

## Sustaining the self in the 'fourth age': a case study

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## **Abstract**

### ***Purpose***

The purpose of this paper is to illuminate from the perspective of an older person (Harriet)\* the factors that both support and jeopardise her mental wellbeing in the fourth age.

### ***Design/methodology/approach***

The paper is based on unstructured narrative interviews with an older woman who was originally interviewed for a previous research study 15 years ago. At that time she was aged 82; she is now aged 97. This paper explores themes of change and continuity in her experience of ageing with a view to re-evaluating the model of sustaining the self developed from the earlier study and comparing the findings with current conceptions of the fourth age.

### ***Findings***

Harriet's previous efforts to remain independent have been replaced by an acceptance of dependency and diminished social relationships and activity. However, she retains significant threads of continuity with her earlier life and employs cognitive strategies that enable her to feel content. Her experience of advanced old age fits conceptions of neither the third nor fourth age, indicating the need for more sophisticated and nuanced understandings.

### ***Originality/value***

The paper is original in exploring the lived experience of an older person in advanced age across a 15 year time period. Its value lies in rendering visible the factors that have promoted and/or undermined her mental wellbeing and in generating insights that can be applied more generally to experiences of advanced age.

\*The name 'Harriet', used throughout the paper, is a pseudonym, replicating the pseudonym used in the original study.

## **Introduction**

Traditional negative attitudes and perceptions of 'old age' as a time of passivity, decline are increasingly being dislodged by the proliferation of older people who are enjoying positive

physical and mental health and engaging actively in their families and communities. A range of factors have contributed to this shift, including increased life expectancy, advances in health care and the expansion of consumerism that allows multiple and diverse opportunities for lifestyle choices and identity construction (Jones *et al.*, 2008). Research with older people has attested to their desire to remain physically and socially active and independent, whilst also highlighting the complexities inherent in perceptions of 'independence' (Secker *et al.*, 2003).

The concept of 'active' or 'successful' ageing has become a key concept in social gerontology (Phillips *et al.*, 2010) and a driver in social policy seeking to address the challenge of an ageing population (Walker, 2009). Positive ageing is commonly promoted as achievable through self-help strategies such as healthy lifestyles, extended employment and volunteerism. It has been criticised on a number of grounds, including its failure to recognise the diversity of perspectives amongst older people about what constitutes meaningful activity, its purveyance of moral messages about how older people 'should' behave, and its promotion of active ageing as an individual responsibility to the neglect of social and economic influences (Lloyd *et al.*, 2014). Furthermore, it is argued that a focus on those who are 'ageing well' risks marginalising and disempowering those who cannot achieve these aspirations (Holstein and Minkler, 2007).

Recognition of the wide spectrum of 'old age' and the markedly different experiences of 'younger old' and 'older old' people has led to a distinction between the 'third' and 'fourth age'. Whilst there are different approaches to defining third and fourth age (Baltes and Smith, 2003; Phillips *et al.*, 2010), the terms are often used to distinguish a phase of 'active ageing' post retirement from a later phase of frailty and dependency. Grenier (2012) sees the fourth age as representing intersections between advanced age, impairment and decline. The third and fourth age thus offer contrasting depictions of the ageing experience: 'The brighter the lights of the third age, the darker the shadows they cast over this underbelly of aging – the fourth age' (Gilleard and Higgs, 2013: 372).

A focus on the fourth age is timely in view of the growing proportion of 'oldest old' people in the population, both worldwide and in the UK. It is predicted that between 2000 and

2050, the number of people aged 80 and over worldwide will almost quadruple (World Health Organisation (WHO), 2014). The 2011 Census for England and Wales indicated that the number of people aged 85 or over usually resident in England and Wales had increased by nearly one quarter in the previous ten years (Office for National Statistics (ONS), 2013). Whilst advanced age is not synonymous with frailty and dependency, there are a number of health conditions and impairments that increase in prevalence with age and older people's self-reported health declines with age (ONS, 2013). Baltes and Smith (2003) argue that the 'good news' of increased life expectancy is tempered by the 'bad years' of poor health and disability that often characterise advanced age, 'testing the boundaries of human adaptability' (p.129).

