for being tall in class in school.

(Adizah, Female, 25 years)

Around the age of 15, I was faced with a bedridden parent who was paralysed. The predicament changed our household. Around this timeframe, there was lack of affection from my mother who was busy taking care of our father and siblings.

(Naana, Female, 49 years)

How does the scale for later life shape construction of later life?

The construction of later life is influenced by several assumptions and perspectives. One notable framework is Amartya Sen's (2003) capability approach, which emphasises human diversity and values. In the context of complex identities and shifting relationships in later life, this approach offers significant possibilities for gerontological research. Additionally, social constructions of aging matters because they impact social policy design and affect those who do not fit narrow criteria or socially valued roles. Another perspective considers later life as a consequence of both structural factors (such as the modern state and labour market) and cultural representations. Overall, understanding later life involves recognising the interplay of individual capabilities, societal contexts, and cultural norm.

Later life

Table 24.5 Items for later life

Later life outcomes	Frequencies	Percentages
Severe disability of a parent	39	2.5
A bedridden parent	26	4.9
Starvation	10	1.9
A parent suffering from mental illness	10	1.5
Parental death	30	2.8
Divorce	23	4.3

Source: Field data.

Table 24.6 ANOVA[a]

Model	Sum of squares	Df	Mean of square	F	Sig.
Regression	53.232	1	53.232	189.404	.000[b]
Residual	104.610	299	.265		
Total	157.842	300			

[a] Dependent Variable: Later Life Outcomes; b. Predictors: (Constant), childhood adversities

Table 24.7 Model summary

Model	R	R square	Adjusted R square	Std. error of the estimate
1	.479	. 289	.287	.49245

[a] Predictors: (Constant), later life consequences

H0₁: There is no impact caused by childhood adversities on later life outcomes

Here the later life outcomes of the respondents are compared with the consequences of childhood adversities. Thus, it is observed that the ANOVA (analysis of variance) is significant so that the regression is taken into count. The reverse says childhood adversities consequences by 29%, has both negative and positive connotations, since the test's significance is accepted by the null hypothesis (Tables 24.6 and 24.7).

H0₂: There is no relationship between the childhood adversities and later life consequences

In the case of this second hypothesis, the later life outcome level is compared with the childhood adversities experienced and survived by the study respondents. The result of the correlation seems to be significant at the .000 level and the value of the correlation is positive but not particularly high, the .300 value of the Pearson correlation seems to be not very problematic since it is positive (Table 24.8). This is worrying since the outcomes are negative.

H0₃: There is no difference in opinion among the age categories on the consequences of childhood adversities on later life

From the viewpoint of between group and within group, the analysis found no difference in opinion among the age categories on the outcomes of the childhood adversities experienced

Table 24.8 Correlations

		Later life consequence	Childhood adversities
Later life consequences	Pearson correlation Sig. (2-tailed) N	1	.300** .000 300
Childhood adversities	Pearson correlation Sig. (2-tailed) N	.300** .000 300	1

** Correlation is significant at the 0.01 level (2-tailed).

Table 24.9 Between group and within group differences in opinions

	Sum of squares	*Df*	*Mean square*	*F*	*Sig.*
Between groups	2.980	4	.508	1.282	.188
Within groups	147.371	295	.312		
Total	150.351	300			

by the respondents. This is because the significance value (.188) is greater than the limit of the other assumptions considered (Table 24.9).

Individuals who had experienced two or more childhood adversities were more likely to have poorer physical health, antisocial behaviour and over mental health functioning in later life compared to those with no adversities. Further, a more favourable home atmosphere is associated with better mental functioning. Approximately, 27% of the respondents suffered three (3) childhood adversities whilst 7% suffered none (see Figure 24.1).

Outcomes of childhood adversities

As it depicted on Figure 24.2 the childhood adversities experienced by the respondents were both negative (e.g., anxiety, depression, etc.) and positive (e.g., prosocial behaviour), (47%) in nature.

