



Ageing in Europe Newsletter

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PhD research

Editorial Board

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Message from the Coordinator of the Network



Dear Colleagues,

Welcome to our Summer newsletter. We are delighted to present a special edition that focuses on social scientific PhD research in ageing. Our call generated a very good level of interest, with 13 submissions presented below. These offer an excellent insight into doctoral work from across Europe (and beyond).

We are really pleased to convey such a positive geographic spread of submissions, with contributors based in north, south, east, and west Europe – and one in the USA. A significant diversity of work is apparent, although readers might also be able to discern some key themes across the contributions.

A huge thank you to all our contributors. We very much appreciate you providing an overview of your work. We are certain that it will also be appreciated by our readers. Contact details are provided with each submission, if further details were sought on any of the topics or research designs. Thank you also to my co-editors Oana and Konrad, who very much took the lead on this edition.

Regarding other Network activity, we hope you are joining us at the next ESA Conference in Barcelona (delivered online) from 31st August to 3rd September. [*Please note that the call for papers has closed.*] We have about 100 presentations within RN01, as well as joint sessions with other networks. We will also be hosting a 'Midday Special' session on Ageing and Covid-19.

Please do not hesitate to contact us if you would like any additional information on our activities or events.

With best wishes,

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More information at: www.europeansociology.org/research-networks/rn01-ageing-europe.

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The dissertation was written at Division of Ageing and Social Change (ASC) and Division of Society and Health (SH). Axel defended his thesis at Linköping University on the 29th of January, 2021.

Loneliness among older people and care of the dying

Over the past years, and in particular the last year, much of the focus in the public debate has been on loneliness among older people and care of the dying. However, these issues are not new in the public debate. How loneliness among older people and care of the dying has been described and understood in society has changed in recent decades. These questions are complex as they are often presented as universal and a central part of human existence. At the same time, they are given meaning through how they are discussed and understood in society. Loneliness among older people and how we die are issues surrounded by ideals of "good death" and of "aging well", where

failures to meet these expectations are associated with taboos, stigma and personal and societal failures. Since loneliness among older people and care at the end of life are issues that to some extent the welfare state in Sweden is involved in, the question arises to what extent loneliness among older people and care of the dying is the responsibility of the individual or society. The increased societal awareness of these issues in the media and through policies motivates the need for research on how loneliness among older people and care of the dying is described, what gives rise to certain definitions being taken-for-granted and what types of definitions the news-press and policies lean towards. The purpose of this dissertation was to study how loneliness among older people is described in the Swedish news-press and how care of the dying is presented in policies and by experts in palliative care. A central part of this purpose was also to analyse the extent to which these issues are the responsibility of the individual or society.

The dissertation comprises four studies. In Paper I, where analysis of constructions of loneliness in the Swedish news-press was conducted, the results illustrated that although loneliness among older people have seemingly gained increased attention, much of the news articles were about the deficiencies in the organisation of eldercare and shortages in policies aimed towards older people. Moreover, much focus was on volunteer work from the perspectives of volunteers. How the responsibility for reducing loneliness is designated in the Swedish news-press was the focus of Paper II. In this study, it was found that the task of reducing loneliness is discussed, defined, and designated by and to those who were "non-old" and "non-lonely", where ambitions of inclusion result in constructing old people as the "others". In Paper III, policies on palliative care in Sweden from 1974-2018 were examined. The findings highlight how policies on palliative care have changed, from an emphasis on psychological end-of-life care and an overarching critique of the hospice care philosophy, to claims for care to be instead inspired by the very same philosophy. Furthermore, ideals of dying at home have, over time, lost their significance as palliative care should be universal and carried out everywhere. Autonomy was a key theme throughout all policy document analysed. Its significance increased however over the years and philosophical concepts such as "human value" and "freedom of choice" were used to stretch the importance of acknowledging the autonomy of the dying person. Based on interviews with experts with extensive experiences of conducting palliative care and developing policies in this context, the results of Paper IV highlight the complex development of palliative care in Sweden. It was found that the experts viewed the development of palliative care as located between being unstructured with little knowledge about death and dying to the risks of too much

bureaucracy because of aims of improvement. The persons interviewed used existing scripts on palliative care, i.e. meta-level concepts concerning the development of palliative such as the importance of the hospice movement and challenges of increased medicalisation of today, and intertwined these with own experiences from working within palliative care.

The main finding of this dissertation was that loneliness among older people and care of the dying served as symbols for criticising the development of the "modern society" that was considered individualistic, bureaucratised and medicalised. In the studies included in this dissertation, issues of responsibility, individual autonomy and activity were central. In palliative care policies, the concept of autonomy was recurring and dying people should be enabled to make choices to achieve "good palliative care". The increased emphasis on autonomy, I argue, can be understood as responding to the alleged "death denial" which, it was argued in policies and scripts, still exists, to some extent within society and healthcare, resulting in deficiencies in care of the dying where the wills of the dying have not been acknowledged. The responsibility for enabling autonomy was however mainly a professional task. Regarding loneliness among older people, it was "non-old" who discussed how they could make older people more physically and socially active. Loneliness among older people was mostly considered a problem that should be avoided and solved. It was also "society" that would make it possible for older people not to experience loneliness. Regarding loneliness among older people and care of the dying, in society, there are certain preconceived notions where these issues are often seen as problems. With this dissertation, I want to encourage people to stop and ask questions about what the public debate about loneliness among older people and the care of the dying is really about. This is considered important as the way we talk and write about these issues also has an impact on how these issues are understood and how lonely older people and dying people are treated and cared for.

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Transition to retirement and return migration: In search of a good life

"The other day we [my husband and I] started to talk about, hum, returning to Portugal. If I think with my heart, I would say "I don't want to go", but if I think with my mind, hum... (...) If we stay here [in Switzerland] until the end, with our pension, we will not be able to travel that much. (...) Down there [in Portugal], at 65 years old, if we are ok [in good health], we will be able to travel, we can continue to do lots of things, but here we cannot do that much."

Ana, 61, living in Switzerland since 1984, dual citizenship
(Interview conducted in Sept. 2019)

Ana and her husband started to discuss a possible return to their country of origin only after he retired. For the first time in 35 years, they began considering moving back.

Among other things, Ana emphasizes their aspirations to travel and leisure, while they are still in good health, and expresses worries regarding their loss of income once retired. Ana's quote highlights the tension underlying the return decision-making process. This ambivalence between heart and mind, here and there, family proximity and economic issues is shared by many older Portuguese approaching retirement in Switzerland, as I found in my research. Before addressing this issue, I will briefly contextualize the research.

Since 2018, I have conducted 26 biographical interviews with women and men, aged 57 to 70 years old, living as a couple. Sometimes I had the chance to meet both members of the couple and occasionally even their children and grandchildren. Some interviewees retired recently (in the previous five years), others were (themselves or their partner) close to retirement (less than five years). During this 3-year multi-sited research, I travelled frequently between Portugal and Switzerland to collect data in both emigration and immigration contexts.



Switzerland is one of the main destinations for Portuguese workers after 1980s and therefore transition to retirement is a recent issue in this migratory flow. The vast majority of those aged 55+ has a low level of formal education, occupies lower segments of the Swiss labour market and belongs to dual-earner families. What happens at the end of working life regarding transnational mobility when the main reason for (labour) migration no longer exists, was the key question of this research. Literature shows that withdrawal from the labour force acts as a trigger for residential mobility (Sander and Bell, 2014). Also, according to literature, retirees with a migration background have three options: settlement in the country of residence, return or circulation between countries (De Coulon & Wolff, 2010; Bolzman & Bridji, 2019).

Evidence from the field shows that return has been a key issue. I soon realized that a larger number of older Portuguese are returning after retirement than those who intended to do so, and that this movement is fundamentally motivated by economic factors, whatever their aspirations for later-life. Basically, their return migration is driven by factors similar to their emigration: first, they moved to Switzerland to make a better life and now they move to Portugal to maintain a “continuity between pre- and post-retirement lifestyles” (Repetti et al., 2018: 791). Now and then, the search for a good, or better, life is the main migration trigger.

If we look at this finding from the perspective of the literature on international retirement migration, we realize that relocating after retirement is not a specificity of ageing migrants, but rather a phenomenon that is part of a broader movement of older people from countries with high costs of living to countries with lower costs of living. Thus, migration after retirement can either be seen as amenity seeking or as an escape from financial constraints and downward mobility (Bender et al. 2018; Repetti et al., 2018). Yet, in the case of people with a migration background, the transition to retirement reactivates the issue of return (Bolzman and Bridji, 2019). Consequently, the preferred destination is, for the most part, the country of origin where they generally have resources (e.g. citizenship, language, family, housing).