This paper explores one woman's lived experience of the 'third' and 'fourth age', identifying similarities and differences in the factors that appear to support and undermine her wellbeing in each 'age'. It begins by reviewing existing research on the experiences of those in advanced age before outlining the methodology of both the original and current study. A brief summary of how one participant from the original study (Harriet) managed living in the third age is preceded by an exploration of her experience of life in the fourth age. The final section discusses the relationship between Harriet's experiences of 'the fourth age' and existing theory and empirical evidence, drawing out the implications for research and practice.

### **Experiences of advanced age: themes from existing literature**

Gilleard and Higgs (2010) see the defining characteristic of the fourth age not as declining health or functional deficits, but 'a negation of individual agency' (p.126). Drawing on Hughes (2010), they invoke the concept of 'abjection', arguing that abjection arises from '...the perceived loss of agency and bodily self-control and the failure to achieve any restoration of that loss – in short, the impotence to mount a transgression of agedness' (Gilleard and Higgs, 2011: 141). It is this loss of agency and selfhood, they argue, that confers on the fourth age its status as 'a terminal destination' (2010 p.123) and its force as a 'social imaginary' comprising negative assumptions of dependency and indignity (Gilleard and Higgs, 2013: 369).

However, the 'social imaginary' of the fourth age, characterised by a negation of agency, is contradicted by research on lived experiences of advanced age which suggests that older people change and adapt to the transition. Adams *et al.* (2011) compared older people in the third age (defined as people aged 64-79) with those in the fourth age (defined as people aged 80 and over) and found that the older participants were more likely to have disengaged from activities and interests. They suggest that in late old age, older people narrow their range of interests to those that are more manageable, such as spiritual pursuits, and withdraw from activities that are difficult or stressful. The ability to adapt to functional decline and changed circumstances is supported by narratives on experiences of ageing of 20 people in Finland (Heikkinen, 2004). They were first interviewed when aged 80 and reinterviewed at five and ten year follow-up points. Heikkinen noted a number of changes in the narratives of participants when they were 90 compared with the previous two interviews. They referred less to their physical health, suggesting that they had incorporated 'bodiliness' into their everyday life and were no longer aware of it (p.574). They were also less conscious of the passage of time, less concerned about their own ageing and about others and appeared more confident and at ease with themselves. Heikkinen observed that their lives had become more constricted but also more intense as their focus narrowed to their own everyday life at home.

There is no direct correlation between older people's objective social and economic circumstances and physical health and their subjective experience of wellbeing. An early study by Johnson and Barer (1997) found that although the 'oldest old' participants (aged 85 and over) faced objective physical and social deterioration during the course of the study, many retained or even improved their sense of wellbeing. Johnson and Barer account for this in terms of a psychological process of adaptation, though the routes by which this was accomplished were very varied. They conclude that as the control over physical and social situations diminishes with advancing age, the control exercised over emotional and cognitive processes may become more important. Other longitudinal research with older people carried out over 20 years confirms the importance of cognitive coping, concluding, "Although control over external events may be relinquished, control over meaning remains important" (Coleman *et al.*, 1999: 824).

The significance of changes in how control is exercised is highlighted by Wilken *et al.* (2002), who examined the factors that older people aged between 86 to 100 and living alone in the community saw as important in helping them preserve their independence. The researchers suggest that that an integration of internal control, that is, beliefs reflecting their own ability to control their independence, alongside external control, that is, beliefs attributing some dimensions of their independence to others, may be the most helpful for managing in later life. However, they suggest that external control may be more conducive to helping older people to cope in situations that are beyond their ability to control. The magnitude of change with which people in advanced age often have to contend is highlighted in Lloyd *et al.*'s (2014) research, which focused on older people aged 75 and over who had health difficulties and needed some form of care or support. 34 participants were interviewed four times over a two and a half year period, during which time they faced changes in health, close relationship and living arrangements, with some moving to supported accommodation or care homes. In contrast with Heikkinen's (2004) finding of contentment amongst those in advanced age, Lloyd *et al.* noted 'a sense of turbulence and instability' (p.11). Participants seemed to experience a lack of internal control, worrying about their families and about the future, and they had to work at finding new strategies to manage difficulties.

