Childless Older People and Support

Positioning Experiences and Expectations

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Abstract

Childless people are seen as 'at risk' of inadequate support as they grow older, given the reliance on family support for ageing populations. Yet this assumption has not been explored with childless older people. What are the experiences and expectations that they have of support, given and received?

I interviewed 38 childless older people aged 63 to 93 (average age 80), of diverse partner status, sexual orientation, socioeconomic and health status. My work is framed by Rom Harré's positioning theory, which explores how people "position" themselves and others within social interactions and "storylines". Distinct from the more static idea of "roles", positioning is active and dynamic. It provides a meaningful framework to understand changing and contradictory arguments, stances and ways of talking about particular groups or experiences. I also draw on William Randall's narrative gerontology, which privileges older people's narratives, and on Judith Butler's call to "trouble" taken-for-granted categories, such as "childless" or "older".

Detailed analysis of the participants' positions and storylines show childlessness is a dynamic journey through life, not a simply defined "state". Participants resist or reposition normative storylines of pronatalism and ageism. Involvement with "other people's children" highlight connections that are possible outside of nuclear-family norms. Older men, whose childlessness has been little explored, have richly diverse positions in relation to non-parenthood and ageing. I investigate a counter-narrative that childlessness can be a good preparation for growing older, rather than necessarily a "risk" factor.

Categories of support (such as "emotional" or "social") and types of supporters (such as "friends" or "family") are often used in survey research and policy as if their meanings are fixed and transparent, and as if older people are net receivers of support. In contrast, my participants employ "support" as a complex concept, within which they include "self-support", help from strangers, and lifetime networks at a size that "fits". Many give a lot of support, including through voluntary work and charitable bequests. Participants often locate their narratives of support, childlessness and ageing within storylines of capability and independence, rather than loneliness and lack. Their experiences show the importance of understanding how support is positioned across the lifespan, and how it is enacted across delicately negotiated exchanges, often within reciprocal relationships. These insights are applicable to policy and practice, and potentially to the non-childless majority.

Better understanding of the perspectives of older people on childlessness, support and growing older is provided by my research which has wide-ranging relevance as childlessness and ageing populations increase worldwide.

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Positioning the research

Support for childless older people

Childlessness is an issue of increasing salience as populations age and birth rates fall in New Zealand and worldwide. Adult children and spouses are key providers of "informal" (unpaid) support for older people as they age-in-place in the community. People without children have therefore been characterised as more "vulnerable", but their experiences of getting the help they need, and also of giving support, have been little explored. This research begins to address that gap.

The 'problem' of childless older people

New Zealand's population is ageing, with the proportion of people over 65 predicted to double in the next 40 years, to around 24 percent in 2040 (Khawaja & Dunstan, 2000; Statistics New Zealand, 2007). There are also growing numbers of people without children, with indications up to one in four New Zealanders born in 1975 will remain childless (Boddington & Didham, 2008), compared to current rates of around 12 percent.

A population of one in four over 65 and one in four childless, as predicted for 2040, is different from current population patterns, with uncertainty as to what implications this will have for the economy, social life and what it is like to grow older (Boddington & Didham, 2009; Dykstra & Hagestad, 2007b). The ageing of the population and increasing rates of childlessness are trends echoed in other Western nations (Dye, 2008; Frejka, 2008; Merlo & Rowland, 2000) and the potential impacts on support and childless older people need to be investigated.

The New Zealand Positive Ageing Strategy (Dalziel, 2001) endorses a "positive ageing" approach, valuing the contributions that older people can make and the potential for people to be healthy and productive in later life. The strategy emphasises "ageing-in-place", where older people can remain living in the community, "able to make choices in later life about where to live, and receive the support needed to do so" (Dalziel, 2001, p.10).

Childless older people are seen as "at risk" of inadequate support, as they lack the family resources of those who are parents or grandparents (DeOllos & Kapinus, 2002; Rook, 2009; Wu & Pollard, 1998). Offspring are an important part of the informal, community support networks of older people, seen as facilitating their living at home for as long as possible (Qureshi & Walker, 1989). People without children have therefore been characterised as more "vulnerable" (Bachrach, 1980; Grundy, 2006), at risk of support deficits (Schröder-Butterfill & Marianti, 2006) and admission into residential care (Aykan, 2003). Those who also do not have partners are characterised as "doubly disadvantaged" (p.S324) because they lack the two key informal support-providers, spouses and children (Wu &

Pollard, 1998). However, the actual experiences of people without children getting the help they need as they grow older have not been documented.

Childlessness reached record low levels during the post-war "baby boom" in Western nations (Rowland, 2007). Therefore, childless people in their 70s and 80s now are part of the smallest recorded group of non-parents, in an era when most people were having children (Dykstra, 2009). It is primarily from this cohort that my sample of people without children is drawn (38 participants, average age 80), for whom minority status and "lack of support" may therefore have been most acutely felt, and from whom we may therefore have much to learn.

The 'problem' of support

Concern about lack of support focuses on older people as support-*recipients*, despite there being challenges to the assumption that support needs increase for everyone in later life (Gee & Gutman, 2000; Wenger, 1987). There is a growing acknowledgment of older people's contributions as support-*givers* (Boerner & Reinhardt, 2003; Litwin, 1998; McGee, Molloy, O'Hanlon, Layte, & Hickey, 2008), and the ways that reciprocity and interdependence operate across the life-span (Plath, 2008; White & Groves, 1997), including in advanced age (Lang & Carstensen, 1994; Wenger, 1987). My research contributes to this debate, as my participants expressed diverse views on the giving *and* receiving of support. In addition, the dichotomy of independence as "good" and dependence as "bad" is being challenged in regard to older people (Fine & Glendinning, 2005; Grenier, 2003b), drawing on similar debates in the disability sector (Hughes, McKie, Hopkins, & Watson, 2005; Oldman, 2002). My participants' experiences of "self-support", independence and reciprocity add to this discussion.

Evidence for the assumption that older people without children are therefore also without support, if it is needed, is equivocal (Choi, 1994; Koropeckyj-Cox & Call, 2007; Wu & Pollard, 1998). There is some evidence that friends, neighbours, and non-kin can provide a considerable amount of care, including to those without children (Barker, 2002; Nocon & Pearson, 2000). However, more research is needed of diverse support exchanges beyond the normative "family" of children and spouse (Blieszner, 2006) and presumptions that all older people are heterosexual (Addis, Davies, Greene, MacBride-Stewart, & Shepherd, 2009; Barker, Herdt, & de Vries, 2006). Population-based survey research articulates support by numbers, but it is not clear exactly how day-to-day support actually works in older people's lives. My research presents a detailed elaboration of the diverse ways in which support operates for my participants, including how they experience being a "support-receiver", what support they give, who is involved in support exchanges and what links can be made between support, childlessness and growing older. Much of this detail will also apply to the non-childless majority and broader debates on how support can work well.

Ways of understanding

All three elements of this research - growing older, childlessness and support – are associated with negative assumptions, informed by ageism (Bytheway, 1995), views of childlessness and singleness

as "deficit" identities (Letherby, 2002b; Park, 2002; Reynolds & Taylor, 2004), and of support as related to "dependency" and helplessness (Bowling, 1991; Grenier, 2007a; Tanner, 2001). An apparently simple research question, "Childless elderly: What are they missing?" (Rempel, 1985) hints at how researchers can be influenced by "common-sense" cultural views of "the plight of the childless elderly". There is advocacy for less pejorative perspectives, such as models of "successful ageing" (Rowe & Kahn, 1998), rights for single people (DePaulo & Morris, 2006) and promoting "independence" for older people (Ministry of Health, 2006), yet these too require nuanced critique. For example, there is concern that "successful ageing" is prescriptive and implies people can "fail" at ageing (Andrews, 2009; Holstein & Minkler, 2003; Scheidt, Humphreys, & Yorgason, 1999), and that government promotion of "independence" has much to do with trying to cut costs of service provision, rather than best practice (Biggs, 2001; Qureshi, 2002).

The theoretical underpinnings of my research include interconnected interpretive approaches (Denzin & Lincoln, 2003), in order to better illuminate diverse views and experiences. I need theories that can engage with the dynamism of the issues, in terms of how feelings about childlessness may shift across the life-span, how growing older works, and how these all interact with day-to-day exchanges of support, within changing personal, sociocultural and political contexts. Positioning theory, narrative gerontology and post-structuralism informed by Judith Butler are the frameworks I chose.

Positioning theory (Harré & Moghaddam, 2003b; Harré & van Langenhove, 1999a) is a qualitative research framework that I selected for its particular relevance to dynamic support relationships within changing social and personal contexts. It assumes people "position" themselves and others within social interactions and "storylines" and provides a meaningful framework to analyse interview narrative. Distinct from the more static idea of "roles", positioning is active, constrained only by possible storylines. This approach also offers a way to understand changing and contradictory positions. For example, much research positions childlessness within a storyline of tragedy and regret, and childless elders in a storyline of loneliness and lack. In contrast, participants position themselves in storylines of capability and independence in relation to support, and invoke a range of positions in relation to childlessness across their lives.

Principles of narrative gerontology (Kenyon, Clark, & De Vries, 2001; Randall & McKim, 2008) also inform the research, valuing narratives of ageing, from personal stories to sociocultural accounts, as often contradictory "truths" that comprise human experience and are relevant to health and well-being. Narrative gerontology emphasises the perspectives of older people and is informed by current narrative analysis theory and practice. My research also touches on the philosophical views of Judith Butler (Butler, 2002, 2005, 2006/1990, 2009), in terms of her call to "trouble" taken-for-granted categories of experience, such as childlessness, ageing and support. Her post-structuralist ideas about how language constitutes experience, that knowledge is partial and situated, and that there are multiple selves and multiple truths, are congruent with narrative gerontology and positioning theory and can be applied to the issues being investigated.

Thesis outline

Harré calls on researchers to explore "research-acts" in terms of positioning, to analyse the storylines of "scientific" positions and the tacit and intentional ways that assumptions about research topics are made by researchers and participants (Van Langenhove & Harré, 1999b). The literature review endeavours to answer this call. In Chapter 1, I introduce childlessness and ageing, including difficulties with language and definitions. For example, should the term "child-free" be used instead of "child*less*"? "Elderly" or "older"? What differences are assumed between a person who is "childless-by-choice" and another who is "involuntarily" childless? Where do people who have outlived their children fit in, or those who have had step-children? I discuss the negative social assumptions about ageing and people who "lack" offspring, and ask how such views might be related to research on childlessness and later life. The predominance of survey research, often with childlessness left undefined, is problematic. This in part underpins the decision to interview in more depth childless older people themselves in my research.

In Chapter 2, I summarise the diverse ways that support has been considered in the research literature. I consider why support should be researched in relation to older people; what support is, in terms of definitions of types and tasks of support; who supports whom, in terms of concepts like social networks, "informal" and "formal" supporters; where support happens in various sociospatial contexts; and when support is needed, ranging from "always" to "when a person is older". The literature points to the need for more nuanced understanding of the experiences of giving and receiving support, including by those without children.

In Chapter 3, I outline the theoretical underpinnings of my research. Ideas of post-structuralism and Judith Butler frame the task of "troubling" categories of age, childlessness and support. My discussion of narrative gerontology brings the focus onto older people specifically, and locates the research within a narrative approach, that recognises interviewees' personal narratives as valid "data" influenced by "larger stories", such as social attitudes towards ageing and childlessness. Positioning theory is the framework I use for detailed analysis and interpretation of the interview narratives, in terms of the "positioning triad" of speech acts, storylines and positions, and the "rights and duties" associated with diverse storylines and positions.

Having highlighted the gaps in existing research and identified relevant theoretical approaches, my research question is presented, namely: **What are the diverse experiences and expectations that childless older people have of support, given and received?**

The methods I used to gather and analyse data are described in Chapter 4. I did semi-structured interviews which are a widely used method of data production across varied theoretical approaches (Rubin & Rubin, 2005). Interviews fit within my post-structuralist framework, where participants' narratives are treated as diverse, multiple "realities" produced within the interpersonal context of the

interview, related to wider sociocultural environments (Scheurich, 1995). I carried out multiple analyses of my interview data (Simons, Lathlean, & Squire, 2008), using narrative methods (Squire, 2008) and positioning theory (Harré & Moghaddam, 2003b). My reflexive positioning as researcher is also outlined in this chapter and at relevant points in the analysis chapters, in accordance with the theoretical importance of grappling with "the problem of speaking for others" (Alcoff, 1991) .

I recruited a purposive group of 38 diverse, "information-rich" participants (Patton, 1990), aged 63 to 93, average age 80, including nine men and 29 women. The group included people who are single, widowed, divorced, separated, and married, with the married participants interviewed together with their spouses. Most participants are New Zealand-born Pākehā (that is, New Zealanders of European descent, Moorfield, 2005). One Māori man (indigenous New Zealander) and 10 participants from other, predominantly European, countries also participated. In terms of childlessness, most have never had children, but there were some who have had children who have died (including stillbirth) or from whom they are estranged. Participants have diverse health and socioeconomic circumstances, living arrangements and occupations. A mixed focus group interview of childless and non-childless older people talking about support was also held, arising from interviews with two participants who then invited their co-residents to meet with me.

In the "findings" section, Chapters 5 to 8, my conversations with research participants are described and analysed in depth. I include segments of interview transcripts, sometimes with my reflections as the researcher alongside, with opportunity for the reader to further reflect on the texts presented. Broad conclusions and final discussion of findings are presented in Chapter 9. Additional material in the appendices includes formats used to inform potential participants about the project and information about those who were recruited.

Childlessness & Ageing: *Who is going to look after you when you get old?*

Family members are the main providers of support for older people as they age-in-place in the community (Qureshi & Walker, 1989). Governments rely on this "informal" care workforce of family, primarily spouses or adult daughters, as preferred providers, reducing demand for "formal" service provision or costly residential care (Wilson, 2000). Older people without children have therefore been seen as "vulnerable" to inadequate help, but their support experiences have been little explored.

In this section, I outline issues in the literature on childless older people. Firstly, there are difficulties in defining who is childless and measuring community rates of childlessness, but little doubt that it is a growing "problem". I use New Zealand census data and analysis as of most relevance to my research sample, but New Zealand patterns largely echo those of other Western nations. Secondly, I briefly discuss concerns about population ageing and the ageism that can infuse views of growing older. Thirdly, the way the "plight of the childless elderly" has been constructed as a research focus – and the equivocal findings on aspects of this "plight" – are critically examined.

Who is childless?

Simply defined, a childless person has "no child or children; [is] without offspring" (OED). A lack of biological children is assumed, but what about adopted, fostered or stepchildren? Who is "the parent" within diverse cultural practices of raising others' children for social or cultural reasons, or where grandparents raise grandchildren as their own? Where does childlessness due to outliving children or being estranged from them fit in? In this section, I consider census rates of childlessness (primarily defined as a lack of biological children) and how researchers define childlessness, including different types, such as "voluntary" childlessness, where a person chooses not to parent, and "involuntary" childlessness, for example caused by infertility. I also note issues with the use of terms like "childless" and "child-free".

Rates of childlessness

Around 12 percent of New Zealand women born in the 1950s and before (and thus over 50 at the 2006 census) are childless (Boddington & Didham, 2008). This means they have not had any live births, but does not mean they are not parenting (for example, as step-parents) (Statistics New Zealand, 2008a). This rate of childlessness compares to 13 percent in Australia and 17 percent of American, Swiss, German, and Austrian women (Boddington & Didham, 2009). Rates are increasing, with indications that around one in four New Zealanders born in 1975 will remain childless (Boddington & Didham, 2008). This is similar to predictions of 20 to 28 percent childlessness in Australia (Merlo & Rowland, 2000); more than 20 percent in the United States (Dye, 2008), England and Italy (Frejka, 2008); and up to 30 percent in Germany (Frejka, 2008).

The last recorded peak of childlessness (reaching over 30 percent) was in the cohort of women born between 1880 and 1910 in Western countries, including New Zealand (Rowland, 2007). This was due to the health and social effects of World War I, the 1918 influenza epidemic, and the Great Depression (Boddington & Didham, 2009); the use of fertility control methods such as condoms and "safe" periods (Morgan, 1991); plus socio-political moves like the "new spinsters" of the early 1900s who eschewed marriage and children as oppressive (Freeman & Klaus, 1984).

For those born in the 1910s-1930s onward, rates of childlessness steadily decreased, reaching a record low of around 10 percent childless in the post-war "baby boom" (Boddington & Didham, 2008; Rowland, 2007). Baby boom fertility levels peaked at over four live births per New Zealand woman in the early 1960s (Bean, 2005). It is important to note, therefore, that many of the childless elders recruited for my research may be part of the smallest ever recorded proportion of a cohort to be childless (Dykstra, 2009).

"Natural" infertility, where childlessness is a consequence of the infertility problems or "infecundity" of either partner, accounts for around seven percent of total childlessness (Boddington & Didham, 2009). Thus, the current rate of 12 percent comprises seven percent infertile and five percent childless for other reasons. Causes of infertility change, for example from untreated infections or malnutrition in war time, to "leaving it too late" (Cameron, 1997; Statistics New Zealand, 2009), where "postponement" of parenting turns into "permanent childlessness" (Veevers, 1980, p.25), thus blurring the distinctions between being childless by "choice" and "natural" infertility.

Little information exists on rates of childlessness by outliving children (Dykstra, 2009). This different journey to childlessness via distressing loss, as parents do not expect to bury their children (Klass, 1993), is rarely considered (Dykstra & Wagner, 2007). An estimated 0.6 percent of Australian women aged 60 in the 1986 census had outlived their children (Rowland, 1998b). Rates increase with age, with 12 percent of women and five percent of men, aged 90+, having outlived children in the Berlin Aging Study (Wagner, Schütze, & Lang, 1999). Intergenerational parenting, such as "grandparents raising grandchildren" (Hayslip & Kaminski, 2005; Worrall, 2009), can be due to parents' death, giving rise to the conundrum of "childless" grandparents (Johnson & Barer, 1995).

In addition, the "former parent" category can mean not that children are deceased, but that they have left home. In census data, where parenthood is defined as having a child under 18 at home (Dykstra & Hagestad, 2007b), a couple whose children have left home count as "childless" (Statistics NZ, 2010). This definition is not used in my research.

Men's childlessness is under-examined (Dykstra & Hagestad, 2007a). Only women's childlessness is calculated in census data, in part because the total fertility rate for males tends to mirror that of females (Boddington, 2007b). Father's details are often missing on birth registration data and there is a relative lack of an "upper limit" biologically on fathering, which also compounds data tracking

(Boddington, 2007b). Yet there are calls for census questions to also be asked of men, in order to examine associated patterns of household composition or socioeconomic status (Rowland, 1998a), and to remedy the neglect of men in childlessness research and service-provision planning (Keizer, Dykstra, & Poortman, 2010).

Rates of childlessness in older age vary little by ethnicity in New Zealand. Māori and Pacific women bear more children at younger ages than European or Asian New Zealanders, but Māori and Pacific women die younger than Europeans and Asians, so by age 65, fertility differences by ethnicity converge and surviving women from all ethnicities have similar rates of childlessness (Boddington & Didham, 2008). However, there are cultural practices of children being raised in households according to cultural mores or social needs, rather than just with parents (Dykstra & Hagestad, 2007b). The Māori concept of "whāngai" has been described as "grandparents raising the first child" (Boddington & Didham, 2009, p.136), but ranges wider than this, with customary or whānau (extended family) adoptions across generations (Law Commission, 2000). With "cultural" adoption, a person's parenting may not appear in survey or census data.

There are also problems assessing the prevalence of childlessness within changing social mores that shape census and research questions, and participants' responses (Kreyenfeld, Hornung, Kubisch, & Jaschinski, 2010; Murphy, 2009). For example, only currently married New Zealand women were asked about children in the census (the assumption being that unmarried women would not have children), until 1981 when "all women" were asked (Cameron, 1997). In the 1996 census, for the first time women could "object to answering" the question on "number of children born" (Statistics NZ, 2001), and 45,000 women objected (Boddington, 2007a). This followed criticism from women's groups and other individuals that answering was awkward if there were children born to a former partner or adopted out, and that counting offspring "born" to the woman did not recognise children she had adopted or cared for (Boddington, 2007a).

Census rates of childlessness emphasise biological ties, counting absence of "live births" (Statistics NZ, 2008a, p.173). In contrast, researchers variously define childlessness as "having neither biological children nor stepchildren" (Zhang & Hayward, 2001, p.S315) or as having neither biological or adopted children (Koropeckyj-Cox, Pienta, & Brown, 2007). The former leave out "adopted" as it was not noted in their dataset; the latter do not comment on stepchildren. In a special edition of the *Journal of Family Issues* on childless older people, Dykstra and Hagestad (2007b) categorise those with only step- and foster-children as childless, choosing to define the "unicity of the tie" between a child and one set of parents (such as in biological and adoptive relationships) as pivotal (p.1296). They acknowledge this is problematic, as adopted children may have contact with both adoptive and biological ("birth") parents. They also note that current elders are less likely to have stepchildren (for example following divorce and re-partnering) than those who are currently middle-aged, due to lower rates of divorce amongst the older cohort, so future research will need to continue to engage with this definitional complexity.

Classifying childlessness

Childlessness is seen as either "involuntary", for example where it is due to infertility, or "voluntary", where a person does not want to have children (Rowland, 1998b). This classification is then used to investigate aspects of childlessness and social life, for example that "voluntary" childlessness is associated with less religious observance (Tanturri & Mencarini, 2008) and less "traditional" sex-role attitudes and behaviour (Bram, 1984); or that "involuntary" childlessness is associated with more psychological distress (McQuillan, Greil, White, & Jacob, 2003).

However, categorising types of childlessness in this way is problematic (Letherby, 2002b). Meanings of and pathways to "voluntary" or "involuntary" childlessness may be neither simple nor fixed. Jeffries and Konnert (2002) define the two types as:

Voluntary: 1. Never wanted children, 2. Wanted then changed mind, 3. "Never the right time" or postponed till "too late"

Involuntary: 1. Physically impossible 2. Difficulty conceiving or carrying 3. Hadn't used contraceptives and didn't get pregnant 4. Tried/wanted to adopt but couldn't 5. Circumstances made it impossible (Jeffries & Konnert, 2002, p.92)

These definitions highlight different aspects that can be associated with childlessness, for example that one voluntarily childless person might have "never" wanted children, while another might have wanted them but postponed childbearing until "too late". The voluntary/involuntary dichotomy has therefore been critiqued (e.g. Connidis & McMullin, 1993; Dykstra & Hagestad, 2007b). For many, there is no clear boundary between having not made a decision to have a child and yet ending up without one; what has been described as "the non-decision not to have children" (Bartlett, 1994, p.99).

A dichotomy of childlessness by "choice" or by "circumstance"' is preferred by Connidis and McMullin (1996), who give the example of a choice to remain childless being driven by an "involuntary" circumstance, such as a genetic disease that would be passed onto children. In their survey-interview study with Canadian adults over 55, they found that being childless by circumstance, rather than choice, was associated with lower scores on the subjective well-being measures they used (avowed happiness scale, CES-D scale for depression and the Satisfaction with Life Scale, Connidis & McMullin, 1993). They hypothesise that a greater sense of well-being for the childless by "choice" may be linked to a sense of mastery over their lives and active development of social networks. Connidis and McMullin acknowledge that a forced choice question ("Would you describe the fact that you do not have children as a situation of 1-choice; 2-circumstance?" p.632) does not capture the fact that:

Childlessness is not simply a decision or circumstance of the childbearing years. Rather it is an ongoing role, defined and redefined in negotiation with others over the life course (Connidis & McMullin, 1993, p.635)

Rather than dichotomous categorisations, sociologist Gayle Letherby (2002b) proposes a "continuum of childlessness" (p.8), from parent to non-parent, with shifting experiences across time and circumstances. For example, a parent can move to being "childless" through death or divorce; or a

"voluntarily" childless person may become a "parent" to a partner's children and "childless" again when the partnership ends (Letherby, 2002b).

There is also the question of who should define childlessness type (Letherby, 2002b). In their interview study of 72 mothers and childless women over 45, Jeffries and Konnert (2002) classified some women as "involuntarily childless" due to late-life marriage. Yet, some responded they were "childless by choice" with one participant saying, for example, "I was single until 41…by the time I married there really was no choice… but by that time I had changed my mind [about wanting children]" (p.100). This highlights an interplay of both life circumstances and the changing sense people make of them that needs to be considered. The definitions of childlessness I use in my research are discussed in the methods Chapter 4, under *Sampling and recruitment strategies.*

Negative views of childlessness

Childless people are a minority within societies in which parenthood is a "key organiser of the life course" (Dykstra & Hagestad, 2007b, p.1278) and are therefore constructed as an "other" (Letherby, 2002b). During the lifespans of the participants of my research, being childless was unusual and being non-heterosexual was mostly illegal. A religious vocation was the "only category of woman for whom it [was] socially acceptable not to have children" (Bartlett, 1994, p.8); there was no such avenue for couples to justify childlessness in the face of exhortations to "Be fruitful and multiply" (Genesis 1:28).

New Zealanders who are in their late 70s and 80s now were without children at a time when "the family ethos and the idealisation of women as mothers" (p.270) reached "high tide" in New Zealand (Nolan, 2000), during the post-war baby boom. A "marriage boom" (p. 134), in part supported by the world-leading social welfare system in New Zealand, underpinned the baby boom (Boddington & Didham, 2009).

The post World War II era was "extraordinarily pronatalist" in Western nations (Mattessich, 1979, p.306). "Pronatalism" is a neologism of "pro" + "natal", coined to refer to "attitudes which encourage fertility" (Veevers, 1980, p.3), as "conducive to individual, family and social well-being" (Heitlinger, 1991, p.344). Pronatalist discourses "conflate femininity with motherhood" (Gillespie, 2000, p.223). In 1916, American psychologist Leta Hollingworth rejected what she called "coercive pronatalism" which viewed women's key achievement as giving birth (Hollingworth, 2000/1916, p.355). She argued there was an "absence" of "verifiable data" supporting the views of "men of science" and the medical profession that a "maternal instinct" exists (Hollingworth, 2000/1916, p.355). Parenting is not such a central aspect of male identity, but the sexual prowess assumed to be necessary to impregnate a woman is (Miall, 1994). Pronatalism includes an associated "selective anti-natalism" (Park, 2002, p.23), for example in early 20th century New Zealand, where parenting by "the weak, the insane, and the unfit" (Editorial, 1911, p.4) or non "Anglo-Saxons" (Evening Post, 1911) was discouraged.

Recent population theorists argue that the baby boom, and its emphasis on the nuclear family norm, was only a "temporary interruption" (p.11) of a century-long trend of sub-replacement fertility in the West that continues today (Van Bavel, 2010). However, negative attitudes towards people without children from that time, and before, persist (Park, 2002). As World War II ended, women's wartime roles in New Zealand workplaces and the military finished (Montgomerie, 2001), with state employment policies actively encouraging women to return to domestic home and wifely duties (Montgomerie, 1996; Nolan, 2000), and men to roles of breadwinner, husband and father (Nolan, 2007) as the baby boom gathered momentum.

People who are in their late 60s now were born in that baby boom and saw some social change in the "sexual revolution" and feminism of the 1960s. Alongside the advancement of workplace and lifestyle options for women, some forms of feminism still emphasised motherhood, with "women's experiences of maternity as the basis for women's empowerment and solidarity" (Sandelowski, 1990, p.45). "Non-motherhood" was not similarly valued (Letherby, 2002a).

The assumption that children look after ageing parents underpins concern about childless elders, based on the "dominant cultural folk model that adult children provide support and caring and they quell the experience of loneliness" for older people (Alexander, Rubinstein, Goodman, & Luborsky, 1992, p.622). In interviews with young women choosing to remain childless (Gillespie, 2000), participants reported being asked by friends and family, "Who is going to look after you when you get old?" (p.229), in line with this "folk model". There is a fear that the childless will "die alone and lonely" (Vissing, 2002, p.221), countered by the view that parents have no guarantee that their children will be gathered at their death-beds (Vissing, 2002). There is concern that without children (and partners), late-life social networks will be deficient (Rook, 2009). The unmarried childless are seen as "doubly disadvantaged" as they lack the "two most important sources of informal support: spouses and children" (Wu & Pollard, 1998, p. S324). Age-related health problems are seen to further compound the problem of supposedly inadequate social resources, with calls for research to explore these looming "pressures":

> [Research] will help to inform society as to the pressures it will experience in the future as it attempts to cope with greater numbers of childless people who are living to much older ages…without adequate social resources just at the time their health is deteriorating (DeOllos & Kapinus, 2002, p.78)

A "parentist" view, critiqued by Wenger, Scott, and Patterson (2000, p.162), is that people should have children or else they will be a burden on state resources in later life. There is much evidence that adult children provide care for ageing parents (e.g. Connidis, 2010; Harper, 2004; Wenger, Dykstra, Melkas, & Knipscheer, 2007), but not that people without children are therefore without support (Barrett & Lynch, 1999). Also, some older parents *prefer* state-provided formal services, if available, to family support, (e.g. Daatland, 1990), or have partnerships of family and state-provided care (e.g. Sundström, Malmberg, & Johansson, 2006). Normative assumptions of family support are complicated by family ambivalence (Luescher & Pillemer, 1998) and by adult children being the

primary perpetrators of elder abuse and neglect (Age Concern, 2004; Jayawardena & Liao, 2006; Schiamberg & Gans, 2000). Research on the social and support resources of childless elders will be further examined in Chapter 2.

Social attitudes towards childlessness therefore draw on religious, historical and social views to characterise non-parents in often negative ways. I would argue that these views also influence research into childless older people, which will be reviewed later in this chapter. There are also problems with the language used to denote people without children, which I will now discuss.

Problems with language

Language associated with not having offspring implies lack: child*less*, *without* children, and *non*-parent. Partner status similarly highlights a lack of achieving the norm of marriage - "unmarried" or "never married". Modern terms like "child-free", first reported in the OED in 1913, had a negative start, associated with causing difficulty for "normal" women: "The admiration gained now by the child-free woman tends to demoralize women, otherwise contented with their normal functions" (Colquhoun, 1913, p.422). "Child-free" has been defined as "people who have chosen not to have children and who are not infertile" (Rowland, 1982a, p.150), implying that if one is infertile, the epithet is not used. "Child-free" may articulate an active choice to have no offspring, but may also imply a negative attitude towards children that people who choose not to parent do not have. Some therefore see "child-free" as a problematic term "with its connotation of children as a burden from which one is liberated" (Park, 2002, p.41).