There are similarities between the ageing people that the scholarship classifies as migrant workers returning home, and those ageing people who are classified as international retirement migrants, namely vis-à-vis aspirations and motivations underpinning relocation decisions in later-life. These similarities challenge the boundaries of the analytical categories used in the ‘ageing & migration’ nexus, as I have already pointed (Azevedo et al. 2021). Both older national citizens returning and European retirees applying for residency in Portugal - a country that became a desirable destination in the last decade - “come in search of more affordable living standards, property ownership, good weather, and a destination not too far from their offspring, so they can visit each other from time to time” (p.257).

Indeed, intergenerational relations are of particular importance in the leaving or staying dilemma, especially when there are small grandchildren. In such cases, couples are more likely to postpone a possible remigration and to eventually “live transnational lives, spending part of the year in their ‘home’ country” (Bolzman & Bridji, 2019: 33). And when grandparents decide to return, intergenerational relations are of key importance in transnational mobility, as they keep visiting their Switzerland-based children and being part of their care arrangements.

In this short piece, I wanted to suggest reframing return migration in later-life within a broader framework and placing it in debates on inequalities and ageing in the Global North. It is undeniable that the interplay of retirement and (return) migration constitutes a complex web where economic, health, family issues intertwine with sense of belonging, identity, gender and intergenerational negotiations.

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Laurine Blonk is a 2nd year PhD student at the **University of Humanistic Studies, Utrecht, The Netherlands.**

She explores the socio-cultural conditions of meaning and identity in her ethnography of Dutch voluntary work initiatives seeking to foster meaningful roles and relationships for older persons.



Understanding the crafting of meaningful roles and relationships in late-life volunteering

In the main event site of the Talent Parade, a colorfully painted boat, trained volunteers will offer one one-on-one 'talent consultations'. After discussing older persons' daily living skills, such as mending home appliances or empathetic listening, they offer suggestions for informal or formal volunteering. Next to the boat, freely accessible workshops will be offered. During the preparatory meeting, one of the organizing committee members raises the fictional character Ms. De Wilde: an older woman residing in the neighborhood, frail and home-bound, but lauded for her home-baked cookies. It is enthusiastically agreed upon how people like Ms. De Wilde should be given center stage as workshop hosts. The civil servant ponders how participants discover by attending Ms. De Wilde's workshop how one can't just eat cookies, or bake them matter-of-factly, but brighten neighbor's days by dedicating oneself to baking cookies really, really well.

Two perspectives on late-life volunteering prevail. From a socio-psychological perspective, volunteering offers older persons particular benefits such as social connectedness or a sense of purpose. From a socio-cultural perspective, late-life

volunteering makes alternative subject positions available, against the backdrop of a lack of meaningful roles and relationships for older adults in Western societies (Stephens, Breheny & Mansvelt, 2015).

This vignette, stemming from my fieldwork in Dutch voluntary work initiatives, highlights an under-acknowledged aspect in the literature on late-life volunteering: the actual work of crafting identity (see Lindemann, 2016). The consultations position volunteering as a natural extension of daily routines. The workshops, in turn, praise the small and mundane as sites of self-development and valuable contributions to society. Both strategies are employed to include older persons deemed as frail in the realm of civic engagement and its associated promises.

How such crafting can misfire is also shown in the vignette. Not only does the cookie-baking reproduce demeaning stereotypes of older women. The effort to reposition frail older persons as civically engaged citizens is haunted from two sides. On the one side emerges the negative other, the 'too frail' older person whose conditions evade any lowering of the subject position's threshold. On the other side widens the cliff separating the world of the event-organizers, in which organizing an event is perceived as mere routine, and the world of the older persons *on whose behalf* these efforts are made. As I observed the preparatory meeting, I was puzzled why no one raised questions concerning the practicalities of letting 'Ms. De Wilde' host a workshop: is the event accessible to her if she is home-bound, would she feel comfortable in, and capable of hosting a workshop, would she need support? As if the routine belonging to the world of event-organizing was silently attributed to her to avoid considering how her 'frailty' might also play a role.

As I encountered more and more of such situations in my research, I wondered how to understand and critique the work of crafting that showed itself part and parcel of voluntary initiatives. How to distinguish the better from the worse ways of doing so? What should be the normative yardstick? The limits and problems inherent in the civic engagement discourse (and the closely related active ageing paradigm) (Martinson & Halpern, 2011; Minkler & Holstein, 2008) illustrated with the vignette, seemed clear, persistent and disheartening. In addition, the crafting dovetails with paternalism insofar subject positions are deliberately crafted *onto* older persons' self-understandings.

Yet observing and participating in the field, and listening to the accounts of older persons, I hesitated how my stance could not capture the ways voluntary initiatives also figure as sites where highly particular events take place, and the role these events play in the accounts of older persons' histories, self-understanding and their striving

towards a meaningful, good life. A subject-position by itself is not meaning-generating, nor supportive in the face of life's vicissitudes. What turned out to be missing in my initial, social constructivist stance, was a 'thick' instead of a 'thin' understanding of the self as it seeks to live well and crafts itself in dialogue with its own socio-cultural formation. Partly, this dialogue is concerned with resisting or renegotiating limiting subject positions. Living well, and ageing well, however, also imposes tasks upon us of a different nature, such as getting to terms with vulnerability or understanding who 'I' am after losing my bearings (Laceulle, 2018).

Such a thicker understanding of the self provides a conceptual direction for understanding the work of crafting in a wholly different way: the work is not primarily done *on behalf of*, but *by* older adults in their engagement with roles and relationships made available in voluntary initiatives. In this picture, practices are understood, following Aristotle, as vehicles for developing the self and living a good life together with others. However, it does not follow that the shift towards self and meaning comes at the cost of attending to social structure. For this, I draw on Mattingly's (2014) understanding of social practices as 'moral laboratories'. Practices are not only infused with particular norms and roles, but in dialogue with these norms and roles, practices also function as sites of creativity and experimentation in how to live one's life in response to vicissitudes and limiting conditions. These experiments sometimes imply cultural reflection and critique and can even lead to social change (p. 27). By attending to the interrelation between the existential and the political, one can take "*seriously just those claims to first person moral experience and projects of moral becoming that those we study take seriously but also preserve the important insights of discursive critical theories, especially concerning the (often insidious and masked) role of social structures in forming selves*" (p. 43).

I seek to develop this hermeneutic lens further as an evaluative lens for understanding how voluntary initiatives can do better or worse in functioning as moral laboratory, in response both to the existential dimension of ageing, and the lack of meaning-generating roles and relationships for older adults in Western societies. This way, the micro-level insights into the benefits of late-life volunteering and the macro-level culture-critical perspective can be connected and furthered.

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She researches hearing loss management and support for residents living with dementia in long-term care homes. Her PhD aims to understand how best to optimize hearing loss support and overcome common barriers to improve outcomes for residents and their caregivers.

Addressing the communication needs of care home residents living with hearing loss and dementia

Many care home residents are living with multiple health conditions, complex needs and require full-time support (Gordon et al., 2014). The co-occurrence of dementia and hearing loss is particularly common in care homes, where approximately 92% of residents with dementia have some degree of hearing loss (Hopper et al., 2016). Both dementia and hearing loss are conditions that significantly affect people's ability to communicate effectively. As the older population is growing globally, the number of people living with comorbid hearing and cognitive impairment requiring long-term care is expected to increase (King et al., 2010).

Unfortunately, many cases (approximately 250,000 individuals in the UK alone; Echaliier, 2012) of hearing loss are undiagnosed or under-treated in care home settings, especially for residents with dementia. Untreated hearing loss means that residents miss out on words and sounds that are important for everyday communication with friends, family and health professionals, leading to social isolation and loneliness.

Uncorrected hearing loss can also exacerbate dementia-related behavioural symptoms such as agitation and confusion and lead to stresses for both the individual and caregivers (Haque et al., 2012). Therefore, it is necessary that appropriate support is provided to reduce adverse outcomes and ensure the best possible quality of life for such residents. Hearing aids are the primary treatment for age-related hearing loss but are often unsuitable for care home residents living with advanced dementia and other complex health needs, so adapted methods of support must be considered. My PhD seeks to understand how hearing loss is currently managed for residents living with dementia and the barriers and facilitators to effective hearing support. I then plan to use this evidence to design and pilot a dementia-friendly hearing intervention.