In summary, some existing studies portray older people in the fourth age as facing struggle and turmoil whilst others present them as in a state of resolution and contentment. Neither branch of the bifurcation - turmoil or resolution - reflects the social imaginary of abjection discussed by Gilleard and Higgs (2011), with its negation of individual agency. Studies that highlight the continual 'labour' of trying to manage and adapt and those that emphasise the role of cognitive processes, such as perceptions of control, attest to the continuation of individual agency, albeit exercised in different ways. This supports Grenier and Phillipson's (2014) contention that agency is not absent in the fourth age, as in Gilleard and Higgs's 'social imaginary' (Gilleard and Higgs, 2013), but experienced and manifested in different ways.

### **Methodology of original and current study**

The original longitudinal study explored older people's strategies for managing difficulties for which they had been refused help by social services (Author, 2010). Five interviews were carried out with each participant over a three year period (2000-2003), reinforced with diary data and social network analysis. Harriet was one of 12 participants in this study, contributing five interviews, completed diary entries and feedback on the initial analysis.

I had no contact with Harriet after the final research interview in 2003. In February, 2015, her carer contacted me to say that Harriet had unearthed a copy of a draft report on the interviews that I had written in 2002 and would be keen to talk to me again. I discussed with Harriet the idea of doing some follow-up interviews with her to find out how she was managing life at the age of 97. She was happy to proceed and ethical approval was given by (name removed for anonymity) Ethical Review Committee. I gave her a written sheet setting out the details of the research and discussed this with her. She gave signed consent at the start of each interview, including agreeing that the interviews could be audio-recorded.

The original research used a case study approach and maintaining this framework facilitated the narrowing of focus from multiple cases to a single case. Case studies enable complex phenomena to be investigated in their real-life context, generating data that is intensive, rather than extensive (Thomas *et al.*, 2011). It is important to be clear what 'the case' is a case of and why this particular case has been selected (Hyett *et al.*, 2014). Harriet is a 'case' of someone managing life in advanced age. In the original study, she was an example of someone who maintained a self-perceived good quality of life despite her difficulties. This offers the rare opportunity to consider to what extent this has been sustained in advanced age and, if so, how this can be explained. The case study is therefore diachronic in that it is interested in changes between two different periods of data collection (Thomas *et al.*, 2011). There are enormous challenges in studying older people's lived experience over a prolonged period of time, including attrition and the need for significant and long-term funding and commitment. Here the availability of the original data allowed a comparison of 'third age' and 'fourth age' strategies that would not otherwise have been possible.

A case study is not a method as such, but a design frame selected by virtue of interest in the case (Stake, 1998) and therefore it may be used with a range of methods. In this case the

method used was in-depth unstructured interviews. My approach to both the previous and current study is consistent with Denzin's (1989) interpretive interactionism. The research is carried out from the perspective of the subject experiencing the issue and is anchored in 'thick' description of 'a slice of experience' (p.26). A key aim is 'making the invisible visible' (p.139).

Two interviews were carried out with Harriet in her home in March and May 2015, each lasting approximately two hours. The interview recordings were transcribed and analysed by comparing themes with the model developed from the original study (see Figure 1). The original analysis had employed methods of grounded theory and narrative analysis; here, I started from the themes and categories identified from Harriet's original five ('third age') interviews and compared these with those identified from the current two ('fourth age') interviews. The first interview was analysed before carrying out the second, allowing emerging ideas to be checked out during the second visit.

### **Harriet's experience of managing life in the third age**

In the original study, a model of 'sustaining the self' was developed from participants' accounts of managing later life (Author, 2010). The model developed from the findings is shown in Figure 1.

Figure 1 here   Processes of sustaining the self

Participants used two main ways to sustain a sense of self: 'keeping going' or practical strategies, by which they endeavoured to keep active, maintain stability in their standards and routines and retain a sense of balance in their relationships; and 'staying me' or cognitive strategies, which enabled them to preserve a sense of continuity with their past lives and evaluate their situations and personal 'coping' in positive ways. The third theme, 'threats and resources' represented factors that either supported or undermined their 'keeping going' and 'staying me' strategies.