In this research, I use the word "childless" where necessary, as used in literature or in the talk of participants. I use "person without children" where possible, to put the emphasis on the person ahead of their parental status. "Partner status" rather than "marital status" is used to recognise marriage is not the only form of intimate partnership. Classifications of "never-married" or "unmarried" are typical in research and common language, but where relevant, "ever-single" can also be used (Baumbusch, 2004).

In conclusion, therefore, the question "Who is childless?" has various biological, sociocultural and research answers. Rather than dichotomous types of childlessness as involuntary or voluntary, I concur with the suggestion of a continuum of childlessness to reflect the shifting circumstances within which non-parenting can occur. Rates of childlessness were lowest during the pronatalist baby boom of the 1950s and 1960s when many of my participants (average age 80) therefore "should" have been parenting. Both the childlessness of those who outlive children and of men have been under-explored. There are sociocultural influences on measuring rates and naming types of childlessness, and influences of pronatalism on how childless people are viewed, all of which can inform perspectives on childlessness, including in terms of how it may affect later life. Growing older brings further questions and concerns, in ways that I will now explore.

Who is "old"?

In this section, I firstly outline the phenomenon of population ageing, as this combines with increasing rates of childlessness to cause concern about future economic resources and support provision. I discuss the issue of ageism, as in doing research on a particular "category" of older people, I need to consider the risks there can be in categorising a group by age. As with childlessness, there are problems with language which I highlight, in terms of what words should be used to describe people who have lived for a certain number of years. My discussion of "Who is childless?" and "Who is old?" underpins my review of the existing research about childless older people, which comprises the rest of this chapter, as I consider that this research is informed by sociocultural contexts and wider social attitudes towards non-parenthood and age.

The ageing population

Growing older is a universal human experience. But at what point a person is deemed "old" and the characteristics of and values attached to that status are indeterminate. Chronological age is used to designate when state pension entitlements begin, currently at age 65 in New Zealand (Work and Income, 2010). This age is then applied in economic, political, health and social service calculations as marking the transition to "older". Labour force and economic needs can dictate retirement ages, with a rise from 65 to 67 currently being considered in New Zealand (Robertson, 2009, May 13). Age categorisation can also be shaped by disparity, for example Māori are categorised as "older" in social research at age 55 or 60, to reflect the higher mortality and morbidity outcomes associated with social disadvantage (NZGG, 2003a; Te Pūmanawa Hauora, 1997). Global ageing strategies, such as those of the World Health Organisation (WHO), designate "older" at age 60 (WHO, 2002), which is acknowledged as relatively young in developed nations, but WHO warns against chronological age being the only marker when considering a country's diverse "older" population (WHO, 2002).

New Zealand's population is ageing, with the proportion of people over 65 predicted to double in the next 40 years, to around 24 percent in 2040 (Khawaja & Dunstan, 2000; Statistics New Zealand, 2007). Concern about increasing health and residential care costs, and support services "not providing value for money" (National Health Committee, 2000, p.7), has driven strategy initiatives of "positive ageing" and "ageing in place" (Dalziel, 2001), where older people can be supported at home and not move into residential care (Dwyer, Gray, & Renwick, 2000). What being "supported" at home might mean is what my participants will have an opportunity to discuss.

The ageing of Western populations is described as a "triumph" of longevity resulting from increased wealth and technological capacity, health and environmental benefits such as access to water and sanitation, abundant food, and healthcare innovation (Estes, Wallace, Linkins, & Binney, 2001; United Nations, 2002). Yet it is also portrayed as a potential "crisis" of increasing dependency ratios, pension and healthcare costs (James, 1995; MacDonald & Cooper, 2007) and related questions such as "Who will look after you when you are old?" Dependency ratios (the ratio of "dependent" to "working age" or

"independent" persons) are used by those concerned about population ageing to predict there will be fewer young people to "shoulder the burdens of care" (Costanzo & Hoy, 2007, p.897) and tax-based welfare provision. For example, for every New Zealander over 65, there were 5.5 people aged 15 to 64 in 2004, but this will drop to only 2.2 workers per pensioner in 2051 (Dunstan & Thomson, 2006). However, others argue the dependency ratio is a "crude" measure as it assumes all those over 65 are "dependent" (when many are still working and living independently) and that all 15- to 64-year-olds are gainfully employed and "independent", which is not the case (Gee & Gutman, 2000). Furthermore, there has been a decrease in the other "dependent" age-group, children, meaning overall dependency ratios are remaining steady or declining (Dunstan & Thomson, 2006; Gee, 2000). There are opponents of the emphasis on "dependency" in older people who argue such narratives are at odds with the independence that many older people endorse (Breheny & Stephens, 2009), or the "interdependence" that widely occurs (Fine & Glendinning, 2005).

Others contend that the notion of a demographic "crisis" or "apocalypse" is inaccurate, as demographic change is slow and able to be prepared for and adapted to (Gee & Gutman, 2000; Robertson, 1999). My research is an example of such "preparation" in learning about how exchanges of support operate for those who do not have the traditional parent-child connections that are expected to provide support in later life. In addition, some researchers argue that population ageing is being emphasised to the exclusion of other social policy and economic factors that may have more impact, such as government support for families across the lifespan, which for example is lower in the U.S. than Western Europe or New Zealand (Hamil-Luker, 2001). Critics contend that ideas of "apocalyptic demography" can be used to justify welfare reforms or service cuts that are politically motivated (Gee, 2000). Healthcare costs are linked not just to numbers growing older but also to wide-ranging differences in health status across the lifespan (Raleigh, 1997), socioeconomic factors (House, 2002) and political ideologies about health provision (Robertson, 1999). Economic costs and structures of pensions and related taxation systems vary widely in different countries (James, 1995), with New Zealand economists variously predicting both fiscal challenges on the one hand (The Treasury, 2009) or future economic growth on the other, with arguments that the consumption levels which fuel our market economy will not necessarily be slowed in coming decades by population ageing (Guest, Bryant, & Scobie, 2004). Negative views of population ageing and the support deficits that it may cause (especially for groups like the childless) are seen by some gerontologists as being underpinned by "ageism" more than by evidence (Gee & Gutman, 2000). I therefore outline views on ageism in the next section.

Ageism

"Ageism" is the "process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this for skin colour and gender" (Bytheway & Johnson, 2005, p.183). Initial debate as to whether ageism exists (Kite, Stockdale, Whitley Jr, & Johnson, 2005) has now been replaced by calls to examine the negative consequences of ageism in everyday life. The urban built environment, for example, can be both "a cause and an effect of ageist attitudes"
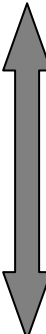
(Laws, 1993, p.672) with some urban areas inhospitable to older people through lack of public transport or suitable housing, and other areas enacting segregation of age-groups, for example, in retirement villages far from school-yards or playgrounds (Laws, 1993). In the political and economic domain, critics argue that views of older people as no longer "economically productive" are ageist, and based on narrow definitions of productivity which take into account only "capital investment and workforce participation" (Angus & Reeve, 2006, p.141). Workforce participation by older people can be hampered by ageist perspectives, such as that older workers are costly, inflexible and difficult to train, or have "declining" mental and physical capacity (Minichiello, Browne, & Kendig, 2000). Workplace discrimination against employing older workers is highlighted in a New Zealand Department of Labour analysis (Department of Labour, 2009) and there is concern from equal employment advocates (Equal Employment Opportunities Trust, 2008) and the Retirement Commission (McGregor, 2007) that ageist attitudes act as a barrier to the employment of older workers who could help address New Zealand skilled labour shortages.

Ageism and ambivalence towards older people are thought to affect health and social service delivery and justify "poor facilities, casual responses, and a take-it-or-leave-it style of provision" (Twigg, 2006, p.54). Health systems that emphasise acute hospital interventions, instead of chronic care, lifespan preventative interventions, or the visual, auditory and foot care that can directly affect quality of life, can impact negatively on older people (Henwood, 1991). General health services in Britain have been described as "institutionally ageist" (Help the Aged, 2009) because of allocating less than optimal treatment to older people compared to younger patients. Age Concern in New Zealand sometimes has similar concerns (Age Concern, 2006), although there has not been systematic investigations of such practices.

There is an expectation that the "baby boom" generation may be less accommodating of age prejudice than current cohorts of older people (Minichiello et al., 2000). However, the pervasiveness of negative stereotypes of being "old" mitigate against such activism, for in order to fight ageism, there needs to be some ownership of the identity of "old". This can be an ambivalent ownership, as shown in some qualitative research (e.g. Hurd, 1999; Jones, 2006; Nilsson, Sarvimäki, & Ekman, 2000) that has highlighted the delicate boundary that people articulate between being "not old" and "old", with strong investment in maintaining an identity as "not old".

Therefore, as my participants talk about support in relation to being childless and older, their views may be informed by some of the ageism that surrounds them and the sense of "crisis" portrayed about population ageing. The "ageism/s" of researchers should be thoughtfully examined when doing research (Bytheway, 1990; Wilson, 2000), and more nuanced understanding of older people's perspectives are needed (Andrews, 2001; Biggs, 2001; Grenier, 2003a; Victor, 2005). In Table 1.1, I extend a summary of models of ageing (written for the book section Wiles & Allen, 2010) to include relevance to childlessness. There are many ways of thinking about ageing, ranging from biomedical to critical social gerontology perspectives, the latter a key influence on my research.

Table 1.1 Ageing models and childlessness

	Domain of interest	Some key ideas	Some key models/theories	Critiques	Possible relevance to childlessness
	AGEING IDENTITY IS RELATED TO BIOLOGICAL, PHYSIOLOGICAL DECLINE				
Primarily individual focus	The body	Biomedical view. Cellular and organism decline; disease prevalence increases with age. Seeks ways to more effectively prevent, diagnose and treat diseases of old age	Dominant model in medical and health science endeavour; technology and pharmaceutical development; influences health and social policy re "burden" of sick old people, while also seeking solutions	Focus on bodies/body parts as medical "problems" with medical solutions; though impact of social/economic determinants on health/ageing increasingly being acknowledged	Mixed views on physiology as causes/ outcomes of childlessness e.g. people who are less robust don't marry or not marrying makes people less robust; childbirth and infertility more or less associated with different cancers and health issues; non-parenting more or less beneficial to health
	AGEING IDENTITY IS RELATED TO ACTIVITIES AND ROLES				
(↕)	The appropriate roles, activities and developmental tasks that older people can engage in to maximise well-being	Seeks to find successful or "appropriate" ways of ageing, in terms of roles and activities, levels of engagement/ withdrawal from society; achieving certain developmental tasks in a timely way; maintaining key health/social behaviours for well-being	Disengagement theory Activity theory Successful ageing Selective Optimisation with Compensation (SOC) Developmental stages/tasks of ageing	Who defines "success" or "failure"? Often normative ideas reflecting social mores of the time; emphasis on individual responsibility regardless of context may "blame the victim" if health behaviours aren't maintained or developmental tasks achieved	People without children are already "disengaged" to some extent due to being a minority outside the family norm; may have more "activity" established to replace "family" activity (or may have less in older age without the key role of grandparenting); may have experience "selecting, optimising and compensating" as outsiders; may have "stages" of development under-recognised in parenting-oriented models
	AGEING IDENTITY IS RELATED TO BROADER SOCIAL STRUCTURES AND CULTURAL NORMS				
Primarily sociocultural focus	How personal experiences of ageing are the result of wider social, cultural and political practices	Seeks to understand how wider sociocultural influences can cause the "problems" of old age, with structures like retirement excluding and impoverishing older people; power issues of social difference (gender, class etc) and ageism; how negative discourses constitute ageing	Political economist Feminist gerontology Foucauldian gerontology Discursive theorists	Leaves out the material body – physical pain or disease is not just socially constructed. Can homogenise older people as hapless victims of dark social powers	Potential to compound sociocultural rejection of childlessness; structural barriers to men's careers (without a "wife" or "breadwinner" status); and to women's career options (not "normal" to work); exclusion through retirement worse for childless workers? Legal sanctions against non-heterosexuals. Socio-political/institutional emphasis on nuclear family. Can constitute positive resistance to dominant discourses of "marriage-and-children"

	Domain of interest	Some key ideas	Some key models/theories	Critiques	Possible relevance to childlessness
	AGEING IDENTITY IS EMBODIED				
Reclaiming the body	Grappling with how ageing is embodied without reducing the body to a biomedical object; that ageing bodies are socially constituted.	Mask of ageing. Proposes that ambivalence towards ageing is less about sociocultural influences and more about the internal sense of an "ageless self" in a changing body

Ageing and old age have intrinsic characteristics that should be understood and celebrated, eg existential/ spiritual questions to be addressed at this time of life; time of maturation personally, physically, socioculturally | Postmodern theories of fluid identities and lifestyles not constrained by normative social and biological categories; new technologies and roles to be celebrated; "midlifestylers" into deep old age

Embodiment theorising, the "cultural" turn, the "turn to the body"
Jungian theory
Gerotranscendence
Narrative gerontology | Increasing homogeneity if "anything goes" regardless of age. Lack of critique of consumerism and middle-aged values being imposed on later life. Reinforces Cartesian split between mind and body eg "not old" mind vs. "old" body

Gerotranscendence criticised as essentialist and attempting to measure and medicalise transcendence/spirituality | What might the characteristics be of a socially constituted, ageing *childless* body? Potential that the childless minority have different wisdom or existential insights from their different life journeys. Could notions of postmodern fluid identities relieve "troubled" identities of the "wrong" age and the "wrong" parental status? |
| | AGEING IDENTITY IS LOCATED IN PLACE | | | | |
| Ageing in place | Relationships between characteristics of people and environments | Ageing-in-place a popular concept, but needs critical awareness of socio-political influences and consequences, such as "care in the community".
Ageing and place mutually constitutive | Home as a "process" not just a place; ageing identity actively negotiated in dynamic environments | Superficial "ageing-in-place" and "care in the community" rhetoric can consign people to inadequate support and disabling environments | Some mastery of living alone for the single childless vs. married-with-children, but how might ageing affect that? "Care-in-the-community" underpins fears about "the plight of the childless elderly" without access to adult children's care – how do they cope? |

(Adapted from pp.220-1, Wiles & Allen, 2010)

Problems with language

The words that should be used to denote older people are contested. The term "elderly" is seen as ageist and absolutist (Bytheway, 2000), as it moves people into a "category" that can have negative connotations of frailty and need for "care" (Bytheway & Johnson, 2005) and yet is difficult to define (when exactly does someone become "elderly" and stop being "not elderly"?). Critics of the term prefer instead a "relative rather than an absolute age vocabulary" (Bytheway, 1995, p.125), such as "older" people and "later" life, which they argue is more inclusive (for we are all growing older) and does not divide life up into homogenous "stages". Others see "elderly" as respectful, a term that older people use to talk about themselves, and that needs to be reinvigorated (e.g. Gibson, 2000). "Experienced generations" is used to denote people over 65 in recent panel survey work in New Zealand (Nielsen Company Panorama Service, 2009), and "older adults" is also used (Waitemata DHB, 2007). There are calls for the reinvention of language such as "agefulness" as something to be proud of (Andrews, 2000). The term "elders" can have an association of venerability in phrases like "tribal elders" and is used in gerontology research and policy (e.g. Gironda, Lubben, & Atchison, 1999; Ministry of Health, 2006). In this thesis, I use "older people" or "elders" and will be interested to see what language my participants use.

Research into childlessness and ageing

Fears that people without children will face difficulties in later life are explored in research into childlessness and ageing. In this section, I will first raise some overall concerns about research in this field, and then discuss research on different types of childless elders, including single older people, childless couples, childless men, and people from sexual minorities, in terms of aspects that may relate to support in later life. I discuss the health and wealth of childless elders, which can relate to support needs, and critically examine the issue of higher use of residential care by childless older people than parents. Questions about definitions of support and research examining support and later life will then be covered in the next chapter.

Research issues

For my literature review, I did electronic searches of Medline, PsycLit, Sociological Abstracts, Scopus and Ageline, and also conducted manual searches of relevant books, journals or backdated journals not available online. Search terms were categorised under: Target groups: 1. Old, older, elder, elderly, ageing/aging, senior. 2. Childless, childlessness, parents, parental, infertile, nulliparous, single/unmarried. Issue: Support, support networks, types of support (social, emotional, practical, instrumental, informational, anticipated, perceived). I did not limit my search to particular types of article (so included reviews, studies, evaluations, editorials, or theoretical works). In addition, I explored key references cited in others' work, using Google Scholar to find the reference and then the "cited by" function to explore related works. As topics arose in discussion with participants, I did further searches, such as regarding "telephone support" or "pets". I also searched New Zealand policy and statistical references.

A search by Dykstra and Hagestad (2007b) of 30 years of publications about "families in later life" found childless older people barely mentioned, "rendered invisible" in the social sciences, or looked at through assumptions of "deficiency" (p.1275). Research into the risks of support deficits for the "childless elderly" (p.1) was called for 20 years ago, as their numbers were rising in both "First" and "Third World" nations (Rubinstein, 1987).

A key concern that I have about the existing research on childless older people is the choice of "negative" topics being investigated. The majority of studies on the effects of childlessness in later life do not set out to examine possible benefits of this state. Instead, topics such as loneliness (Iecovich et al., 2004), depression (Bookwala & Mitchell, 2002; Koropeckyj-Cox, 1998), psychological distress (Wu & Hart, 2002), regret (Alexander et al., 1992; Jeffries & Konnert, 2002), suicide (Salib, El-Nimr, Habeeb, & Theophanous, 2004), social isolation (Bachrach, 1980), risks of institutionalisation (Rowland, 1998a), vulnerability (Schröder-Butterfill & Marianti, 2006) and the "generally wretched" position of the childless elderly, "even in societies professing reverence for the aged" (Nydegger, 1983, p.28) are explored. Many of these studies do not find the expected harm the researchers hypothesise may be associated with childlessness. However, to me, the fact that these are the topics deemed relevant suggests that negative social views of childlessness and assumptions of "deficiency" (Dykstra & Hagestad, 2007b) inform research. My view is also echoed in the work of American sociologist Tanya Koropeckyj-Cox, who has investigated various aspects of parental and marital status in later life in American survey data (e.g. (Koropeckyj-Cox, 1998, 2002, 2003; Koropeckyj-Cox & Call, 2007; Koropeckyj-Cox et al., 2007). She argues that "persistent beliefs linking childlessness with diminished well-being in later life are not supported empirically" (Koropeckyj-Cox, 1998, p.S308), and yet it seems that such "beliefs" persist, both in the specific topics that researchers choose to examine in relation to childless older people and more generally in discussions of well-being and support, where "the childless" are still routinely included as a category of persons "at risk" or "vulnerable" (e.g. DeOllos & Kapinus, 2002; Grundy, 2006).

I consider that another limitation of existing research on childlessness and support of older people is that there is insufficient research that has looked in-depth at the experiences of childless older people and what the meanings of childlessness, support and growing older may be. There are quantitative analyses of large-scale population data (e.g. Koropeckyj-Cox & Call, 2007; Wu & Pollard, 1998; Zhang & Hayward, 2001), but critics argue that such survey research is based on the assumption that words have transparent and shared meanings, instead of being part of a particular "discourse" or way of "doing science" that is challenged in qualitative and discursive approaches (e.g. Potter & Wetherell, 1987; Van Langenhove & Harré, 1999b). For example, concepts such as "emotional support" or "loneliness" are measured, yet critics argue that such terms are difficult to define and operationalise (Routasalo & Pitkala, 2003), especially for a tick-box questionnaire, or without an account being given of the possible effects of social and intergenerational contexts of language use. Wu and Pollard (1998), for example, found 75 percent of their Canadian sample of unmarried, childless older people had got no "help with emotional support" (self-defined in a phone survey) in the past 12 months.

Concern at such a statistic might be modified by considering how comfortable an 80-year-old man might be with language like "emotional support". Researchers use standard ciphers, such as extrapolating "social isolation" from endorsing the item "Living alone" (e.g. Bachrach, 1980), but there is a lack of more nuanced explorations of the extent to which such extrapolations are warranted (Victor, Scambler, Bond, & Bowling, 2000). Where there has been in-depth (e.g. Schnittker, 2007) or longitudinal research (e.g. Keith, 1989), more complex relationships between living alone, social isolation and loneliness than are typically presented in survey research have been found to operate, including that living alone is not necessarily associated with a lack of support (Keith, 1989).

The complexity of different definitions and types of childlessness that I noted in the section on "Who is childless?" are also insufficiently articulated in simple dichotomies of "parent/non-parent" or "married/unmarried". If assessing psychological well-being, it makes a difference whether the childless person has never had a child or has had a child murdered or starved to death. For example, Zhang and Liu's (2007) study of childlessness in China did not distinguish between the effects of these different pathways to childlessness, where they acknowledge many children were killed in the Cultural Revolution or starved to death in the Great Famine (Zhang & Liu, 2007).

Bearing these difficulties in mind, I will now review research on single childless elders, childless couples, and two groups often seen as particularly at risk of a lack of support in later life, childless older men and people from sexual minorities. Further problems with negative assumptions or definitions relating to each of these categories are included in my discussion.

The "problem" of being single in later life

Single childless people face stereotypes of the "sad spinster who pines for love" (Bartlett, 1994, p.xi) or the "confirmed" bachelor who is a lonely loser (Waehler, 1996). Singleness is characterised as a "deficit identity, defined by lack…outside normal family life and ordinary intimate relationships" (Reynolds & Taylor, 2004, p.198), with prejudice against single people defined as "singlism" (Budgeon, 2008; DePaulo & Morris, 2005, 2006). In both "popular" discourse and "scientific writing", Keith (1989) argues that ageing is often characterised as leaving "the unmarried childless" at "greater risk of loneliness and bereft of a potentially major support system [of adult children]" (p. 183) as compared to older parents, despite her analysis of data from the U.S. Longitudinal Retirement History Study not showing this to necessarily be the case (Keith, 1989).

Defining singleness can be problematic. The meaning has shifted from denoting only the "chaste, never-married and childless" (Reynolds & Taylor, 2004, p.197) in the 1930s, to including the divorced and widowed but not parents in 1970s research (Adams, 1976), and now the category can include sole parents, the formerly partnered, and people in sexual relationships if they self-define as "single" (Wein, 2003). Assumptions that older single people lack the support of a "spouse" (Wu & Pollard, 1998) may therefore be inaccurate, if they are in a relationship but self-define as "single" or if researchers do not consider this possibility in relation to older people (Connidis, 2010). Also, Connidis

(2001a) argues there can be transitions and journeys of singleness that are rarely examined, where for example people transition from temporary singleness (still expecting to find a partner), to "stable" or "permanent" singleness, which may be voluntary (for example, a nun) or involuntary (where the person hoped to marry but did not find a mate), all of which have potentially varying effects on support and later life (Connidis, 2001a).

Being single in later life can result from ever-singleness, outliving one's partner, or going through separation or divorce (Rice, 1989). Apparent singleness may also conceal being in a homosexual relationship, at a time when this was illegal. Current cohorts of single older people experienced the period between 1945 and 1964 when "more people entered into marriage, and at younger ages, than ever before" (Koropeckyj-Cox, 2005, p.93), so unmarried status was unusual. Yet, in interviews with ever-single Canadian women aged 65 to 77, regret at not having children or the physical intimacy and companionship of a spouse in later years is acknowledged, but weighed against the "contentment with their current situations" and valued "independence" (Baumbusch, 2004, p.116).

The contribution of unmarried girls to the care and support of family members is seen as both a cause and effect of a childless old age (Hagestad & Call, 2007), a type of "alternative family career" (Connidis, 2001a, p.84). Working-class American women born in 1910 in Allen and Pickett's (1987) interview study had to work to support their families through the 1930s Depression, instead of marrying. The majority of the ever-single, childless rural Welsh women interviewed by Wenger (2001) kept house for a family member. Connidis and McMullin's (1996) Canadian sample gave "responsibilities to the family of origin" (p.210), including care and financial support of parents and siblings, as barriers to marriage. Being a "little parent", that is caring for younger siblings when still a child oneself, was one reason British respondents gave for not wanting children, as the "mystique of happy parenting" had been "blown apart" (Bartlett, 1994, p.83).

Single women are often expected to care for ageing parents ahead of their siblings with offspring (Keith, 2003), for example as "surrogate wife" of a father following the mother's death (Baumbusch, 2004, p.111). Keith's 270 U.S. survey participants (average age 55 in 1993) did not however characterise this as excessive, with Keith (2003) describing the giving and receiving of support between family members as "benign" rather than "burdensome" (Keith, 2003, p.70). In qualitative interviews with New Zealand carers of "confused older people" at home (Opie, 1992), single daughters caring for parents described their role as "the single woman's lot" (p.64), seen as "natural" not only in terms of their gender (brothers were considered as unlikely to provide such good care) but also because of their lack of "family commitments" (i.e. without partners or children), despite the disruption to their other commitments that caring caused. In a multiple-interview study with 31 never-married, childless American women over 60, a mutual dependency is highlighted by the researchers, with parents financially dependent on co-resident working daughters, who are in turn dependent on the parental home to live in (Rubinstein, Alexander, Goodman, & Luborsky, 1991).

Childless couples in later life

Couples, whether childless by infertility or choice, have been seen as irresponsible, "treated as childlike rather than fully adult" (Letherby & Williams, 1999, p.723). Becoming a parent is seen as signifying adult status more than getting a job or being married (Hoffman & Manis, 1979). Parenthood is portrayed as a marker of personal maturity and avenue to "generativity", which is achieved by "establishing and guiding the next generation" (Erikson, 1963, p.267), in contrast to the "stagnation" and self-indulgence that the non-parent risks, according to Erik Erikson's (1963) stage model of development. Erikson's "stages" are critiqued for universalising 1950s American ideals and norms (Schachter, 2005; Sorell & Montgomery, 2001). In contrast, Robyn Rowland, in interview research with New Zealand childless couples in the 1970s (Rowland, 1982b), calls for understanding of transitions, life events and stress points across the lifespan, instead of fixed "stages" linked to parenting (Rowland, 1982a). Couples who are not heterosexual rarely feature in research on childlessness, except in terms of the "selective anti-natalism" ("unfit to parent") debate (Park, 2002).

Different values are ascribed to different types of childlessness, with pity expressed towards couples who *can't* have children and scorn towards those who *won't* (Koropeckyj-Cox et al., 2007). Those who cannot have children because they are "infertile" have been stereotyped as "desperate and unfulfilled" (Letherby, 2002b). Infertility affects men and women equally (Carmeli & Birenbaum-Carmeli, 1994) but women often seek diagnoses of what is "wrong" with them before exposing male partners to the "ridicule" of possible infertility (May, 1995; Miall, 1994). Women have been encouraged to go to great lengths to "fight" infertility (Harter, Kirby, Edwards, & McClanahan, 2005), especially during the baby boom, with processes that "invaded their bodies, bank accounts, bedrooms, sex lives, and psyches" (May, 1995, p.153). In contrast, there can be scorn expressed towards couples who choose not to have children. Stereotypes of childless-by-choice couples as "selfish, lonely, immature, irresponsible, hedonistic, career-oriented, financially free, unnatural, sexually suspect" (p.198) were well-known to interviewees choosing not to parent in 1980s New Zealand (Cameron, 1997).

Researchers argue that marriage can be associated with longevity, with the divorced/separated having the highest relative risk of death, followed by the never married and widowed (Manzoli, Villari, Pirone, & Boccia, 2007). Cause-effect cannot be assumed as there may be a prior "selection of healthier persons into the married state", and/or it may be that the "better health behaviours and socio-economic status of married persons" explain the association (Manzoli et al., 2007, p.91). However, researchers exploring the effects of childlessness argue that given 80-90 percent of married people have children, the relationships between marital status and longevity may be complicated by parental status (Kendig, Dykstra, Van Gaalen, & Melkas, 2007), for example where children's needs in divorce may compound distress, or the support of children may help adjustment to widowhood.

Comparisons of childless couples with parents in various domains are equivocal. In terms of marital happiness and life satisfaction, there are contradictory findings, with ratings of older childless couples

often the same or better than parents (DeOllos & Kapinus, 2002). Levels of subjective well-being of never married, childless men and women are equivalent to those of married peers, according to an analysis of items in the 1988 National Survey of Families and Households (Koropeckyj-Cox, 1998), with widowed and divorced people, regardless of whether or not they have children, reporting higher rates of depression and loneliness (Koropeckyj-Cox, 1998). Findings were similar with an older American sample (aged over 70 years), in which Zhang and Hayward (2001) conclude that based on their statistical analysis of survey items, childlessness does not impact on loneliness and depression as much as do marital status and gender (with divorced and widowed men feeling the worst; Zhang & Hayward, 2001). In a Canadian population sample of childless people over 55, marital status was more closely associated with distress than was parental status, with separated/divorced people reporting higher levels of distress and widowed men more likely to experience a depressive episode than their married or single peers (Wu & Hart, 2002). Analysis of respondents' answers to survey items about perceived social support, social contact and specific stressors, such as mobility problems, led the researchers to conclude that the social support networks of the childless elderly, while different in composition from those of parents, are "just as effective in reducing and buffering stress" (Wu & Hart, 2002, p.39).

Survey ratings of the quality of the relationship between older parents and their offspring, rather than parental status *per se*, showed parents (especially mothers) with poor relationships with their children were more lonely and depressed than the childless (Koropeckyj-Cox, 2002). Likewise, Canadian parents (55+) who described themselves as emotionally "distant" from their offspring (on a 7-point scale from "extremely distant" to "extremely close") fared worse on measures of subjective well-being than did "close" parents or people childless by choice (Connidis & McMullin, 1993).

The question of how to value the experiences of "others" different from oneself may be key. Content analysis of structured interviews with currently married or widowed American women aged 60-75, with and without children, found both parents and non-parents valued aspects of their own state, and contrasted the imagined absence of those aspects in the "other" group (Houser, Berkman, & Beckman, 1984). Thus, mothers thought childless women would be lonely and miss grandchildren, while the childless felt they had "less responsibility, worry, stress" and more "personal freedom/privacy" than mothers, who they were concerned also had to deal with the "negative characteristics of children" (Houser et al, 1984, p.397).