During my PhD I have conducted a systematic literature review exploring the effectiveness, barriers and facilitators to hearing interventions for residents living with dementia. The review explores hearing aids, assistive hearing devices, visual aids and communication training for residents and staff. Results indicate that, following hearing loss intervention, improvements in residents' communication, quality of life and reductions in agitation were found, but the effects on cognition and functional ability remain unclear. Furthermore, staff gained confidence, knowledge and job satisfaction after learning how to effectively support residents' hearing. Adopting a person-centred approach based on residents' physical and cognitive capabilities, preferences and involving family carers facilitated intervention success. Numerous barriers were identified, however, including residents' misplacement and intolerance of hearing aids and inability to participate in communication training due to fluctuating mental capacity. Additionally, hearing loss was not prioritized in care homes due to lack of staff knowledge surrounding hearing loss and time-pressures within the care homes. This represents a vital issue as residents with dementia may rely solely on caregivers for their hearing healthcare needs.

Previous research pointed to a lack of staff training on hearing loss as the driving factor for poor success with hearing support in care homes (Echalier, 2012). However, my systematic review revealed that the care home context can also present major challenges, such as staffs' lack of time and prioritization of urgent care needs. A growing number of residents living with complex care needs being supported by a small number of staff may then leave hearing and communication at a lower priority. The social care crisis; underfunding, high staff turnover and low staffing levels means that these issues cannot be ignored when exploring hearing care. Furthermore, since the COVID-19 pandemic began, care home's have had to make drastic changes – lockdowns, visitation bans, breakdowns in care collaborations and PPE use – an issue too big not to consider as part of my PhD.

My current projects involve online surveys and in-depth interviews with care home nurses, care assistants, other frontline staff and family carers. This work explores caregivers' knowledge and skillset surrounding hearing loss support, as well as available resources, time-pressures and relationships with external hearing services, accounting for individual, facility and societal influences. So far, results suggest poor collaborations between care homes and audiology services and a lack of staff confidence around supporting hearing aid use for residents. Caregivers also struggle when residents break or lose their hearing aids, with limited funds to provide replacements. Care home staff emphasised that the use of face masks is currently one of the most challenging barriers to effective communication for residents with cognitive and hearing impairments. Face masks present huge difficulties where residents rely on lip-reading and facial cues. As COVID-19 continues to affect the international social care sector greatly (The Queen's Nursing Institute, 2020), this remains a prominent issue, worsening residents' confusion and limiting their social interactions. The impact of COVID-19 further highlights the need to provide effective hearing support for care home residents.

Using evidence from my PhD research, and further public engagement with staff, family and residents, I aim to develop and trial a multi-components hearing intervention that will include simple to use, low-cost hearing devices in the final year of my PhD. Despite the barriers highlighted above, hearing rehabilitation is possible for residents with dementia and has the potential to reduce behavioural symptoms, caregiver stress and improve social connections and quality of life.

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Lindsay Desmet is a doctoral researcher at the Faculty of Theology and Religious Studies, Catholic University of Leuven in Belgium. The last two years, she conducted a study on the spiritual needs of geriatric patients and the associations with their ill-being. During the next two years, she will investigate how spiritual care interventions provided by chaplains have an impact on patients' well-being and functioning. She has an interest in empirical research, loves to work as a nursing home chaplain, and has always been fascinated about the role of spirituality in late life.

The dissertation is supervised by Prof. dr. Annemie Dillen, Prof. dr. Jessie Dezutter and Prof. dr. Anne Vandenhoeck.

Spiritual care for geriatric patients: spiritual needs and outcomes of chaplaincy interventions

During the last two decades, ageing studies focus more and more on the spiritual component of late life in addition to the biopsychosocial paradigm. Especially, interest in the role of spirituality in the life of older adults and their spiritual needs has increased. Even in healthcare practices, there is a growing attention for patients' spiritual needs as part of the overall focus on patient reported needs. A remarkable shift took place towards a holistic and person-centered approach on ageing, both in

research and in healthcare. Nevertheless, it still remains unclear how to assess patients' spiritual needs appropriately. More empirical research on how spiritual needs occurs in older patients is needed in order to inform healthcare practice.

It is not only important to assess geriatric patients' spiritual needs and to be informed about how these needs occur in old age, also it is necessary to address these needs (Desmet et al., 2020). Therefore, spiritual care is needed and should be integrated into the care of patients. In Belgian hospitals, this is often the responsibility of the chaplain, who is the expert in this domain and responsible of providing spiritual care, together with the healthcare team. Despite the fact that patients report higher satisfaction after an encounter with the chaplain (Purvis et al., 2017), it is still unclear how it affects geriatric patients' well-being in the hospital.

This PhD research seeks to investigate the spiritual needs of geriatric patients and the impact of spiritual care on geriatric patients' well-being and functioning. The research consists of two parts. Firstly, I researched the prevalence of spiritual needs of geriatric patients and how these were related to depressive symptoms and pain intensity. Secondly, the patient reported outcomes of chaplaincy interventions in geriatric wards will be measured in the following study.

Spiritual needs

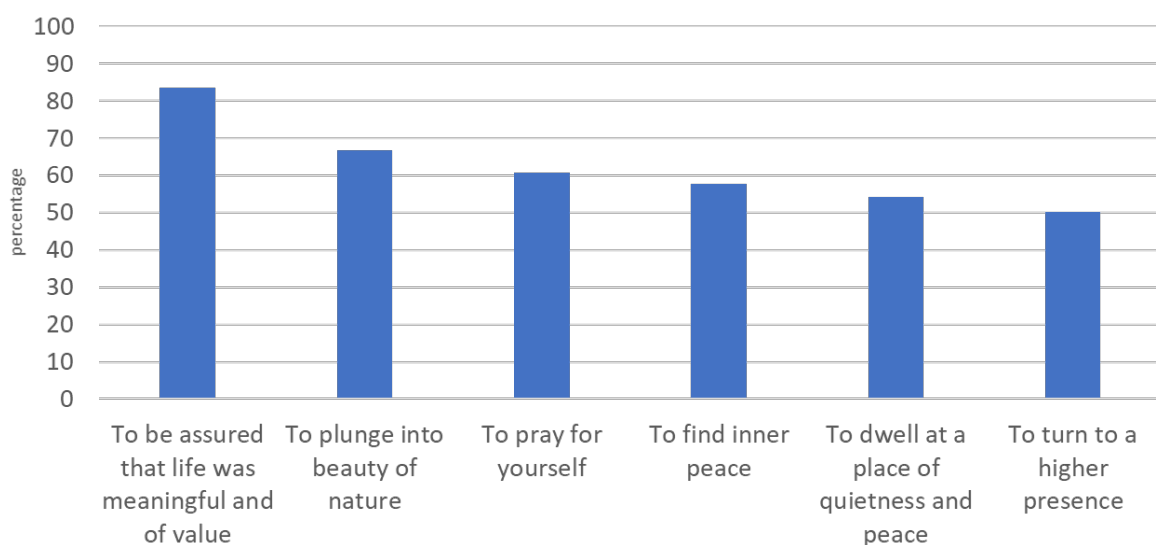
A cross-sectional study was conducted in order to measure geriatric patients' spiritual needs and the association with their ill-being. 201 geriatric patients in Belgium were interviewed (closed-ended questions) by myself during the summer of 2020. The patients were aged 68 years and over and most patients stayed for a couple of days in the hospital. Almost two thirds of the participants were female, half of them were widowed and half of them received education until the age of fourteen/sixteen years old. Most of the patients had a catholic background, but not everyone was actively involved in religious activities. Nevertheless, religion was important or very important for more than half of the participants. In contrast to the small involvement



in religious activities, praying was an important part of life for two thirds of the participants.

Spiritual needs were measured with the Spiritual Needs Questionnaire which contains four subscales: religious needs, existential needs, inner peace needs, and giving/generativity needs (Büssing et al., 2010). In our sample, inner peace needs and giving/generativity needs scored highest, but also religious needs were prevalent among geriatric patients. Firstly, the need “to be assured that life was meaningful and of value (giving/generativity need)” was reported most and is clearly related to the intensified reflecting process on previous life in the ageing process. Secondly, the needs “to be in a quiet place, find inner peace and plunge into the beauty of nature” were frequently reported by the participants. These needs of inner peace can be addressed during the hospital stay by taking care of the environmental and logistical setting of the hospital. Finally, two religious needs should be considered in the care for geriatric patients. The need “to pray for yourself” and the need “to turn to a higher presence” were often reported. A lot of patients mentioned that they pray to God in the evening to ask for good health, support, protection and a peaceful night's sleep (Desmet et al., 2021).

Figure 1. Most frequently reported needs by geriatric patients on a yes/no scale, Spiritual Needs Questionnaire (Büssing et al., 2010)



Despite the fact that some giving/generativity needs, inner peace needs and religious needs were of importance in the sample (Figure 1), some of these subscales were also associated to depressive symptoms and/or pain intensity. Existential needs were positively correlated with pain intensity ($\beta = .18, p < .05$) and depressive symptoms (β

= .15, $p < .05$). Inner peace needs were positively correlated with depressive symptoms ($\beta = .21$, $p < .01$), not with pain intensity.