Harriet was aged 82 at the time she became a participant in the original study. She had been widowed for 12 years and was living alone in her privately-owned semi-detached house. She had a number of health problems, including rheumatoid arthritis, irritable bowel syndrome and dizziness and blackouts that had caused her to give up driving. Her son and daughter lived nearby but she resisted asking them and other people for help, seeing herself as self-reliant. Her days were fully occupied with many hobbies, including gardening and craft, and she 'put a little bit back' into the community by donating her craft work to local coffee mornings. She attended many social activities with friends and described herself as 'never idle'. A cleaner helped with heavier tasks around the house, but Harriet still managed her own cooking, shopping and laundry. Even though many tasks were now a struggle for her, she endeavoured to 'keep going' with them as she believed this was important for retaining her independence.

### **Harriet's experience of the fourth age**

Harriet's current experiences of managing life in advanced age are discussed in relation to the model presented in the previous section (see Figure 1).

#### *Keeping going: practical strategies*

The keeping going categories in the original study comprised strategies to keep physically active, to maintain usual standards and routines, and to preserve what was perceived as acceptable balance in relationships.

#### *Keeping active*

Keeping busy is still a central theme in Harriet's account of how she spends her days:

I am always doing my embroidery ... I spend up to 16 hours a day doing my embroidery ... I would go mad if I hadn't got something to do.

She professes herself lucky to have retained her eyesight and the dexterity in her fingers that enable her to continue enjoying this hobby.

She has to continue making adjustments to her daily living arrangements to accommodate changes in her physical health and abilities. For example:

I've brought my bed downstairs now because I'm such a restless sleeper and I can't bear going up and down on the stair lift during the night. So that's my bedroom now. I don't have to go upstairs at all now.

She is aware that her memory sometimes fails and has a way of checking that she remembers to eat:

The trouble is in the evening I can't remember whether I've had my evening meal or not; I have to go and have a look to see if there's a plate in the bowl (laughs).

#### Keeping stable

Maintaining a prescribed order to her day remains an essential part of Harriet's coping strategies and this is especially important in helping her manage her memory impairment. She accomplishes tasks in the same order each day and also has standardised meals:

I have cereal for breakfast and I have a banana and a muesli bar for my lunch, the same every day. Then I have my evening meal about seven o'clock and that's toast, pate and coleslaw. Always the same every day (laughs). I can get by without cooked meals, that's no problem to me at all ... Every day is the same. I like it that way, I don't have to think about it at all.

#### Keeping balance

Although Harriet has accepted that she needs to rely on others, she still has a sense of not wanting to be a bother to other people which is why she no longer attends the social clubs that used to be so important to her:

Unfortunately I don't belong to anything now. Which is a shame but I'm dependent on someone coming to fetch me and push me in the wheelchair and that's not on really. It isn't fair to other people.

Harriet no longer 'puts back' into the community by giving her craft work to charities, but she retains a sense of 'making a contribution' by donating unwanted possessions:

I've got rid of stacks of clothes and handbags and all those sorts of things. They're not important to me ... they all went to charity and raised cash for different things.

### *Staying me: cognitive strategies*

The two 'staying me' categories in the original study were strategies to maintain continuity with life themes, 'habits of the heart', relationships and home; and strategies that enabled self-affirmation, such as minimising difficulties, making positive comparisons to others, and taking responsibility for creating a good life ('life is what you make it').

#### Continuity

Whilst Harriet's desire to stay independent was a pervasive theme in the previous interviews and intrinsic to her identity, she now accepts her dependence on other people and on aids such as her pendant alarm, zimmer frame and wheelchair:

I can't take a step without my zimmer frame now. I'm entirely dependent on that.

I'm not allowed to go out into the garden on my own, I can only go out if I've got someone with me. That's a pity, but you've got to be sensible haven't you?

In recent years, as well as her own perceived dependence, she has also had to come to terms with the loss of her friends:

All my friends are dead, every single one. It's amazing really, I can't believe it. I was always the oldest in the group of friends that I had and they are all dead and I'm still here which is really strange ... I won't say it hasn't bothered me, but it hasn't really upset me. I'm just thankful that I'm still here.