Sociocultural influences are also highlighted in research on the impact of older people's parental status and support in different countries. For example, Rubinstein (1987) notes that up to 98 percent of respondents in five developing nations agree a "very important" purpose of having children is that they will provide care for them in their old age, compared to only seven to eight percent of U.S. and German respondents endorsing that item. In the 2002 wave of the Chinese Longitudinal Healthy Longevity Survey, anxiety levels were higher in older Chinese parents with adult sons than childless couples (Zhang & Liu, 2007). The authors suggest this anxiety may relate to the pressure in this "son-

oriented" society to have successful male heirs. The recent Norwegian Life Course, Ageing and Generation study of 40- to 80-year-olds (Hansen, Slagsvold, & Moum, 2009) found childless women endorse lower life satisfaction and self-esteem items than mothers, but are no different from mothers on measures of affective well-being (including depression and loneliness), and there were no differences between fathers and childless men on these measures. Positive affect was not limited to parenthood and grandparenthood, with childless people in their study finding "other, equally rewarding sources of joy and engagement" (Hansen et al., 2009, p.356). The authors conclude their research joins other work in countering "old myths" about childlessness:

> [B]oth the results reviewed and those presented do not support the old myth that children make people substantially happier or that not having children jeopardizes well-being in later life…Overall, childlessness seems to be "easier" and/or parenthood less "advantageous" than people tend to assume (Hansen et al., 2009, p.356)

Childless older men

The experiences of childless older men are under-represented in research and yet there are concerns that they may face support deficits in later life (Goldscheider, 1990). There is a view that among unmarried older people, there is "an over-representation of high-achieving women and low-achieving men" (Rowland, 1998a, p.26). The Liverpool ageing study notes unmarried childless men are in lower social classes than female unmarried childless (Wenger et al., 2000). Rather than this being a characteristic of individual "failure", Arber (2004) takes a more structural view, linking men's under-achievement to the "gendered power relationships" (p.105) in society, whereby men without partners miss out on support provided by wives for their careers and for facilitating social networks.

Recent survey research comparing life outcomes for younger Dutch childless men and fathers (aged 40 to 59) emphasises the economic disadvantage of childless men, linking it to the "fatherhood premium" (p.10) that drives fathers to be good providers, and leaves childless men more willing to work part-time (Keizer et al., 2010). But again the authors wonder about causation, speculating that men with good economic prospects may be more often selected into marriage/fatherhood than their less successful peers (Keizer et al., 2010). Childless men are more satisfied with life than resident fathers at this stage, echoing U.S. findings (Knoester & Eggebeen, 2006), but how these differences work in later years is under-explored.

The relative lack of salience of parenthood for men, compared to women, is highlighted in interviews with three childless older men, who do not mention their childlessness in their open-ended life-narrative interviews, in contrast to the childless women who spoke (Koropeckyj-Cox, 2003). When probed about the topic, two relate it to their wife's infertility and one to a choice to be childless that he and his wife made.

Some argue that "lone non-custodial fathers and lone childless men" are less likely to make it to old age, with high rates of premature mortality from violence, injury, suicide and addiction in a large

Swedish population sample (Weitoft, Burström, & Rosén, 2004). Older men are around three times more likely to commit suicide than women (Dombrovski, Szanto, & Reynolds III, 2005), especially after their spouse dies (Erlangsen, Jeune, Bille-Brahe, & Vaupel, 2004), but data on parental status is not noted by these researchers. However, a comprehensive recent review of international population studies rules out childlessness as a proximal correlate of older-age suicide (Bonnewyn, Shah, & Demyttenaere, 2009).

In a sample of American men aged 70+, those who were divorced, widowed, and never-married were more lonely compared with women, regardless of parental status, and divorced and widowed men were more depressed than single men (Zhang & Hayward, 2001). This indicates that male gender and marital status may be more significant to mental health than childlessness. In contrast, older Welsh rural men who were single (and assumed to be childless) had high morale, despite the researcher's observation that they seemed isolated, as they said they had few people to turn to (Wenger, 1984). Also, having children does not ensure support for older men, with separated/divorced men in Barrett and Lynch's (1999) American sample having low rates of help from adult children.

Sexual minorities

People from sexual minorities are almost entirely absent from research on childlessness in older age, with assumed heterosexuality for everyone and "marriage" the only long-term partner relationship routinely considered in relation to later life support. Exploration by Barker et al (2006) in the U.S. point researchers to particular issues to consider for older non-heterosexuals. They note it is important not to assume older people's "partnerships" are just another word for "marriages", given the homophobic contexts in which their relationships have been negotiated, organised and maintained over the life-span. Like heterosexuals, women outlive men, so there is a need for research on support networks of ageing lesbians, some of whom will be childless; plus on the effects of stigma and discrimination in healthcare and services for elders (Barker et al., 2006). In one Dutch population survey, the negative impact of prejudice across the lifespan is linked to lower scores of "social embeddedness" and consequent loneliness for ageing lesbians, gay men, and bisexuals (Fokkema & Kuyper, 2009).

Kimmel (1992) notes that the older American gay men he studied in the 1970s developed "self-defined family networks" (p.37), comprising friends, significant others and selected biological family members, as they could not rely on families for support. In addition, despite not expecting to receive care from family, his respondents were often support-givers for older relatives or children. He also argues that assumptions of poorer quality or longevity of relationships compared to heterosexual couples are unfounded (Kimmel, 1992) . Likewise, in a review of "intimate relationships" in later life, Cooney and Dunne (2001) note the stereotype of lonely, depressed older gay people is countered by support systems comparable to heterosexuals in quality if not in type.

In conclusion, therefore, research into aspects of the well-being and support of childless older people of different partner status, gender or sexual identities show a confusing picture. Negative myths and

assumptions about the support deficits or feelings of distress that are associated with childlessness in later life are noted by researchers, sometimes as part of the rationale for doing the research (e.g. Dykstra & Wagner, 2007), or as part of what their findings challenge (e.g. Hansen et al., 2009), and yet these myths persist. Statistical analyses of population survey items on aspects of parental and marital status, gender, and sexual orientation use a range of measures of well-being and support that do not consistently establish whether or not childless people lack support in later life. There is limited in-depth research exploring the questions that remain from the quantitative work, such as how support may operate in relation to childlessness in later life.

I conclude this chapter with two further sections. Firstly, I present a brief review of the literature on the health and wealth of childless older people, as these aspects can have a bearing on levels of support that may be required. Secondly, I explore the issue of residential care, for although my intention is to recruit community-dwelling participants for my research, the fact that childless older people are over-represented in residential care populations contributes to the concerns that childless elders lack adequate support resources to prevent this outcome.

Childless health and wealth in later life

Health and wealth are of concern if childless older people are seen as potentially more of a cost burden to health and social services than those with children who will provide care for them. Men's and women's experiences of childlessness and work can differ. For the single man, not getting a good enough job to be able to provide "financial security" (p.210) is given as an explanation by some for not marrying (Connidis & McMullin, 1996) and as noted, single men may have been disadvantaged financially by career paths requiring the "normality" of wife and children (Arber, 2004). Timing of military or war service for current cohorts of elders disrupted career, marriage and parenting trajectories (Hagestad & Call, 2007).

Historical barriers to labour force participation for women moved them out of paid work upon marrying and certainly once pregnant, so single women had more career opportunities across Western nations, more or less enshrined in law (Hagestad & Call, 2007). For example, from 1913 to 1947 there was a "marriage bar" requiring mandatory resignation of women from the New Zealand public service when they got married, and from 1914 till 1972 married women's wages were considered "secondary income" for tax purposes, a disincentive to work (Nolan, 2000). But all women faced societal barriers to equal pay, union membership, bank loans or high-status jobs which means financial advantage for single women cannot be assumed (Baumbusch, 2004). In a comparison of seven Western nations, Koropeckyj-Cox and Call (2007) found that single women, despite having higher educational achievement, did not have higher incomes in older age than married women.

Among those who predict problematic rises in health needs and costs for the ageing population, people without children cause particular concern (Tamborini, 2007). The health benefits of marriage are assumed to be missing for the "never-married" and poverty is calculated as higher than for the

married (according to U.S. data) (Tamborini, 2007). Yet, according to other U.S. data, childless couples have more income and wealth than parents, so can better look after their health (Plotnick, 2009). Similarly, in an analysis of 1979 Canadian population data, the "childless elderly" were deemed "more financially secure and in better health" than older parents (Rempel, 1985, p.343). In the U.K., Wenger (2009) contends that although childless elders may require statutory end-of-life care more than do parents, this should not be seen as a "potential drain on the public purse" (p.1257), because, she argues, over their life spans, the childless have paid taxes and not used tax-funded services such as the public education system, public health obstetric or paediatric care, or family allowances.

Assumptions about the health of diverse elders are mixed, including how health relates to financial resources. From "universal" social welfare coverage of health costs, New Zealand is joining other Western nations in having more privately funded options for those who can afford them (Sekhri & Savedoff, 2005), so interacting health and wealth calculations are of interest. There are difficulties defining and measuring "health", with self-reported health measures, data on health service utilisation, or professional assessments all having different effects (Grundy & Sloggett, 2003). In general, the assumption is that married people have the best health, followed by the never married and the formerly married (although parental status is often not noted). Yet these effects may weaken with age or are even reversed, with, for example, never-married older women having better health outcomes than married women (Grundy & Sloggett, 2003). Compared to parents, childless older people may experience less life stress and similar levels of well-being (McMullin & Marshall, 1996), and there are equivocal findings as to whether the childless engage more in unhealthy behaviours like smoking or inadequate exercise, without the "social control function of parenthood" (Kendig et al., 2007, p.1480).

Nulliparous (childless) women are thought to have higher mortality risk from hormone-related cancers of the breast, uterus and ovary, while the parous (women who have given birth) have higher mortality risk from diabetes and cervical cancer, according to studies from Norway and England (Rowland, 1998b). Yet Rowland acknowledges that such differences remain uncertain as "a complex of factors affects survival to older ages" (p.20). Poor health and socioeconomic status can impact on fertility or decisions to have children, so in some cases childlessness will be an outcome of lack of health and wealth, rather than vice versa. Data collected among older adults leaves out those who did not reach old age, or excludes those with the most health problems, often in residential care, as being unable to participate in surveys or interviews (Kendig et al., 2007).

Residential care

The issue of institutionalisation is related to the fact that childless older people are over-represented in residential institutions (Aykan, 2003). Between five and seven percent of all older people enter residential care in New Zealand (Office for Senior Citizens, 2003), typical of other Western nations (Kinsella & Velkoff, 2001). In recent population surveys in the Netherlands, West Berlin and England, childless men are three to five times more likely to be in institutions than fathers, and childless women two to three times more likely than mothers (Koropeckyj-Cox & Call, 2007). New Zealand 2006

census figures show 17 percent of women aged 65 and over in residential care are childless, compared to only nine percent of women 65+ in "occupied private dwellings" (Boddington, 2008).

There is no doubt therefore that there is an association between childlessness and entry into residential aged care. However, a number of factors need further exploration to better understand what this association means. There is the lack of research with institutionalised frail elders as noted (Kendig et al., 2007), so the benefits and costs of rest-home life are poorly understood. There is the advanced age at which institutional care is accessed, which means women, who live longer, will be over-represented (Wenger et al., 2000) and with that longevity, "childlessness" may mean having outlived children rather than lifelong non-parenthood.

Wenger wonders what the relationship might be between "the vigorous social lives of childless single women and the greater proportion of these in the oldest cohorts of the surviving population" (Wenger et al., 2000, p.180). She speculates as to whether the longevity is related to their bodies surviving better without birth trauma, their more active social lives, better socioeconomic circumstances, and their greater "freedom from conflict with co-residential relatives" (p.180) because of more often living alone (Wenger et al., 2000). In contrast, Australian demographer Rowland (1998a) has a more negative view assuming that, "Lacking offspring, and sometimes a spouse as well, the childless have unusually limited resources for instrumental support, and are more likely to be in hospitals or residential care" (Rowland, 1998a, p.24).

Concern about the "risk" that institutionalisation poses to the public purse, rather than to the person, is clear in American research that notes the higher costs of publicly funded nursing home stays for "the childless elderly" compared to parents, and wonders if more private responsibility for costs should be taken by them (Aykan, 2003). Welfare regimes in different countries also have a structural impact on residential-care rates (Koropeckyj-Cox & Call, 2007), with more generous regimes resulting in those with families making use of *both* statutory and informal care, rather than just family care (Sundström et al., 2006). Informal care from children does not necessarily reduce nursing home admissions (Lo Sasso & Johnson, 2002). This is all at odds with the assumption that residential care is linked to only the "unsupported" childless. What is also under-researched are the potentially negative outcomes of *not* going into institutions. For example, in qualitative research with frail elders being cared for by Canadian families outside of institutions, the challenges for both elders and their children of having to run institutional care in their living rooms is highlighted (Wiles, 2003; Wiles & Rosenberg, 2003).

What is missing?

Childlessness is a multi-faceted aspect of human experience across the lifespan. Language used to describe it, ways to categorise different types, and characteristics associated with it can be difficult to determine. The ageing of the population and increasing rates of childlessness are combined to raise concerns that there will be inadequate support for childless people in later life. Ageism and pro-

natalism can heighten these concerns. The research to date shows equivocal findings about childlessness in older age that call for further exploration and explanation. Researchers pick out data lines marked "no children" within research into other matters, or specifically survey childless elders to explore deficits, often having to admit they are not as bad as expected or not in the direction expected. Yet the assumption remains that childlessness makes elders "vulnerable" (DeOllos & Kapinus, 2002).

There is a need to qualitatively explore the lives of childless older people, to hear from older people themselves and understand more of the complex interplay of negative social assumptions and experiences of childlessness and support across their lifespans. In addition, a key gap in the research seems to be curiosity about positive possibilities, rather than assumed deficiency, both in relation to childlessness and in relation to ageing.

There also needs to be clearer locating of older people in the times and places that may have had an impact on their childlessness. As noted, people now aged over 70 are part of a cohort with the lowest recorded childlessness in New Zealand, a group most marginalised in the baby boom. Those born in that baby boom, and now moving into "official" older age (65 years), have a few more peers without children or marriages. Both these cohorts will be included in my research. Also, increasing rates of childlessness and changes in both relationship and family structures have continued throughout their lifespans, no doubt engendering changing reflections on their own childless "state" over time.

The research areas that need to be pursued, therefore, are:

- To explore the experiences of childlessness in the lives of older New Zealanders who grew up at a time of record low childlessness
- To gain a more nuanced perspective by including a variety of childless individuals and couples
- To approach the subject with theoretical underpinnings made explicit, including an openness to positive possibilities, rather than assumed deficiency

Because adult children are considered to be important support-providers for parents as they age, assumptions of "risk and vulnerability" for non-parents in terms of support are widely held by researchers, service-providers and policy-makers. Support exchanges across the lifespan, perhaps from unexpected sources not canvassed in traditional population surveys, therefore need to be explored. In the next chapter, I review existing research on support and highlight what further research is needed in relation to childless older people.

Support: *To keep from falling*

The New Zealand Positive Ageing Strategy envisages "ageing in place" as being "able to make choices in later life about where to live, and receive the support needed to do so" (Dalziel, 2001, p.10). But what does "support" mean in the day-to-day lives of older people? Why is it important? Who gives and receives it? Where and when does it occur? In this chapter, I use the framework of such questions - Why, What, Who, Where, and When - to review some of the definitions, typologies and models of support in the literature. The chapter subtitle is from the *Concise Oxford Dictionary*'s many definitions of support (Sykes, 1982); "to keep from falling" captures both the literal and metaphorical ways that support can operate for older people. The literature on "social support", in particular, is vast; my discussion will be of necessity limited to some key ideas of relevance to childless older people. Each section starts with a summary table of issues for consideration.

Why study support?

Table 2.1: Why should researchers study support?

Why study support?	Issues
Because people are "old" and assumed to need it	Balancing assumptions of ageism against the support needs across the lifespan
To understand how it works and how to improve it	Statutory entitlements, individual responsibilities, public/private interface
Because it has been shown to be good for people's health, well-being, longevity and quality of life	Social support is associated with good health outcomes, but mechanisms are poorly understood Losses and ill-health may change support needs
There is a need to understand the impact of social differences such as childlessness and age	One-size-fits-all vs. tailored, targeted provision
Because of fears that it is in decline & that need will outstrip demand, especially for "vulnerable" groups like the childless	Structures of "family" are changing, will support arrangements change too?

I am aware that investigating support associated with older people could be seen as inherently ageist, as it can imply that older adults need "support" in a way that other adults do not (Grenier, 2003b) and is thus potentially aligned with views of later life as dominated by dependency and disease (Conway & Hockey, 1998). Instead, there is a need to balance the experiences of bodies growing older, which for some people will increase support needs (Twigg, 2004), with the effects of sociopolitical structures that create late-life problems of poverty and social exclusion (Estes, 2001) and recent ideologies that portray old age as a mere extension of middle age with market-oriented aspirations to work, stay fit and consume (Biggs, Phillipson, Money, & Leach, 2006). How support is incorporated into cultural and personal narratives of ageing, in all their variety, needs to be explored (Andrews, 2009). I also join with other researchers who contend that support both given *and* received should be considered, such as in research on reciprocity (e.g. Ingersoll-Dayton & Antonucci, 1988; Lewinter, 2003).

The interface of publicly and privately provided support is further rationale for research into how support works. With limited access to paid work (Department of Labour, 2009) and superannuation levels set by the state, the support requirements of older people, even when exactly the same as those of other adults (such as a need for a house-cleaner, for example), are exposed to community scrutiny via state mechanisms of allocation such as "needs assessments". For childless elders, there can be an assumption that the work of support and care which is often limited to the private, domestic sphere by families taking care of their own (Tronto, 1993), will instead fall to the public domain, exposing the needs of this minority to public scrutiny and judgment, as typified by Tamborini (2007). It is therefore important that their views, not just those of the policy-makers and needs assessors having to "deal" with them, are heard.

There is concern at a potential decline of community support for older people, with the "gender revolution" (Goldscheider, 1990, p.531) of women's increased labour participation thought to leave women less willing and able to provide informal community support. Yet there is little evidence of such "abandonment" by informal networks:

> Both love and duty have always been precarious, though largely successful, motivators to care…
> women do continue to care for elders whenever such care is feasible and, very often, when it is wholly
> infeasible by any rational calculation (Wilson, 2000, p.128)

The combination of growing older and not having offspring is perceived to be a risk factor for lack of support (Rook, 2009; Schröder-Butterfill & Kreager, 2005). However, as I discussed in Chapter 1, it is difficult to untangle negative stereotypes of both childlessness (Gillespie, 2000) and older age (Bytheway, 1995) from results of population surveys and diverse sociocultural contexts to clearly establish how such "risks" play out in elders' lives. Qualitative information from older childless people is therefore required.

It is also important to study support because it is associated with a range of health and mortality outcomes (House, Landis, & Umberson, 1988), connections which have been long made but are poorly understood (Berkman, Glass, Brissette, & Seeman, 2000), and about which therefore more in-depth exploration is required. The impact of social differences, such as age and parental status, on support and well-being also needs to be examined, to better understand health and support links (Berkman et al., 2000). What have been described as "crude indicators", such as the frequency and type of social contacts, instead of "deeper analysis" of their quality and structure, are often used in making such associations (Bowling, 1991, p.79). I will now therefore discuss in the next section the range of ways support has been defined and measured.

What is support?

Table 2.2: What is support?

What is support?	Issues
Difficult to define	Who defines it (the providers, the users, the researchers, the policy-makers) and to what ends?
Typologies proposed, such as instrumental/practical; social/emotional	These typologies try to operationalise tasks of support
Perceived or anticipated support	It may be that tasks are less important than psychological expectations that support is there
Unhelpful support	What is support like when it's unhelpful?

A single research definition of support is non-existent. Support, care and help are used synonymously in much health and gerontological research (e.g. Qureshi & Walker, 1989). "Support" frequently implies "social support" for which at least 30 different definitions within medical and social scientific databases alone can be found, according to Williams, Barclay, and Schmied (2004). Support is also sorted into typologies, according to what is being done (e.g. practical or social support) and/or who is doing it (e.g. a neighbour or a paid worker).

Who should define support?

Debate ranges over whether to give up the search for a "universal" or "objective" definition of support. There is the "ordinary language" argument, that people use phrases like "social support" knowing what they mean, "intuitively understood as help or assistance, or other evidence of caring, provided through a person's social relationships" (Qureshi, 1990, p.32). Others argue that support needs to be defined by those involved in giving and receiving it, as this would be more directly relevant to the lives of those being researched (Williams et al., 2004). In a qualitative, narrative study with family caring for an older relative at home, Stoltz, Willman, and Udén (2006) found support meant "sensing togetherness" (p.594), both with others in caring and with oneself in giving care, drawing on concepts of friendship and inner strength. Yet "sensing togetherness" would be a difficult definition to use where support needs are being assessed for statutory provision and for which task definitions must be specific enough for accountable delivery and outcomes (Martin & Martin, 2003). One rationale for constructing "objective" definitions of support is for such accountability and researchers argue that it is inadequate to allow recipients of support to define it from their own perspectives (Hupcey, 1998), in part because support perceptions can be influenced by personality, circumstances and beliefs as to who "should" be helping (Qureshi, 1990). In my research, understanding of participants' use of "support", rather than "objective" definitions, are sought, as I am not researching delivery of statutory assessments and support, although I would expect that the detailed accounts my participants give of their experiences and expectations of support will usefully inform the statutory support sector.

Support, care or help?

Is "care" synonymous with support? Nursing researcher Deborah Finfgeld-Connett (2007) reviewed 102 linguistic analyses and qualitative studies to compare and contrast "caring" and "social support"

(including but not limited to older people). She characterises social support as "much more perfunctory and objective in nature" (p.63) than caring by professional nurses. Her interpretations seem aimed at emphasising care as the special business of nurses, with their "professional maturity" (p.58). Yet other research suggests nurses struggle with caring for older people (Reed & Clarke, 1999), documenting "covert and insidious forms of care-lessness" (p.208) and "therapeutic pessimism" (p.210) among non-specialist nurses in dealing with geriatric patients (Reed & Clarke, 1999). The inherent risks of universalising, for example that nurses' "care" is superior to "social support", are therefore highlighted.

If support and care are hard to define, so also can be defining who "support-givers" or "carers" are. Many Asian languages, for example, do not have a word for "care", so relatives might not link what they are doing for their older relative to "care", and thus not access statutory services or benefits (Forbat, 2003). English-language speakers associate the word "carer" with anyone from a "caring person" to someone doing voluntary or paid "care" work (Victor, 2005). Within UK social policy documents, "social contacts" have been turned into "carers", a term "contested by those to whom the category putatively applies" (p.768), who prefer to see themselves as "niece" or "husband", not "carer" (Heaton, 1999). This exemplifies "the difficulties experienced when the state attempts to define and legislate for aspects of 'normal' family relationships" (Victor, 2005, p.281). Gay and lesbian caregivers of Canadian seniors similarly did not see what they were doing as "care"; instead it was part of the give-and-take of partnership and friendship (Brotman et al., 2007). Others suggest that support or care operates on a "continuum of relationships" between those in the social network (Victor, 2005). Where the line is drawn, between, for example, a spouse and a "carer", is "largely arbitrary" (Victor, 2005, p.282), with care seen both as a "natural" part of relationships that carers "drift" into, or a role requiring a conscious decision to take on, often in the absence of adequate alternatives (Opie, 1992) .

The word "help" may be preferable to "care", with older people valuing "help not care" (p.803) as indicating less dependency and a more equitable relationship with the helper (Oldman, 2002). Having "personal assistants" not "carers", and help given according to what the recipient values, not standard assessments of what people cannot do, could be applied from the disability sector to eldercare (Fine & Glendinning, 2005; Oldman, 2002), although some argue such capitalist employer/employee relationships could undermine an "ethic of care" (Hughes et al., 2005).

Defining social support

An attempt at an "objective" definition of "social support" is:

> A well-intentioned action that is given willingly to a person with whom there is a personal relationship and that produces an immediate or delayed positive response in the recipient (Hupcey, 1998, p.313)

By this definition, there would be no social support going on when an older person reluctantly accepts help from an adult child who feels duty-bound to give it. If the support is "given grudgingly" (p.314) it does not qualify, and professional (rather than personal) relationships are excluded. In contrast:

> Social support is a broad term which includes all the supportive ways in which different people behave in the social environment (Helgeson, 2003, p.25)

This definition includes everyone from paid staff to family members to strangers, and emphasises behaviour, rather than intention. It begs the question of who defines "supportive ways" of behaving. Is it "supportive" if deemed so by the recipient, or by the giver, or both? In contrast, another definition is:

> Social support can be defined as the interactive process in which emotional, instrumental, or financial aid is obtained from one's social network (Bowling, 1991, p.69)

This definition requires "social network" to be understood, defined by this author as "the web of identified relationships that surround an individual and the characteristics of those linkages" (Bowling, 1991, p.69). This definition includes instrumental, or practical, help and financial aid, whereas others limit social support to more emotional or affective linkages. For example, the "successful ageing" model (Rowe & Kahn, 1997) distinguishes two types of supportive transactions:

> Socio-emotional (expressions of affection, respect and the like) and instrumental (direct assistance, such as giving physical help, doing chores, providing transportation, or giving money) (Rowe & Kahn, 1997, p.437)

Here, "socio-emotional" support differs from instrumental support, and "supportive transactions" between individuals are emphasised. In contrast, there are calls for a broader "ecological" conception of social support, within a "social ecology" (Vaux, 1990, p.510) that includes personal characteristics, the family of origin and early attachment experiences, cultural values (like "self-reliance" or "privacy"), the habitat (patterns of housing and community) and wider social contexts. Contextual support interactions are complex and dynamic. For example, distress can trigger support behaviour from others, but if too intense, can also extinguish it. Giving support that allows the recipient to "save face" or feel empowered is an "exacting skill" (p.516), relating to the maintenance of particular cultural norms (Vaux, 1990).

Emotional support

Emotional support is often assumed to be part of social support, relating to the "beliefs that love and caring, sympathy and understanding, and/or esteem or value are available from significant others" (Thoits, 1995, p.64). Emotional support can be an "affective transaction [that] imparts liking, admiration, respect, and love" (Langford, Bowsher, Maloney, & Lillis, 1997, p.96). While instrumental support may suggest such love and caring, emotional support is distinguished as "intangible" in contrast to the "tangible" aid of instrumental support (Langford et al., 1997). In addition, the *perception* of emotional support may be as significant as actual receipt of social support (Thoits, 1995). There are problems with trying to define and operationalise emotional support "tasks", leading to "ambiguous results" (p.131) on preferred providers of emotional support, where, using different definitions, some studies find older people turn to kin and others find that friends are preferred (Messeri, Silverstein, & Litwak, 1993). Problems with defining and measuring emotional support are also evident in the claim that Wu and Pollard (1998) make, that "emotional support is the most substantial unmet need"

(p.S333) of unmarried childless older people, which is based on a self-report question on "help with emotional support", as if "emotional support" has an agreed, transparent meaning for all (Wu & Pollard, 1998).

Instrumental/practical support

Whether seen as part of "social support" (Kendig, Koyano, Asakawa, & Ando, 1999) or as a separate type (Rowe & Kahn, 1997), "instrumental" support is also variously termed "practical" or "tangible" help (Helgeson, 2003). Often left undefined in research, this seems to describe support given by doing or providing things for or with a person, such as shopping or errands (Kendig et al., 1999); "help, aid or assistance with tangible needs" (Berkman et al., 2000, p.848); or "direct assistance, such as giving physical help, doing chores, providing transportation, or giving money" (Rowe & Kahn, 1997, p.437).

Practical support needs can be related to activities of daily living (ADLs) and instrumental activities of daily living (IADLs) (NZGG, 2003b), following the standard measure Barthel Index (Mahoney & Barthel, 1965):

> The basic ADLs measure the most elementary aspects of self-care including the ability to independently bathe, dress, move, toilet and feed.
>
> The instrumental ADLs evaluate the ability of the client to perform more complex daily tasks such as taking medicine, shopping, preparing meals, using home appliances and looking after the home (Martin & Martin, 2003, p.7)

The Barthel Index was developed for young stroke patients, but has been widely applied within geriatric assessment. There can be significant discrepancies between self-reported Barthel ratings and observed performance, for example where research participants aged 75+ claimed more functional capacity than they were observed to have (Sinoff & Ore, 1997). There is also the influence of the way questions about ADLs and IADLs are asked, such as "Can you perform (task)?" or "Do you need help with…?"(Davey, 2002).

Instrumental support services are historically located in ways that may need rethinking. Standard services such as food delivery ("Meals on Wheels") began in World War II Britain to cater for families made homeless by bombing, and domiciliary provision of domestic help to new mothers in the 1900s carried on to an assumption that house-cleaning is a type of "support" (Victor, 2005). There is an often problematic emphasis on fitting people to the services provided rather than vice versa (Tanner, 2007). Shifts to tailored "care packages" in the UK in the 1990s and similar targeted support service formats in New Zealand go some way to addressing this (ASPIRE, 2007). Yet there are concerns that the main impetus of such moves is to cut costs by reducing entitlements, albeit within a rhetoric of customer "choice" (Qureshi, 2002). The needs assessor's profession also influences what is deemed necessary, for example a nurse and a physiotherapist may view both the needs and required responses differently (Victor, 2005).

Another part of either instrumental or social support (Helgeson, 2003) is informational support, which is "related to the provision of advice or information in the service of particular needs" (Berkman et al., 2000, p. 848). Information support may be especially important in times of stress, or it may be an ongoing part of problem-solving (Langford et al., 1997).

Perceived support

> It is not so much what is provided that is important but knowing that if the need arises help will be provided (Victor, 2005, p.205)

A perception that support is available can be beneficial for health, but mechanisms are poorly understood (Lang & Carstensen, 1994; Thoits, 1995). Some speculate that perceived support is better as it does not have the complex dynamics of receiving support, which has to strike a balance between "self-enhancing elements" (such as achieving an instrumental goal or getting evidence of being loved and cared for) and "self-threatening elements" (such as feeling inferior, incapable or overly dependent) (Liang, Krause, & Bennett, 2001, p.514). Low support quality can be perceived even when high levels of support are received. For example, a sample of 241 people over 65 with significant vision impairment rated support quality as "low" even though they were receiving a lot of help (Reinhardt & Blieszner, 2000). The authors attribute this to elders feeling "overly dependent" (p.359) due to their high levels of functional disability (Reinhardt & Blieszner, 2000).