Based on these results, we can recommend the inclusion of spiritual needs in the care for older patients, as these are prevalent in geriatric patients and partially related to aspects of ill-being. In other words, spiritual care should be included as part of person-centered care. Despite the fact that this is often limited to the responsibility of the chaplain, it is recommended for all healthcare professionals worldwide to be aware of patients' spiritual needs (Desmet et al., 2021).

Outcomes of chaplaincy interventions

The second part of the research investigates the patient reported outcomes after a chaplaincy intervention. A pre- and post-intervention design will be set up and aspects of well-being and patient functioning will be measured in an intervention and control group. The patients from the intervention group will receive a visit from the chaplain because they asked for it, they were referred by the healthcare team or the family or other relatives asked for it. A measurement of the patient reported outcomes will be assessed before the chaplaincy intervention as well as the day after the chaplaincy intervention. The same timeframe will be used in the control group, which receives no intervention of the chaplain. Besides the quantitative measurement of outcomes related to the chaplaincy intervention, also in-depth interviews will be conducted with patients from the intervention group. In this way we want to gain a better understanding on how geriatric patients experience the encounter with the chaplain.

Previous research already proved that chaplaincy interventions lead to more patient satisfaction and satisfaction with overall care (Marin et al., 2015). Insight into the impact of chaplaincy interventions on geriatric patients' well-being and functioning is less investigated. By testing the efficacy of chaplaincy care, I want to inform chaplains, other care professionals and care policymakers on the role of spiritual care for patients.

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Shkumbin is in the third year of writing up his PhD thesis at the University of Bern in the topic of social participation and psychosocial well-being in older age, when he is conducting a mixed design study. He is currently working as a Doctorand and Scientific worker in the Center of Competence in Participatory Healthcare in Bern University of Applied Sciences, a research center which aims to integrate people with experiences of illness and their relatives in research as well as education and training. His academic interests lie in the fields of personality development and health in every age. Besides his life in academia, he is a writer and has written two novels until now.

Conducting face-to-face interviews with older adults in the Covid-19 context

SARS-Cov-2, the infection respiratory disease, also known as coronavirus 2019 (COVID-19), was first noticed in Wuhan, China, in December 2019 (Shereen et al. 2020), and it spread rapidly in the whole world in a matter of few months. The exceptional situation created a collective “flight or fight” condition because the overall global system was significantly jeopardized, partly because of infection risk and partly because of the preventive measures taken from the governments around the world to

mitigate the virus spread and infection. Lockdowns were forced, businesses had to reframe their activities and shrink their services, schools were closed, and health system was overloaded. Older adults were those mostly on risk to be affected from the COVID-19 pandemic situation (Federal Office of Public Health, 2020). They were strictly advised to be isolated, to cut their relations and contacts with others and to reschedule their daily routine. This was, metaphorically speaking, like a medicine with side effects.

Although it created layers of protection against virus infection, simultaneously, expanded the risk of loneliness and social isolations, already problematic issues at older adults. German association for gerontology and geriatrics (2020), emphasized the need for seniors to have the possibility to be socially active even in corona pandemic context, to reduce loneliness and social isolation. This duality of decision making, to first isolate older adults from the physical contact, but at the same time offer them the possibilities to experience the social contact, has been an important part of my PhD process.

The first phase of data collection was planned to be conducted through semi structured interviews. Although everything was planned and was ready to be executed, the process had to be postponed because of the COVID-19 situation. For me as a psychologist, the importance of face-to-face interviews, the body language, gesticulation and multiple facets of body are crucial for the holistic information to be obtained. Still, in the exceptional times, I had to think about the possible consequences of the potential face-to-face interviews and consider the possible outcomes of the direct contact with seniors. I also considered the possibility of conducting interviews online, but this came with considerable consequences, especially for the data quality.

As I was following the weekly press conferences of Governor Cuomo from New York, I was more and more confronted with the concept "new normality" which suggested that it was highly unlikely for the world to return as it was, once the COVID-19 situation is in control, but that many habits, and relevant parts of routine have been altered to a new phase or state, which are irreversible.

In this context, I thought of how I can adapt my research in the "new normality" and make it possible for older adults to participate in my interviews and have the social contact, still limiting the physical contact, as much as it is possible. To be able to do that, I used two particular sources, first, the official measures of protection such as personal hygiene, social distance and mask (Federal Office of Public Health 2020b), and second, an online zoom meeting with seniors, participants of the CareComLabs

project, when a discussion took place on how to conduct safe interviews. There, a “plexi glass” was proposed as an extra layer of protection.

The participants were contacted either face to face during CareComLabs project activities, or when that wasn't possible because of the worsening of the COVID-19 situation, per telephone. Once the person agreed to participate, the procedures continued in this order; a letter of consent was sent per E-Mail, together with COVID-19 measures from the Swiss government, time and location of the interview was settled and the interview took place, as agreed. The interviews were conducted carefully in planned timelines to avoid “peak of movement of people” using open transport.

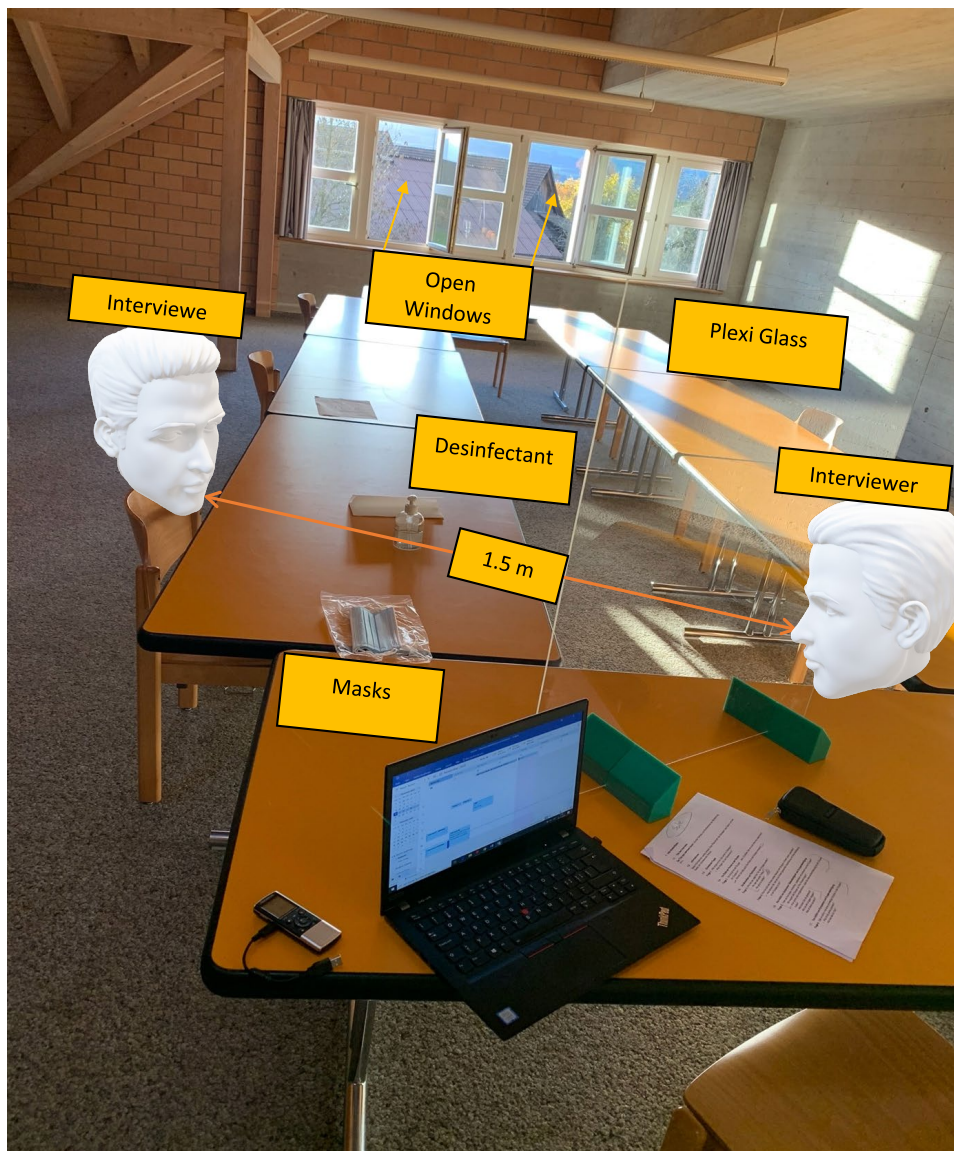


Fig 1. *The setting used to conduct interviews (Brunmatt Hall, Obfelden, 2020)*

Although the pandemic situation was still on a critical condition, Swiss public transport was partly functional. I traveled in the location either at 10:00 P.M, or 13:00 P.M with train. I managed to reserve a hall, in cooperation with the municipality of Obfelden in Zürich, a hall which prior COVID-19, was used for group meetings with at least 10 people. I was at location at least 20 minutes before the participants, arranging the interview, disinfecting the environment and after disinfecting hands carefully leaving the letter of consent in the table of the participant for him or her to sign it (2 copies). The whole time, I managed to stay behind the "plex glass", and to hold the appropriate distance of 1.5 meters and I used mask, to cover my mouth. A visual representation of the conditions that facilitated the interview process is presented in the figure 1.