#### Self-affirmation

As in her interviews in the 'third age', there are many examples of self-affirmation within Harriet's narrative. When she refers to losses, she is quick to indicate that these do not really trouble her:

I just wish that, well, it doesn't really bother me, but I would like to be able to go out when I feel like it, but there's no way, I couldn't go out on my own. I used to go out every morning and get my newspaper and then go into the coffee shop and ... do my shopping and then come home. But all of that, of course, is in the past. But I don't really miss it. It doesn't really bother me.

Acknowledgement of a deterioration, loss or negative event is contextualised with a statement about how lucky she is or that indicates that she is managing well nonetheless; for example:

My condition has deteriorated considerably, but I still manage.

Thus, throughout both interviews, Harriet communicates a sense of wellbeing:

I can't say there is anything that worries me really. No, I'm quite content.

I don't dwell on anything (difficult): I just put it in the background. I'm very fortunate to be able to enjoy life.

I'm very infirm now. But I'm very happy here. And I'm quite content with my own company. I'm very lucky, very fortunate. I don't dwell on the negatives.

### *The slippery slope: threats and resources*

The categories within this theme include personal attributes, such as health, financial resources and life experiences; social dimensions, in terms of direct and indirect support from others; and access to community resources, such as formal services and opportunities for participation. All of these could support or undermine older people's efforts to manage the challenges of ageing.

### Social support

The main resources that enable Harriet to continue living alone in her own home are her family and her privately arranged carer. This was someone who had initially been employed to help with the garden but who has gradually also taken on household tasks and, later, personal care. Harriet speaks about her with great warmth and appreciation:

I've got a helper, a carer, and she's wonderful. She's so strong. She just lifts me out of the bath as if I was a feather pillow (laughs). She's brilliant so I'm really very lucky.

Harriet's son, daughter and grandson are also significant, providing her with social contact, a sense of continuity with her family roles and status and a feeling of self-worth. She looks forward to her outings with her grandson, who takes her to the local town in her wheelchair most Saturdays. Her pleasure in the affection and attention shown by her family was conveyed when she read me her Mother's Day cards:

"Loved you yesterday. Love you still. Always have and always will". That was from my daughter.

### Discussion

While some aspects of the previous model, developed when Harriet was aged 82, remain applicable to her experiences at 97, there are some differences. She is still keeping busy by doing her embroidery and preparing her own meal and the importance of routines remains very evident in her narrative, though the nature of these has changed over the 15 years. Her routines give her day an order and purpose, help her to manage her memory difficulties and give her a sense of control. However, the talk of struggling to remain independent is noticeably absent compared with the earlier interviews. Rather, Harriet has accepted her reliance on others and talks with equanimity about being 'infirm' and 'dependent'. This is not just dependency on people - her carer and family - but also dependency on her pendant alarm, zimmer frame and wheelchair. These 'dependencies' enable what she sees as 'independence' - living contentedly in her own home.

Although Harriet accepts her dependence on others, she remains concerned about 'putting too much' on them. In the previous interviews she 'pushed herself' to do things in order to avoid asking others for support, but this is now beyond her. 'Not putting on others' now means ceasing activities that require the involvement of someone else. Withdrawal, rather than struggle, had become the main strategy to preserve her perception of acceptable boundaries in help-seeking. In relation to the 'staying me' themes, Harriet feels a sense of continuity with her earlier life. She has lived in the same house for over 30 years and remaining in her home is integral to her mental wellbeing. She feels that she has not changed as a person, even though she is not able to do the things she used to. References to pursuits or tasks that she can no longer do are prefaced or appended with phrases such as 'It doesn't really bother me' or 'but I still manage'. Although she acknowledges her deteriorating health ('I am infirm now'), Harriet does not dwell on this or indicate concern for her future health. She refers to the death of many friends and expresses surprise and bewilderment that she has outlived them all, rather than grief or sadness. She seems to have adjusted to the changed situation and interprets this positively, showing a degree of pride in her own longevity. Harriet refers many times to being lucky and content. When reminded of worries that she expressed in the original interviews, she says that these are now all 'put in the background'. Her experience of living in advanced age contrasts with how she imagined it fifteen years earlier when I asked her how she thought things would be in five years' time. At that time, she said:

Let's put it this way, I hope I won't be here because, no, I don't want to be an old someone who sits in the chair all day and can't do anything'.