A meta-analysis of 23 studies exploring links between perceived and received support (Haber, Cohen, Lucas, & Baltes, 2007) highlights a weak association between levels of support received and the perception that support is available. That is, people do not necessarily base their perceptions that adequate support is available on consistent experiences of having received such support, nor do perceptions that support will be available match the actual support that is then received. The authors express concern that research in this area is hampered by the wide use of self-report measures, convenience samples (such as college students), and poorly or variously defined aspects of support (Haber et al., 2007). A related concept is "anticipated support" (Liang et al., 2001), which is grounded in past positive and negative social exchanges, that affect support expectations.

Unhelpful support

When considering "what" support is, there is an assumption that it is a good thing. But there can be feelings of "dependence or becoming a burden" when receiving support (Reinhardt, Boerner, & Horowitz, 2006, p.119), where perceived "overprotection" leaves the person feeling "overhelped, induced to be dependent, shielded from stress, and generally not treated as an adult" (Thompson & Sobolew-Shubin, 1993, p.87). Such "overprotection" can have a flow-on effect, for example in being linked to older people's "less optimal adjustment" to vision loss (Cimarolli, Reinhardt, & Horowitz, 2006, p.S21).

Receiving help can feel "unhelpful" in terms of undermining the person's sense of identity. In their interviews with 306 people aged 75+ and 1,221 members of their support networks in the UK, Qureshi

and Walker (1989) note that good supporters showed a "sensitive appreciation of the difficulties faced by elderly people in coming to terms with the necessity of giving up much-prized former roles" (p.179) in needing help. "Service refusal" or "failure to attend" is often treated with exasperation by primary health providers (Howse, Ebrahim, & Gooberman-Hill, 2005) or informal carers (Qureshi & Walker, 1989) but relates to complex dynamics. Causes of "help-avoidance" can be both individual (such as psychopathology or denial of need), and sociocultural, where ageism means people see ill-health as a "normal part of ageing" (p.67) or avoid markers of "disability" like hearing aids (Howse et al., 2005).

Social networks do not necessarily function as *support* networks, and may behave in unhelpful ways, for example where peers in social networks all engage in behaviours like smoking (Lindström, 2008). Limited resources in poverty may mean demands on the social network may be high (Mitchell & LaGory, 2002), especially for women (Ferlander, 2007). However, ethnographic research with African American elders found a lifetime of poverty made them careful *not* to make demands on support networks, asking only if they knew someone could help or, better still, gave the help without being asked (Jett, 2002).

Who supports whom?

Table 2.3: Who supports whom?

Who supports whom?	Issues
Social networks	Are there types of networks that may serve childless elders better than others?
Social support models	Key models of how social support may be drawn from different social networks are linked to how the "plight of the childless elderly" is constructed
Informal support – Relatives, "fictive kin", friends and neighbours	Informal support emphasises spouses and children, what about extended kin, kin-like relationships, friends and neighbours? Can traditional notions of "family" be redefined?
Formal support/volunteering	How does formal support operate if informal networks are lacking? Voluntary support on a continuum between informal/formal
Reciprocity, independence, interdependence	Reciprocity highlights give-and-take of support; what about independence and interdependence?

Who supports older people? Who receives support from them? People are variously investigated as "social networks" and/or "support networks", according to different models.

Social network typologies

Social network theories are concerned with understanding the "web of social relationships" (p.847) surrounding an individual and the links between social units (Berkman et al., 2000). Researchers have explored structural elements of older people's social networks such as size, range, density, proximity and homogeneity; the characteristics of network ties have been explored, such as frequency of contact, levels of intimacy, reciprocity and duration of ties; and the benefits of social connections have been variously articulated (e.g. Fiori, Antonucci, & Cortina, 2006; Grossman, D'Augelli, &

Hershberger, 2000; Scott & Wenger, 1995). Social network definitions are various and contested (Bowling, 1991) and in-depth detail of how they work for childless elders is needed (Dykstra, 2006).

A social network includes family and friendship ties, and also links with neighbours, work colleagues, and service personnel (Litwin, 1996). A social network is defined as:

> the collection of interpersonal ties that individuals maintain and that provide them with several possible benefits, such as the augmentation of self-concept, the fostering of feelings of belonging, and the provision of both cognitive guidance and tangible assistance in fulfilling the tasks of daily living (Litwin, 1996, p.1)

A review of networks across nine Western countries highlights the difficulty of defining and measuring them (Litwin, 1996). For example, the average number of network members was five to seven people in some countries, four to 10 in others, eight in Finland, 18 in Spain and 22 in France, depending on how a network was defined and measured. The French figure was a count of all family members, including infant great-grandchildren (Attias-Donfut & Rozenkier, 1996), whereas the mode of eight network members in Finland included those identified as providing some sort of support (Melkas & Jylhä, 1996). Furthermore, Litwin (1996) acknowledges that relationships between size or type of social network and actual support provided have not been convincingly demonstrated.

Network types range from large and diverse (friends, family, community) to private and restricted (e.g. just a spouse) in varying combinations, according to researcher and dataset. From the Welsh Bangor Longitudinal Study of Ageing of 534 people aged 65+ from 1979, Wenger (1984) developed a typology of five network types (Wenger & Tucker, 2002). The childless Welsh participants typically had "local self-contained" networks comprising neighbour and community contacts and some family (siblings, nieces, nephews) or "locally integrated" networks, the most common and, according to Wenger, most robust network type for all participants, drawing support from family, friends, neighbourhood and community (Scott & Wenger, 1995). Childless married men were more likely than fathers to have a "private restricted" network, the least common network type that Wenger assesses as least able to provide care as it is limited to a spouse, if married, distant kin, and little neighbour/community contact (Scott & Wenger, 1995).

In contrast to Wenger's networks, Litwin's (2001) Israel sample has a "neighbours" network; Fiori et al's (2006) American sample does not because their dataset does not have questions about neighbour contact. Fiori et al (2006) derive two "restricted" networks (non-family and non-friend), however, their "frequency of contact" data fails to distinguish whether the contact was with friends or relatives, therefore masking the connections that Wenger (1984) notes a single/childless person might have with neighbours, siblings, nieces and cousins.

Social support models

Social networks are like the outer boundary from within which support will be drawn if needed (Moriarty & Butt, 2004). Models of social support attempt to make sense of how support is organised,

who does what, and who is likely to take over when key support people are unavailable or when support needs increase.

In the "convoy model" (Kahn & Antonucci, 1980), a person has a "convoy" of friends and relatives with whom experiences, life histories and support are shared reciprocally over time (Antonucci & Akiyama, 1987). The network's composition and quality are shaped by personal factors (age, personality, gender) and situational aspects (role expectations, changing levels of resources and demands) (Fiori et al., 2006). From the Berlin Aging Study (BASE) data on 156 people aged 70-104, Lang and Carstensen (1994) found the quality of social convoys to be stable in old age, even if the quantity (i.e. number of social contacts) shrunk, and this was true for both the childless and those with offspring. Compared to parents, non-parents had more distant kin and friends within their "inner circle" to whom they felt "very close, so close that it would be hard to imagine life without them" (Lang & Carstensen, 1994, p.317). Childless people and parents had similar stability of that inner circle, so it was only peripheral social relationships (to whom they felt "less close") that decreased with age.

The "hierarchical-compensatory model" is derived from 1960s scenario-based research with 1,500 New York inner city residents aged 60-75 (Cantor, 1980). Hierarchically, "close kin, principally spouse or child, [are] seen as the primary and most appropriate source of assistance regardless of task" (Cantor, 1980, p. 141), followed by friends, neighbours and formal organisations. For the childless in Cantor's study (which she estimated at about one-third of her sample), close friends and neighbours "compensate as primary social supports" (Cantor, 1980, p.137). "Compensate" could imply somehow second-best, and it could be argued that the hierarchical-compensatory model, still widely used (e.g. Googhe, 1992), has reinforced fears that people without children and spouses lack "optimal" social relationships. Limitations of the cultural context of Cantor's study are noted by Qureshi and Walker (1989) whose UK study participants did not see the formal system as of "last resort" because there was far more available in the British welfare system than the American. They wonder if Cantor's respondents were merely citing the reality of what was available, rather than preference (Qureshi & Walker, 1989).

The primacy of the "family" (meaning offspring, rather than other relatives) in the informal support literature leaves out the childless. The focus on "the family" as a "given" support network and "friends" as a network of "choice" is criticised by Pahl and Spencer (2004). They argue all these concepts are poorly operationalised and dichotomised, and used in ways that often hark back to idealised notions of what is "traditional". In their qualitative research with 60 people ranging from aged 18 to 75 in various British communities, they derive the idea of "personal communities", comprised of both family and friends of both "fate" and "choice". Family members of "fate" include the parents one happens to be born to, and of "choice" could be a favourite aunt, for example, who is closer than other relatives. A "personal community" can also include close relationships with professionals (Pahl & Spencer, 2004), for example where a paid caregiver is part of an elder's "inner circle" (Piercy, 2001).

"Care networks" is a related idea, where kin and non-kin combine to support older people in the community if they become frail (Keating, Otfinowski, Wenger, Fast, & Derksen, 2003). Such networks, of around three to five people, are drawn from social support networks, but further research is needed into how a "social network" develops into a "care network", and how kin and non-kin are involved (Keating et al., 2003).

Informal support

The "who's who" of informal support comprises family, friends, neighbours, and community members (such as church or social clubs), where help is given and received informally, often over long periods of time. The normative roles of spouses and adult children are emphasised in informal support research and relatively little is known about support exchanges between siblings, friends and neighbours, or within aunt/uncle-niece/nephew bonds, especially as to how these change in later life (Blieszner, 2006). As these informal supporters may be the most significant for childless older people, especially if single, in this section I explore the literature on support from family outside of offspring, such as from siblings or "kin-like" relationships, from friends, and from neighbours.

Family and kin-like support

Sibling relationships are unique in being relatively egalitarian (in contrast to "vertical" parent-child connections) and influenced by both fate and choice, in that while biology defines sibling links, maintaining connections beyond childhood is a matter of choice (Walker, Allen, & Connidis, 2005). There is what is described as "symbolic" support (Bedford & Avioli, 2001, p.37), where there may not be much face-to-face contact between siblings, but they nevertheless feel supported by early childhood histories and shared identities. Siblings may grow closer as they age, perhaps in relation to the loss of other networks, and although characterised as "third in line" behind spouses and adult children in providing practical support (Jerrome, 1990), may therefore be more important to the childless and single. Many of Wenger's (1984) single, childless participants had close relationships with siblings and, over time, nephews and nieces.

Siblings can be perceived by older people as those who would "come to their aid in a crisis, regardless of the quality of the relationship" (Bedford & Avioli, 2001, p.36). Siblings can resemble friends in doing social things together and providing emotional support, but are thought less likely to be caregivers of one another (Mui & Morrow-Howell, 1993). Siblings-in-law may be close, including where links are maintained after the spouse dies (Scott & Wenger, 1995). "Social siblings", where friends develop sibling-like closeness through shared experiences and attitudes ("She's like a sister to me"), can be important, with older adults turning to friends and social siblings for support even when adult children live nearby (Walker et al., 2005).

Support relationships with other kin are sketchily drawn, with cousins mentioned as important to those without other relatives, including people without children (Cicirelli, 1981; Wenger, 1984). Support from nephews and nieces may be important in later years for those without offspring (Wenger, 1984).

Relationships with nephews and nieces from childhood, including caregiving (Strong-Boag, 2009), may develop into reciprocal support links when aunts/uncles grow older as an expression of "family solidarity" (Langer & Ribarich, 2007), but more research is called for (Langer & Ribarich, 2007; Sotirin & Ellingson, 2007). There may be varied ways these links can operate, with fewer norms as to how relationships "should" be, compared to normative parent/child roles (Ellingson & Sotirin, 2006).

There is a lack of social or legal language to describe non-biological, "kin-like" ties, such as childless people may have, so these are often likened to family relationships, for example where a neighbour or niece is described as "like a daughter to me". This is a way of both legitimising such relationships and capturing their positive "family-like" qualities of closeness and commitment (Rubinstein et al., 1991), and also, at times, the ambivalence and tensions of typical "family" relationships (Nocon & Pearson, 2000). Non-kin relationships have been categorised by researchers with somewhat pejorative terms: "pretend relatives", "pseudo-kin", and "fictive kin" (Mac Rae, 1992, p.228).

The heteronormative emphasis in research on support means there has been little exploration of the informal support resources of lesbian, gay, bisexual and transgender (LGBT) elders (Addis et al., 2009). "Self-defined family networks" (Kimmel, 1992) of friends, significant others, and selected biological family members, or families of "choice" are described as "complex and broadly based" (Barker et al., 2006, p.13). Long-term relationships have often had to be hidden (Blando, 2001), leading to stress around the "outing" of older LGBT people by health or service providers when help is needed (Addis et al., 2009). Barker et al (2006) use the term *tontines (*after investment groups in the business world) to describe gay or lesbian caregiving tontines of five to six friends who pledge when younger to provide care to everyone in the group as they age, to avoid the discrimination of mainstream services. Barker (2002) did not find similar explicit groupings among heterosexual elders.

Friends and neighbours

Friends and neighbours are under-researched parts of the support worlds of older people (Wenger, 1990). There are mixed findings as to whether childless people have more friends than people who have offspring (Wenger et al., 2007), or fewer (Rempel, 1985) and what sort of support exchanges occur. In Wenger's Welsh study, 89 percent of the "never married" had "real friends" living nearby, compared to only 27 percent of parents living in a child's house (Wenger, 1984, p.96). When assessing support, definitions of friends, which can range in intimacy from "casual" to "deeply close" (Blieszner, 2001, p.48), and of neighbours, which are variously defined according to proximity (Walker & Hiller, 2007; Wenger, 1990) need to be considered in terms of whether this differentiates types of support exchanged. Where lines blur from neighbourliness into friendship are hard to pinpoint (Wenger, 1990), making assessment of what support is given by whom difficult to assess.

Support from neighbours is characterised by Connidis (2010) as more instrumental and from friends as more emotional. But friendship includes practical support, as "people value concrete evidence of friendship" (Adams, Blieszner, & De Vries, 2000, p.130), and emotional support from neighbours is

also evident (Nocon & Pearson, 2000). There can be conflict around contradictory norms of support exchange, for example, where neighbourly norms of reciprocity are unbalanced by a neighbour's period of high need (Thomése, Tilburg, & Knipscheer, 2003), or when an ill friend becomes "too whiney or demanding" (Moremen, 2008b, p.169). There is concern that as friends are assumed to be age peers, their ability to help might be limited by their own frailty, in contrast to the presumed availability of the younger generation in parent/child networks (Reinhardt & Blieszner, 2000). This again means those with friends rather than children may be at a disadvantage. However, it is unclear how empirically based is this assumption, as it is rare that researchers report any details of the ages of people's friends.

Neighbours can provide support by being an "overlooking or monitoring presence" (Wenger, 1990, p.166), noticing unopened curtains or changes of routine that can act as an "unformalized early warning system" (p.162) of trouble, the first to call emergency services when there is a fall or crisis, and also to notice longer term changes of overgrown gardens or self-neglect as signs of needing help (Wenger, 1990). Such monitoring support can become more formalised, with daily phone calls or popping in for security or reassurance. Neighbours provide occasional help with shopping, transport and chores, sometimes specifically at times of illness (Wenger, 1990). Relationships are often reciprocal, with older people providing support to neighbours (Walker & Hiller, 2007) or acting as "neighbourhood keepers" (p.741), attentive to neighbourhood changes and needs (Phillipson, Bernard, Phillips, & Ogg, 1999). Age-homogenous neighbourhoods can be supportive with enduring reciprocal connections between older people who have lived nearby for a long time, but there are also benefits in mixed-age neighbourhoods where younger neighbours may be away at work all day, but can help with access to technology, cars, phones, or special skills (Wenger, 1990).

Some researchers argue that when the support required is more intensive, for example by frail elders, friend/neighbour support will be inadequate compared to family (Mancini & Simon, 1984). Friends are seen as less likely than family to take on care if it conflicts with other roles, making it a function of choice rather than obligation and therefore less reliable (Himes & Reidy, 2000). However, two qualitative studies of in-depth interviews with older people and their friend/neighbour supporters (Barker, 2002; Nocon & Pearson, 2000) found that extensive support, equivalent to that expected of adult children, can occur. I present these studies in some detail, as two-thirds of the support-recipients interviewed were childless. Nocon and Pearson (2000) interviewed 34 older people, aged 76-92, in North England and 25 friends and neighbours, aged 39-89, who were helping them. The researchers found the support provided included the intensive and intimate, providing food, administering medication, and dealing with incontinence and dementia (Nocon & Pearson, 2000). Motivation derived "more from a sense of humanity rather than from obligation (in contrast to many kin relationships)" (Nocon & Pearson, 2000, p.353). Help had grown "spontaneously and willingly" (p.349) from small requests or routines into extensive support. All but three of the older people lived alone, and two-thirds of them were childless. Helpers expressed some sense of "burden" on occasion, which Nocon and Pearson (2000) likened to that felt by family helpers. Being "non-family" made it harder to

complain about poor home care on behalf of the elder, or to access short-term respite care to give the helper a break (Nocon & Pearson, 2000).

Non-kin caregivers' intensive support was also evident in interviews with 114 dyads of older care-recipients and non-kin care-givers in California (Barker, 2002). Again, around two-thirds of the "dependent" elders had never had or had outlived their children. Naturally occurring relationships developed across the "fuzzy boundary" from neighbourliness and friendship to care, often building on long-standing reciprocity. Friends/neighbours provided significant "intensive" help, including prolonging the life of the older person or delaying admission into residential care. Barker devised a typology of non-kin caregiver relationships (casual, bounded, committed, or incorporative), and calls for more understanding of non-kin connections, given their importance (especially to groups like childless elders). However, she is wary of the risks of "turning a naturally occurring friendship into a social care package" (p.S166) by policy-makers identifying friends/neighbours as yet another source of unpaid care (Barker, 2002).

Formal support

Formal support is that provided by statutory or private providers, based on assessments, subsidies and fee-for-service. New Zealand services are managed by the Needs Assessment and Service Co-ordination Service (NASC) within District Health Boards (DHBs) under the Ministry of Health (Ministry of Health, 2010). Many DHB services are currently shifting towards "restorative" models of support (ASPIRE, 2007), where goals are set with the elder to minimise the ongoing need for help (e.g. Northland DHB, 2008). Of concern to advocacy group Age Concern (2010), is the lack of effective goal-setting by low-skilled workers, and arbitrary cuts regardless of "goals". For example, home-help provision of 1½ hours or less per week has been recently stopped in Otago/Southland DHB (Gnad, 25 February 2010) and Canterbury DHB (Todd, 2010, 5 August), as with other Western countries' cuts of "low-need" support (Aronson, 2006; Grenier, 2003b). Qualitative New Zealand research on home help emphasises that it is the "home helpers in person" rather than "home support as a service" or as "rehabilitation" that is valued (Hambleton, Keeling, & McKenzie, 2008, p.159). The emotional and social support of a person, as well as the practical help, is valued by the elders, even where service delivery is less than optimal (Hambleton et al., 2008).

In terms of "who" assesses and enacts formal support, there are difficulties measuring and deciding on instrumental support needs, with older people both not requesting services when "assessed" as needing them, or requesting help when "need" does not meet criteria (Cohen-Mansfield & Frank, 2008). There can be frustration at inflexible scheduling, such as an "evening meal" being delivered at 3.30pm, limits on home-care tasks like window-cleaning (Nocon & Pearson, 2000), limits on personal-care tasks, such as how often a bath/shower will be provided (Tanner, 2001), and frequent personnel changes (Hambleton et al., 2008). Canadian elders talked about feeling that some home-helpers "took over" in the kitchen, as if the older person was totally incapable; and had observed "slipshod" or badly done work about which elders were hesitant to complain for fear of being seen as trouble-

makers and having services withdrawn (Aronson, 2006). There were accounts of poorly trained workers potentially causing harm, such as by not knowing how to lift or move a person safely; or having home-help or personal care services reduced in the context of government cut-backs (Aronson, 2006).

There are questions as to whether childless elders may be more of a cost burden in needing more formal support than those with adult children (Grundy, 2006). Childless older people in the 1984 wave of the U.S. Longitudinal Survey of Aging were no more likely to use formal support services than were parents, although at times of illness they were more likely to say they lacked adequate informal instrumental support (Choi, 1994). Choi (1994) points out that it is actually adult children who "persuade their reluctant parents to use social services" (p.361), so the childless are left with their "lifelong conditioning to self-sufficiency" and the "sense of stigma" against using public services that their parental peers share. In their data on never-married childless Australian women (aged 73-78), Cwikel, Gramotnev, and Lee (2005) found use of formal support, such as home maintenance and meal services, was higher than that of mothers, but the childless group were giving more support as community volunteers than the mothers.

Volunteers

Volunteers operate on a continuum between formal and informal support, as voluntary agencies are "formal" in terms of having structures, organisational and recruitment processes, and yet "informal" in being unpaid, and having more or less defined tasks. Older people are both recipients and givers of voluntary support, with estimates of about 15 to 18 percent of all New Zealand voluntary services being provided by older people (Gee, 2001; Statistics New Zealand, 2007). More than 39 percent of those over 65, and 30 percent of those over 75 years, do voluntary work (compared to just 25 percent of 25 to 34-year-olds) (Statistics New Zealand, 2008b). Voluntary work is encouraged as a way to stay "productive" or maximise social capital (Morrow-Howell, 2010). There is concern that voluntary work is having to fill gaps left by state retrenchment of health and social services (Martinson & Minkler, 2006).

Volunteer befriending schemes, such as Age Concern's Accredited Visiting Service (Andrews, n.d.) and telephone befriending (St John, 2010), aim to meet support needs arising from limited social or family contact. Interviews with older people and volunteer befrienders highlighted "family-like" relationships and friendships of emotional support and a sense of "social connectedness", with reciprocal affective enjoyment by both parties (Pennington & Knight, 2008). Blurred boundaries or unmet expectations sometimes make negotiating support limits difficult for either support-giver or receiver (Pennington & Knight, 2008), a phenomenon also noted in close relationships between home-care workers and their clients (Piercy, 2000).

Older people as support-providers: Reciprocity

Voluntary work is one of the common ways older people provide support to the community, whether through voluntary organisations or informally in families and neighbourhoods (Morrow-Howell, 2010). Older people provide sometimes years of care and support to their "frail" spouses or partners; the assumptive "carer burden" does not only fall on younger generations (McGee et al., 2008). The altruism of giving support has been linked to better health status (Brown, Consedine, & Magai, 2005), with reciprocity seen as essential to maintenance of self-esteem (Wentowski, 1981). A life-course reciprocity perspective is useful in assessing reciprocity, rather than counting only present-day exchanges (Ingersoll-Dayton & Antonucci, 1988). In interviews with Danish people over age 75 and their home helpers, reciprocal acts appreciated by the home helpers included hospitality, expressions of gratitude, advice and seeing the older person as a "role model" of how they would like their later life to be (Lewinter, 2003). An important aspect was the "enabling" or "indirect" reciprocity of the state (p.374), in that the generous Danish welfare provisions gave elders adequate income and support choices, and thus resources to be hospitable and reciprocal (Lewinter, 2003).

Reciprocity within a broader concept of "interdependence" is valued in a qualitative study of concepts of dependence/independence with an Australian sample aged 60-93 (White & Groves, 1997). "One's perceived ability to reciprocate the assistance received either in kind, in financial payment or in some other valued manner, was regarded as an important feature" (p.88) by their participants. The ability to "mediate and/or control what assistance is received, how that assistance is received, and from whom it is received" (p.88) was also crucial. Similarly, Tanner's (2001) in-depth research on British elders "making do" when they were denied social services, reports reciprocity as a way to "maintain acceptable boundaries in helping relationships" and maintain feelings of "self-esteem and independence" (p.267). The "perception" of reciprocity seemed as important as the actual help, and there was also "covert reciprocity" (p.268). This is where, for example, the person claims to have some food "left over" or to have bought too many of something, "Would you like one…?", demonstrating a delicacy of give-and-take that aims to "preserve the self-esteem of all parties" (Tanner, 2001, p.268).

Giving support is not only the preserve of active Third Agers. In the Berlin study, Lang and Carstensen (1994) note that even where instrumental support needs were high amongst the very oldest without kin, they could still give emotional support and thereby feel "needed" and connected. Lang and Carstensen (1994) acknowledge their measure of "support given" by older people was by self-report, but even if the claims of support given were overstated, such "positive illusions" and "subjective reciprocity" were considered beneficial (p.323).

From a critical gerontology perspective, Robertson (1999) challenges the way she sees older people caught between "a social ethic of independence on the one hand, and a service ethic which constructs them as dependent on the other" (p.82). Welfare reforms that set up a dichotomy of

independence as "good" and dependence as "bad" also construct elders as predominantly "takers", requiring the medical and social services of an "aging enterprise" (Estes, 2001) built on constructing such need. Robertson (1999) argues that the "webs of interdependence" (p.83) that operate, including in years of "giving" by elders, are insufficiently acknowledged. She proposes a "moral economy of interdependence" (p. 88), where "community, reciprocity, and interdependence" (p.87) are emphasised, instead of "radical individualism" (p.82) and the marketplace (Robertson, 1999).

Independence/self-support

Part of the concern engendered by population ageing is due to the assumption that the autonomy and independence prized in Western countries diminishes with age (Allen & Wiles, 2009). Two women in Moremen's research on confidantes say the person they can rely on most is themselves, a response noted but not further considered in the emphasis on other people as confidantes (Moremen, 2008a). "Self-care" is sometimes investigated, in relation to health concerns of older people as an adjunct to medical care (Høy, Wagner, & Hall, 2007) or as part of the "successful ageing" call to stay fit and healthy (Rowe & Kahn, 1998). There can be self-support by "internal collaboration" (p.11), where people think about how others (whether alive or dead), whose opinions they value, might deal with the problem the person is trying to solve (Meegan & Berg, 2002). The normative independence associated with masculine identity has been linked to poorer help-seeking and treatment compliance in men, an area investigated in qualitative research interviews with Australian men aged 55+ (Smith, Braunack-Mayer, Wittert, & Warin, 2007). The authors argue that "masculine" discourses intersect in complex ways with ageing identities when help is required. Their participants could incorporate diminished independence (e.g. having to use a scooter when no longer able to walk far) if a sense of quality of life and some autonomy were maintained (Smith et al., 2007).

Who is asking?

A final important "who" in reflecting on support relates to who is asking about it. As noted, in assessing support needs, an occupational therapist or a nurse may highlight different aspects, based on their professional backgrounds. A researcher concerned at the breakdown of "the family" may approach support assessment from assumptions of deficit (Goldscheider, 1990). In contrast, a researcher more confident of humanity's ability to adapt to changing social landscapes may be curious as to how new support connections may develop:

> We need not believe ourselves to be at the mercy of blind forces, such as demographic and economic imperatives, as if these existed outside the realm of public discussion and debate (Robertson, 1999, p.87)

Those seeking definitions of "support" to apply to and measure service delivery outputs (Elkan et al., 2001; Hupcey, 1998) have different questions to those seeking to understand how those service-delivery outputs operate for their older recipients (Tanner, 2007). Professional and personal motivations, funding systems, and theoretical viewpoints (Powell, 2010) further affect who is asking what about support.

Where does support happen?

Table 2.4: Where does support happen

Where does support happen?	Issues
In the community and the neighbourhood	Sociospatial variations affect access to services, residential characteristics and shaping of "age-friendly" environments
In social, political and temporal contexts	Both place and time affect ageing and what support people feel they "should" need, e.g. cohort effects, national pension policies, international events etc
Living alone, rural/urban, shared housing, retirement villages, residential care	How do different places shape the give-and-take of support when growing older?
On the phone, by email, in beyond spaces	Technology and telecommunications are shifting the meanings of "place" and "space"

The "where" of support is addressed to some extent in geographical gerontology (Andrews, Cutchin, McCracken, Phillips, & Wiles, 2007). Residential care institutions are particular types of places providing high levels of support. Moving into them can be precipitated by health crises, the availability or desirability of a specific facility, or a desire for independence (rather than living with family, for example) (Cheek, Ballantyne, Byers, & Quan, 2006). High levels of care for frail elders occurring at home is a particular "where", with high impact on family carers' use of space (Wiles, 2005; Wiles, 2003), or a living-room turned into a "control centre" with everything easily to hand for someone with limited mobility (Lawton, 1985).

Neighbourhood characteristics, such as low residential mobility, can underpin stability of support exchanges (Thomése et al., 2003). New Zealand elders have strong attachments to homes and neighbourhoods, even when social networks shrink (Wiles et al., 2009). U.S. housing status predicts elders' social service use more than does childlessness, with homeowners in well-off areas using more accessible services and more likely to be home-visited than people in crime-ridden, low-income areas (Choi, 1994). Environmental supports for mobility and "age-friendliness" vary according to city ordinances (Laws, 1993). Rural elders can face different access to formal supports than urban (Keeling, 2001). Country of residence has a key bearing on superannuation levels, support provisions and living conditions (e.g. Broese van Groenou, Glaser, Tomassini, & Jacobs, 2006; Ministry of Health, 2004; Sundström et al., 2006).

"Living alone" is problematically used as short-hand for "social isolation" or loneliness in population surveys as Victor et al (2000) point out. This is despite those living alone not necessarily being lonely or perceiving a lack of support (Schnittker, 2007). Australian women (aged 75-93) living alone valued "reciprocal and trusting relationships with neighbours" and living close to services (GP, public transport, food shopping, clubs) and existing social networks (Walker & Hiller, 2007, p.1154).

The dynamic spaces and places where support is *actually* provided need attention: "It cannot be assumed that having a daughter [or niece] living nearby will necessarily lead to adequate support and

help" (Bowling, 1991, p.79). Elders often adjust their support needs to the available physical environment, rather than vice versa (Kellaher, Peace, & Holland, 2004). Retirement villages in New Zealand (Simpson & Cheney, 2007) and elsewhere (e.g. McHugh, 2003) actively market their friendly, neighbourly village support, but may discourage care provision, expecting villagers to move away to residential institutions if frail (Simpson & Cheney, 2007). Shared housing, where self-supporting elders "flat" together with some on-site instrumental support (such as cooking and cleaning) is preferred by some (Lawton, 1985). The Abbeyfield Housing Trust has run such houses in Britain since 1956, after founder Richard Carr-Gomm (1982) argued that older people needed the combination of independence and companionship that such communal living offered. Abbeyfield is a worldwide not-for-profit movement, run by voluntary trust boards, with 12 houses in New Zealand and more planned (Anyan, 2009), endorsed as a good option for future growth (Office for Senior Citizens, 2005).