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Anastasiya is at the final stage of her PhD studies at the **Lithuanian Centre for Social Sciences, Lithuania**.

Her broader research interests include language and social interactions, sociology of age and ageing, social policies and political sociology. Outside of academia, she is volunteering in non-governmental organizations supporting the development of civil society of Belarus.



‘Old age’ and ‘active ageing’ concepts within Belarusian discourses

Significant quality changes in the life of a modern person allow them to retire full of energy and having financial opportunities to continue their life path and engage in their desired activities. These changes made it possible to identify a special concept for this reinterpreted period of life: the ‘third age’ (Laslett, 1989, p. 3) and even ‘fourth age’ (Higgs and Gilleard 2021). An optimistic view on the changed realities and mature age encourages many initiatives at the international and regional level to activate older people and ensure their full social inclusion.

The increasing burden on the economies of states pushes politicians to consider this issue through the lens of the needs and demands of a society in general and state budgets in particular. This is especially true in countries where demographic trends keep up with those of developed countries, but economic and political development is noticeably lagging behind. The spread of ‘active ageing’¹ discourse in modern

¹ The WHO defines active ageing as ‘the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO, 2002). However, in the Belarusian official

Belarusian realities is not accidental: negative economic and demographic trends (a decrease in the share of the working-age population and in revenues to the pension fund with a simultaneous decrease in GDP and an increase in inflation) in the region are becoming increasingly challenging for the state. The share of older people in the Belarusian population is growing, and the problem of the nation's ageing is becoming more and more obvious. Current UN forecasts (UN, 2019) suggest that the population of Belarus will decrease, and the old-age dependency ratio will almost double from 43 in 2015 to 82 in 2050 (Lisenkova & Bornukova, 2015).

Striving to maintain its economy, Belarus is currently reforming the pension system. It was during this period that officials introduced 'The National Strategy for Senior Citizens' and popularised the concept of 'active ageing', whose exact definition, however, has not yet been proposed. It is used in discussions about the need to rethink the concept of 'old age' in modern Belarusian discourse, nevertheless, no large-scale sociological research or analysis of public opinion had been conducted, neither had a profound discourse analysis been intended in Belarus on this topic. In addition, Belarus does not have the access to these large scale data sets, and its own sociological statistics are criticised by international organizations (for example, UNECE, 2012-2013) and researchers (Yelisseyev, 2012) either because of methodological issues, or manipulations with data by the state. The aim of this research was to identify inconsistencies and contradictions in the definition of 'old age' and 'active ageing' by social actors in modern (2017-2019) Belarusian discourse as a reflection of existing social problems and potential issues in the implementation and reform of social policies regarding old age and older people in Belarus. The very verbalization of problems and contradictions is the first step towards their further research with the help of large-scale quantitative sociological studies, as well as to the search for the solutions.

A multi-level analysis of the Belarusian discourses of the concepts of 'old age' and 'active ageing' in their relationship with the specific Belarusian context of pension reform was carried out within the framework of the theoretical direction of discursive institutionalism for the first time (Schmidt, 2002, 2006, 2008, 2010; Schmidt & Radaelli, 2004) using a theoretical model of analysis created for a specific context. This

discourse, the term 'active ageing' was translated as 'active longevity'. The identity of the terms is evidenced by the statements of officials; however, they do not provide explanations for such an adaptation. In other words, we can say that the concept of 'active longevity' used in Russian-language discourse is an adaptation of the WHO's 'active ageing' in a more euphonious version, which has positive connotations for the Russian-speaking and Belarusian-speaking population.

methodological framework ensures the integration of context research with discourses analysis, allowing to enrich the latter and identify the problems associated with the use of the concepts of 'old age' and 'active ageing' in the specific Belarusian context.

The findings indicate that the official media discourse of 'active ageing' in the context of Belarus's economic and demographic challenges becomes a tool of 'soft power', legitimising the country's pension reform and the need to rethink the established norms and stereotypes about old age. The Belarusian official discourse shows a tendency towards reductionism while interpreting 'active ageing'. This concept's official interpretation is one-sided in two ways: a) it is oriented towards a mandatory and unified extension of older people's participation in the labour market while ignoring their diverse levels of vulnerability; b) it omits the importance of older adults' other activities (social relationships, volunteering, cultural, political etc.).

The old-age concept is problematised on an individual and macro-level in each of the discourses analysed. A universal and precise definition of 'old age' and 'active ageing' is absent. The attempts to define and interpret these concepts are based on various theoretical and



ideological paradigms and different knowledge systems; however, each of the discourses analysed reveals ageist attitudes towards old age and older people in Belarus. Ageism is discussed in two ways: a) it is acknowledged as a real, disturbing social reality; b) in the words of the discussants, age discrimination does not exist in the country, but at the same time their attitude confirms the opposite. The official Belarusian media discourse is distinguished by the stigmatisation of old age, first of all, a person's passivity in old age.

An important finding to emerge in this study is that the official discourse in Belarus regarding 'old age' and 'active ageing' reinforces the marginalisation of older people as a social group by concealing the problem and presenting the economic hardships of older people as an outcome of their indiscretion and carelessness. It broadcasts and strengthens the concepts of 'social dependence' and 'burden' in the discourse on the older citizens.

The reliability of the research results and the validity of the conclusions are determined by the complex use of theoretically tested quantitative and qualitative research methods, as well as the consistency and accuracy of working with them, combined with competence and a correct attitude to ethical principles. Without claiming to generalise and predict future changes, the conducted sociological reflection justifies the need to run a large-scale quantitative research of public opinion in order to adjust the planned implementation of the National strategy in the interests of older people and the future pension system reform.

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Daria is a 3rd year PhD student at **Aalborg University in Denmark**.

Her research project focuses on daily use of smart devices by different user groups, including those over 50 years old. In this contribution, Daria presents part of her study that addresses how Russian consumers aged 50+ have been re-negotiating ageing through daily use of their smartwatches and fitness trackers.

“I am not an average woman of my age”: conceptualizing ageing and wellbeing through the practices with wearable technology

Ageing can be associated with loss in wellbeing. For instance, ageing might imply decline in resources in specific areas, including lower income as a result of retirement; and this decline in one area may lead to shortage in other areas, including lower social participation and restricted access to services (Steverink & al., 2005). This problem has become more salient in times of COVID-19, when various restrictions leading to social isolation, loneliness and little physical activity have been influencing daily lives of older populations (Brooke & Jackson, 2020).

Wearable devices such as smartwatches and fitness trackers have been regarded as a potential improver of life quality among ageing individuals (Buchem & al., 2015): on the one hand, they keep track of one's health-related indicators; on the other, these

devices help manage daily tasks through different applications and Bluetooth connection to smartphones.

This research sheds light on an interplay between practices with wearables and wellbeing of 50+ consumers in Moscow region, Russia. Drawing on the practice theory (Shatzki, 1996; Shove & al., 2012), I conceptualise a wearable as an integrated part of different daily activities. Furthermore, I assume that both ageing and wellbeing are not pre-given, but they rather co-evolve when users engage in situated practices (Pantzar & al., 2017; Gherardi, 2012, p. 20). Borrowing from the post-phenomenological approach (Rosenberger & Verbeek, 2004, p. 9), I adhere to the view that a new wearable device may alter the way 50+ consumers perceive themselves, ageing and wellbeing.

Age is approached as a cognitive phenomenon that encompasses such dimensions as feel-age, look-age and do-age (Chang, 2008). This is compatible with the practice-based framework, and answers a call for an ageing perspective that differs from a more traditional life cycle paradigm (Zniva & Weitzl, p. 2016: 290).

Wellbeing is a complex issue hard to define. In this study, I refer to Dodge and colleagues (2012: 230) who understand wellbeing as the balance point between an individual's resource (physical, social and psychological) pool and the challenges they face. Hence, I am looking at how a wearable might help in overcoming these challenges or ease access to some of the resources.