When reminded of this now, she says:

I'm 97 now, but the thought back then of being 97 frightened me to death! But I do still enjoy life.

Harriet's strategies for managing daily life echo those noted by Johnson and Barer (1997), namely: regulating time and routines (each day following the same pattern); simplifying the physical environment (having her bed downstairs); making tasks predictable and

manageable (eating exactly the same food each day); re-ordering priorities and interests (narrowing her activities from outdoor to indoor pursuits) and projecting a new role or status to compensate for losses (a more intense focus on family relationships, rather than friends). As Johnson and Barer observed amongst their 'oldest old' participants, Harriet lives mainly in the present, not dwelling much on the past or worrying about the future. There is a notable constriction in her world compared with 15 years ago in the sense of this temporal dimension, but also in her more restricted activities, relationships and community involvement. However, there are still many examples of Harriet employing strategies to retain a positive emotional state and continuous sense of self.

Although Harriet would be included in most definitions of the fourth age, certainly those that rely on age or life stage, her own experiences and perceptions do not reflect the state of abjection that Gilleard and Higgs (2011) see as characterised by 'evidence of absence, absence of self-consciousness, of self-control, of corporeal ownership – the abjection of the orphaned body' (p.139). Despite limitations arising from physical impairment, Harriet is still in control of her body and her immediate home environment. However, her previous concerns with 'struggling against the odds', 'fighting to stay independent' or 'pushing herself' to do things have largely been replaced with acceptance of aspects of her situation that she cannot control. The essence of her subjective wellbeing seems to reside in the threads of continuity she is able to preserve – her home, garden, routines and activity (embroidery) – and in the social interaction, valued roles and identity that derive from her relationships with her family and carer. Although she receives a significant amount of help in managing her day-to-day life, this support is provided in ways that preserve her dignity and relational autonomy (Lloyd *et al.*, 2014). Stenner *et al.* (2011) see being 'active' as about 'having a pleasurable sense of one's own powers and of setting one's own norms rather than, for example, being 'normed' by others' (p.12). In this sense of living by her own norms, as well as in her deployment of cognitive strategies, Harriet is still decidedly 'active'. Her responses to advanced age fit neither the third age, if this broadly equates with active ageing and efforts to remain independent and engaged in social life, nor the fourth age, if this represents 'a metaphorical black hole' of 'not getting by' (Gilleard and Higgs, 2010: 126). Instead, she is resigned and accepting of the circumstances she cannot change whilst maximising her control over those elements that she can still influence. This includes

regulating her emotions and cognitions by reconstructing her situation in a positive way and emphasising its valued elements.

Whilst it is not possible to generalise from this single case study, and this was not the aim, the depth of understanding developed from Harriet's experience generates insights that can be applied to other experiences of managing the fourth age. In particular, we need to revise our understanding of agency based on the different forms it takes in advanced age. As Grenier and Phillipson (2014, p.73) observe, 'agency in late life may be different rather than invisible'. Barnes (2000, p.25) defines an individual's possession of agency as: '... internal powers and capacities, which through their exercise, make her (*sic*) an active entity constantly intervening in the course of events ongoing around her'. Whilst third age conceptions of ageing tend to be based on active participation in employment, volunteering and community activities, as discussed previously, being 'an active entity' in the fourth age may centre much more on 'intervening' within the confines of the home environment and through subjective processes that help to sustain a positive sense of self.

Conceptions of the third and fourth age therefore need to be far more nuanced than is currently the case. Rather than assuming the disempowerment and marginalisation of those in the fourth age, we need to look for the *presence* of agency, rather than dwell only on its absence. This does not mean ignoring social barriers to participation, but recognising the sometimes less visible ways in which older people in the fourth age can and do exercise agency, such as moderating cognitions and emotions to maintain mental wellbeing. As opportunities to exercise control diminish in some spheres of life, those where agency can still be exercised become more important targets for nourishment and protection. These include support for self-validation through the positive appraisal of situations and events and the preservation of relationships that affirm individual autonomy and identity.