The childhood adversities experiences of the study participants induced in the sufferers and survivors tendencies of low self-esteem (e.g. Ohene, Maku) and have developmental
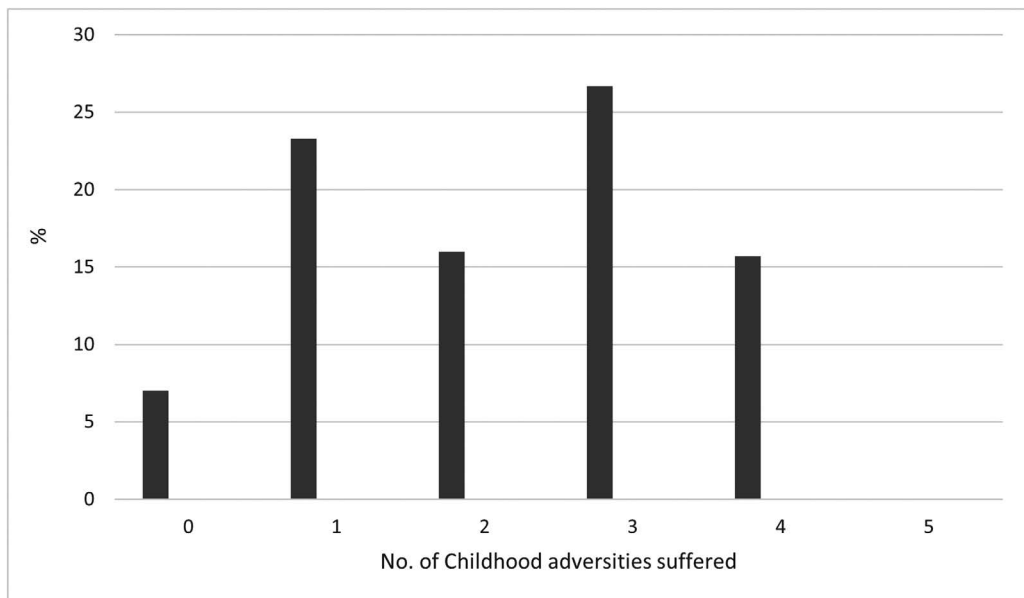
Figure 24.1 Numbers of childhood adversities suffered

Source: Field data.
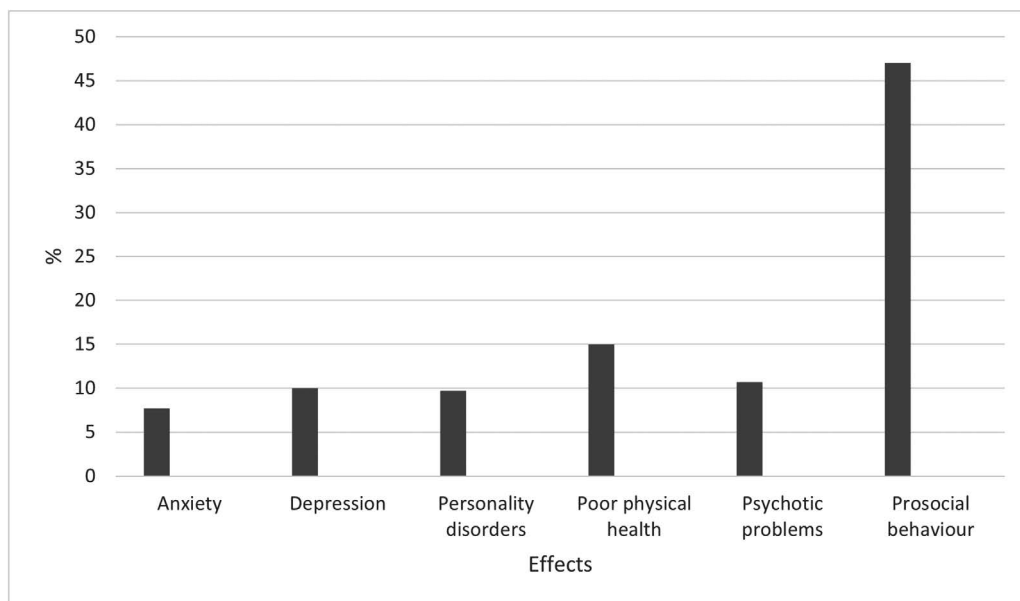
Figure 24.2 Childhood adversity consequences
Source: Field data.

implications in the sense that the experiences and effects had transitioned from one stage in age to another. For instance:

> My challenges in life are how I grew up in life amidst struggles and I also did not get any form of formal education. Me not getting a formal education is something that I regret. I must say that at a point this has affected my level of confidence.
>
> (Ohene, Male, 67 years)

> I used to fall sick very frequently especially when I was 15-20 years when I suffered severe stomachs but that stopped after some years. Then, when I was 50 plus I often fell seriously sick but now in my 60s that has also stopped.
>
> (Maku, Female, 63 years)

The preceding findings are reflective of Riley et al.'s (1972) intimations that the causes and consequences of life course events influence the outcomes of life-span development.

Effects of childhood adversities on children/youth

Experiencing certain childhood unpleasant situations tend to have adverse effects on children as they grow. Parental neglect can lead to low self-esteem which may lead to bullying in childhood. The actions or health issues of parents may or may not cause the affected parents to perceive life differently and will be passed on to the next generation as it grows into a normal pattern.

In elucidating the above facts, the qualitative data shows that:

My experience of childhood adversities has left me in the tracks of timidity.

(Ebo, Male, 14 years)

When my father fell seriously ill all my mother's attention was shifted to him, while we the children were subjected to the lack of attention/affection from mum.