Russia is a captivating case to study ageing. Before 2018, the retirement age in Russia was fixed at 55 and 60 for women and men, respectively. Since retirement has been traditionally regarded as a significant life milestone (Hansson et al., 2018), Russia's lower age border compared to Western countries signified a different perspective on "aged". In 2018, Russian government announced a retirement reform that raised the retirement age by five years. This state initiative resulted in a public unrest and public debate on decent ageing in Russia (e.g. Kluge, 2018). Furthermore, it used to be common to portray older generations as deserving care and help from the state, though living standards of the majority of retired people are still relatively poor (Davidenko 2019).

Methodologically, research is based on eight interviews with Russian smartwatch and fitness trackers' owners aged between 52 and 73. All of them reside in the capital region, and are the experienced technology users. Importantly, the participants' level of education is high, and their monthly income is above average. Taken a small number of interviewees and a selection bias that resulted in participants' homogeneity, this study does not reflect the real structure of 50+ group in Russia. Nor does it make any generalizing claims concerning their practices. The novelty of the study rather lies in its approach to aging and wellbeing as re-negotiated in the course of practices with gadgets.



Findings suggest that the participants are well aware of their age, and do not try to combat or disguise it through the practices with their wearables. However, with these practices, the interviewees have been distancing themselves from whom they see as an "average" Russian pensioner: for instance, Galina (63) and Raisa (65) refer to themselves as "not at typical woman of her age" and "a modern pensioner", respectively. When asked for details, they draw on the practices in which they participate, including travelling, doing sports, having active cultural and social lives, etc.

Next, data address that a wrist-worn wearable might help battle stigma assigned to an ageing person (Oró-Piqueras & Marques, 2017): Vasiliy (69) gives an example of his fitness tracker that offers a less visible solution for measuring blood pressure, making the practice less embarrassing in certain space, such as office or a public transport.

Also, a smartwatch or a fitness tracker can become a "mirror" that reflects one's lifestyle. Thanks to this, 50+ consumers learn to recognize and appreciate their habits. Based on prior performance assessed by the gadget, the interviewees plan future activities to compensate for lack of sleep or, on the contrary, make up for missed exercise. Finally, the interviewees enjoy discussing wearables' computed results with others, as this could lead to a positive feedback or even praise.

Though the sample is small overall, with a technology-in-practice approach, I discuss potentially disturbing situations encountered by 50+ consumers in Russia, be it stereotyping or maintaining of important social ties. This way, I depart from a more traditional understanding of wearable devices as capable of solving only physical-related problems. On a broader scale, my findings suggest that there is an emerging group of 50+ individuals in Russia who maintain a lifestyle of what has been previously considered the privilege of younger generations. These people enjoy physical activity, travel, have enough skills to use technological gadgets, and are socially active. This could indicate a lifestyle change around perceptions of what it means to be an ageing person in today's Russia. Hence, it is beneficial to uncover how this tendency might be reinforced, and what measures the state could undertake to promote it.

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Originally hailing from Germany, Julia Nolte is a Ph.D. student at the Department of Psychology at Cornell University in Ithaca, NY (United States). Her research investigates information usage and decision making across the human lifespan, with the goal of tailoring decision-relevant information and decision environments to the needs and preferences of different age groups.

Ageing in an information age: Age differences in acquisition and avoidance tendencies

Across Europe, recent decades have seen increased demand for shared medical decision making between patients and their providers (Coulter et al., 2015). In order to actively partake in the decision making process, patients are required to seek, review, and understand decision-relevant information prior to making healthcare choices. Such a shift in care standards is of particular relevance to adults over the age of 60, who are the most likely age group to seek medical care in OECD countries (OECD, 2016). However, these older Europeans are at increased risk of underutilizing shared decision making or making uninformed choices about their health: According to existing research, older adults are more likely to avoid or defer decision making (e.g., Stiggelbout & Kiebert, 1997) and less likely to seek decision-relevant information (Mata & Nunes, 2010) than younger adults are. In an effort to facilitate informed

decision making in this age group, my research examines how decision makers' engagement with decision-relevant information or the decision process itself changes across the adult lifespan (18 years to old age).

Tailoring information or decision environments to older adults' needs requires identifying which hurdles keep this demographic from interacting with decision-relevant information that is within easy reach. One such barrier is the type of information provided: According to fuzzy-trace theory (e.g., Reyna et al., 2014; Reyna & Lloyd, 2006), a preference for verbatim processing of objective facts and numbers should decline with age, whereas a preference for subjective, gist-based processing should increase. However, it has not yet been established whether younger and older adults' information processing shapes their subjective information preferences, and, as a consequence, their willingness to engage with different types of information.

In a lab-based experiment, we tasked 144 decision makers with reviewing either verbatim facts (such as "\$5") or the gist of information (such as "very good") before choosing among different health insurance plans (Nolte, Löckenhoff & Reyna, under review). As hypothesised, we found that older adults preferred gist information and gist-based processing, whereas younger adults preferred verbatim information and verbatim-based processing. In line with these preferences, older adults acquired more total pieces of information when reviewing gist rather than verbatim information. In addition, older adults acquired a greater proportion of the available gist information than younger adults did. Conversely, younger adults acquired a greater proportion of the available verbatim information than the available gist information.

These differences in search behaviour disappeared when accounting for decision makers' information or processing preferences. This suggests that decision makers are more likely to acquire information if the type of information (such verbatim details vs. bottom-line gist) aligns with their personal needs or taste. Thus, older adults might not underutilize decision-relevant information *per se*. Instead, a "one-size-fits-all" approach to communicating such information may disadvantage older adults when the provided information requires them to extract the underlying gist meaning themselves. This issue could likely be circumvented and older adults' engagement with decision-relevant information increased by providing pre-formulated gist messages alongside verbatim facts and numbers (Smith et al., 2015).

Knowing which information to provide to older decision makers may help us increase older adults' information acquisition, but only if older adults are open to reviewing information in the first place: Although it is well-established that relative to younger adults, older adults seek less information (Mata & Nunes, 2010), it is unclear whether

ageing is also associated with active *avoidance* of readily available information. To shed light on this possibility, we recruited a representative lifespan sample of 500 adults online. Across two studies, we surveyed these adults with regard to their use of hypothetical information (Deng et al., in preparation) or real-life COVID-19 information (Nolte, Deng, & Löckenhoff, 2021). When given the option to avoid hypothetical information that is potentially aversive (such as calorie information on a café menu), older adults were more likely avoid information than younger adults were. Similarly, in the context of COVID-19, older adults were less likely to consume media and information during the pandemic and more likely to opt-out of receiving factual COVID-19 information that we offered to supply. These findings align well with a recent study (Hertwig et al., 2021) showing that compared to younger adults, older adults are more likely to avoid personally relevant information that could potentially cue negative emotions (such as information about their partner’s faithfulness or their genetic risk of contracting certain diseases).

This emerging literature confirms that information avoidance is indeed more common among older adults. However, the underlying reasons require further examination: Despite the fact that all three studies focused on negatively valenced information, older adults’ were *less* rather than more concerned that receiving the information might make them feel bad (Deng et al., in preparation; Nolte, Deng, & Löckenhoff, 2021). Similarly, older adults voiced *fewer* concerns about the available information changing their decisions or decision preferences (ibid). These findings are surprising considering that decision makers often evade information in order to maintain positive affect or to avoid making an unwanted decision (Sweeny et al., 2010).

The same or similar reasons might underlie older adults’ tendency to shy away from both information and the decision process as a whole. As a result, the remainder of my dissertation focuses on adult age differences in decision avoidance (e.g., Stiggelbout & Kiebert, 1997). To better accommodate older decision makers, this research investigates individual-level predictors of avoidance tendencies, such as age differences in how much regret decision makers expect to feel in response to making a suboptimal choice. At the same time, my work examines contextual predictors, such as elements of the decision environment that encourage decision avoidance. Because defaults are common in advance directives and other healthcare contexts, this involves testing whether older adults are more likely to passively accept pre-selected choice options (i.e., defaults) than to actively reject them (Nolte & Löckenhoff, in preparation). Identifying and addressing such predictors could give us the tools to support older patients in their pursuit of informed or shared medical decision making.

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Päivi defended her SScD dissertation at the University of Eastern Finland on June 11th, 2021. She holds a PhD in Education and currently works as an Associate Professor at the University of Lapland, Faculty of Education's Media Education Hub. She has over 15 years of experience in working in and leading research and development projects in the field of media education.

On the margins of digitalization: The social construction of older people and the Internet

Societies today are in the process of digitalization, which affects all service sectors, such as public administration, private commercial services, educational services, and healthcare and welfare services. However, a large number of people over 60 years of age lack adequate digital competences to support their learning, well-being, everyday life, and participation in today's digitalized society. Older people's Internet nonuse and limited digital competences may present challenges to the ongoing digitalization of society: digitalization may also have exclusionary effects.