Practitioners assisting older people in the fourth age need detailed understanding of the unique way in which these processes operate at the individual level so that they can support them to relinquish or modify some facets of activity and identity while retaining and intensifying others. However, developing this level of understanding depends on continuity and depth of relationships. This poses particular challenges for those requiring formal care, whether in their own home or in care settings, where relationships may be superficial and ephemeral.



There are also implications for research methods. When comparing the two phases of interviews in relation to their process, Harriet did not engage in the long narratives that featured in her original interviews. Her responses were considerably briefer and there were often lengthy silences when she seemed lost in her own thoughts. Hazan (2011) described interviews with 'older' older people as 'faltering dialogues' that 'included more hushed intervals than flows of conversation' (p.1133). Inviting people in advanced age to participate in lengthy interviews or generate narratives may be unrealistic. Rather, what seemed to work for Harriet was 'being with' her, adjusting to her pace and giving prompts that encouraged her reflections, rather than asking direct questions.

### **Conclusions: limitations, significance and future directions**

There are obvious limitations to the study, including that it is based on one woman's experiences, at a time and in a context selected by her. It was unrealistic to follow up all former participants, given that 15 years had elapsed since the start of the previous study and that some had died or deteriorated significantly even during that period. Although this study was opportunistic, prompted by Harriet's fortuitous contact with me, this does not in itself detract from its methodological and theoretical value. Indeed, Harriet's actions in instigating contact with me via her carer demonstrate an exercise of agency through connections with others. Relational agency may form one conceptual dimension of agency in the fourth age, and this could be explored in further research.

Another possible limitation is that Harriet only instigated contact when she felt well and positive about her life, and that this then slanted the findings in a particular way. However, the focus here is on ways of managing the fourth age, so even if this is not typical of Harriet's overall experience, it nevertheless sheds light on processes and factors that promote her wellbeing. Harriet's role in prompting the study also gives it ethical strength in that the research reflected her interests and concerns and the research processes were empowering.

Harriet's awareness of the findings of the original research may have influenced what she chose to reveal in these later interviews. Indeed, in the first contact via her carer, she wanted me to know that she was 'still keeping going', suggesting that this was her orientation to our renewed contact. However, reviewing with Harriet some of the themes discussed fifteen years ago added an interesting dimension to the study. She showed no recollection of some of these issues, such as certain worries and anxieties she was experiencing at that time. Thus, I was not only comparing her perceptions and experiences now with then, I was also re-introducing her to her 82 year old self. Although on the one hand, Harriet said 'I don't think I've changed', on the other hand, she conveyed a sense of distance and detachment from her past self, either by denying memory of feelings or events that had preoccupied her then, or asserting that she did not feel or behave in that way now. However, Hazan's conclusion that advanced age constitutes 'a quantum leap in the lifecourse of a person' (p.1133), a fracture with the past life, rather than progression and continuity, is not supported. A complex picture emerges of both continuity in Harriet's sense of self (Coleman *et al.*, 1999) but also immunizing processes (Brandtstädter and Greve, 1994) that serve to protect her from the significance of changes and losses she has experienced. Harriet's reinterpretation of the previous findings therefore became part of the analysis, rather than a methodological weakness.

In summary, the opportunity to revisit Harriet 15 years after the initial interview offered a rare opportunity to compare how she experienced and managed the challenges of ageing in the third and fourth age. It has highlighted the need for a much more detailed understanding of how agency is exercised in advanced age. In the same way that work with people with advanced dementia has shown that they can communicate, albeit not necessarily through conventional means (Killick, 2008), research with people in the fourth age stands to reveal illuminating insights into how agency is exercised by people assumed to have entered the 'black hole' of advanced age. Longitudinal research offers rich opportunities to explore changes in older people's coping strategies over time, particularly as they encounter challenges such as frailty, multiple impairments and increased reliance on others. A particular strand worthy of further investigation is how, when and why certain facets of activity and identity are relinquished whilst others are preserved and intensified. Understanding agency as a spectrum of many shades and textures can potentially remove

the pressure on older people to conform to narrow and idealised conceptions of ageing whilst also challenging profoundly pessimistic stereotypes of the fourth age.

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