Another "where" of support is what Rowles (1978) called the "beyond spaces" of older people's geographical imaginations, which are both temporal, through memory and reminiscence, and spatial, as the experiences and support of friends and family far away are engaged with. There is also the technological "beyond" space of the telephone and internet. The telephone can be a mechanism of social and emotional support (Heller, Thompson, Trueba, Hogg, & Vlachos-Weber, 1991). Support also occurs on-line and via email (Dickinson & Hill, 2007), as the "digital divide" diminishes (Abbey & Hyde, 2009).

When is support needed?

Table 2.5: When is support needed

When is support needed?	Issues
Across the lifespan	Increasing evidence that lack of adequate support and attachment in infancy causes physical and mental harm; we all need help at various times throughout life
As people grow older?	Losses such as widowhood may change support needs; but there is also a lifetime's experience at managing ups and downs
In a crisis	Neighbours may have a particular role. How do things change when the crisis is over? Health crises may precipitate a move to residential care
When social structures provide it	How is the "when" of asking for help shaped by families or social services being willing/able to provide it?
As long it is perceived to be there, it may never be called upon	Balance between knowing help is available and actual need

The "when" of support is under-examined. The answer could be "always", for if support is protective of health and well-being, it is needed throughout life, as people move in and out of times of dependency (Grenier, 2003b). Support in infancy and childhood affects support issues across the lifespan via attachment patterns (Berkman et al., 2000) and direct health sequelae (Danese et al., 2008; Neigh, Gillespie, & Nemeroff, 2009).

Another answer could be "when a person is older", an answer needing to avoid assumptive ageism and specifically explore what aspects of growing older may relate to support. For example,

widowhood is more prevalent in later life, so support is needed when a spouse or partner dies. Dutch longitudinal population research shows levels of support increased just *prior* to widowhood (perhaps as the partner's health worsened before dying), and returned to pre-widowhood levels around the third year after the loss (Guiaux, Van Tilburg, & Broese van Groenou, 2007). The study found contact and support broadened with all types of network members (family, friends, neighbours, and "others") during those first years of widowhood, compared to non-widowed controls, yet the authors conclude, "Even so, their children are their major source of support" (Guiaux et al., 2007, p.472). They do not comment on those without children, but I wonder if such assertions contribute to the widespread sense that "the childless" will again lack support, this time when widowed. I also note that "support" was measured by responses of "Never, seldom, sometimes, often" given to two questions: one asked for a retrospective report of instrumental support ("How often in the past year did X help you with daily chores in and around the house, such as preparing meals, cleaning the house, transportation, minor repairs, filling out forms?") and one of emotional support ("How often in the past year did you talk to X about your personal experiences and feelings?") (Guiaux et al., 2007, p. 462). Again, I think there is scope for research elaborating these concepts in more depth.

The "when" of wedding anniversaries or birthdays can be painful times for the surviving spouse (van den Hoonaard, 2003). Men are assumed to be more at risk of support deficits when widowed, as they are seen as relying on wives for support and access to support networks (Davidson, 2006). In a qualitative interview study with Australian widowers aged 73-86, the men gave accounts of not only maintaining some supportive friendships but also making new ones. Friends provided support to get through the "bad patches" (p.185) in the early days of bereavement and then ongoing support as needed (Riggs, 1997). Other relationship changes, such as divorce or a partner moving to a rest-home, can lead to intensified social support, with friends and neighbours providing the principal "daily interaction" (p.177) for elders, even when they have adult children (Davidson, 2006).

Support is needed at times of crisis, when neighbours may step in. But this is a dynamic "when" as the crisis passes, and support needs may then decrease. Health-related crises sometimes lead to sudden admission to residential care, or begin a process of considering such a move (Cheek et al., 2006). When an older person's driver's licence is lost due to health issues, there can be a reduction of the size of the friendship network, but not the levels of support (according to Mezuk and Rebok's 2008 analysis of a Baltimore population survey), although whether or not having children who might provide alternative transport makes a difference is not noted.

Where support is perceived or anticipated, the answer to "when" support is needed may be "never". It is enough to know it is there if needed, and the need may never arise. An official answer to "when" support is required bedevils bureaucrats, trying to set policies as to when support needs are severe enough, or the person's own financial and social resources are depleted enough, to warrant statutory intervention.

What is missing?

As this overview of some of the "why, what, who, where and when" of support has highlighted, support is a richly dynamic notion, hard to define and operationalise. It is crucial to consider personal, interpersonal, sociocultural, and sociospatial influences on both the questions asked and the answers given. In terms of the childless older people in this research, it is clear that many of the assumptions of how social networks operate as support networks (e.g. via families of procreation and hierarchically) point to childless elders as vulnerable. Where there has been qualitative exploration of different types of connections, whether "personal communities", friends or neighbours, there are hints of other options that may be available. Experiences of older people themselves need to be explored. Linking to the research issues already highlighted therefore, an approach not assuming "deficit" again seems important, and exploring the nuanced experiences and expectations of support – both given and received – of heterogeneous childless older people crucial. My research question is thus: **What are the diverse experiences and expectations that childless older people have of support, given and received?**

Chapter 3

Theoretical Underpinnings: *Finding windows*

> Poststructuralists and postmodernists have contributed to the understanding that there is no clear window into the inner life of an individual…No single method can grasp all of the subtle variations in ongoing human experience. Consequently, qualitative researchers deploy a wide range of interconnected interpretive methods, always seeking better ways to make more understandable the worlds of experience they have studied (Denzin & Lincoln, 2003, p.31)

As the review of literature highlights, more depth of understanding of support and childless older people is required. Quantitative and survey research have made a contribution; further qualitative social science research is needed, focused on understanding and elucidating, rather than enumerating, the issues (Victor et al., 2000). The language of the field is a problem, with contested definitions of, and assumptions about, "support", "ageing" and "childlessness". Researchers have been concerned that childless older people are at risk of inadequate support, with negative views of both childlessness and ageing informing some of the research questions that have been asked. I consider that the views of childless older people themselves have been given insufficient primacy.

Frameworks of theory and analysis need to do justice to the shifting complexity of this field. As the quote from Denzin and Lincoln (2003) attests, a range of interconnected interpretive methods can be useful in making sense of complex worlds of experience. I have chosen three approaches: narrative gerontology, positioning theory and post-structuralism informed by Judith Butler. I will briefly introduce these approaches here and then the notion of worldviews, before moving on to more detailed coverage of the frameworks in the rest of this chapter.

Narrative gerontology (Kenyon et al., 2001; Randall, 2007) is a framework drawn from narrative theory and gerontology to examine sociocultural, interpersonal and personal narratives, such as about support and growing older. Narrative gerontologists value the accounts of older people as important "data" to be collected and analysed. Positioning theory (Harré, Moghaddam, Cairnie, Rothbart, & Sabat, 2009; Harré & van Langenhove, 1999a) provides ways to understand how those narratives "position" participants and others in "storylines" that range from the sociocultural to the personal.

Both narrative gerontologists and positioning theorists show how the experiences we have are to some extent shaped by what words we can use to describe them. That is, they see language as "constitutive" of experience. This is a view that fits into a post-structuralist framework, such as the theorising of American philosopher Judith Butler (e.g. Butler, 1997b; Butler, 2005, 2006/1990, 2009). Post-structuralists believe that knowledge can only be partial and multiple; they challenge the idea of knowledge as "objective truth". The individual "subject" is replaced by multiple "selves". Multiple selves and multiple truths are constituted in language, so we need to investigate and challenge the ways in which words "produce" what is "known".

Paradigms or worldviews reflect a "particular stance" (p.19) researchers take (Creswell, 2007), guided by the gaps in research being addressed, the research questions, and the sociocultural research contexts. Research and theory have a "spiralling" rather than linear relationship, where researchers challenge and refine theoretical assumptions, suggesting new problems for theory, which in turn point to further research and analytical innovations (Berg, 2004. p.20). Worldviews inform ontology, epistemology, axiology, rhetoric and methodology (Creswell, 2007). My views of these aspects in terms of my research, and related ideas from narrative gerontology, positioning theory, and post-structuralism are outlined in Table 3.1 (elaborated from Table 2.1, Creswell, 2007, p.17).

Table 3.1: Philosophical underpinnings

Assumption	My assumptions in this research	Interpretive frameworks
Ontological *What is the nature of reality?*	The multiple perspectives and accounts of participants produce many valid 'truths'; there is not a single, objective reality that this research is trying to 'find'. Meanings do not exist separately from interactions with others (including in research interviews); cultural and historical contexts and norms; and personal and intrapersonal experiences	Post-structuralists see reality as multiple, constituted in language. Narrative gerontologists see narrative as ontological, 'We are stories.' Biographical 'truths' are as valid as dominant biological views. Positioning theorists consider how words 'do' things, ontologically producing multiple 'social and psychological realities'
Epistemological *How do we know what we know? What is the relationship between the researcher and the issue being researched?*	The accounts in interviews are 'known' by being created & co-produced, reviewed, analysed, and interpreted in a reflexive, iterative process. Only partial, local, fragmentary 'knowing' is possible, yet this adds to understanding. Interpretations can be tested within interviews, and by 'member checking' of transcripts/findings. Exploration is needed of what is new/at odds with existing research 'knowing'	Post-structuralist knowing is partial, local, fragmentary. Narrative gerontologists see narrative, subjective 'knowing' as valid. Curiosity and mystery are valued, there is no 'universal' truth. There is awareness of the influence of listeners on what speakers narrate. Positioning theorists highlight how sociocultural and interpersonal storylines constrain or enable possible positions and what can be 'known'
Axiological *What is the role of values?*	This project is based on assumptions of the value and capability of childless elders, rather than assumptions of pity or vulnerability; and of a need to interrogate the space between personal experiences of participants and the values expressed in sociocultural and research discourses about 'them'. There is a dialectical struggle to not oversimplify nor overvalue, but to respectfully capture the diversity	Butler asks moral questions as to who is 'human' and how people are marginalised in language, 'troubling' binary oppositions (like young/old). Narrative gerontologists wish to improve the social lives & 'narrative environments' of older people, who are seen as being under-valued. Positioning theorists see 'rights and duties' are associated with different positions & storylines; thus a 'moral order' is part of positioning
Rhetorical *What is the language of research? How do we write about it?*	Multi-voiced interpretation e.g. researcher observations alongside participants' words, alongside sociocultural/structural storylines. Including quotes from participants and 'thick descriptions' is important to re-present their voices, and so that readers can see interpretive moves and produce their own readings. Participant accounts are rhetorical and purposive, not merely representational	Butler's performativity looks at how social norms are repeatedly cited in discourse, with 'slippage' in repetition that resists/changes those norms. Narrative gerontologists focus on both what is said and how it is said, and ways the 'voice' of the narrator can be retained in the re-storying of research. Positioning theorists, & Butler, extend Austin's ideas that words 'do' things in the social world
Methodological *What are the principles and processes for studying it?*	Processes aimed at understanding include in-depth interviews, post-structural narrative analysis, positioning analysis, 'troubling' the language and assumptions about ageing, childlessness & support. Requires systematic, multiple analyses of data, & reviewing 'findings' in various contexts of participants, research peers, aged sector and self-reflexively	Post-structuralists advocate a focus on text, and wide-ranging interpretive processes. Important to 'trouble' taken-for-granted notions. Narrative gerontologists focus on how stories are both told and heard; how contradictions/ exceptions work; how listeners affect talk. Positioning theorists analyse the mutually determining triad of speech acts, positions and storylines, and associated rights and duties.

In this chapter, I briefly introduce key ideas of post-structuralism, including the views of Butler and others. I then focus on Butler specifically and her idea of "performativity" which is a way of understanding how language use, social norms and identity interact. Narrative gerontology is then introduced, covering how the "stories" of ageing can be used in research and the relative influences of gerontology and narrative approaches in shaping "narrative gerontology". I then cover positioning theory, in particular the framework of the "positioning triad" of positions, storylines and speech acts, and the assumptions of "rights and duties" that can operate. Throughout, I discuss how these approaches are relevant to my research question and how the frameworks relate to each other. The methods chapter then expands on how these theories were applied in carrying out my research.

Post-structuralism

Post-structuralism is a philosophical term "more than usually resistant to precise definition" (Kelly, 1995) because proponents are variously associated with structuralism, deconstruction, post-modernism, feminism, post-Freudianism, and literary and social science (Kelly, 1995). The term was used in English from the 1970s to refer to the work of influential French theorists, such as Derrida, Foucault, Lacan and Lyotard, who may not have seen themselves as connected (Butler, 2006). Preoccupations of these diverse theorists include how language operates; the ways knowledge is produced; and how the human subject is understood.

Language

Post-structuralists develop the Structuralist ideas of Swiss linguist Ferdinand de Saussure (1857-1913) that language does not reflect a reality "out there" but constitutes the "thing" it defines. There is no fixed relationship between a signifier (a sound or written image) and the signified, the concept it evokes in "the world" (McDowell, 1991). For example, the relationship between the signifier "old age" and the number of years referred to (signified) is arbitrary; age 55 can be seen as "middle-aged" or "old". Post-structuralists argue that signifier/signified connections are not stable or fixed, but are shaped by ever-changing cultural, historical, economic and social forces (Kincheloe & McLaren, 2005). The dynamic *function* of language within any given context is important (Hepburn, 2003). The word "old" can have different functions, for example as a term of endearment, an indication of respect, a bureaucratic category relating to superannuation, or a pejorative term that is contrasted with "young" as its opposite. Language classifying age 55 as "old" for indigenous minorities or "middle-aged" for dominant cultures are shaped by changing social contexts and power relationships, such as, for example, the effects of colonisation.

Proponents of post-structuralism are characterised as primarily challenging and contesting existing ideas and norms, rather than offering grand theory or prescribed solutions (Lloyd, 2007). *Hierarchical binary oppositions*, such as young/old, fertile/barren, mind/body, are of particular concern to post-structuralists. They argue that the values and hidden ideology between the privileged first term (e.g. young, fertile, mind) and the negative second term need to be "deconstructed" in order to upturn the

implied hierarchy (Kraus, 2007). Highlighting the ways in which one cannot do without the other (there can be no "young" without the shadow of "old", no "freedom" without oppression) can expose the assumptions of power and superiority that are often taken for granted (McDowell, 1991). Judith Butler's *Gender Trouble* (Butler, 2006/1990) "troubles" the taken-for-granted binary oppositions of man/woman and sex/gender, challenging the assumption that sex differences are material and physical and underpin gender. Instead, she sees them as categories and hierarchies created within language that then are made material and physical. The binary oppositions of parent vs. childless, independent vs. dependent, and support-giver vs. support-receiver, within social contexts privileging young vs. old, likewise need some "troubling" in my research.

Theory and knowledge

Post-structuralists "expose the foundations and limits of theory" (Pratt, 2000, p.625) by analysing various ways "truth" is produced by power and social systems. In contrast to the modernist idea of an objective world where truths that transcend culture and time can be "found", knowledge is seen as local, contextual and fragmentary (Burr & Butt, 2000). The constitutive power of language is emphasised: "'Truth' comprises descriptions of the world, and anything can be redescribed" (Burr & Butt, 2000, p.196). Plurality and multiplicity is celebrated and dialectical relationships shifted from "either/or" to "both/and" where, for example, a person can produce *both* racist *and* anti-racist opinions (Potter & Wetherell, 1987) or be both "old" and "not old" (Jones, 2006).

Does this mean that anything goes, it can all just be "redescribed" in a relativist, apolitical way, as some critics allege (Nussbaum, 1999)? Butler argues that attention to language is highly political and that social action should be underpinned by questioning taken-for-granted notions, in what she calls "affirmative deconstruction" (Butler, Laclau, & Žižek, 2000, p.264). The terms that "constitute" us can be both used and critically interrogated at the same time, to political ends; for critical reflection does not *precede* political action but is a condition of the "forward movement" (p.264) of such action (Butler et al., 2000). The question is "how we will make the translations between the philosophical commentary on the field of politics and the reimagining of political life" (Butler et al., 2000, p.277); it is at the level of language that much political struggle can take place:

> Social transformation occurs not merely by rallying mass numbers in favour of a cause, but precisely through the ways in which daily social relations are rearticulated, and new conceptual horizons opened up by anomalous or subversive practices (Butler et al., 2000, p.14)

For example, the different words used to describe "oldness" can be politically charged (Bytheway, 1995) and words like "elderly" simultaneously deployed and challenged by older people (Gibson, 2000), as they enact ways of "doing" oldness at odds with expected behaviours.

Another criticism is that post-structuralists merely reduce the world to text, that the material world, such as the realities of "death and furniture", are lost in the discursive meanderings (Edwards, Ashmore, & Potter, 1995). Critics argue that a table does not only exist in discourse, and that death,

suffering and oppression are "realities" that must be fought, not mere effects of language. The counter-argument is that while tables undoubtedly "exist", the "reality" of furniture is constructed and used to particular effect in different contexts in ways that need to be investigated (Edwards et al., 1995). The "tenacious interrogation" (Kirby, 2005, p.265) by Judith Butler of taken-for-granted notions such as the "reality" of gender illuminate the material and political effects language has (Kirby, 2005). Similarly, discourses of ageing are not mere words, but have material impacts on how an older person may be treated, valued and provided for (or not) (Laws, 1995).

Post-structuralists argue that reflexivity and self-contextualisation are crucial in producing rigorous theory and knowledge. They argue that researchers must "interrogate" their own truth claims and interpretations: "Knowing the self and knowing about the subject are intertwined, partial, historical local knowledges" (Richardson & St Pierre, 2005, p.962). The "author" of any research is not separate from the worlds being researched or the words he or she produces, and the author's capacity to "speak for others" is contested but nevertheless possible (Alcoff, 1991). The "reader" of scientific outputs is seen as an active co-constructor of the knowledge, the author can no longer play what feminist science critic Donna Haraway calls "the god trick" (p.587) of a disembodied all-seeing all-knowing "God" objectively "finding" truth from on high (Haraway, 1988). Therefore, in both my methods and analysis chapters, I reflect on my role as "author" and how my experiences may be shaping my interpretations of participants' experiences.

The subject

The idea of a rational, knowable, essential "self" is challenged by post-structuralist theorists, who are described as having declared the "death of the subject" (Schwandt, 1997, p.123). The template of the self as a powerful individual who consciously acts in the world is critiqued as narrowly "white, heterosexual and masculine" (p.28); investigation instead focuses on the complex plays of power and desire that constitute subjects (Gregory, 2000). Essentialism, where categories such as age, class or gender can be mapped onto universal characteristics, is rejected by post-structuralists (Kobayashi & Peake, 1994; Laws, 1995). But again, this does not mean anything goes. Butler claims that the anti-humanist move to displace the fantasy of a singular human subject brings "more hope in the world" (Butler being interviewed by Olson & Worsham, 2000, p.765). This is because having to struggle with what it means to be "human" and challenging what is taken for granted as acceptable (e.g. that "married with children" is the only "proper" family, Butler, 2002), opens us to understanding ourselves and others in a "more fundamentally capacious way" (Olson & Worsham, 2000, p.765).

Social scientists' debates about "structure versus agency" asks how much we are pawns of our social worlds (a traditional focus of sociology) versus how much autonomous agency an individual has (the business of traditional psychology). Post-structuralists like Butler argue for a "both/and" understanding of these elements (Dumm, 2008), that there is a "dynamic" rather than fixed interaction between structure and agency (Olson & Worsham, 2000, p.740). Internalised social norms limit the ways people can think of being, but not entirely, as Butler describes:

> I am clearly born into a world in which certain limitations become the possibility of my subjecthood, but those limitations are not there as structurally static features of my self. They are subject to a renewal, and I perform (mainly unconsciously or implicitly) that renewal in the repeated acts of my person (Butler speaking to Olson & Worsham, 2000, p.739)

If there is no singular "subject", how are multiple selves "produced" by language? Theories of how words *do* things, from British philosopher John L. Austin (1955), are drawn on by the three theorists in my research (Butler's post-structuralism, Harré's positioning theory, and Kenyon & Randall's narrative gerontology) and are therefore briefly introduced here. Austin's ideas are used to tackle the conundrum of having multiple selves, socially constructed and yet still "internally" experienced as continuous and "individual" (Harré & Van Langenhove, 1999b).

Austin (1911-60) coined the term "performative" to describe where words *are* action, rather than a report of action, where the "uttering of the sentence is, or is a part of, the doing of an action" (Austin, 1955, p.5). For example, "I name this ship the *Queen Elizabeth*" performs the action of naming the ship; the words "I do" in a marriage ceremony perform the act of marriage (Austin, 1955, p.5). Austin tried to distinguish performatives from "constatives" (which can include descriptions, and can be true or false), but as so many words "did" things, and seemed to be sub-groups of performatives, he moved on to dividing speech into different kinds of interpersonal actions or "illocutionary forces" (which I will discuss more in the section on positioning theory), forces which operate in the way that in saying words, something gets done, and the "saying" produces the "doing" of different selves. Austin's focus on ordinary language in practice and his emphasis on the social context (it is only through the social, ritualised conventions of ship-launching and marrying that words associated with those rituals can successfully be deeds) are contributions further developed by theorists such as Butler and Harré (Potter & Wetherell, 1987).

Judith Butler

> If anything may be said to characterize Butler's work as a whole, it is its ethical impetus to extend the norms by which "humans" are permitted to conduct liveable lives in socially recognised public spheres (Salih, 2004, p.4)

The opening discussion on post-structuralism drew on some ideas of Judith Butler as a theorist informing my research. Born in 1956 in Cleveland, Ohio, she is Professor of Rhetoric and Comparative Literature at Berkeley and encapsulates the binary oppositions of which she writes: an American philosopher, a public intellectual (writing in both the *New York Times* and academic philosophy journals), a lesbian mother, anti-Zionist Jew, and, according to some (Nussbaum, 1999), an unreadable writer. Tackling profound ethical questions of what being human involves, there is no doubt that Butler's writings are densely allusive, built as they are on a grounding in the study of philosophy. Butler asks how are we to change the violence done by language (in its exclusions and marginalisations of what is acceptably human), if we do not interrogate meanings, challenge the supposed transparency of terms and work against the idea that our own "linguistic horizon" is the only one (Butler interviewed by Olson & Worsham, 2000, p.765). As noted, words like "childless" and "old" need such interrogation.

To avoid falling into the modernist trap of portraying an "essential" Butler, it is important to remember there can only be situated, partial knowledge of the "Butler" constituted in various texts written by herself or others over many years. She is claimed as a "queer" theorist, and yet focuses widely on concerns as to what it means to be "human"; and she is also understood as a post-structuralist, after being initially seen as a critic of post-structuralist theory (Lloyd, 2007).

Performativity

Butler challenges notions of "identity" as internally coherent or preceding the subject, arguing that identity, including gender, is "performative… constituted by the very 'expressions' that are said to be its results" (Butler, 2006/1990, p.34). She relates "performativity" to John Austin's notion of "performatives" (words that do things) (Butler, 1993, 1997a), but it is a term that defies precise definition according to Butler herself (Butler, 2006). Attempts to define performativity highlight the capacity of language to both "produce" norms and resist them:

> Put simply: most conceptions of performativity assume that language as action entails a kind and degree of interaction that invites counter-agency. Following this model, performance becomes a site of transformation and even a paradigm for cultural resistance (Pollock, 1995).
>
> ***
>
> Performativity – the citational practices which produce and subvert discourse and knowledge, and which at the same time enable and discipline subjects and their performances (Gregson & Rose, 2000, p.433)

For example, being "old" is historically embedded in conventions and norms of previous utterances about what an "old" person is or does, but these repetitions are never exactly the same, we never quite "inhabit" the ideal of someone "old" and in that "slippage" lies room for resistance and change.

The instability of performatives (words that do things) as against constatives (words that describe things) that Austin found frustrating, Butler sees as a useful instability. There is an opening of space in the blurring of distinctions between words that do things and words that describe things (Butler, 1993). So with gender, she argues that the descriptive statement at birth, "It's a girl!", also operates as a performative, starting a process of "girling" the child into existing social norms. The expectation of gender, performed according to normative cultural ideas, then "ends up producing the very phenomenon that it anticipates" (Butler, 2006, p.xv). Cultural repetitions and rituals stylise the body, such that gender is naturalised and seen as an "internal" aspect of ourselves.

> Gender is a complexity whose totality is permanently deferred, never fully what it is at any given juncture in time (Butler, 2006/1990, p.22)

Ageing and childlessness can similarly be seen as identities never totally performed, "alternately instituted and relinquished according to the purposes at hand" (Butler, 2006/1990, p.22). People are both old and not old (Jones, 2006) and an assumption of an internal "essence" of ageing can be seen as "manufactured through a sustained set of acts" (Butler, 2006, p.xv), such as getting a pension, recalling an experience of World War II, or using a walking stick. Yet, these sit alongside acts such as still earning a living, joining a campaign against a current war, and doing a gym work-out. Similarly, Hird (2003) argues there is gender "slippage" in the "child-free woman" (childless by choice) who can

be constituted as outside the traditional definition of "woman" (as she repudiates her capacity for sexual reproduction and conflation of "woman" with "mother") and yet is not a "man" (Hird, 2003).

The issue of agency is critiqued in discussions of performativity. For example, geographer Lise Nelson (1999) claims there is too *little* agency, because "resistance" to a social norm is only produced by random "slippage" rather than by intention. Others argue there is too *much* agency in the idea of performativity, for example in the caricature of a person deciding to "put on" a gender when she wakes in the morning, which equates performativity with performance (Olson & Worsham, 2000). Instead, Butler argues structure and agency are dynamically co-constitutive. We are born into worlds that limit what we can be, but as noted, those limitations are not structurally static. In an interview (Dumm, 2008), Butler says she has tried to avoid a "strict polarity between passive constitution and active self-constitution" (p.97). Instead, she is trying to find in performativity a language for the way we are "impinged upon" by norms and the "ethical claims of others", and yet we can "account for" our responsiveness to those norms and claims (Dumm, 2008, p.97). Butler is at odds with Austin's assumption that autonomous actors produce the words (she argues instead that the words produce the actors) within fixed contexts and conventions (for Butler, the contexts and conventions change). To Powell and Gilbert (2007), Butler evades the "tired structure/agency debate" (p.195), as performativity gives a "processual and temporal, rather than fixed and predetermined" account of selves, in complex interpersonal and power relations (Powell & Gilbert, 2007, p.195). Meanings are co-produced with the recipients of our words, the listeners/readers who recall contexts of using particular words and are affected by cultural norms. Thus, an 85-year-old who describes himself as "not old" is doubted by hearers immersed in ageist norms:

> What are being performed are the cultural norms that condition and limit the actor in the situation; but also in play are the cultural norms of reception…performativity produces hermeneutic rifts, questions of whether a common understanding is even possible (Butler speaking to Olson & Worsham, 2000, p.752)

The contested meanings between actor and audience can produce new understandings and knowledge. The performances of needs assessments or ADL measurements by professionals "produce" an Other, the targeted client of their work (as Powell and Gilbert, 2007, suggest in their discussion of the performative productions of social workers). Yet the "audience" of the older person may refuse this production of themselves (Allen & Wiles, 2009).

The issue of context is also debated by geographers such as Gregson and Rose (2000) and Nelson (1999), who suggest that Butler's performative subject has been treated as too abstract, not sufficiently located in "places and spaces". Yet Butler's recent work is directed at the particular "place and space" of the World Trade Centre attacks of 9/11 (Butler, 2009), from which she considers how grief and loss shapes constructions of a "war on terror" and of non-Americans as less "human". Historical context is also important in her 2005 work, *Giving an account of oneself* (Butler, 2005), where she extends Foucault's ideas of how historical codes of morality and conduct, such as around sexuality, produce norms that limit the kinds of selves that people can be. For example, baby-boom

pronatalist norms, where the subject "woman" is conflated with "mother", or where developmental tasks can only be successfully achieved within a normative family life, make inadequate selves of the childless (Hird, 2003). It is only in critiquing the "norms" that historically limit subject formation, that "desubjugation" can happen (Butler, 2005, p.17). But just as transparent narration of our whole histories is impossible (as much happens to us in babyhood and early infancy that we cannot recall), so too is full awareness of the norms that "precede" us. "One invariably struggles with conditions of one's own life that one could not have chosen" (Butler, 2005, p.19). With the benefit of hindsight, my participants may be able to reflect on the impact of 1950s pronatalism in a way they might not have been able to at the time, when immersed in those norms.

In conclusion, therefore, the work of Judith Butler frames the task of "troubling" categories of age, childlessness and support. The notion of performativity alerts us to how structural and sociohistorical norms produce such categories in ways that can materially harm and constrain, and yet because those norms are never fully realised, slippage and resistance are possible. How narratives can be interpreted in relation to such norms is explored in narrative gerontology, which will now be discussed.

Narrative gerontology

Narrative gerontologists bring the "narrative turn" into the gerontological field, applying the metaphor of narrative, of "life as story" (p. 3) to understanding ageing (Kenyon & Randall, 2001). "Narrative gerontology" is described as "a lens through which to view the ageing process" (Kenyon & Randall, 1999, p.1) and proponents claim that focusing on ageing as a biographical process can illuminate the complexity and "inside" of ageing (Ruth & Kenyon, 1996, p.1) in ways that the traditional focus on a "biological story" of ageing cannot. In contrast to the broader concerns of Judith Butler that I have just discussed, narrative gerontologists focus on the subject of ageing in particular, and are more oriented to "troubling" health and social practices than philosophical theory. As I will discuss in this section, narrative gerontologists are in accord with Butler's concerns about language, her ethical questions as to who is "human" (especially if "old"), and post-structuralist ideas of multiple selves and partial truths which are explored in how narrative gerontologists view personal and sociocultural "narratives".