My article-based dissertation focuses on the social construction of older people's relationships with the Internet in Finland's most sparsely populated areas. In particular, the dissertation examines the construction of older people's relationship with the Internet in terms of their Internet use, Internet nonuse, and digital competences. The general research question of my study is the following: How do academic researchers, older people, the media, and their social, cultural, and societal contexts construct older people's relationship with the Internet and their position in society?

The social nature of older people's relationship with the Internet

The primary discipline of my dissertation is social psychology because the study seeks to understand the social nature of older people's Internet (non)use and digital competences. The study intersects with adult education, media literacy education, and educational gerontology, and can also be placed within the research fields of aging studies and communication and new media studies.

The theoretical outlook of the dissertation is social constructionism, according to which humans actively construct their social environment through social interactions that are used for describing, explaining, and accounting for the world. This outlook is bolstered by the study's theoretical framework: social representations theory (e.g., Moscovici, 2008) and modalities of agency theory (Jyrkämä, 2008). Through these theories, the study looks at older people's Internet (non)use and digital competences as a complex phenomenon co-constructed by social actors and their wider social, structural, and societal contexts.

Methodology and key findings

My research data comprise previous empirical studies and theoretical investigations, written accounts by older Internet nonusers, focus group interviews of older people, and newspaper articles. I analyzed the data quantitatively and qualitatively through a content analysis and inductive and deductive thematic coding.



Marginality and marginalization appeared as the overarching findings of my study. In the research data, older people were positioned on the margins of digitalization, and as pressured to move from the margins of digitalization to the mainstream. Depending

on the social actors, older people's marginality in digitalized society was constructed both as a positive and negative phenomenon.

Newspaper articles were mainly negative in their constructions: older people were portrayed as digitally incompetent outcasts of society and as a social problem in demand of societal actions. Interestingly, older Internet nonusers themselves constructed nonuse as both positive and negative marginality. When constructed positively, marginality was portrayed as a deliberate and singular choice, as an act of courage and of not complying with the social pressures to use the Internet, as "not going with the flow," or "cutting one's own path." This way, their construction can be interpreted as a critical standpoint toward digitalization and as skills to question and deviate from the expected forms of behavior, here being Internet use.

In addition, older people participating in the study contested the positive meanings of the Internet and digital competences. Older Internet nonusers constructed the Internet as a threat and danger to one's freedom, lifestyle, health, and security, which goes against the positive, popular, and scientific understanding of the Internet as a powerful resource for learning, well-being, everyday life, and participation in a digitalized society. Some older people constructed the Internet as relatively insignificant for them when assessed in relation to their life course and to their preferred lifestyle, which they described as "easy and simple," and "peaceful".

Finally, the results indicated that metaphors are significant tools in the construction of older people's relationship with the Internet, as a rich array of metaphors was used in the research data for meaning making. When portraying older people in relation to a digitalized society, older people themselves and newspapers included abundant, even dramatic metaphors, pointing out a marginal position and exclusion, such as "behind the Digi-God's back," "societal outcast," "no one," "harms and hindrances," and "past expiry date."

Practical implications

The results of my dissertation have several implications to digital inclusion policy and practice. First, adequate Internet-related information and digital competence training and support (Rasi, Vuojärvi & Rivinen, 2021) that would address the negative social representations and images of the Internet should be provided. Second, practical educational interventions should not offer one-size-fits-all training but instead cater to older people's diverse learning needs and preferences. Third, digital inclusion policies should also encompass a choice for Internet nonuse, meaning that service providers should offer alternative service and information provision means besides

online services. Fourth, to avoid reinforcing negative stereotypes in media audiences and promote digital inclusion, media coverage should better reflect older people's diversity related to their digital competences.

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Susanna is a doctoral researcher at the University of Lapland, Faculty of Education's Media Education Hub. She received in March an Esko Riepula grant to finalising her dissertation. Currently the dissertation is in pre-examination. Susanna's research interests include media education, especially from the perspective of older people.

Developing media literacy geragogy for older people through design-based research

The Background of the Study

The main aim of this design-based research (DBR) study is to extend the understanding of media literacy pedagogy theoretically and conceptually to address older people's media literacy better. Another aim of the study is to further develop the contents and practices of teacher education to better respond to the need to add media literacy themes, especially from the perspective of older people. With the abovementioned goals, I asked the following research question: What kind of media literacy geragogy supports older people's media literacy? The task set by the research problem is approached in the sub-studies through systematic literature review and from the perspective of older people, professionals working with them, and students of pedagogical studies.

The study situates in the field of media education, which is an area of teaching, guidance, and education to develop media literacy for all age, although it also has confluences with adult education and educational gerontology. Thus, the concept of media literacy is one of the key concepts, understood in its traditional sense to mean: 1) access and use of digital technology and media; 2) critical analysis and understanding media texts and content; and 3) creation of media texts and content (Aufderheide, 1993; Ofcom, 2020). However, to develop and guide the media literacy of older people (65+) (Lee et al., 2018; Ofcom, 2020), geragogy is needed. Geragogy refers to pedagogy explicitly aimed at older people, i.e., how teaching and education should be organised (Findsen & Formosa, 2011). In the present study, geragogy is not understood as a new theory of how older people should be guided and taught but rather as a fine-tuning of guidance and teaching in relation to the needs of older people. As the primary outcome, this study presents a new concept of media literacy geragogy and eight design principles to support it.

This study is topical and important because population ageing is a noticeable, evident phenomenon with the number of people aged 65 and over continuously growing (see, e.g., United Nations, 2019). The demographic change brings new opportunities and challenges to families, healthcare, business, society, government, and other actors in a mediated and digitalised world. For instance, using the different digital services, requires learning and the use of digital technologies and media, emphasising the importance of an individual's media literacy as a civic skill needed in everyday life.

Most of the practical work and research in media literacy is currently focused on children, young people and working-age adults. So far, little has been paid to older people (Rasi et al., 2016). The trend is changing, however, and the interest in ageing adults becomes more recognisable, also due to the global COVID-19 pandemic. Improving media literacy in older has been recognised as a vital need. However, previous research



Photo by: IkäihMe Project, Marko Junttila

focused more on the use dimension than on understanding and creating media texts and content. The previous empirical research also shows that media literacy in older people varies between the two extremes and that needs are found in every dimension of media literacy (Rasi et al., 2016). This study aims to fill this gap.

Research Methodology and Outcomes

The dissertation is a qualitative design-based research (DBR) study (Design-Based Research Collective, 2003) supplemented with quantitative data, consisting of three sub-studies. First, previous research literature was explored through a systematic literature review (sub-study I). The first sub-study included 40 international empirical studies that reported media literacy interventions for older people between the years 2005 and 2019. The literature review specifically explored how media literacy could be promoted among older people. In the second sub-study, research data were collected from 16 older people and 15 professionals working with them during four participatory creative workshops in Rovaniemi and Helsinki. In the third sub-study, data were collected not only from older people (n = 4) and professionals (n = 11) but also from 22 students of teachers' pedagogical studies at the University of Lapland. Sub-studies II and III focused on finding out, in particular, how media literacy interventions for older people should be implemented in the opinion of the participants. The qualitative data in sub-studies I–III were analysed by content analysis method.

As a result of the study, a total of eight design principles to foster older people's media literacy and a new "Older People, Media Education, and Facilitation of Learning (2 ECTS)" course for the teachers' pedagogical studies were developed. The results suggest that media literacy pedagogy in older people is a broad and multidimensional issue and that it needs to 1) be based on the older people's own needs, 2) approach media literacy holistically, 3) use various pedagogical approaches, 4) utilise warm and socially skilled instructor(s), 5) support cognitive skills, 6) support empowerment, 7) be systematic and continuous, and 8) increase cross-sectoral cooperation. The study outcomes are useful, especially for those who design and implement older people's media literacy. The results can also benefit anyone interested in the topic who wants to broaden their understanding of media literacy, especially from an older people's perspective. The study thus provides a good foundation for media literacy pedagogy; however, more practical implementation and research is needed in the future. Moreover, the present study also opens up a debate on the development of teacher education.

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Celia Sheridan

Celia Sheridan joined the **Irish Centre of Social Gerontology (ICSG), National University of Ireland, Galway** in October 2019 as a PhD candidate. In the same year, Celia graduated with an MA in Gender, Globalisation and Rights from the Centre for Global Women's Studies, also at NUIG.

She has a strong interest in gender, exclusion and social relations and her PhD research is an investigation of the gendered exclusion from social relations in later life and the implications of major life events.