(Ekow, Male, 13 years)

My self and 3 other siblings were sent to my paternal uncle. I could not continue with my education and so I am about to learn fashion designing.

(Ekua, Female, 15 years)

My father died when I was 13 years. Life has become tough for my mother, myself and siblings. Because of that my childhood days have not been happy at all.

(Fosu, Male, 15 years)

My parents got divorced when I was 8 years. Life has not been the same ever since then. Instead of living with both parents, I ended up schuffling between my mother's and father's homes. Life would have been better if I were living with both of my parents.

(Ebo, Male, 14 years)

As an individual who grew up far from her parents, I tend to have abandonment issues and finding it difficult to maintain certain relationships with friends and family relations.

(Esiwaa, Female, 24 years)

My family got disintegrated when I was 8 years caused by legal separation. Growing up, this made me to have no respect for human life and distortions of violence. It took the intervention of close allies to salvage me from that.

(Boafowaa, Female, 23 years)

Effects of childhood adversities on middle aged persons

The qualitative data available for middle aged individuals also depict both negative and positive consequences of childhood adversities experienced. For instance, antisocial behaviour (e.g., Yao) and social engagement/social participation (e.g., Ohenewaa) respectively. They noted the following:

Despite my childhood struggles such as being orphaned and abandoned, I participate a lot in family related activities such as birthdays, funerals among others and that enables me to mingle with other people and cheer up a little. It is very necessary in order to snap out of the miseries of life.

(Ohenewaa, Female, 59 years)

The aftermath of the divorce between my mother and father that I experienced in childhood affected my ability to relate well with others. Because I was unable to

handle it. The worst case scenario was that I am the last of two sons of both parents at the time. As a result of this experience, I have been tagged as an antisocial person.

(Yao, Male, 57 years)

Effects of childhood adversities on older adults

The qualitative data in this context may serve as a two-edged sword which comes with both negative and positive outcomes just as the quantitative data posits. Like the children/ youth respondents, some of the older persons had negative effects such as death of a parent (e.g., Boakye) whereas the positive ones entailed educational attainment (e.g., Boakye, Ohenewaa, etc.) and successful ageing (e.g., Worlasi). These notions can be adduced from the voices below:

I was born in Aveyime where my mother comes from. My father comes from Battor from a village called Tadze. My father had 2 wives. My step-mom had 5 kids, 3 boys and 2 girls. My mum had 8 of us, there were 6 girls and 2 boys, I was the youngest boy. I lost both of my parents when I was below 7 years. It was my elder brother who enrolled me in school but he died in 1949 when I was in standard 6. But with the help of philanthropists and other family members I was able to complete standard 7. Since I started life in 1941 as a child in school at the age of 7, I am always happy to say that I was among the group that took the last standard 7 exams in Ghana in 1950. And that is the certificate I treasure most in all my academic certificates. I continued to obtain a PhD (doctor of philosophy) and became a professor.

(Boakye, Male, 90 years)

Linking ages and childhood adversities along the developmental trajectory

The study articulates the solid linkage between the childhood adversity experiences had and developmental exigencies. For example, Worlasi's narrative denotes nodes of association with others whether good or bad. It particularly denotes overcoming adversity through the tactics of avoidance of perhaps smoking among others and ageing successfully.

I experienced physical and financial abuse at age 10. But I persevered and several years down the line, I became an entrepreneur despite an erratic childhood. Ageing successfully depends on the life you live during your youthful stage. You can either age successfully or age badly depending on your youthful life. If you follow bad people for example people who do drugs and smoke and they influence you, you are likely to grow and age in a bad way. However, if you live your life with morally upright people who are hardworking, you can achieve a lot that will make you to grow and age successfully.

(Worlasi, Female, 70)

Unlike the case of Worlasi, the case of Kwakyiwaa is not that positive, an indication that the effects of childhood adversities experienced still linger on over the years.

My mother died when I was born. And so I lived with my step mother. I remained with her even after the death of my father when I was 13 years. I attained middle school leaving certificate and no further. Compared to my siblings, I wasn't that fortunate in these

things. I later on lived with my elder sister and worked as her shop assistant. I have not really worked thereafter. I got married but my husband passed on and the struggle continues because I don't even have pension savings since I have not really worked.

(Kwakyiwaa, Female, 65 years)

As earlier indicated, Yao developed an emotional deprivation syndrome, which was intrafamilially oriented and induced by the divorce of his parents, an experience he is still grappling with later in life. Such an experience can make the experiencer anxious and depressed (for details, see Balkin et al., 2023). The cataloguing of these cases resonates with Alwin's (2012) theoretical argument that early life influences agglomeration on later adult outcomes. All the cases of for instance, Worlasi, Kwakyiwaa, and Yao are a depiction of the fact that 'developmental change occurs over the entire course of life … Ageing is not limited to any particular time of life; neither is development' (Featherman, 1983, p. 2). Collectively, it is worth noting that the cases presented above are reminiscent of gains (e.g., Worlasi), less gain or loss (e.g., Kwakyiwaa, Yao). These corroborate the argument that human development and ageing consist of both gains and losses (Bronfesnbrenner, 1979).