To locate narrative gerontology in "place and space", the term was coined by the late psycho-gerontologist Dr Jan-Erik Ruth in 1994, during his tenure at St Thomas University, New Brunswick, Canada. His colleague at St Thomas, Professor William Randall, is a former parish minister, English teacher and now narrative gerontologist, from whose work I draw on in this section. Born in 1950, he is thus a contemporary of Judith Butler. Randall's collaborators include Gerontology Department colleague Professor Gary Kenyon (e.g. Randall & Kenyon, 2004) and Professor of English Elizabeth McKim in the Centre for Interdisciplinary Research on Narrative (e.g. Randall & McKim, 2008). These collaborations point to the multi-disciplinary underpinnings and development of the theory.

The stories of ageing

Narrative gerontologists emphasise that personal stories and biographies are formed within and by larger "stories" which work at structural, sociocultural and interpersonal levels (Kenyon & Randall, 2001), which I would argue are a way of operationalising Butler's "norms". The larger "stories" of the structural dimension, for example, include economic, social and power relations in society that can affect opportunities for people as they age or try to access support. The sociocultural dimension includes the "social meanings that are associated with ageing" (p.7), and also the larger ethnic, cultural and gender "stories" by which lives are constituted (Kenyon & Randall, 2001). In the interpersonal dimension, individual life stories are entwined with those of families and friends, and are also shaped by interpersonal contexts, such as a research interview (Randall, Prior, & Skarborn, 2006). In the personal (and intrapersonal) dimension, Kenyon and Randall (2001) call for analysis of the "creation and discovery of meaning and coherence within each of us uniquely, that is, the way in which the pieces of our lives do or do not make sense to us" (p.7). These different "stories" function as a useful but necessarily fluid framing structure, not representing discrete domains but pointing to some of the complex ways that subjectivity is formed (Kenyon, 1996). Kenyon and Randall (2001) are aware of these complexities, naming the "fundamental paradox" of humans composing their lives from the "inside" and yet being co-authored by the "larger stories" in which we live.

Narrative gerontologists view humans as "storying" their lives, albeit constrained or co-authored by these larger stories, and describe this as an aesthetic endeavour, arguing that we "make ourselves up" (Kenyon & Randall, 2001, p.4). Lives are characterised by facticity and possibility. Facticity, "the quality or condition of being fact" (OED), refers to the stories humans tell themselves from the social, structural and cultural resources available, the naming of feelings and facts they take to be "given" at any particular moment (Kenyon, 1996). In the idea of "possibility", Ruth and Kenyon (1996) emphasise that these stories are changeable as they can be "re-storied", and are open-ended, as through the telling and retelling of lives, they are under "constant reconstruction" (p.15). There is a link here with the widely used modality of narrative therapy in clinical work (e.g. White, 1991). Patients can reject negative narratives of themselves as "depressives" or "anorexics" and actively rewrite their life stories to speak back to "*the* depression" (not *my* depression) or "the anorexia" (White & Epston, 1990). The "fact" of childlessness may be storied and re-storied very differently at age 35 and age 85, the one in relation to the pressure of the "biological clock", the other in relation to a life long lived. It may also be re-storied with a niece who is "like a daughter to me" or a neighbourhood toddler to whom I am "Grandma".

"Storytime" is contrasted with "clock time" (with its notions of past, present and future as separable dimensions, proceeding in linear fashion) (Kenyon & Randall, 2001). In storytime, humans order events and stories idiosyncratically, telling and retelling in a continuous present (Randall & Kenyon, 2004). Thus people who are "old" according to clock time may not "story" themselves as old (Heikkinen, 1996). A changed sense of "future" may lead the "past" to be rewritten, for example as

idealised perfection, "those were the days" (Freeman, 2000). Also, life stories are opaque and can only be partially known:

> We will never have 'the truth, the whole truth, and nothing but the truth' about lives, either our own or anyone else's…all knowledge is ultimately metaphorical, historical, and contextual (Kenyon & Randall, 2001, p.8)

Narrative gerontologists therefore place stories in a post-structuralist world, where "objectivity is a myth" (p.8), at odds with the "story" of positivist "scientific method" (p.9) that Kenyon and Randall (2001) argue cannot always do justice to the complexity and subtlety of human lives in progression. In terms of research, this means researchers need to think about how stories are both told and heard; how exceptions and inconsistencies should be attended to (rather than seen as anomalies); how to retain the "voice" of the storyteller when turning a story into "research data" alongside others' stories; and how to research ethically in terms of issues like whose story it is (Kenyon & Randall, 2001).

The post-structuralist notion of the "world as text" (p.11) is old news to former Christian minister Randall, who cites the Christian belief in the creative power of God's language, "In the beginning was the Word" (John 1:1) (Randall & McKim, 2008). Like Butler, rather than finding cynicism and despair in the post-structuralist deaths of the author, the subject and "truth", Randall and McKim (2008) find interpretive possibilities and a co-constitution of structure and agency. With Butler, worlds may be limited by social norms, yet we can endeavour to "account for" our responses to being impinged upon by those norms and the ethical claims of others. For Randall and McKim, those "accounts" and responses are narrative, with agency constituted in the re-storying of lives that humans can do:

> Identities are not fixed and unchanging, but are continually under construction, forever open to reinterpretation…If all the world is text (including us), with all of the multiplicity which texts invite, then we have considerable freedom to grow and change (Randall & McKim, 2008, p.14)

Gerontology

How is this narrative *gerontology* as opposed to just a narrative approach? This section will briefly locate these terms within gerontology and the following section within narrative. Part of the impetus to focus on "narrative gerontology" was to encourage gerontologists to expand on what Kenyon and Randall (2001) argue was their emphasis on "patients and symptoms" (p.11). This call for more valuing of inter-disciplinary forms of knowledge in relation to ageing continues to be made by gerontologists as they consider the state of gerontology (e.g. Alkema & Alley, 2006). "Interdisciplinarity is integral to the nature of human existence, for we are never simply physical beings, psychological beings, political beings, or anything else" (Randall, 2007, p.371). Randall (2007) argues the "heterogeneity" of ageing must be acknowledged and suggests an application of "chaos theory" may be useful, for as time passes, lives become ever more complex and less homogenous.

Narrative has been used to explore some health concerns associated with ageing, such as dementia (e.g. Randall, 2009; Sabat & Harré, 2000). Researchers have investigated elder health care by using

narratives, such as how older people narrate their decisions to accept or refuse care (Tetley, Grant, & Davies, 2009) or how eliciting older patients' life narratives can improve staff understanding of patients and also guide hospital care (Clarke, Hanson, & Ross, 2003). A "conceptual vocabulary" for practices such as reminiscence (Coleman, 2005), life review (Binder et al., 2009) and guided autobiography (Kenyon, 2002) is provided by narrative gerontology. This is aligned with a growing scholarship of "narrative medicine" (Charon, 2001) and health narratives (Harter, Japp, & Beck, 2005), seen as relevant to both the theory and practice of health service delivery and outcomes.

The association of death with later life is explored in terms of how "narrative environments" are changed by the loss of those who "co-authored" us, as each death "de-stories us to some degree" (Randall & McKim, 2004, p.252). This echoes Butler's views on the effects of loss:

> When we lose some of these ties by which we are constituted, we do not know who we are or what to do. On one level, I think I have lost 'you' only to discover 'I' have gone missing as well (Butler, 2004, p.22)

Not only older people face such "de-storying", nor is there only one response to loss, as de-storying can leave us freer to re-story ourselves in new ways (Randall & McKim, 2004). For example, "re-storying" can range from the individual changes possible after a spouse's death (Randall & McKim, 2004), to the chance to re-story a political struggle for non-violence after collective loss (such as 9/11) (Butler, 2009).

Ageing can be an "impetus for narrative elaboration" (Randall & McKim, 2008, p.118) as a life story "grows longer and thicker with time" and people have to make sense of changing bodies and social worlds. But narrative "foreclosure" can also occur, telling oneself the "same old story" (p.126), or "succumb[ing] to the narrative of decline" in "medicalised" views of ageing (Randall & McKim, 2008, p.129). "Narrative foreclosure" is contextual, where cultures or childhoods fail to provide "adequate narrative resources for living one's life meaningfully and productively"(Freeman, 2000, p.81). Cultural narratives of ageing as "decline" increase the risk of such foreclosure, but new narratives such as "successful ageing" (Rowe & Kahn, 1997) can also be constraining (Andrews, 2009) in privileging certain aspects of experience, such as physical well-being, over others, like spirituality (Sadler & Biggs, 2006).

Topics such as wisdom, meaning and spirituality may be associated particularly with older age and Randall (2001) argues these subjects have been insufficiently explored in the "behaviourist scientific story" (p.10) of traditional gerontology. Narrative gerontologists have researched the "ordinary wisdom" of older people (Kenyon, 2002; Randall & Kenyon, 2000, 2004), including how to foster a "wisdom environment" in the ways we choose to listen to older people's narratives (Kenyon, 2003). Other work has focused on aspects of spirituality and meaning (Randall & McKim, 2008). But wisdom, spirituality, and meaning are under-researched social science topics at whatever age, and should not be romanticised as especially associated with later life (Woodward, 2003). They should also not be

re-storied only as measureable, biomedical interventions, as some argue that the scholarship on "gerotranscendence" (Tornstam, 1997) is trying to do (Jönson & Magnusson, 2001).

Narrative

How does narrative gerontology relate to "narrative" scholarship? The "narrative turn" within social science is widely defined, debated and applied, with narrative as both a phenomenon being studied and a method of study (Pinnegar & Daynes, 2007). Randall and McKim (2008) are not alone in stating, "But what is *narrative?* It is by no means a simple question" (p.7). Rather than attempt to summarise this vast field, this section will link aspects of narrative gerontology to some of the broader debates. Narrative as method, in terms of how narratives can be interpreted and analysed, will be outlined in Chapter 4.

Put simply, narrative gerontology draws on the "narrative root metaphor" of Theodore Sarbin (1986) of "life as story" (Kenyon & Randall, 2001, p.3):

> It is not that life is *like* a story. On some extremely basic level, it *is* a story (Randall & McKim, 2008, p.9, emphasis in original)

This is an ontological view of narrative, seeing it as indicating something about the nature of being. This is in contrast to a more epistemological notion of narrative, that is, that we know what we know through thinking and speaking in "story form" (Atkinson, 2007, p.224). Yet rather than "universalising" narrative as ontology or epistemology, Randall and McKim (2008) are careful to acknowledge that "story is but one of many metaphors for understanding life" (p.9). In terms of the initial "mission" of narrative gerontology to value qualitative, idiographic aspects of biographical ageing in addition to biological ageing, "story" is a metaphor that is useful enough. It can also be aligned with narrative as "politics", where stories are used as a way of "broadcasting" the voices of marginalised or neglected groups (Squire, 2005, p.93).

In terms of the structure vs. agency debate, narrative gerontologists construe both structure and agency operating in narrative. As I have outlined, in terms of structure, narrative gerontologists argue people are co-authored in sociocultural narrative environments that can foster narrative elaboration or foreclosure. The audience of readers or listeners can further shape and variously interpret a given narrative, such as in Randall et al's (2006) life-story interviews, where narrative content varied somewhat according to which of three interviewers were eliciting life-story narratives. But in terms of agency, a life story is also an aesthetic endeavour with choices available as to how we "make ourselves up" or "re-story" experiences and selves. Narrative gerontologists thus engage issues of both structure and agency, a not unusual melding within contemporary narrative approaches, as narrative scholars Squire, Andrews, and Tamboukou (2008) attest. They describe the "lived-with contradictions in narrative research" (p.7), where a possibility of agency is retained within theoretical frameworks (such as the "socially constructing powers of language" p.7) that question such agency and emphasise the power of social structures (Squire et al., 2008).

Narratives have a relationship with time, but Randall and McKim (2008) distance themselves from the necessity of "plot" or chronology stressed in some narrative theory, where a narrative is defined as having a beginning, a middle and an end (Sarbin, 2004). Narrative gerontology instead "embraces a spectrum of phenomena" (p.7) :

> Events recounted as they happened chronologically…events as they are perceived in the act of happening; events as arranged into a pattern of some sort, whether causal or symbolic; and finally, the mode by which those events are expressed (Randall & McKim, 2008, p.7)

Like narrative approaches more generally, interdisciplinarity is the hope (Bal, 2004), but there is the risk that the attempt to mix disciplines as far apart as medical science and literary theory can become "just plain undisciplined" (Randall, 2001, p.55). Narrative research has been accused of becoming a muddle of journalism, scholarship and storytelling (Thorne, 2009), as the academy joins the "general culture of the interview society" (Atkinson & Delamont, 2006, p.164). Aware of the "fad factor" of "story as the flavour of the day" (p.54), Randall (2001) calls on narrative gerontologists to go carefully where literary theorists, backed by centuries of scholarship, fear to tread, for example, in over-simplifying notions of "plot" or "point of view" (p. 55) or making up new narrative theories (Nünning, 2003). Narratives must be also be systematically analysed, for example in terms of social phenomena, cultural genres (Atkinson & Delamont, 2006), and the "how" of what is said, not just the "what" (Randall, 2001).

There are also questions as to whether narrative research is "scientific" enough to be taken seriously by policy makers or to underpin statutory programmes (Lyons, 2007), or alternatively that it is *too* "scientific". For, despite acknowledging the "situated, partial, contextual, and contradictory nature of telling stories" (p.489), Hendry (2007) argues narrative located "within the metaphor of research" can reduce complex lives and stories to "a notion of experience as representable" (p. 493).

Therefore, narrative gerontology is a useful interpretive frame for my research in valuing older people's experiences, including in relation to childlessness and support, as able to be investigated in narrative form. Narratives are constituted in multiple larger "stories" and norms of factitity and possibility. Storytime and clocktime differ and how narratives are produced needs to be considered alongside what is said. An approach of curiosity and mystery, rather than universalising essentialism is advocated. There is a need to consider how narratives are to be systematically interpreted, and it is in this regard that positioning theorists offer useful frames, which I will now explore.

Positioning theory

> Post-structuralist theorists, with their more global view, rarely have their noses pressed up against the exigencies of talk-in-interaction. Rarely, are they called on to explain how their perspective might apply to what is happening right now, on the ground, in this very conversation (Wetherell, 1998, p.395)
>
> *
>
> I'm in favour of philosophical work being appropriated outside the walls of philosophy; I also think philosophy is enriched by its engagement with social critique. So my first question is about what kinds of translations can and must be made for this exchange to work (Judith Butler in conversation with Bronwyn Davies, 2008, p.2)

"Pressing our noses" against the world of talk-in-interaction is perhaps the particular business of positioning theory. Narrative gerontology provides a framework to reflect on various aspects of personal and social "story", but inter-relationships need further elucidation. Positioning theory provides a framework for analysis of gerontological narratives in terms of shifting storylines and positions. These are ways to further explore Butler's theoretical concerns (which are nevertheless more focused "on the ground" than Wetherell's criticism would allow, as Butler's comment indicates). In an approach which works well alongside Butler's engagement with moral philosophy, positioning theorists also speculate on the dynamic constructions of moral orders, the discourses of "rights and duties" that are associated with (or constitute) different positions.

A key proponent of positioning theory Rom Harré was born in New Zealand in 1927, making him a peer of many participants in this research. He graduated in maths and physics in New Zealand, then left in his 20s for postgraduate study in philosophy and anthropology (Fee, 2000). His PhD was supervised by John Austin at Oxford and Harré continued to develop Austin's work begun in *How to do things with words* (1955). He developed ideas around positioning theory from the 1990s, amidst a body of work theorising social psychology, discourse and philosophy at universities on both sides of the Atlantic (Fee, 2000). A key work on "positioning" was written with Bronwyn Davies in 1990 (Davies & Harré, 1990) and revised (Davies & Harré, 1999) for the first book-length account of positioning theory (Harré & van Langenhove, 1999a). A University of Western Sydney Professor of Education, Davies has continued positioning work (Davies, 2003) and, with an interest in post-structuralism, facilitated conversations between Judith Butler and other scholars (Davies, 2008).

In this section, I will introduce the "positioning triad" which comprises the three elements of positions, storylines, and speech acts, each of which will be discussed in turn, with illustrative examples. In accordance with positioning theorists, I would argue that each element of the positioning triad affects the others in ways that can be usefully explored to make sense of complex human experience, and these relate to both the post-structuralist and narrative gerontologist ideas I have so far discussed. To conclude the section, I cover positioning theorists' perspectives on "rights and duties" associated with different positions.

The positioning triad

The three elements of positioning theory are the position, the storyline and the speech act. These are conceptualised as an interacting "positioning triad" to highlight their interconnected, mutually determining operations in any given social exchange (Van Langenhove & Harré, 1999a, p.18). The triad can be illustrated graphically as a triangle (Harré et al., 2009), as in Figure 3.1. In this figure, I show the three elements of the positioning triad as a triangle, with an example of an ageist positioning and a medical rights counter-positioning demonstrated. I will then cover each element in turn.

Figure 3.1: Positioning triad

Speech act
What is said in an interaction and what that "does" in the social world, e.g. in invoking a storyline or positioning the self or other in certain ways

Position
A metaphor for how a person is constructed in this interaction, in relation to the speech acts & storyline, & by the self or others. A position implies personal attributes, rights and duties that the person may endorse or refuse

The two-way arrows show each element can dynamically affect, & be affected by, the other elements

Storyline
Can be a typical narrative form (comedy/tragedy), typical relationship (doctor/patient), personal stories (I've always been independent) and/or from larger sociocultural stories (Older people are…)

The triad can be used to show an exchange between a doctor and older patient, where the doctor positions the symptoms as age-related:

Speech act
Dismissal
"These symptoms are just due to your age"

Position
"Old person"
You don't have the same rights as younger adults; you have a duty to put up with things without complaining

Storyline
Old age is a journey of inevitable decline and decrepitude
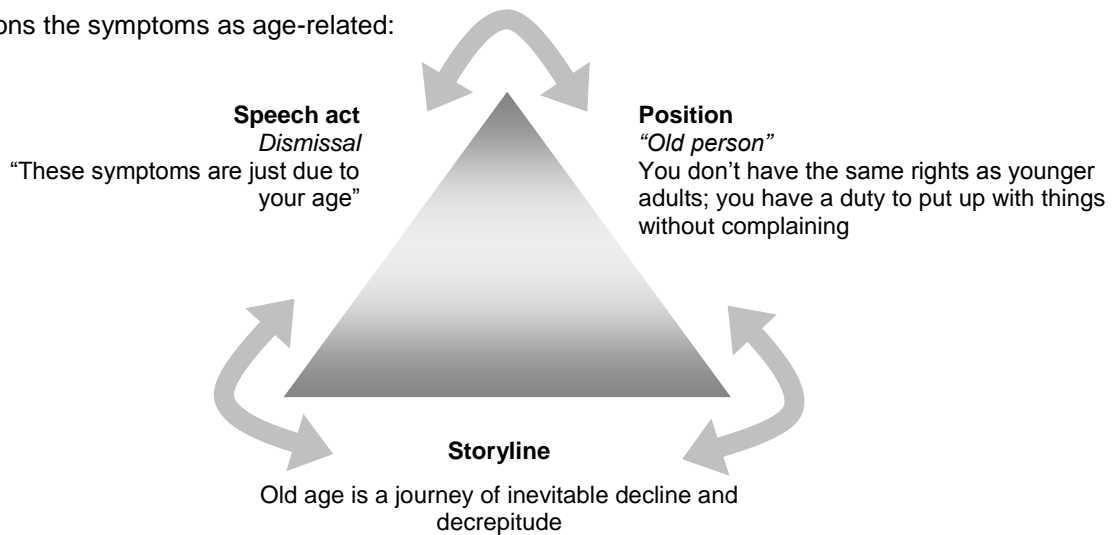
The person can reject the ageist positioning and assert other rights and duties within a different storyline:

Speech act
Complaint
"It's not my age, it needs checking out"

Position
Assertive
I have a right to proper medical investigation; you have a duty to provide that

Storyline
I've lived a good, healthy life
Good patient/good doctor (potentially moving into storyline of angry customer)
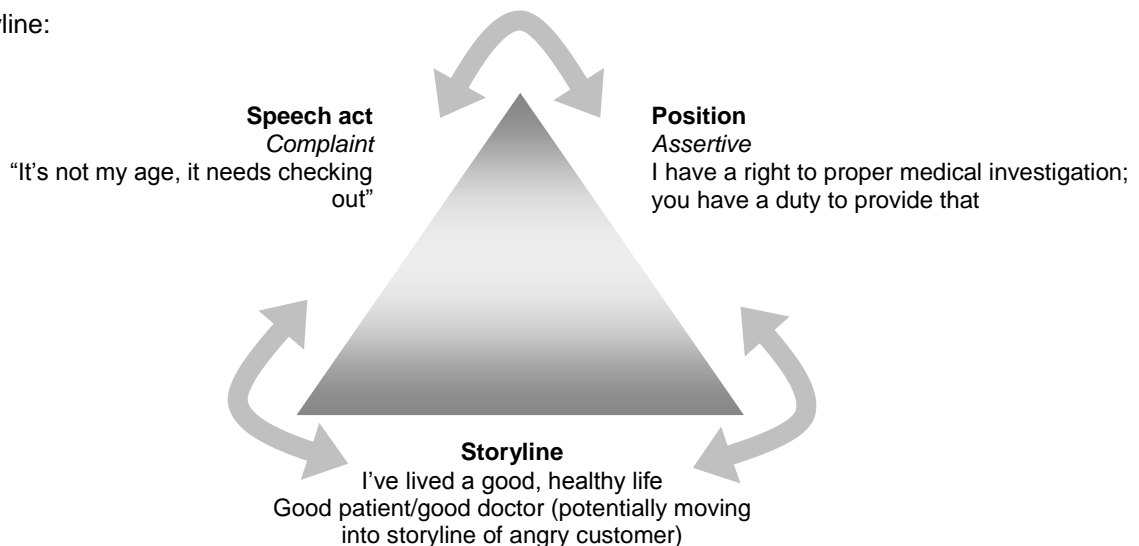
Positions

The "position" is introduced by Davies and Harré (1990) to replace the idea of the "role" in social science (Goffman, 1969), which is critiqued for assuming roles are fixed and static, rather than being accomplished moment-to-moment in social interaction. Humans constantly position themselves and others, and are positioned at a variety of levels (intrapersonally, interpersonally, between groups, by social institutions or cultural practices) and across different time spans (within a single interaction, across a lifespan, across centuries of human interaction) (Van Langenhove & Harré, 1999a). So, for example, a single interaction with a doctor telling a man that he is "infertile" shifts the positions available to him, no longer able to position himself as a "biological father" but maybe finding other positions that entail "fathering". In addition, centuries of negative positioning of infertility come into play, for example that he is less of a man or "accursed of God" because he is infertile.

Positions are relative to other positions; if one is positioned as "nurse", someone else needs to be positioned as "patient" with associated "clusters of rights, duties, and obligations" (Harré & Slocum, 2003, p.128). Positions can be actively shifted or resisted, but are nevertheless constrained by "larger stories" or norms that make some positions marginal within "coercive" social structures (Davies & Harré, 1999, p.42), such as the negative positioning that can be associated with old age (Jones, 2006). Positions may be refused or resisted, for example a nurse may want to construe a person as a "patient" where he or she denies any illness; or a man positioning himself as a "patient" might want to drive his partner into the position of "nurse" (Harré & Slocum, 2003). Positioning is thus a discursive process, where discourses produce "social and psychological realities" by "institutionalised use of language and language-like sign systems" (Davies & Harré, 1990, p.45).

The "constitutive force of discourse" operates in the "particular images, metaphors, story lines and concepts" (p.46) of a position and its associated moral and personal attributes (Davies & Harré, 1990). For example, the category "older people" is constituted as if it has a pre-existing reality and set of attributes, yet positioning research shows how older people flexibly position themselves as both "old" and "not old" (Jones, 2006), drawing on different positions "in ways that suit the immediate business of the conversation" (p.89). There can be some agency or "notional choice" in the many contradictory discursive practices that can be engaged (Davies & Harré, 1990), and positions therefore combine both structure and agency in a post-structuralist world:

> The poststructuralist research paradigm…recognizes both the constitutive force of discourse, and in particular of discursive practices, and at the same time recognises that people are capable of exercising choice in relation to those practices. We shall argue that the constitutive force of each discursive practice lies in its provision of subject positions (Davies & Harré, 1999, p.35)

Positioning can be highly "malignant" (Sabat, 2003) as illustrated in the impact of a label of Alzheimer's Disease (Adams & Gardiner, 2005), which can rob people of personhood (Kitwood, 1997). The label can lead others to position the person as defective, there can be depersonalising treatment, which may be responded to negatively by the person, which is then further "evidence" of

their "disease" (Sabat, 2008). This provides some empirical basis for Butler's theorising on how discourses "precede" personhood and limit who is seen as fully "human". Labels of "mild cognitive impairment" (Sabat, 2006) or psychiatric diagnoses (Harré, 2005) can be likewise "malignant".

Some complex typologies of positions (such as first-second-third order, personal or moral, tacit or intentional, forced or deliberate) initially outlined by Harré and van Langenhove (1999a) are thereafter little referred to (Harré & Moghaddam, 2003b), perhaps because their complexity outweighs their utility (as I would argue). Two typologies have continued to develop however: performative/ accountive, and reflexive (self)/other positioning. In performative positioning, things get done (saying, "Please iron my shirts" leads to shirts being ironed), whereas accountive positioning is more "talk about talk" (p.21) ("And then he expected me to iron his shirts!!") (Van Langenhove & Harré, 1999a). Accountive positioning in "accounts" such as documents, policies or a person's talk can be at odds with what is actually done (the performative positioning) (Slocum-Bradley, 2007), which can raise questions as to what is going on. For example, there can be conflict between elders' experiences of what is actually done by health workers (performative positioning), and the policy "accounts" promising "partnership" and "consumer choice" (accountive positioning) (Gilleard & Higgs, 1998).

In self/other positioning, the self-reflexive aspect of positioning is considered (Moghaddam, 1999). Positioning theorists argue that we position ourselves in "ongoing internal discourse" (Moghaddam, 1999, p.76), such as justifying something to ourselves, imagining consequences, appraising ourselves or engaging with what significant others (both present and long-gone) might think as we imagine telling them what has happened (Moghaddam, 1999). In a recent positioning theory update, Harré et al (2009) more explicitly link this to public discourse, to the normative "larger stories" of narrative gerontology and Butler, rather than an individualised phenomenon:

> Private discourse should be viewed as being shaped by, and stemming from, public discourse. Consequently, the meaning and structure of private discourse has to be looked at within a cultural context, and in relation to the larger normative system in which a person lives (Harré et al., 2009, p.26)

Thus, for example, my participants' private discourse of their childlessness needs to be understood in terms of the cultural context of the pronatalist baby boom and how that might have shaped their positioning of themselves. That self-positioning still shifts in different interactions, for example in how they might position their childlessness when talking to their doctor, a new neighbour or a potential suitor, but still also invokes broader sociocultural norms and "public discourse" about having children.

There is concern that positions can be set up as conflicting dualisms, such as that people will take *either* an "active" *or* a "passive" position, or be positioned as either "helpless" or "responsible" (Drewery, 2005; Howie & Peters, 1996). This kind of dichotomous positioning or binary opposition should be "troubled", according to Butler's post-structuralism, and theorists Howie and Peters (1996) note a useful shift in Harré's writings from such "bipolar dimensions" to portraying positions instead as "infinitely contestable" (p.61). Drewery (2005) argues that multiple positions should be "called", rather

than "oppositional relationships" (p.315). For example, home-care workers can position a frail elder as helpless and passive, and themselves as helpful and active, instead of positioning both themselves and their clients as having moments of both frailty and helpfulness. This also links to the idea of "re-storying" in narrative gerontology and is the "hope" that positioning theory brings:

> The realisation that the content of positions is local and may even be momentary and ephemeral is the deep insight of positioning theory. As such, any positioning act can be challenged (Harré et al., 2009, p.10)

Storylines

A second element of the positioning triad is the "storyline". The man who has been told he is infertile shifts from the dominant storyline of "married with children" to a storyline of "childless couple" or "adopting other people's children", each with different positions available. Storylines can be general narrative forms (the comedy, the tragedy) or typical relationships (patient/doctor, parent/child) or typical stories for a person ("I've always coped well on my own") (Davies & Harré, 1990). "The relevant storyline can be taken from a cultural repertoire or can be invented" (Van Langenhove & Harré, 1999a, p.30). They are not "true" or reified, but tools for "making sense":

> There is no 'real' position or storyline, rather, storylines can be abstracted (given knowledge of a cultural repertoire) and are 'verified' because they help to make sense of sequences of events (Slocum-Bradley, 2007, p.639)

Functional analysis of narratives is therefore emphasised: "What does the telling of a narrative accomplish?" (Brockmeier & Harré, 1997, p.276). One "accomplishment" of a storyline is in determining typical or familiar positions, with associated rights and duties (Harré & Moghaddam, 2003a). For example, in a "doctor/patient" storyline, the doctor has the right to ask the man about his sexual health and a duty to help him deal with the infertility; the man has the right to ask questions and a duty to be honest or compliant with treatment. The storyline may quickly change to an enraged patient complaining the doctor is incompetent and the findings are wrong (and associated rights to a second opinion), or it may change to a desperate journey narrative, as the man goes off to seek for a "cure" for his infertility.

Storylines can overlap, quickly change, remain dominant for a long time, or there may be more than one running at a time. The point is that while a particular storyline is in play, certain transactions may be expected (Van Langenhove & Harré, 1999a). For example, when an older family member needs care, family caregivers can struggle with two, often competing storylines they begin to occupy, of "caregiver" and "husband/wife/daughter/son" (O'Connor, 2007). The reciprocal and mutual transactions expected in a "marriage" storyline may not be possible in a "caregiver" storyline, for example where tasks formerly expected of a husband may instead be done by a wife; and the hierarchy expected in a "parent/child" storyline may be reversed when an adult child as caregiver "takes charge" (O'Connor, 2007). There is thus a normative aspect of storylines that I see as echoing Butler's norms or narrative gerontologists' "larger stories" that shape people's lives, for "embedded in storylines is not only the notion of what *is* happening (descriptive) but also what *should* happen

(normative)" (Slocum-Bradley, 2007, p.638). Positioning analysis can usefully explore the way normative storylines are resisted, for example in Jones' (2002) work showing how older women's talk about sex resists the dominant cultural storyline of "asexual older people" (p.121).