This research is part of the GENDER-Net Plus funded cross-national research study entitled '*A life-course perspective on the GENDERed PATHways of exclusion from social relations in later life, and its consequences for health and wellbeing*'. One of the aims of Celia's research is to develop gender-sensitive policy recommendations with the potential to reduce exclusion from social relations in later life.

Reflections on conducting qualitative interviews with older people over the telephone during Covid-19

Conducting social research requires the researcher to be rigorous in their approach but also to be flexible and adaptive to change in the field and the wider social context and researching exclusion from social relations prior to and during Covid-19 is certainly an example of this. The coronavirus outbreak coincided with the start of data collection of 30 qualitative interviews with older people for the Irish component of a Gender-Net Plus cross-national research project (GENPATH). I had hoped to conduct these interviews face to face, but since they were delayed by six months, in August 2020, I (and the team) reluctantly made the decision to change to telephone interviews. This was to comply with national public health guidelines and NUI Galway's fieldwork

policies, and to minimise the risk to both participant and interviewer. These interviews commenced in September 2020 and were conducted over an eight-month period.

Telephone interviews – a good alternative?

As Novick (2008, p. 391) points out ‘telephone interviews are largely neglected in the qualitative research literature’ and indeed where they are considered, it is to depict them as a ‘less attractive alternative’ to the well-established face to face method. As an early researcher in the second year of my PhD and with 30 interviews to be conducted with older people (aged 65 and over), changing to telephone interviews was a little disappointing. Adapting to the telephone as a tool for data collection allowed me to reflect on the usefulness of this method in conducting qualitative research and on the practicalities that might be involved.

Some of the reasons cited for telephone interviews being less attractive than face to face interviews include non-visual cues, difficulty in developing rapport with the participant, and of particular relevance to my interviews, ‘constraints on the extent to which visual materials can be shared’ (Irvine, 2012, p. 299). The semi-structured interview guide developed by the GENPATH team included a visual exercise



Figure 1

– the Convoy Model of Social Relations (Figure 1) developed by Kahn and Antonucci (1980). It was clear that a protocol for telephone interviews was needed.

Developing a protocol

The decision to conduct telephone interviews required an amendment to the study’s Ethical Application (which had already been approved), the development of a telephone interview protocol to enhance the quality of the interview experience for both the participant and the interviewer, and some adaptation to the existing semi-structured interview guide to include a number of pandemic specific questions and probes. The protocol included sending the visual exercise to the participants, with a note outlining what is needed from the diagram and some of the practicalities around conducting the interviews, such as the medium (e.g., an online platform or telephone), consent, recording, and dealing with distressed participants.

The interviews - establishing “connectivity”

Irvine (2012, p. 299), perhaps stating the obvious, writes of the importance of having a 'good quality telephone connection', with which to conduct the interviews. Working remotely in rural Ireland, during a pandemic, certainly challenged my 'good quality' connection. All interviews, except two, were conducted over the telephone (this included two participants who were 'Zoomed out' and opted for the traditional medium of the telephone). The average duration of the interviews was 60 minutes and many of my transcripts are interjected with phrases such as "I think it's my network, I'll move nearer to the window", "Can you hear me now"?!

Developing trust and rapport with the participants is considered an important element for 'generating good qualitative data' and that some of the 'nuance of meaning may be lost' in a telephone interview (Irvine, 2012, p. 297). However, due to the fact that my interviews were being conducted over the telephone, there was increased communication with the participants prior to the interview. This included screening the participants to check they met the study's criteria, requesting their postal address to post the information to them, calling them back to arrange a time and it was during these initial conversations that rapport had been established. Admittedly, nuance and visual cues were absent, however, this did little to compromise the rapport that had developed prior to and during the interviews. Indeed, checking in on the participants the following day, many expressed their delight at participating in the study, and some described the interview as cathartic. However, whether conducting qualitative interviews face to face or over the telephone, the issue of power relations between the researcher and the participant remains a concern as does the reciprocal nature of this type of social encounter (Irvine, 2012). However, living through a pandemic and having the same shared experience as the participants, I believe reduced the power differential between me as the researcher and the participants. The mantra "we're all in this together" enabled me to reposition myself as a researcher with a shared experience. Moreover, as Holt (2010, p. 116) argues, interviewing participants over the phone enables them to have 'control of their social space', which gives them greater control over the interview process than a face to face interview would allow. For example, one participant was interrupted during the interview process on more than one occasion, with it having to be postponed and completed over two separate periods.

Whether it was this shared experience, or perhaps it was chatting to me from the comfort of their own homes, many of the participants were willing to discuss sensitive information about their social relations over their life course, adding to the richness of the data collected. While there were challenges to conducting 30 interviews over the phone, there were also opportunities such as increasing the 'reach of...data collection

(Block and Erskine, 2012, p. 419). As a team, we were able to take advantage of this opportunity allowing us to encompass a wider geographic distribution of participants.

Conclusion

While undoubtedly, face to face interviews is the preferred method of data collection for qualitative research, I believe telephone interviews are a good alternative and have a place in this type of research. Indeed, Novick (2008, p. 391) points out that 'evidence is lacking that they produce lower quality data'. The analysis of the data generated by my interviews so far would suggest that they have generated rich qualitative data on social relations in later life. This article contributes to the current gap in the literature on telephone interviewing. Perhaps more importantly, I hope current or aspiring PhD students can take some encouragement from this article if faced with having to conduct telephone interviews for their qualitative research.

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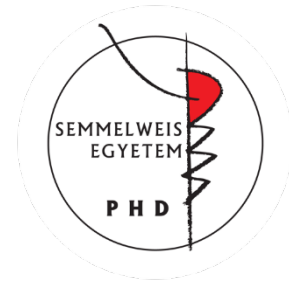
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The aspects and opportunities of active ageing in day care, especially in Hungarian day care centres for older people

The importance of ageing studies and newer approaches like active ageing is not questioned today. The rapid growth of the elderly generation and the increasing life expectancy cannot be avoided in Central European countries like Hungary. Similarly to western countries, the long-term projection shows that between 2019 and 2050, the 65+ population of the country will reach 31% (Hungarian Central Statistical Office, 2020). Because of these tendencies, it is recommended to rethink the systems that are primarily dealing with elderly people like social and health systems.

This research focuses on elderly day care, which is a part of basic social services in Hungary. I choose this service because I assumed that active ageing can be observed

primarily among those clients who are receiving day care compared to other elderly users in different social services (i.e., long-term care users).

A mixed method was used for data collection:

- Quantitative questionnaire according to active ageing index questionnaire (Zaidi et al, 2013), supplemented by some additional questions considering country specificities. Sample collected from elderly day care clients in 7 regional centres in Hungary (N= 392).
- Qualitative interviews with the leaders of elderly day care service in 7 regional centres (N=8).
- Qualitative online focus group interviews (because of COVID-19) with carers in elderly day care (N=7 with 4-5 persons per focus group adding up to a total of 33 participants).



The quantitative analysis indicated that one of the common barriers for staying active among the participants was low physical accessibility of their homes, as well a lack of computer or internet connection. Older people are extremely vulnerable to loneliness and isolation and the latest COVID-19 pandemic makes it especially hard for them to keep connected with their loved ones. Several studies showed that isolation could cause serious physical and mental problems, for instance depression, high blood pressure or other psychological diseases (Singh & Misra, 2009; Wong et al., 2014; Banerjee, 2020). The problem of low access to computers and the internet also appeared in individual and focus group interviews. Elderly day care leaders and carers

confirmed that only a small, special group of clients own these devices and are able to use them, although these could have been extremely useful during the COVID-19's quarantine time when the elderly day care service was suspended. The problem has been recognized by care centres, for example, one of them organized a Facebook subgroup with a password and kept in touch with the clients using this channel. They send small exercises every day or short videos followed by chat or telephone talks.

Voluntary work is another vital element of active ageing, however, it is not common in Hungary in general and also in the older generation in particular, it appeared to be linked to educational attainment. Only 10,5% of the participants took part in any kind of voluntary work at least once a month, and only 33% of them did this kind of work in the last 12 months. Interviews and focus groups with service leaders and carers suggested that elderly day care needs a serious change at the micro (institutional) and macro (social system) levels. The number of potential clients is quickly growing, and the current system cannot respond effectively to the challenges related to the COVID-19 pandemic.

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Network

We are an association of researchers who are interested in ageing. We aim to facilitate contacts and collaboration among these researchers, and to provide them with up-to-date information. To reach these goals, we organize conferences and workshops, produce a newsletter, and maintain an email list. Because we are part of the European Sociological Association (ESA), many of our members work in sociology. However, we also have members who work in, for example, social policy or psychology.

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