Discussion

This chapter documents the effects of childhood adversities from childhood/youthhood, middle age through later life. Generally, the results found that those who experienced childhood adversities (e.g., disability of a parent, parental abuse and neglect, domestic violence, divorce, poor health in childhood, bullying, and victimisation in school, etc.) had a variety of later life outcomes which include both physical and mental health challenges in later life as compared to those who experienced none. Thus, a child who grew up in a peaceful and conducive atmosphere tends to live a healthier and happier life as compared to a child who grew up in a home and related environment filled with adversities and abuse.

This corroborates the international literature that childhood adversities entail emotional neglect; parental intimidation; parental violence; unemployment (Wilson et al., 2006); parents' psychiatry illness (depression, schizophrenia), own serious illness, parental illness, parents' problem, parental divorce, being bullied at school (Korkeila et al., 2010). The list also includes the demonstration of the far-reaching consequences of the experience of marital dissolution or divorce (Amato, 1999a; Seltzer, 1994), the experience of father's absence (Amato, 1999a, 1999b), the effects of early socioeconomic disadvantages (Alwin & Thornton, 1984), the experience of maternal employment (Parcel & Menaghan, 1994), the differential effects of family size (Blake, 1989; Kuo & Hauser, 1997) and birth order (Conley, 2004), the nature of the transition to first grade (Entwiste et al., 2003), individual differences in childhood health (Blackwell et al., 2001), and early differences in intellectual ability (e.g., Deary et al., 2004; Kuh et al., 2004).

For instance, the disability of a parent, parental abuse and neglect, domestic violence, divorce, poor health in childhood, bullying, and victimisation in school have some of their roots in family disintegration which has the ability to breed violence and encourage gangsterism, leading to the collapse of traditional family life system with generational and intergenerational consequences. These are consistent with the arguments of Oko-Jaja (2020).

The findings depict the notion that more favourable home atmosphere is associated with better mental functioning. A distinct interaction between childhood experiences in terms of adversities and those of later life may be linked to adverse psychotic problems, personality disorders, depression, and poor physical health. Common social activities include attending

religious services, visiting a relative or a friend. There are 2 distinct dimensions to childhood adversities namely negative outcomes and psychopathology potential for positive adjustment or adaptation and resilience. From the negative outcome point of view, a long-term association exists in various forms of childhood adversities and adult episodes of significant depression (Kessler & Magee, 2009). The outcomes or effects of childhood adversities encompass smaller social networks especially antisocial behaviours; feeling emotionally isolated including frequency of social activities. Wilson et al. (2006) also espoused similar views. Noteworthy is that the extrafamilial environment contains strangers, neighbours, friends (Rohner et al., 2022). The features of home atmosphere are warm, caring, less quarrelsome, inspiring, supportive, trusting, understanding, strict, open, uninterested (von Bonsdorff et al., 2019). It is imperative to overcome adversity with positive adaptation as a focus instead of psychopathology. This is tantamount to the development of resilience. For example, Gunnardóttir et al. (2021) found that resilience has familial relations to experiencing well-being and functioning well in adulthood, after episodes of childhood adversities. This may depict a dynamic process which is supported by personal resources, social support, and achievement of acceptance of adversities. Positive adaptations to childhood adversities, are e.g., increased tendency towards prosocial behaviour (Rohner et al., 2022).

Significantly, the quantitative data shows that the experiencers went through some unpleasant situations during childhood which may or may not have been associated with home issues. This implies that intrafamilial and non-familial factors were at play in this context. Further, experiencing trauma, abuse or neglect in childhood may lead to health complications in later life, including a higher risk of developing dementia. Sufferers of disorders were exposed to, evoked fear and concern, and feelings of hopelessness and misery frequently as well as the resort to and engagement in prosocial behaviour (e.g., voluntary actions aimed at benefitting or helping others such as volunteering), (see also Dovie et al., 2023). Stated differently, childhood stress plays an important role in later life dementia risk among older people with a developmental undertone and implications for the development of resilience or otherwise. Therefore, support systems should be developed for children suffering from stressful conditions. This implies that overcoming adversity must be executed with positive adaptation as opposed to psychopathology. This is suggestive of the development of resilience, which relates to experiencing well-being and functioning well in later life. These are reflective of the fact that what happens to a person at one prior stage, for example, early life events and experiences, can (and does) affect outcomes at a later stage, that is, earlier events/experiences condition later events/experiences.