Examining positions in different storylines also helps avoid simplistic binary oppositions. For example, in a positioning analysis of an eldercare nurse's account of having to restrain a patient in a wheelchair, Sandvide, Fahlgren, Norberg, and Saveman (2006) look at how a nurse positions herself and others as both victims and perpetrators of abuse in competing storylines. The patient is positioned as a victim of the staff who use restraint measures, despite the staff considering these to be abusive. The staff are positioned as victims of the patient's family, who insist on the restraint measures. Also, there are moments of resistance to the measures by both staff and patient together, which position them outside the victim/perpetrator storyline. The authors highlight the utility of such analyses to move beyond simple perpetrator/victim claims, and to understand processes and storylines that produce abusive positions in such settings (Sandvide et al., 2006).

Speech acts

The third element of the positioning triad is the "speech act", the words that "do things" in the social world (Austin, 1955) and mutually determine positions and storylines (Davies & Harré, 1999). A "speech act" can be a comment in an interview or a conversation; it may also be an Act of Parliament or a handshake or a look – the point is the "act" has social force, it results in positioning the speaker and others within a certain storyline (Harré et al., 2009). If the infertile man's friend says, "Oh, lucky you, free from having to support kids!" he is positioning him in a storyline of "carefree" childlessness, or he may express pity the man is excluded from a "joys of parenting" storyline; and the infertile man may accept or reject these positions when he replies to his friend.

We return here to the work of John Austin (1955), Harré's PhD supervisor and Butler's inspiration for performativity. Giving up on trying to distinguish "performatives" from "constatives", Austin continued to elaborate ways language has an impact in the social world, with what he called "illocutionary force", such as reprimands, requests, protests, apologies, advice, and so on (Van Langenhove & Harré, 1999b). Austin defined "illocutionary force" as "the performance of an act *in* saying something as opposed to the performance of an act *of* saying something" (Austin, 1955, p.99, emphasis original). Illocutionary force has been glossed as the "social meaning of a speech act" (Harré & Slocum, 2003, p.136) and "speech acts" are also referred to as "social acts" (Moghaddam, Hanley, & Harré, 2003, p.141) or "social forces" (Van Langenhove & Harré, 1999a, p.18), as "speech" is not always involved (a handshake can confirm a deal). The key is that speech acts "do" things in the social world.

Austin's related idea of "perlocutionary" force is where a speech act has "certain consequential effects upon the feelings, thoughts, or actions of the audience, or of the speaker, or of other persons" (Harré & van Langenhove, 1999a, p.101). This idea of consequences has been explored in Butler's (1997a) work on hate-speech. I join other researchers and positioning theorists in preferring "social force"

(Moghaddam et al., 2003, p.141) as a less technical term, rather than the illocutionary/perlocutionary distinctions, that is, that speech acts have social force.

Social forces operate interactionally. Moghaddam et al (2003) emphasise that "social force" exists "only insofar as the listener is willing or able to interpret the speaker's utterance as having a certain force, that is as the performance of a certain social act" (p.141). Thus, Butler sees "It's a girl" as a speech act with social force, not a statement of "fact". Also, the same utterance can perform a range of social acts, depending on the context: "Why don't we go to the movies?" can act socially as an invitation or as a question (Moghaddam et al., 2003). The utterance, "You don't have children?" can be meant and/or interpreted as a question, a criticism, or an expression of concern or relief. Also, the same social act can be performed by different utterances. "Close the door" and "Were you born in a tent?" both function as a command/request to get the door closed, within different storylines (Moghaddam et al., 2003).

Harré calls for "research acts" also to be scrutinised in the positioning triad, arguing that, like speech acts, research acts position people within storylines (Van Langenhove & Harré, 1999b). For example, the research topics chosen to investigate in relation to childless older people, such as depression and social isolation, position childlessness in storylines of loneliness and lack. Research into the community contribution of childless elders or the opportunities available to them would position them in a different storyline. Harré sees research as a highly social product of scientific discourses, positions and storylines, a way of producing, rather than "discovering", facts or "truth" (Van Langenhove & Harré, 1999b). Therefore, analysing how "truths" are constituted by research acts, storylines and dynamic positions is important.

Rights and duties

Positions are assumed to have associated rights and responsibilities, speech acts express those rights and duties, and storylines can be located within different moral orders. Harré et al (2009) claim that bringing the "moral domain" of rights and duties into social and psychological research in this way is a key contribution of positioning theory. Similarly, Judith Butler is credited with connecting post-structuralism (often accused of having inadequate ethical and moral positioning) with moral philosophy, grappling with ethics and politics (Thiem, 2008). Narrative gerontologists also argue there is a moral obligation to hear about and improve the lives of older people, and to reflect on wisdom and spirituality (Randall & McKim, 2008). Examples of rights and duties in relation to population ageing include intergenerational positions in the supposed "age war" (Hamil-Luker, 2001), or where a "right" to good health care across the lifespan subtly shifts to a "duty" to stay healthy and active (Rudman, 2006).

Rights and duties have been defined by positioning theorists as:

> A right is a demand placed on others by the person who possesses it, while a duty is a demand placed by others on the person who owes it (Moghaddam, Slocum, Finkel, Mor, & Harré, 2000, p.275)

A distinction is made between "black-letter" rights and duties, enshrined in formal laws, and "normative" rights and duties that are "informal and implicit" (Moghaddam et al., 2000, p.282). Differences between black-letter "equal rights" legislation (such as that it is illegal to discriminate on the basis of age) and day-to-day practices of discrimination can point to storylines and positions that constitute inequity (Harré et al., 2009).

Talk of rights and duties in an area of social life may indicate change is causing "normative conflict" (p.108), that is, the norms are no longer "taken-for-granted" and are therefore being debated (Louis & Taylor, 2005). Talk of *duties* can be seen as the domain of the powerful resisting a challenge to their power, and talk of *rights* as coming from those who are socially disadvantaged (Louis & Taylor, 2005). This is seen, for example, in historical talk of the "duty" of educated, white women to have babies to prevent the "decline" of the dominant "Anglo-Saxon" race (Evening Post, 1911), echoed in more recent "baby bonus" schemes in Australia and Europe in the past decade (Barnett, 2010).

"Supererogatory" duties and rights are also explored in positioning theory (e.g. Moghaddam & Kavulich, 2008), defined as "duties that individuals and groups are not obligated to carry out but get credit for when they do perform them" (Harré et al., 2009, p.28). The low pay of eldercare workers is sometimes justified by positioning them as performing supererogatory duties, their care driven by love more than money (Folbre, 2008). Supererogatory duties may "migrate to the mandatory" (p.286); for example, in response to global warming, energy conservation practices are shifting from supererogatory to normative to black-letter laws (Moghaddam et al., 2000). In a welfare state, the supererogatory duty of "caring for the sick" is shifted to a black-letter duty to pay taxes for state-funded health care, but can slip back to a "family duty" when health budgets need to be cut (Moghaddam et al., 2000).

The question Judith Butler would be asking is, "Whose rights? Whose duties?" For example, "malignant positioning" of dementia is challenged by researcher Steven Sabat (2003; Scholl & Sabat, 2008). He helps a woman "reposition" herself in caring for her husband with dementia, from feeling "unable to fulfil the duties of the [caregiver] position" (p.13), to finding "duties that were once onerous became rewarding for her" as she repositions her husband's behaviour in a more informed dementia storyline (Harré et al., 2009, p.13). But her assumption of "duty" to care for her husband is not problematised; nor that there may be a state "duty" to provide adequate dementia services, so spouses are not left to care alone.

Positioning theory therefore provides a more dynamic account of social interaction than "roles". The frame of the positioning triad – speech acts, positions, storylines – enables analysis of how social and research acts operate. We position ourselves and others in "larger" storylines and norms that structure our worlds but that can also be repositioned. Rights and duties relate to each element of the positioning triad, and to broader sociocultural and philosophical concerns.

This chapter has been an introduction to the theoretical underpinnings of my research. Language *does* things; identities are multiple and contextual; and knowledge is situated, shifting from intrapersonal to sociocultural stories. Judith Butler "troubles" categories and reflects on how humans can be constituted in a moral world. The voices of older people are sought by narrative gerontologists, envisioning possibilities of "re-storying" narratives and lives, regardless of age. Narratives provide an accessible frame for the "array of discourses" (Powell & Gilbert, 2007, p.195) in and by which Butler proposes we are constituted, crucial for the "thick description" of a little understood corner of the social world, that of childless older people and support. Positioning theorists structure the mutual effects of language (speech acts), identities (positions) and narratives (storylines), within theorised moral orders, providing ways to interpret how positioning is achieved, and how counter-positioning may be possible. They also engage with the concerns of narrative gerontology, as "life unfolds as a narrative, with multiple, contemporaneous interlinking story-lines" (Harré et al., 2009, p.8), thereby linking post-structuralism and the study of narrative:

> Stories are located within a number of different discourses, and thus vary dramatically in terms of the language used, the concepts, issues and moral judgements made relevant, and the subject positions made available within them. In this way poststructuralism shades into narratology (Davies & Harré, 1999, p.35)

I am aware that if Judith Butler, William Randall and Rom Harré were in a room together, their conversation may or may not find the echoes in each other's work I have constituted. The textual versions of these thinkers justify the connections I have made, links to be further explored in working with the words of my participants. The methods of gathering data will now be outlined, in the spirit of the questions and challenges raised by these theorists.

Chapter 4

Methods: *Looking through windows*

Research to date in the areas of childless older people and support raises questions in need of exploration. This chapter will outline the methods I used to address the existing gaps in knowledge, in accordance with the theories just outlined, my reflexive positioning, and the realities of research in the field, in order to address my research question: What are the diverse experiences and expectations that childless older people have of support, given and received? First of all, I consider the congruence of my theories and methods, including my position as "researcher" and aspects of ethical research. Methods of participant recruitment are then discussed, followed by my data collection strategies relating to interviews and transcription. My analysis of the data is explained, including initial categorising and narrative and positioning analyses. The section concludes with some comments on "re-presentation" and writing up my research.

Congruence of theories and methods

The research question calls for depth and nuanced understanding of childless older people and support, rather than enumeration and measurement, therefore qualitative methods have a contribution to make (Victor et al., 2000). The relative absence of childless elders from the research literature, as noted by Dykstra and Hagestad (2007b), and a lack of investigation of their views on support, highlights the need for older people's voices to be heard.

The worldviews underpinning this research need to coherently flow into the choice of methods and means of ensuring rigour (Caelli, Ray, & Mill, 2003). Judith Butler's poststructuralist theorising challenges "taken-for-granted" assumptions in the language that "produces" what we see and do, for example in relation to support, "oldness" and "childlessness". "Truth" and "knowledge" is multiple and contextual. In accordance with such views, I chose semi-structured interviewing for this research, a popular and widely defined method of data production (Roulston, 2010; Rubin & Rubin, 2005). The assumption of multiple realities can be well served by the use of interviews, where the diverse "realities" of a range of participants are gathered as data for analysis (Baxter & Eyles, 1997; Scheurich, 1995). An interviewee is not seen as a transparent "conduit from which information is retrieved" (DiCicco-Bloom & Crabtree, 2006, p.314). Instead, interviews are contexts where meaning is made, influenced by cultural assumptions of both researcher and researched (Silverman, 2005). Narratives of ageing, from personal stories to institutional accounts, are valued by narrative gerontologists as often contradictory "truths" that comprise important and variable knowledge. They therefore call for attention to be paid to many types of "stories" told in interviews (Kenyon & Randall, 2001). Interview analysis can explore the situational and partial nature of knowledge produced, and the many "truths" created (Featherstone & Hepworth, 1989).

The "positioning triad" of positions, storylines and speech acts (Van Langenhove & Harré, 1999a) is a useful frame of analysis for interviews. It offers a way to systematically consider the multiple "truths" and dynamic shifts between storylines and positions that operate within and across interviews (Harré & van Langenhove, 1999a). Combined with the rigour of the narrative analytic methods I also drew on, I have done my best to ensure my use of qualitative interview data is not "merely an assembly of anecdote and personal impressions" (Mays & Pope, 1995, p.109).

Researcher's positions

The positioning of the researcher "refers to the researcher's motives, presuppositions, and personal history that leads him or her toward, and subsequently shapes, a particular inquiry" (Caelli et al., 2003, p.9). The location or positionality of the researcher is neither fixed nor determinant, but must be considered as a way of remaining accountable for the progress and outcomes of research (Alcoff, 1991). Reflections on multiple positions the researcher holds are seen as resources to guide data gathering and to understand research interpretations and behaviour (Carpenter & Hammell, 2000). Reflections on my location in this research are therefore noted at apposite points in this thesis. At this point, some of the experiences underpinning my initial interest in this research topic are outlined.

This project began with a wish to explore something about "support for older people" as I reflected on my experiences of my parents' ageing. In reading extensively around the subject to refine a research question, I noticed that childlessness was characterised as a problem, if it was mentioned at all. My mother worries about who will help me when I am "old" in the way that I am helping her and my father (given that I do not have children). Then we talk about how well Auntie Jean and Auntie Suzanne manage. These are her two best friends, childless and single, who are my "aunties" by friendship rather than blood. Jean recently died in her late 80s, Suzanne is in her early 90s. I intensified my searching and reading to confirm there was a gap in the qualitative understanding of the experience of older childless people. Moreover, the cheerful, connected lives of my aunties Jean and Suzanne seemed at odds with the negative concerns in existing research.

In addition, mutuality of support – to *and* from older people – was an idea muted in the literature. There had been mutual support across my lifetime from two unmarried sisters, retired missionaries who lived over the road from my childhood home. There was the give-and-take of their babysitting my brothers and me, joining family meals, my house-sitting for them as a teenager when they travelled, and remaining in touch when one sister died and the other moved. My last memory of the second sister was in my 30s, when I visited her in the new retirement village to which she had moved. She died soon after in her late 80s.

The varied connections that we had grown up with, often outside of traditional family relationships, also seemed to be under-explored in the literature. My sole living grandparent died when I was 10 years old and both my parents were "only" children, so we had "adopted" aunts, uncles, and grandparent-type figures. Furthermore, such connections are now developing in my present cohort

outside of the "family" connections emphasised in research. I have a group of friends of various states of childlessness (children grown up and overseas; wanted to have children but never found the right partner; found the right partner but too old to have children; tried IVF; had miscarriages; plus various gay, straight, single or partnered friends who may yet have children). Mostly aged in our 40s, there is already a steady mutual exchange of support and connection, which I imagine continuing into our later years. Such imaginings are at odds with the risks predicted for me as "childless" in the literature, and I wondered if the portrayal of current older cohorts was similarly an incomplete picture.

I also needed to reflect on my multiple positions as "interviewer" in this research. I once worked in journalism and public relations; I am a clinical psychologist working part-time in the public mental health system with community-based adults (not older adults); and I am a researcher interviewing participants for research. I decided not to talk with my participants about being "a journalist" or "a psychologist", as these operate in storylines different from being a "research interviewer". When outside of the clinic, saying I am "a psychologist" can generate responses of "Oh gosh, you'll be reading my mind…" or concern that I will be negatively assessing a person's mental state, and I felt like such assumptions would unhelpfully detract from research interviews (as well as being wrong). In addition, my doctorate is based in Social and Community Health within a School of Population Health, not a psychology department; and my research aims are not psychological analyses of research participants or generating psychological theory. That said, I did need to reflect on how my "psychologist" training and experience, and my interest in critical psychology viewpoints, influenced my work. I have had a lot of experience in interviewing people, in trying to get at how things "work" for people from their perspectives, and endeavouring to be sensitive to the pacing or topic changes that occur. But my "psychologist" self did not dominate; my childless self, my daughter-to-older-parents self, my research experiences, and my teaching role (postgraduate qualitative research methods in health) all interact with my "self" as a doctoral researcher in this project.

Research journal

Throughout the research process, I wrote an electronic research journal, documents I could save, sort, and search through to find material again later. The journal comprised brief responses to readings, notes about people's questions or responses to my topic, personal anecdotes (in particular in relation to my parents' ageing), and thoughts on my research as it progressed. In addition, I had a fieldwork journal for when I was away from the computer. This was useful for interviews as I could note down thoughts and ideas immediately after an interview. Contextual data impossible to capture on an audio interview recording was recorded, such as the look and feel of the person's environment.

Keeping a research journal is part of the audit or decision trail of rigorous qualitative research, tracking research process and direction (Johnson & Waterfield, 2004). It is also a mechanism of honing and challenging nascent interpretations and ideas, and the reflexive critique of the research effort (Pillow, 2003). Reflexivity is the consideration of "how researchers' perspectives affect research interactions, data collection and analyses…interrogate ethical commitments, [and] guide research

discussions" (Burns, 2006, p.3). It is an accepted part of good qualitative research, and its limits and practices are much debated (England, 1994). With Pillow (2003), I continue to grapple with the post-structural tensions between the impossibility of "objective" representation and making "sense", and the necessity of remaining engaged and relevant, not drawn to "self-indulgent, narcissistic, and tiresome" self-reflexivity (Pillow, 2003, p.176).

Research consultation

As well as continuous self-reflection, discussing the research with others is an important part of thoughtful, rigorous research (Carpenter & Hammell, 2000). Regular supervision and formal presentations at conferences and seminars provided informed scholarly feedback. Participant feedback was sought on interview transcripts, through annual updates and in feedback discussions towards the end of the project. Peer consultation was provided through a Gerontology Reading Group, a doctoral Social Theory Reading Group (focusing on theorists such as Judith Butler) and informal lunch-room chats with other doctoral students. I regularly attended a monthly Older People's Network Forum for people working with older people in the statutory, NGO and voluntary sectors, which helped keep my conclusions grounded. Feedback from friends and family was also useful, in keeping ideas meaningful and comprehensible.

Ethical research

Research ethics operate on a number of levels. Formal ethical approval for the research was given by the University of Auckland Human Participants Ethics Committee (UAHPEC). This process ensured appropriate documentation (Participant Information Sheet, Informed Consent, see Appendix 3 and 4) as to how participants' anonymity and security of information would be achieved.

I had a counsellor's details available should participants feel the need to "debrief" the interview. As outlined in my Ethics application, my intention was not to ask people to relive painful details of their lives, but rather to explore ways they engaged with the give-and-take of support through to older age. However, I was aware that negative feelings from not fitting into social norms around marriage and family, or from experiencing the deaths of children or partners could arise, so I wanted to provide access to support if people felt upset. The counsellor's details were left with participants so they did not have to ask me, and the arrangement was that the counsellor would invoice my project for any participants she saw, without disclosing their names or details. This is standard practice in delivery of confidential support through Employee Assistance Programme providers (Csiernik, 2003). None sought counselling from her to my knowledge.

Participants were invited to choose their own pseudonyms. I consider this to be more respectful of participants than choosing names for them, and this consideration was borne out in the care with which people chose names. They would consider special people whose names they could use (for example, their mothers or friends who had died). Sometimes they would change their minds during or after the interview when a name did not feel quite "right". A few found it a bit "silly" to have to come up

with a "pretend" name, so I would suggest their middle names as at least less identifiable. Only one participant refused to suggest a pseudonym, feeling their name was common enough to not reveal their identity.

"Ethical issues" are not restricted to the part of the research process where the researcher is applying for formal ethical approval or interacting with participants. There are ethical considerations from the initial framing of research questions through to the final writing up of research, as social researchers Hallowell, Lawton, and Gregory (2005) emphasise:

> Undertaking ethical research involves us making a range of decisions with regard to how we should behave towards others at all stages of the research process…These decisions are not just practical judgments, but moral decisions (Hallowell et al., 2005, p.149)

Thus, to me, there is a "moral" decision in choosing to see "childlessness" and "oldness" as complex constructions of interest and value, rather than simple or negative categories. Imagining my participants reading all that I write or attending conference presentations keeps a sense of accountability to them in focus, beyond just sending summaries of my "findings" at the end of the project. Choosing verbatim quotations for findings, within the constraints on thesis length, is a deliberate effort to have the "voices of older people" heard, while acknowledging I am filtering those "voices" (Gubrium & Holstein, 2002).

Participant recruitment

Participant sampling and recruitment is driven by the research question and theoretical underpinnings (Suto, 2000). This project does not seek to make generalisations from statistically representative samples, but rather to explore in-depth the "social phenomenon" of support given and received by childless older people (Mays & Pope, 1995, p.110). A "purposeful sampling" strategy was therefore appropriate, seeking "information-rich cases for in-depth study" (Patton, 1990, p.182). A diverse group of childless older participants was recruited, using strategies detailed overleaf.

Over the course of one year, I interviewed 38 childless older people. Interviews were recorded and transcribed and are explored in the data analysis that follows. I also did three phone interviews (notes only, no recording) and a group interview comprising two childless and four non-childless people (recorded and transcribed). The circumstances and use of this additional data are discussed below.

The group of participants is summarised in Table 4.1. A full list of participants is given in Appendix 7, including the means by which they were recruited and order in which they were interviewed, plus details of age, ethnicity, partner status, living circumstances, and occupation. Demographic or social features of interviewees are not treated as essentialist categories. The account one gay man gives is not "representative" of the "essence" of all older gay men, but may differ from the experiences of a heterosexual/married peer in enlightening ways.

Table 4.1: Summary of participants

Gender	Age	Ethnicity	Partner status (at time of interview)*	Childlessness**
Male 9 Female 29	Age range: 63 to 93 Average age: 80	27 Pākehā 1 Māori 10 Other	19 single 9 widowed (incl.1 gay) 6 married 4 divorced 1 separated	29 have never had children 5 miscarriage/still-birth 1 has outlived children 3 step-children 2 estranged/adopted out 3 parents

* N=39 as one woman had been divorced once and widowed once so appears in both categories. The "married" include a 2nd-marriage couple (him divorced, her widowed). "Single" means never married but does not mean never partnered.

** N=43 as April is in 3 categories (had stepchildren, is a parent, who adopted out a child); Charlie is a parent, step-parent and estranged; his second wife Betty has a child and stepchildren

Participant exclusions

This was an "opt-in" study where research information included phone numbers and email address to contact me to find out more. One of the (standard) exclusion criteria for participation was that the participant was not a family member or friend (UAHPEC, 2010). While I interviewed some people who were *friends* of friends or family, I did not need to exclude any participants because of being previously known to me.

Another common, but regrettable, exclusion criteria is dementia or cognitive impairment (Cotrell & Schulz, 1993). Research has shown that older people with moderate cognitive loss are capable of participating in interviews and expressing their opinions on things of concern to them (Sherratt, Soteriou, & Evans, 2007). I wanted to include them if they could make an informed decision to participate in an interview. For example, Manu had a diagnosis of dementia, according to his wife Donna who participated in the interview with him at the rest-home where they lived. Percy, at the same rest-home, was introduced to me by the rest-home manager as someone she considered able to choose to participate in the research, despite some cognitive impairment, and he then made an informed decision to participate. Emma suggested that her friend Eleanor could participate despite some cognitive impairment apparent in Eleanor's talk.

Interviews were not sought with members of the participants' support networks (such as nieces or formal support staff), a decision guided by the research questions (it is the experiences of the elders, not the views of their networks, that need exploring in the first instance). It also relates to a commitment to privileging the views of elders and mitigating the risk that "younger" voices, especially if professionals, are taken as somehow more authoritative (Callaghan & Wistow, 2006).

Sampling and recruitment strategies

As the literature review highlights, definitions of "childless" and "older" vary. For the purposes of recruitment, I defined "childlessness" as including those who have never had children, those who have outlived their children, and those who define themselves as "childless" (even if, for example, their partner has adult children). Those with stepchildren, adopted or fostered children, or whangai'd

children I deemed not childless, but given the definitional issues, remained open to see what the "self-definition" of childlessness included for participants. I wanted to interview both men and women, in a range of partnership arrangements (single, married/partnered, divorced/separated, widowed). In terms of age, I hoped to recruit both the "young-old" or Third Age cohort (65+ years, 55+ Māori) and the "old-old" or Fourth Age (over 80). The oldest age group is characterised as being perhaps more engaged with questions of "support" because of health concerns or losses (DeOllos & Kapinus, 2002), so I was keen to hear from them. In purposefully sampling, I therefore sought diversity of types of childlessness, gender, partner status and age. I did not have a set "quota" regarding these aspects, for example to include a certain number of men, but did wish to have a diverse group. Hence, for example, I actively sought more male participants after I had been recruiting for a while and already had a list of potential female participants to contact.

Variations of sexual orientation, ethnicity, socioeconomic status, education levels, and relative frailty are variously referred to in the literature as potentially of relevance to giving and receiving support. I therefore endeavoured to include a diverse group of participants around these issues, alongside the broad purposive sampling in terms of type of childlessness, gender, partner status and age. Sometimes these aspects were apparent only in an interview, rather than being spoken of prior to it.

A mix of recruitment strategies was used to ensure a diverse participant group. There was some *convenience* sampling initially, which provided two early interviews (April and Tombie). Convenience samples are "essentially drawn from those who happen to be in the right place at the right time, and often self-selecting volunteers" (Johnson & Waterfield, 2004, p.124). Thus, April, a resident at the retirement village where my parents lived, said she was childless and would like to be interviewed, following my chatting about my research in the village lunch room. At a gerontology conference early in the PhD, where I outlined my initial scoping of research on childless older people, Tombie offered to be interviewed after hearing me speak.

Many "information-rich" participants came to me via those who heard about my research project. These included people in the statutory (state-funded), voluntary or NGO ageing sectors who gave out fliers or letters to their networks (see examples in Appendix 1 and 2), or to specific people they knew to be childless. Associates outside the ageing field approached older people in their professional or personal networks whom they thought might be interested.

Snowball sampling. After the first seven interviews, there was some *snowball sampling* where participants who had been interviewed suggested others who might like to participate (Luborsky & Rubinstein, 1995). Five participant interviews, one telephone interview, and the group interview were snowballed from other participants.

Depression research. With an opt-in study, I was concerned to ensure that not only people who felt "happy" about the topic would speak to me. I was able to recruit six participants from the Depression

in Late Life: An Intervention Trial of Exercise (DeLLITE) study (Kerse et al., 2010; Wiles et al., 2009). All participants in that study had been screened as having some symptoms of depression. Those who participated in my study had said they were willing to be contacted about other research projects after Dellite was over.

Community newspaper. To ensure that recruitment extended well beyond any associations with the ageing sector, the university or my personal or professional networks, I wrote an article about my research which was published in Auckland community weekly newspapers *The Auckland City Harbour News,* audited circulation 19,858 (Auckland City Harbour News, 2008) and *The Central Leader,* circulation 52,952 (Central Leader, 2008) (the subeditors used the word "elderly" in the headings, as opposed to my phrase "older people")*.* Fifteen people contacted me, I interviewed 11 face-to-face and two by phone, and declined two (one was too young, the other had children and grandchildren). Those who responded to the article were a mix of ages, socioeconomic, partner and health statuses. They gave a range of reasons for responding to the article, including a sense of injustice in relation to aspects of a childless old age, a wish to share ideas and experiences, or curiosity about research on a category that applied to them.

Telephone interviews. These included two from the newspaper and one via another participant. They were all ever-single women in their 70s, and for various reasons, interviews were not possible. I took notes of our discussion, but without transcripts and signed consent, they are not included in the formal count of 38 participants.

Group interview. Focus groups are interviews with a small group of people "in a social context where people can consider their own views in the context of the views of others" (Patton, 2002, p.386). Such group interviews can be seen as complementary to individual interviews, yielding different information with different dynamics. An opportunistic focus group arose following initial interviews with two residents (Bee and Fletch) who lived in an Abbeyfield shared house. (They have given their permission for the Abbeyfield connection to be acknowledged, as they are keen for the Abbeyfield model of older people "flatting" together to become better known.) I wanted to check some of my initial ideas on "support" and Bee and Fletch agreed that other residents (including those with children) could be invited to a discussion around the table at Abbeyfield. Bee and Fletch (childless), three residents and one staff member (all non-childless), joined in. Informed consent forms were signed, the interview was recorded and transcribed, but given the non-childlessness of the group, they are not added to the 38 participant count.

Māori participants. I was keen to include the voices of Māori, the indigenous people of New Zealand, and consulted early in the project about this, including with the university Māori Cultural Safety Officer for gerontology research. She was unsure as to how the topic would be of interest to Māori, echoing the assertion already noted that childlessness is not a key feature of Māori communities (Boddington & Didham, 2009). She gave the example of her father arranging for her "childless" sister to whāngai a

child, and stated that her sister now has mokopuna (grandchildren) to enjoy. Through a connection with another Māori researcher, I was able to interview Manu and his Pākehā wife Donna. The researcher had been surprised to find out that Manu (her husband's relative) had no children, a response that again confirmed the sense of rarity of childless Māori elders. Another possible interview with a Māori woman, living four hours out of Auckland, was cancelled twice and I did not pursue it further, unsure the connection I had with the relative arranging it for me was strong enough to be sure she really wanted to participate.

Less effective recruitment approaches

Letters or fliers were sent out to organisations associated with older people including Grey Power, Age Concern, the Returned and Services Association (RSA), and Needs Assessment and Service Coordination service, after either phoning or emailing someone in the organisation. This generated no participants. In future, I would go to meet with these groups, as a "personal" connection with similar groups was more successful than just having a flier pinned to a noticeboard.

After the snowballing to a focus group from Fletch and Bee, I suggested other groups when I made initial contact with potential participants. I would offer them the option of inviting some friends along, an attempt to run naturally-occurring focus groups. This was not taken up. Instead, it was only after having had an interview that participants would then suggest a friend or relative whom I could contact.

Data collection

Interview structure

Qualitative interviewing spans a continuum of structure, from tightly structured survey interviewing, through to a structure with an interview guide so the same broad topics are raised in each interview, through to a non-directive "Tell me about something…" (Coolican, 1990). The focus of this research calls for some structure in that the relationships between childless older people and support need to be discussed with each participant. However, the interview structure also needs to be open and flexible, in order to produce "thick descriptions – where interviewees are specifically encouraged, by questions and other verbal and non-verbal methods, to produce elaborated and detailed answers" (Rapley, 2004, p.15). Such a mix of structure and flexibility is called "semi-structured" (DiCicco-Bloom & Crabtree, 2006, p.315) or an "interview-guide approach" (Patton, 2002, p.343). The interview guide for this research is attached in Appendix 5.