A coping pattern based on tenacity, optimism, active problem solving, active extraction of positive growth were observed. These categories of sufferers/survivors reported much less depression, anxiety and somatic symptoms. This is in line with other results (e.g., Fardell et al., 2023). Further dual research suggests a link between childhood adversities, functional, and structural changes in the nervous system which lead to a heightened predisposition for depression (Trifu et al., 2020) including cognitive defects and/or deficits. Collectively, these may influence suicidal behaviours.

Linking ages meets a life course perspective

Implications for un/doing age and (childhood adversities)

Key adversities namely extreme poverty, abuse or neglect have the propensity to weaken the brain and its development. However, providing stable, responsive nurturing relationships in

the earliest years of life can prevent and/or reverse the damaging effects of stresses experienced in early life along with life-long benefits for learning, behaviour and health.

Childhood adversities and the experience of them may shape, shift or break intergenerational relations. Age based differences in the experience of childhood adversities can be intensified (e.g., Esiwaa, Boafowaa, Yao), questioned (e.g., Maku, Ohenewaa). They later developed coping behaviours that make the experience of childhood adversities irrelevant. The chapter reactivated the practices of (un)doing age and (un)doing childhood adversities based on the experience of childhood adversities. Practices that constitute age can be denied, negated and revised in the sense of undoing age in the short or long-term generally or structurally. Performance can also be deviated from age norm, underdetermine them and/or contribute to making age (ir)relevant. There can be practices that contribute, actualise or question or make age categories irrelevant. Age becomes understandably contingent, changeable and procedural.

Doing age has the propensity to lead to undoing or redoing (for details, see Höppner et al., 2022) childhood adversities. The case of Yao appears to be doing age by being fixated on his past experiences and redoing parental divorce even into his older age. These findings do not construct a homogenous group of people where attributes are assigned to some whereas attributes are denied to some others with implications for obscuring diversity situated within age groups and can activate age stereotype and reinforce ageism. This presupposes that age is not a biological attribute but rather a practical process that is being done (Wanka & Gallista, 2018). This implies that age and childhood adversities are co-constructed in a social field encompassed by actors and power relations.

When individuals experience childhood adversities and are unable to attain or ascertain the requisite level of education, it shapes the construction of age with implications for literacy and employment in later life. This may perhaps be due to the loss of a parent or the need to stay with a single parent or step-parent family contexts during school going age (e.g., Ohenewaa, Worlasi). This is tantamount to undoing age in the context of education. This step of undoing age is remedied when the individual is able to return to school. Yet, in the case of Maku the former scenario was the case. This affected her desire to work in the formal sector of the Ghanaian economy.

Older adults with adverse experiences in early childhood are likely to have health problems, alcoholism, depression, heart disease, diabetes including somatic symptoms and distresses. Adverse experiences in childhood may correlate with a range of life-long problems in physical and mental health. Later interventions to these may be unsuccessful and ineffective as so much damage and harm has been done already early on in life. Significantly, intervening earlier in life tends to be more effective and successful.

Adverse childhood experiences have been observed to have adverse outcomes in adulthood. Adverse childhood experiences are constituted by acts of commission (e.g., sexual, physical, emotional abuse) and acts of omission (e.g., emotional and physical neglect, witness of intimate partner violence). Additional adversities are lack of social support and unemployment in later life.

The principle of linked ages may be said to refer to social embeddedness through the mode of ages. For instance, when times/ages change, lives change. Similarly, the principle on age and place timing of events and role changes are lived interdependently.

Policy implications

Policies and programmes that identify and support at risk children and families may prevent or reverse the outcomes of the experiences of childhood adversities. Thus, a wide range of

policies entailing those that are directed towards early care and education, childhood protective services, older adult mental health, family economic support and a host of others can promote the safe, supportive environments and stable and caring relationships that are needed by children. Parental care needs to be provided as the first source of social resource for children. This can be linked to the positive long-term outcomes namely self-reliance, mental health and adaptive emotional regulation in adulthood psychotherapy may provide a correlational experience changing attachment patterns. Overall, childhood experiences are exacerbated by social implications and are associated with an intergenerational impact. Policy interventions and/or strategies that are oriented towards ensuring the stability of households for families and expansion in access to healthcare, creation of safe, nurturing relationships and environments for children are of core essence in this context. Policies and programmes that mitigate health disparities in policy education, housing, employment, healthcare are imperative. Violence needs to be pursued in terms of the breakdown of emotional barriers that cause impacts and prevent violence. Under the circumstances, this may be laudable.

Building blocks for practitioners' future research

Analogising childhood adversities as a social field may facilitate future empirical analysis to closely focus more on the powers that are associated with linking ages. Ageing research can influence childhood adversities and the experiences and survivors' strategies thereof by creating and observing linkages in ages accurately and succinctly, especially when changes in the related aspect is accompanied by relations of power. For example, sociologists may be supportive and influential in how reactions to childhood adversities are structured in the pathways of actions.

How selected scales shape the construction of childhood and later life

Construction of childhood

In this chapter, use was made of mixed methods and short instrument for screening depression and general anxiety reactions and adaptations to childhood adversities or the (in)ability to cope with the experience of childhood experiences and how these influence the construction of childhood. Specifically this may lead to the construction of specific ideas about childhood taking into consideration divorce, parental conflict and bullying. The experience of childhood adversities framed in the scales used and the associated effects albeit positive or negative outcomes in later life serve as a building block for the construction of childhood and later life on the part of the survivors. The experiences of childhood adversities appear to be a mystery full of many exigencies in life including poor parent-child relationship quality. First, childhood is constructed in this chapter as an affectionless phase of life in which parents and/or guardians are affectionless and/or attentionless when disaster strikes. Second, childhood is connected with the lack of happiness or days of sadness. Third, the creation of the association of childhood with timidity. Fourth, childhood is connected with truncation of educational trajectory. Fifth, childhood is synonymous with family disintegration and instability of the family space and/or environment resulting from separation in marriage, divorce, etc. Sixth, childhood is associated with parental conflict. Seventh, childhood relates to abandonment by parents. Eighth, the death of parents. Ninth, from the perspective of divorce, childhood may be constructed to connote living with a single parent (albeit mother or father), living with or continuing life with family relations (e.g., maternal or paternal uncles, aunties, grandfathers, grandmothers, step-mothers, step-fathers, significant others, etc.).

Tenth, being bullied for having different body features from the norm such as being too tall or too short, having a big nose, long chin bones, etc. despite the fact that these occurred naturally without inducement on the part of the carriers. Eleventh, childhood is associated with being abused and neglected.

Children need the reverse of the above for consolidated life in childhood, yet they have been denied the later by virtue of childhood adversities. These have implications for levels of self-esteem (confidence). The study participants who experienced childhood adversities perceive childhood as being constituted by struggles, lack of opportunities, lack of attention, etc. and the vagaries of parental struggles and misunderstandings of abandonment, abuse, neglect, disintegration of families, including the inability to foster solid relationships. Childhood adversities can be resolved via a myriad of means namely the relocation of residences, firming up of intrafamilial and extrafamilial relations, support of philanthropists, perseverance, hard work. These are still survival nodes in the midst of adversities.

Construction of later life

The construction of later life is observed based on the notions of successful ageing. Ageing successfully and unsuccessfully is synonymous with behavioural attributes in childhood/ youthhood. The manifestation of the nemesis of the outcomes of childhood experiences, for example mental functioning. The construction of later life in this chapter hinges on the fact that there may be no institutionalised pattern to the attainment of successful ageing. However, some of the determinants are the genetic make-up of an individual, environment, lifestyle, achievement, aspiration, stress management, acceptance of the changing worlds. Noteworthy is that these are individualistic ways of successful ageing. Worlasi's case is indicative of environment, lifestyle, achievement and aspiration, stress management and acceptance of the changing worlds are depiction of successful ageing. The case of Yao denotes the reverse which is unsuccessful ageing. Worlasi's case depicts the learning and development of new skills and the associated enjoyment. It is also a step-by-step guideline for lifestyle modification such as socialisation, social interaction, search for new opportunities and taking advantage of them (including healthy dieting, doable exercises).

Conclusion

Childhood diversities include family problems, poverty, starvation, family disintegration, abandonment, abuse, etc. The study illustrates the various ways in which childhood circumstances are tied to later life including prosocial behaviour. The experience of childhood adversities may have implications for psychotherapeutic and policy interventions including social acceptability. The findings show the need for improving recognition as well as management of depression, which are well-meaning aims in the improvement of health conditions. This chapter displays a distinct connection and/or linkage between childhood experiences and situations in later life, both positively and negatively, which goes beyond the traditional life course understanding to encompass the development that occurs in the later life stages of experiencers and survivors. The linking of ages to childhood adversities and survival strategies needs to be strengthened.

Both children and older people have need for healthcare, social services and other forms of support namely protection from maltreatment that require governmental commitments in terms of resources to their welfare. Ghana has enacted diverse legislations including the Children's Act (Act 560) of 1998, the Domestic Violence Act of 2007, Act 732, the Human

Trafficking Act of 2005, Act 694 in which are articulated the need to protect children against abuse and mandated institutional care for children who are exposed to both abuse and neglect of all forms (see Akpalu, 2007for details). Social policies aimed at promoting old age quality of life need to go beyond the stage of old age to targeting early childhood social conditions. It is concluded that the experience of childhood adversities may have implications for social acceptability including policy. Prosocial motivation to help others with adversity experiences must also be fostered. Further, subjects with adverse childhood experiences must be empowered.

Strengths and limitations of the study

By using questionnaire, retrospective reports may precipitate memory recall biases. Hence, the use of interviews in addition to the questionnaire to counteract this. Use was made of a short instrument for screening depression and general anxiety, which does not diagnose a mental disorder in line with Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD) classifications. The sample size being small might have restricted the generalisability of the findings. Future researchers may validate the results by relying on a more representative probability-based sample. The second limitation is based on the factors used in the study, the present study concentrated on a few factors and might have ignored some relevant factors determining outcomes, construction of later life and diagnosis of mental health. Future researchers in the area may take into consideration other important factors, such as familial culture. These factors might have an effect on the chatting of a more consolidated association between childhood circumstances and later life.

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25 Conclusions

A Linking Ages Dialogue between Childhood, Age Studies, and Beyond

Tabea Freutel-Funke and Anna Wanka

With this edited volume, we sought to facilitate a dialogue between childhood and age studies by inviting scholars from both fields to think and write together about age as a crucial marker of difference in our society. By linking—that is, contrasting, relating and perspectivizing—age constructions in different life stages, we have reflexively deconstructed predefined notions of 'normal' or 'good' childhoods as well as 'normal' or 'successful' ageing, and problematized the consequences that result from these normative notions. This process of 'linking' thereby unveils what we would otherwise not be able to see, including but not limited to why we research certain topics and not others, why we are drawn to specific method(ologie)s, and why we make certain conclusions in our respective research fields. For us as authors and editors as well as childhood and ageing researchers, this reflexivity has so far been incredibly fruitful (and sometimes painful, too).

The value of such a dialogue can be seen in the contributions assembled in this book. The insights gathered here hold merit for theoretical, methodological, empirical, and practical advancement alike. The common thread of a thorough analysis of central concepts like ageism, adultism, and generational ordering, autonomy and dependency, agency and paternalism, protection and violence in both fields is weaved through almost all chapters. These experiments in joint theorizing and reflection show the potential of developing a critical age studies perspective for both childhood and ageing research that can be applied across the life course.

Similarly, the methodological implications of such a critical constructionist perspective becomes apparent in the empirical work the authors present. Taking a critical stance towards concepts like generational order(ings), ageism, adultism, paternalism, and related notions implies also requires rethinking methodological approaches where middle-aged adults research children and older adults. Hence, many of the contributions draw on participatory and creative methods, like life diagrams and walking methods, as well as the challenges they entail. However, as we stated in the introduction chapter, Linking Ages does not imply a fixed set of methods and procedures; much rather, its research agenda can be put into practice in multiple ways during different stages of the research process. Consequently, some chapters showcase how a Linking Ages agenda is compatible with all kinds of research designs, including more conventional qualitative and quantitative methods, and how it can be used at different research stages. This underscores that no matter how data is created, how we approach and analyse it is crucial. Contributions show how researchers can draw on quantitative survey data based on age-normative questionnaires or qualitative interviews collected without a Linking Ages perspective, and analyse, interpret, and reflect on them with Linking Ages in mind. Thus, while some of our contributors came together as teams from different age-related fields, others discussed existing work—focusing on one life stage

or life course approaches—from a Linking Ages perspective, and thereby shed a new and innovative light on their findings. The method of analysis with a change of signs, for example, can be used on all data alike. Consequently, Linking Ages as a research agenda comes in different shapes and scales and comprises projects that embrace it throughout the whole research process as well as those that use it at selected points in the research design to reflect, irritate and expand their findings.

We hope that this encourages people in different fields to adopt Linking Ages lenses, if only for a little while, to discover what unfolds in front of their eye when they look at data differently. And while we tried, and hopefully succeeded, to showcase the value of such Linking Ages lenses for a wide variety of topics, there are still so many more thematic areas to be explored: love and sexuality, gender and sexual identities, friendships and sibling-ships, poverty and social deprivation, crime and deviant behaviour, eating and sleeping, housing and relocations/migration, climate change and sustainability, creativity, fun and joy, death and dying, among many others. The list of possible topics for a Linking Ages dialogue goes on and on!

However, there are also limits to a Linking Ages perspective. These might be less explicit in this volume, but nevertheless important to discuss. On the one hand, there is a risk of overemphasizing age constructions. When we approach our material with a Linking Ages lens, we should also critically reflect on questions like: is it really age that is made relevant or irrelevant here, or is it rather vulnerability, health, milieu, socio-economic disadvantage, gender, or generation that shapes the phenomenon that we research (and most often, it will be many of these things in intersection)? When we look at our research phenomena through a Linking Ages lens, we may collect whatever is made relevant beyond age itself and how these differences are linked to age, respectively in what way they might be age-coded.

On the other hand, Linking Ages prompts us to question why certain groups are treated differently based on their age, and whether this is justified. As many contributions in this book show, there might be phenomena where we find age-based differentiations justified, and that we may want to approach from a more normative position. This does not con-tradict a Linking Ages research agenda. Take age-based protection from violence as an example. When we contrast and relate protection from violence across different life stages, we can see that children are assumed to be more vulnerable than adults, and, consequently, that there are more practices and legislations that aim to protect them from harm. This is adultist: while adults are perceived to be more competent to defend themselves, children are understood as being more dependent on adults for protection. However, the implica-tion of this assessment is for sure not to lobby for the removal of child protection, but to understand if and why child protection is actually necessary. When we therefore perspec-tivize such findings, we can explicate how, by living in an adultist society, children are not (potentially falsely) *seen* as more vulnerable, but they are also actually *made* more vulner-able through their lack of rights, their produced dependency on adults in families and other institutions, and their bodily material condition. Based on this perspectivization, we can come to the conclusion that child protection is not only desirable but necessary, and trace both the (historical and contingent) processes that lead to this necessity as well as the con-sequences that arise from it.

And Linking Ages does not stop here:

On the one hand, the 'Linking Ages' agenda promoted in this book is not limited to con-trasting, relating, and perspectivizing the margins of the life course. As many contribu-tions in this book have pointed out, the marginalization of both childhood and later life is

always relational, not only to each other but also and maybe more dominantly to the 'age normality' of (middle) adulthood (Krekula, 2019). Adulthood, or midlife, is the 'elephant in the room' of this book—it is the implicated norm that both childhood and later life are 'othered' against. Consequently, a Linking Ages research agenda must not stop at linking the margins of the life course, but proceed to linking childhood and youth, young and middle adulthood, middle adulthood and later life, the third and the fourth age, etc. While we chose to adopt a most-different approach for this book, a future volume could focus on a most-similar approach, linking, for example, early and late teenage years, people in their 30s and 40s, or fourth-agers and centenarians, with equally exciting findings.

On the other hand, the principles of 'linking' are not limited to research and practice concerned with age constructions at all. They can much rather be applied to all social categories of difference and markers of distinction. Many research fields already follow similar approaches of linking: gender studies have long understood masculinities and feminities as fundamentally relational categories whose understanding can only be facilitated in their 'linkages' (e.g., Connell & Messerschmidt, 2005). Constructions of 'old' and 'young' are as inextricably linked as constructions of masculinities and feminities, constructions of 'rich' and 'poor', 'white' and 'of colour'. A 'linking class' research agenda, for example, can proceed in similar ways as outlined here by contrasting, relating, and perspectivizing constructions of class by bringing together researchers on privileged elites and socio-economically disadvantaged groups. From an intersectional perspective, the 'linking' should not stop there: the category of an old woman is linked to the category of a young woman and man just as the category of a privileged old person is linked to the category of a disadvantaged old adult and child.

In particular, Linking Ages might draw other research fields to think about two attributes that are regularly assigned to age as a category of difference, but more seldomly to others: continuity and dynamics (Höppner & Wanka, 2021). Age is neither binary nor static—but neither is gender, race, class, or disability. Instead, age is a continuum from birth to death, usually measured in Western societies on a metric scale of the years that go by as people grow older. Similarly, people might experience upward or downward social mobility, and thereby a class change, as well as the onset of ill health, different and fluid forms of dis/ability, as well as recovery multiple times over their life courses. Likewise, categories that are societally configured as binaries, like gender, are in fact a continuum that change across one's life course (e.g., Halberstam, 1998). It is not that a Linking Ages agenda and its foundations in practice theories and new materialisms fosters such observations alone—this task has been carried out by others—but it encourages us to consider the question of how, when, and why certain boundaries are drawn between those different categories (Barad, 2003). That is, it encourages us to think about how difference comes to matter and which linkages can tell us the most about them.

This book showcased a Linking Ages approach by contrasting, relating, and perspectivizing the margins of the life course. However, researchers could also—with similarly exciting findings! —link ages just below and above legal age, skin colours that are just on the cusp of passing (as black or white) or conditions that barely miss the categorization of disability with those that do. How, when, and why are these boundaries being drawn? And what can we learn from linkages that are much closer than childhood and later life? All of these are questions for a future research agenda of linking (ages).

Finally, this volume wants to encourage researchers to question age segregation in the academic sphere, considering how the structures of academic societies, departments, journals, reference practices, and conferences limit our own freedom of exchange and possibilities to

reach a deeper understanding of society for all ages. In addition to academic readers, we hope to raise awareness in politics and society of the importance to reflect on the theoretical concepts discussed in this volume, to transfer the methodological challenges to fields of action, and for practitioners to reflect on their work and its consequences for childhood and later life.

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