Asking questions

In general, qualitative interview questions aim to be "informal, nonjudgmental, and open… avoiding any suggestion that one answer might be more desirable than another" (Ulin, Robinson, & Tolley, 2005, p.82). I started interviews with a broad question that did not specify support type or direction, but did ask for specific instances to be discussed: "Can you tell me about support given or received in the past week?" Similarly, in asking about childlessness, I did not want to evoke particular stereotypes

of childlessness as positive or negative, or assumptions that it was a fixed "state". After consultation with supervisors and research peers, I used the metaphor of a "journey", phrasing the question as, "Can you tell me about the journey to childlessness?" This indicated I was seeing it as a process, although the assumption of childlessness as a "destination" did not quite fit. There is further discussion of approaching this topic in interviews, in the childlessness findings in Chapter 5.

The order of questions should also be considered (DiCicco-Bloom & Crabtree, 2006). For example, the question of how participants came to be childless may be painful (for a parent whose children have died, for instance) and thus may be a question for later in the interview when the interview relationship is more established (Hydén, 2008). Yet, equally, it could be something the person raises immediately in a wish to "get it over with" or because for them it is the most important idea or the motivation for being interviewed. Participants manage the question order to the extent of giving a minimal response to a question if it is asked "too soon" and returning to it later in the interview to give a fuller or different account (Kvale, 2006).

Routine questions to gather demographic information can be used at the start of an interview to "ease" the participants into the questioning process (Suto, 2000, p.40). I did this in terms of checking and completing the brief questions confirming name, address, age and ethnicity on the Participant Cover Sheet (Appendix 6). Patton (2002) highlights the usefulness of asking open, qualitative questions to gather demographic data (instead of closed, pre-set categories of age-bands or ethnicities), as this "elicits the respondent's own categorical worldview" (p.351). This was evident in the question about ethnicity, where the range of terms for New Zealand-born "white" people included New Zealander, European, Pākehā, New Zealand European, European New Zealander, European-Caucasian, Pākehā Kiwi and Pākehā New Zealander, each with particular sociocultural overlays. Open qualitative questioning around childlessness and marital/partner status, rather than simple "category" questions gathering "demographic data", was necessary in relation to the research aims of exploring these terms. Participants brought up demographic data relevant to the research question (for example, that their particular socioeconomic status had an impact on support, or that the place they were born had an impact on their chances of finding a spouse), but I did not presuppose such links by asking pre-set questions across the participant group.

Negotiating interviews

The audio-taping of interviews is one of the markers distinguishing an "interview" from an informal, social chat. Getting out a tape-recorder is part of setting up a particular interactional context, to "shift the identities of the speakers to interviewer and interviewee, where the interviewee is produced as 'having something of importance to say'" (Rapley, 2004, p.18).

There are negotiations of power back and forth between researcher and participant in the immediate context of the interview and in the larger sociocultural contexts within which the research operates (Suto, 2000). For example, my positioning as a "university researcher" had Margaret wondering why I

would be interested in her because she said she had had a "very boring" life. It meant John could tell me about some other university researchers who had refused to give him information about the study in which he had participated (I understood this as a legitimate warning to me not to do the same). Patricia joined with my "university researcher" positioning in telling me she had completed a PhD and knew about the challenges that lay ahead for me.

Researcher "control" of the research process overall (in terms of interpreting and writing up research) and in conducting interviews is much debated (Kvale, 2006). Who has "ultimate control" in the interview is unclear (Suto, 2000). The researcher dominates because he or she asks the questions, decides to probe more on various topics or close them down, and decides when to switch off the tape (Kvale, 2006). Yet, participants also choose the extent to which they answer the questions, including saying what they think the researcher wants to hear (Järvinen, 2000). They are "active subjects" (Gubrium & Holstein, 2002), sometimes making use of an interview as a unique opportunity to say things not necessarily acceptable in their other social relationships, and controlling the interactions in appropriate ways (rather than being "dominated" by the interviewer) (Russell, 1999). They can introduce and pursue different topics, and also decide when to end the interview (Kvale, 2006). For example, the interview with Emma seemed to end abruptly when she said it was time for her to go shopping. In contrast, I had to work to end the interview with Daisy after almost two hours as I had another appointment to go to and felt she would have liked to keep chatting. Most interviews were 60 to 90 minutes long, sometimes coming to a "natural" close when it was time for a participant to go to lunch in a retirement village or rest-home dining room. I spent a few hours with Donna and Manu as I had driven out of Auckland to see them, with a 90-minute interview followed by taking them out to lunch and going with them to look around the town where their rest-home was, all with the tape running (though sadly much unusable because of background noise).

The place where the interview is held can also affect the relationships being established (Manderson, Bennett, & Andajani-Sutjahjo, 2006). All the interviews were in the participants' homes which both gave them some control and comfort in being in their own context, and also presented aspects of their lives that an interview in a university meeting room would not reveal (Manderson et al., 2006; Sinding & Aronson, 2003). Such aspects included pets, photos or precious items they showed me relating to support ideas.

Interviewing older people

Are there special issues in interviewing older people? This is potentially an ageist, homogenising question, linked to what Kaufman (1994) describes as incorrect notions that older people "tire easily" (p.126) when interviewed, or that if someone looks frail, they are also deaf (Kaufman, 1994). The ways that "age and ageing" are actively and variously constructed by both interviewer and interviewee should be considered, to avoid such stereotyping (Gubrium & Holstein, 2002; Randall, 2001). There needs to be a balance of ethical concerns of gatekeepers about research with frail elders, and challenging stereotypes of older people as "passive respondents" (Russell, 1999, p.415). I was

grateful to Daisy (Interview 4) for alerting me to unhelpful behaviour I was unaware of. Early in her interview, she told me what seemed a fairly involved story about a trip to the chemist's shop and that she had had to say to the young man serving in the shop, "I'm not deaf, you know!" For the rest of the interview, I dropped my voice to ordinary volume, having been skilfully taught an invaluable lesson about not assuming deafness went with advanced age.

There is little attention paid to the "nuances of cross-age interviewing" (Rubinstein, 2002, p.140), for example the chance of a "parent and child" dynamic unconsciously operating between older interviewees/younger interviewers. Such ideas of transference and counter-transference (where individuals identify with each other in terms of other significant relationships) can mean researchers are seen as like children, grandchildren, parental or authority figures, friends, or younger versions of siblings or partners, with chronological age having little bearing on symbolic links (Orbach, 2003). There can also be linguistic differences between generations, including different historical reference points or language rules (for example, where my participants spoke of their World War II experience or how they had been taught to speak to a doctor). It is important to move beyond dichotomous characterisations of young/old or this/that generation, and instead attend to how age and generation are constructed, performed and negotiated within research encounters and across the research process (Grenier, 2007b), for example when some of the women participants referred to work opportunities available to "girls nowadays" in contrast to what was open to their generation.

Similarly, cross-age interviewing can highlight the question of insider/outsider status, as, in my 40s, I am an "outsider" in terms of age (Grenier, 2007b). Rather than fixed insider/outsider positions however, Merriam et al (2001) suggest reflecting on insider/outsider moments and how these may influence knowledge construction and relationships. For example, I introduced myself to my participants as an "insider" in terms of being a person without children. I also said I was involved in supporting my parents as they grew older, which is in part how I had become interested in the research topic. This portrays a partial "insider" status, in terms of claiming some knowledge and respectful involvement with elders, yet is also an "outsider" statement in highlighting my parents' age as closer to my interviewees' age than to my own.

Transcription

Interviews are transcribed in order to have a textual representation of the participants' audible talk to work on (Bailey, 2008). Transcription is a process of interpretation and reduction, not a "verbatim" account, as the written word cannot capture all that is going on in a social interaction (Lapadat & Lindsay, 1999), but is a "partial account" (Poland, 1995, p.306), balancing competing demands of accuracy and readability (Poland, 1995). Decisions have to be made as to the amount of non-verbal detail included, such as pauses, laughter, pace, tone and emphasis, and what notation should be used to indicate these (Bailey, 2008).

Different theoretical approaches, such as conversation analysis (Wilkinson & Kitzinger, 2003), guide the level of detail and notation systems, informed by the research aims (Oliver, Serovich, & Mason, 2005). A flexible "buffet of conventions" (p.69) is available, as trying to establish standardised transcription systems across theories is considered inappropriate (Lapadat & Lindsay, 1999). For example, I did not include in the transcripts notation for an intake of breath (represented as .hhh) or audible out-breath (Hhhh), considering the lack of readability this introduced outweighed any meanings to be inferred from such detail (Bailey, 2008). Notation decisions I made were applied as consistently as possible, as I was doing all my own transcribing. Thus, my typical encourager "Mmhmm" was spelled the same way and speech emphasis was indicated by italicised words, not capital letters. Short pauses were indicated by dots…, long pauses by the words [long pause] but not timed (Bailey, 2008; Gee, 1986), as focusing on the minutiae of precise duration can be associated with over-interpreting the "meaning" of a pause (Wetherell, 1998). I followed the convention of presenting talk in speech turns, a new line for each speaker (Bailey, 2008).

Transcribing is hard work, with fatigue or boredom affecting quality, and typing speed and accuracy having an impact (Bird, 2005). However, having the researcher doing the transcribing (rather than employing a typist) is a valuable part of immersion in the data, so I transcribed all my own interviews. This also reduces content errors, as the researcher is familiar with both the subject matter and the interview encounter (Poland, 1995).

I started transcribing straight after the first interview, allowing me to reflect on how I was asking questions as I proceeded. I set up three Word documents per participant: the transcript, a *Who/What*.doc and a *Support/Cx*.doc (Cx for childlessness). Any mention of people, places and times went into the Who/What.doc as a quick overview, such as "kind man next door" or "grew up in England". In the Support/Cx.doc, I noted comments about support, childlessness and ageing, and did on-the-spot analysis and "memo"-ing to capture my initial thoughts, in order to make the most of the word-by-word hearing of each interview that typing a transcript requires.

While I was transcribing my research interviews, I had occasion to be taped and transcribed for a case-review process at my part-time clinical work. The transcript was sent back to me, but I also had a copy of the tape, so was able to check the text verbatim. I played back the tape and found some parts missed or misheard in the transcript. I also checked statements on the transcript that I was *sure* I did not say, and the transcript was in fact mostly correct. The typed words had seemed wrong because, for example, the ironic tone was not captured. This was a useful exercise, to experience the oddness of reading the (relative) garble of one's own speech and to see the importance of re-hearing recordings to check for sense and tone.

Member checking of interview transcripts

Part of rigorous qualitative research is seeking feedback from participants (Johnson & Waterfield, 2004). Following interviews, participants can be sent a copy of the whole transcript, or a shorter

summary or narrative of what the researcher sees as the main points of the interview (Karnieli-Miller, Strier, & Pessach, 2009). This sort of "member checking" or "respondent validation" is a way of respecting the participants' rights to have some control over "their" data (Forbat & Henderson, 2005).

The length of transcripts and the discomfort that participants experience at reading the "ungrammatical" text of spoken language can be of concern in returning full transcripts to them (Forbat & Henderson, 2005). Therefore, I sent a one- to two-page summary of the interviews with my first two participants (Catherine and April) and learned a valuable lesson. I rang to check the summary had been received and what changes or corrections they would like to make. April thought the summary was "very good", made one small text correction and said she did not realise she had "rambled on" so much about her life. Catherine expressed concern at what I had written and said she would rewrite the summary. She re-wrote and posted me first one version, and then a second to replace the first. She did not want the rest of the interview data to be used. I appreciated her taking the time to present herself in a way she felt comfortable with, but was disappointed that the rest of the tape could now not be used. I had also learnt that trying to summarise a rich, one- to two-hour, wide-ranging interview was a hazardous task, especially if I was then going to be limited to using only that summary material. I thereafter decided to offer only full transcripts to participants, not to try to summarise them.

I contacted people a couple of weeks after sending the transcript, and most said, "Oh, it's fine" or "What a lot of typing!" Perdita wrote a letter reflecting on her relationship with her late husband and children, following on from what she had read in the transcript. Daphne had got a friend to go right through her transcript with her, which sounded like a lot of effort (her eyes were not up to reading 30 single-spaced pages). Frances rang soon after receiving her transcript to point out I had not changed some details that could possibly be linked to her whereabouts or identity. For example, I had not changed the name of a suburb for a club meeting she had started attending. While I had reassured participants that I would change any identifying details if ever I used quotes from transcripts, she had a vision of me leaving the transcript "on a bus" and therefore felt at risk of exposure. This was an important reminder of the utmost care required with people's private information.

I received an email from Charlie and Betty, "stunned and horrified to see what dreadful grammar and language we have used." Charlie wrote:
```
That is an incredible amount of speech recording to transcsribe!
I am stunned and horrified to see what dreadful grammar and language
we have used; I have always tried to be careful with my elocution,
grammar and limit the use of slang; it seems I must practice more on
controlling my speech and elocution. (electrocution).
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I enjoyed the humour in his response but was also quick to reply, to acknowledge how strange a transcript of speech looks, but that the alternatives, trying to "summarise" the interview, or not sending

the interview back at all, also had drawbacks. He emailed back, accepting the provisos and catching me up on details of his latest part-time job.

Analysis

This section will focus on the intense period of "analysis" as it is usually understood, when the data gathered is "analysed" in accordance with particular methods and tools in order to produce "findings" that can be "written up". Firstly, however, it is important to acknowledge that analysis occurs throughout the research, as an iterative, inductive process outlined in Table 4.2.

Table 4.2: Analysis

Activity	When analysis occurred	Focus of analysis
Research journal	Straight after interviews, in fieldwork notebook	Feelings, judgements (how well did I ask questions?), surprises, key learnings from interview, sights/sounds/smells/tastes
	Throughout project, in computer documents	Noting responses to research readings and to personal or media incidents/ideas related to ageing/childlessness/ support. Processing what I was learning from participants; grappling with theories and processes of research
Participant contact	Initial contact	Reasons they were interested in participating; how they had heard about the research
	Interviews	*In vivo* analysis of concepts, questions, answers, to seek more clarification, examples, ideas; notice interactions between us
	Transcript sent to participant, follow-up call 2 weeks later	Correction of mishearings/mis-spellings Participant responses to transcript
	Christmas card and letter annually; plus article (Allen & Wiles, 2009); participants sent occasional notes/emails	Analysing processes of keeping in touch with participants. What a "Return to sender: Deceased" response felt like
Transcription	Within one to four weeks of interview	Word-by-word hearing and reflection (Why did I ask the question like that? Why did he change the subject right there?). Content details and comments into separate documents (Who/What; Support/Cx) while transcribing
Coding	Themes/ideas sketched throughout, but sitting at computer using NVivo started after most interviews had occurred and bulk of transcripts done	Initial *a priori* codes/themes from literature Development of further themes and codes Thorough, detailed, line-by-line consideration of process and content of interviews Cutting & pasting sections of transcript into working tables for on-the-spot analysis of interaction/positioning
Writing up "codes"	During main period of "analysis" – after all interviews finished	Key ideas/concepts; patterns; relationships; descriptions; ideas frequently spoken of or novel. Choosing quotes that expressed an idea that seemed widely held; or seemed particularly pertinent, surprising, interesting. Mind-mapping & tables to work a number of levels of analysis at once
Replaying interview tapes	While writing up codes and findings	To reorient to liveliness of spoken word vs. transcript, reflect on 'tone' and feel of interview, reconnect with 'lived experience' of interview
Writing up findings	Throughout, but primarily as thesis to be completed	Drawing together theoretical underpinnings, thus positioning analysis, narrative analysis, and post-structural questions as to how 'data' should be 're-presented'; paring back the comprehensive micro-level analysis of transcripts to orient to key answers to the research question
Conference presentations, doctoral forums, informal talk about the research	Regularly throughout	Chance to step back & summarise, & analyse responses/ questions from audience/s. Initial presentations on literature review & research question; thereafter nascent observations/conclusions in context of theory presented. Analysing defensiveness (theirs/mine) in challenging 'common sense' notions of ageing/childlessness/support

This table highlights the "spiralling" approach to research and theory (Berg, 2004), enacted by continually reflecting on and analysing theoretical ideas and research data. It is part of the "audit and decision trail" of rigorous qualitative research, with my notes a way of keeping account of how my analytic ideas were developed (Johnson & Waterfield, 2004). The audit trail, peer review (at conferences, doctoral forums and talking about the research) and reflexive accounts also contribute to the "dependability" of the research, that is that the data-producing and interpretive processes are clearly accounted for and could be carried out again (Lincoln & Guba, 1985). My reflexivity as I considered how I was interviewing people and analysing our interactions relates to the theoretical underpinnings, with my positioning part of the production of the social interaction and resulting data (Harré & Moghaddam, 2003b; Randall et al., 2006). Peer review and conference discussion also allowed me to work on the "applicability" of the research, in contributing to wider debates on ageing, childlessness and support structures (Johnson & Waterfield, 2004). Reflecting on contact with participants is part of working on the "credibility" of the research (Lincoln & Guba, 1985), in terms of how credible the analysis is to my participants and comprehensible to others (Baxter & Eyles, 1997). Further detail of the specific analysis of the interview transcripts now follows.

Initial categorising

I used NVivo 8 Computer Aided Qualitative Data Analysis Software (CAQDAS) to manage over 1,000 pages of single-spaced text (38 interview transcripts of 25 to 40 pages each). CAQDAS is a data management tool, to help the researcher divide up and sort sections of text into manageable units for analysis. It does not analyse data, nor provide a rationale or theoretical frame for analysis (Bong, 2002). Links to "grounded theory" (Corbin & Strauss, 1990) are implied in the language of "coding", used to describe the activity of dividing the transcript into "nodes" or categories for analysis (Roberts & Wilson, 2002). However, the software can be used with other theoretical approaches (MacMillan, 2005), such as narrative analysis (e.g. Sinclair & Green, 2005). Coding is a way of grouping and classifying data in the service of data interpretation, not an end in itself (Kendall, 1999). It is a "reflexive and reflective activity" (Basit, 2003, p.149) evolving as analysis proceeds, not just an allocation of snippets of text to pre-existing categories (Basit, 2003).

Headings from the interview guide are commonly used as initial nodes, as are concepts from the literature review (Buston, 1997). My initial or "a priori" categories therefore covered the interview questions and types of support (such as Practical, Emotional, Formal, Friends, Family). I then added types participants mentioned, such as Pets as support, Self-support, and Kindness of strangers. Participant categories like Professional support and Medical support were related to Formal support, and yet different, so I left these as sub-categories of Support, rather than refining down to sub-sub-categories or "grandchild" nodes (Lavery, 2009). My aim in categorising was as a first step in the cycle of describing-analysing-interpreting my data (Wolcott, 1994), not as an attempt to follow a "grounded theory" approach of refining "codes" until "definitive" (Kendall, 1999). I also used self and other positioning (e.g. Attitudes towards childlessness: Self/Others); normative views of age (e.g. Age of "old" or death; Older role models); and talk about being interviewed (Interview: Comments about).

There is concern at the possible "over-coding" that CAQDAS permits, in contrast to the effort needed to manually highlight, copy, cut and paste sections of interview text for analysis (Buston, 1997). I had had experience of manually analysing qualitative data (Allen & Nairn, 1997), so while I appreciated the comparative speed and ease of electronically cutting and pasting, I knew the distillation and interpretation of data was not helped by myriad codes and attempts to include every line of text. Continually reflecting on the relevance and limits of the project at hand, rather than mechanistically coding every line, is crucial (Johnston, 2006). I did not use the CAQDAS "research journal" or "memo" functions (Lavery, 2009), as my research journal was underway well before the "coding" phase and continued long after.

Multiple analyses

> Qualitative researchers deploy a wide range of interconnected interpretive practices…each practice makes the world visible in a different way. Hence there is frequently a commitment to using more than one interpretive practice in any given study (Denzin & Lincoln, 2005, p.4)

Multiple methods of analysis are described as a form of "triangulation", a way of comparing different views of the same data to come to more robust conclusions (Coolican, 1990). Given the theoretical underpinnings of this research, however, the term "crystallisation" is more apt (Barbour, 2001; Richardson, 2000). The crystal is an image of a multi-faceted prism reflecting and refracting light and colour, casting different images depending on the locations of viewer and viewed (Richardson, 2000). This term is used in preference to "triangulation" which can imply there is an underlying truth that will be "confirmed" by a triangulating of methods (Richardson, 2000). Others argue the term triangulation has moved from its positivist roots to encompass multiple truths and multiple methods (Tobin & Begley, 2004), but agree that "crystallisation" is an "inspiring image" (p.393). It is also a reminder of the multiple, partial knowledges in operation from a post-structuralist perspective:

> The indeterminate totality of the interview always exceeds and transgresses our attempts to capture and categorize (Scheurich, 1995, p.249)

Our "attempts to capture and categorize" the multi-faceted prism will remain partial, but nevertheless need to be careful and thorough. Data transformation can proceed through three broad phases: description, analysis, and interpretation (Wolcott, 1994), as outlined in Table 4.3.

Table 4.3: Data transformation

Element of data transformation (Wolcott, 1994)	Outputs in relation to my research
Description: *What is going on here?* Data consist of observations made by the researcher and/or reported to the researcher by others (p.12)	Word-by-word reflection on the data while transcribing Line-by-line reflection while 'coding' in NVivo Mind-maps and summaries, 'zooming' in and out between detail and bigger picture
Analysis: *How do things work?* The identification of essential features and the systematic description of interrelationships among them (p.12)	Narrative analysis (Atkinson & Delamont, 2006; Randall & McKim, 2008; Squire, 2008): key narratives, counter-narratives, significant descriptions of experiences/events Positioning analysis (Harré & Moghaddam, 2003b): attending to storylines, positioning, speech acts in the flow of talk
Interpretation: *What is to be made of it all?* Addresses processual questions of meanings and contexts (p.12)	'Writing up' and representation of complex phenomena to different audiences; how Butlerian idea of 'troubling' childlessness, support & ageing can be enacted

Wolcott (1994) explains that the mix of description, analysis and interpretation will vary by research question and context. If there is too much description, the work risks the accusation of being mere journalism and storytelling, rather than scholarship (Thorne, 2009), yet too little description does not allow for multiple readings by the audience or a clear basis for interpretations made (Wolcott, 1994).

Initial description and analysis

There are many ways of "pawing through texts" (p.88), as this initial activity of scrutinising interviews is described by Ryan and Bernard (2003). The print-outs of categories and individual case summaries were read for recurring themes or ideas (and exceptions to these). A theme "captures something important about the data in relation to the research question, and represents some level of *patterned* response or meaning" (Braun & Clarke, 2006, p.82, their emphasis). *Thematic content analysis* is a phrase used by Simons et al (2008) to distinguish it from a content analysis that focuses on counting frequency of words (Miles & Huberman, 1994). Data is explored focusing on thematic *content*, with subsequent analyses, in this case narrative and positioning analysis, focusing more on the *form* of the data (Simons et al., 2008). These distinctions are largely pragmatic, as it is impossible to separate the content of interview talk from the contexts in which it is produced, but they do highlight which facet of the "crystal" of data one is attending to.

I looked for metaphors and analogies; I reflected on similarities and differences of talk within and between interviews (for example, in relation to ageing); and transitions and shifts in content or topics. Linguistic connectors that implied causal connections ("I didn't marry because…") or time relationships ("After that, I needed support") were useful to notice (Ryan & Bernard, 2003). "Indigenous" typologies or categories (for example, types of "support" that participants described) were important to scrutinise (Ryan & Bernard, 2003). Jotting down comments in the margins, making up summary tables, and describing insights and reflections in my research journal were ways to consider these elements. "Progressive focusing" (Wolcott, 1994, p.18) was also a useful strategy, where the focus of description and analysis can, like a camera lens, "zoom" in on a detail or a single participant's view, and then "zoom" back out to consider a broader context or others' views (Wolcott, 1994). I wrote these initial analyses up with extensive participant quotations, as "thick descriptions" of topics from which to build and refine interpretive "findings" in subsequent analyses.

Narrative analysis

My emphasis then shifted from detailed description to analysis "contextualised in a broader analytic framework" (Wolcott, 1994, p.34), i.e. theories of narrative gerontology and positioning. Using "sequential methods of analysis" (Simons et al., 2008, p.120) in this way is productive as a means of progressive focusing. I had ideas during interviews about how participants were positioning themselves or how a narrative was working interactively. But those ideas were more systematically developed at this point, in turning from one interpretive frame to another (Simons et al., 2008).

Narrative gerontologists' emphasis on the intertwining of personal and social, that we are "co-authored" within larger narrative contexts (Randall & McKim, 2008), fits with the choice of "second-wave" narrative analytic method. Second-wave methods of narrative analysis emphasise "narrative-in-context" as opposed to the first-wave emphasis on "narrative as text" (Georgakopolou, 2007, p.146). The "first-wave" focus of narrative analysis was on important past events, along with guidelines to analyse the structure of the narration, such as how speakers orient the audience to the point of the story and present it in chronological order (Patterson, 2008). "Second-wave" analyses extend the definition of narrative beyond chronological event "stories" to include accounts of experiences and routines, "small" stories of everyday interactions, future or hypothetical events, and also ways that "telling" is deferred or refused (Phoenix, 2008, p.64). These aspects are particularly relevant to experiences and expectations of support within the contexts of growing older and not having children. While past "events" linked to these topics are important, it is also crucial to focus on "experience-centred" talk, that is, the everyday interactions, assumptions about the future, and experiences that may be hard to speak of in the face of dominant "married-with-children" social narratives.

The second-wave analysis I used therefore is "experience-centred" narrative analysis, outlined by Squire (2008). This guided me to focus on the following:

- Present and future stories about self and others
- Imaginary events or generalised states
- Life themes or turning points, including but not limited to particular events
- Contradictions and gaps within narratives
- Links with larger cultural narratives
- Reconstruction and co-construction, in each time and place of telling (Squire, 2008).

This links with positioning theory, for example, when talking about imaginary events, people position themselves in certain *storylines.* Contradictions and gaps may be in the words used (*speech acts*), contradictory *positions* (old/not old) or conflicting *storylines* (independent; like to rely on others). Phoenix (2008) describes a process I followed of moving back and forth between the personal interview narratives (*speech acts)* and the cultural and social character of those narratives *(storylines),* in order to reflect on how people build and "perform" narratives *(positions)*, in context. Context includes both the interview and external contexts described or referred to.

Experience-centred narrative methods are used to delineate and theorise under-represented lives (Squire, 2008), which fits with narrative gerontologists' call for older people's narratives to be valued and heard more (Kenyon et al., 2001). However, there can be an assumption of "narrative as transformation", looking for personal and social change and "good" stories (Squire, 2008). Interpretation should not become prescriptive ("This is how support works – *and therefore should work* - for childless older people"). The post-structuralist frame fits with experience-centred narrative analysis to remind me of the lack of transparency of language, and the problems of assuming a fixed "self" or "truth" behind a narrative (Squire et al., 2008).

Analysis of positioning

Positioning theory worked as a framework for the experience-centred narrative analysis. I found it useful to reflect on the fine detail of an interview interaction, in terms of how speech acts positioned people within particular storylines, or how a positioning I suggested was refused or elaborated by an interviewee. Stepping back to interpret what new positions or storylines were enacted across the interviews overall was also useful exercise. Key positioning theory aspects are shown in Table 4.4.

Table 4.4: Analysing positioning elements

Positioning element	Aspects	Points to consider
Positioning	Self/Other - Positioning of self (reflexive positioning) and others in a given interaction	How ways we position ourselves and others can also relate to larger normative stories (e.g. the normative 'married-with-children' storyline means saying 'I never married' is a way of 'explaining' one's childlessness)
	Accountive positioning vs. Performative positioning	What we or others say (give an account of) may be at odds with what is done (performative) e.g. where 'living alone' is assumed to mean a person is lonely, yet s/he does not experience or 'perform' loneliness
Storylines	Different types – such as general narrative forms (comedy, tragedy); typical relationships (doctor/patient); typical stories about oneself ('I'm someone who always…')	Rights and duties vary in different storylines (e.g. in a 'limited state resources' storyline, only those positioned as severely disabled have a right to home-help, alongside a duty to stay active; in a storyline of 'the state's duty to generously support wellness', lower-needs elders may have a right to home-help that enhances quality of life)
Speech acts	'Get things done' in the social world - e.g. explain, request, apologise, advise, protest; i.e. position the speaker/others in storylines with rights & duties	The same words can have multiple meanings/ interpretations and social force (e.g. 'old' or 'support'). Consider the ways that positions are constructed/expressed in speech acts, and to what ends (e.g. saying 'I'm not old').
The positioning triad	How storylines, speech acts, and positioning are dynamic and mutually determined	How positionings change or stay the same throughout and across accounts (e.g. positions across the lifespan in relation to childlessness)

In their brief introduction to methodological procedures of research on positioning, Harré and Moghaddam (2003a) suggest a first step can be to propose a storyline as a "working hypothesis" about what positioning and speech acts might be expected to unfold. This can be followed by an analysis of the episode in question from the various points of view of shifting positionings, speech acts and associated rights and duties.

Depicting the positioning triad as a graphic, a labelled triangle (as in the example in Chapter 3) is not used in the analysis chapters. The graphic layout is limited because of taking up space, therefore a tabular format has also been used (Slocum-Bradley, 2008), with headings of storylines and positions alongside the text/speech acts being analysed.

Re-presentation and writing up

"Writing up" research continues the interpretive process. It is *re*presentation, not presentation, the outcome of many decisions regarding style, content, process, audiences and goals throughout the research, not just at the end (Mansvelt & Berg, 2005). It is inextricably linked with how knowledge production is understood.

Research informed by post-structuralist theory has extended the ways research is re-presented, for example using arts-based presentations or multi-vocal accounts to better capture multiple truths (Roulston, 2010). I have used multi-vocality in quoting "regularly and at length" from participants (Clifford, 1983, p.139), sometimes with my reflections alongside. While acknowledging I am the one choosing quotations, the polyphony of voices of researcher, participants, and sociocultural stories is open to alternative readings. Writing up research is a complex transformation of "unruly experience" into an apparently "authoritative written account" (Clifford, 1983, p.120). The research question also guides what "unruly experiences" are re-presented, where for example I might present a detailed analysis of one participant's talk about a particular support experience, but present a more general summary of a number of participants' views on another aspect. In addition, ethnographer Clifford (1983), in line with recent literary theory, points out how interpretation of data continues beyond the text; the "authority" of the researcher is no longer assumed. Readers and audiences, like the researcher and participants, take active and multiple positions regarding the text, rather than being passive recipients of the way the author has chosen to shape data (Clifford, 1983).

Outlining researcher subjectivities and use of first-person accounts is no longer anathema in writing up research (Mansvelt & Berg, 2005), and yet requires judicious application in order for communication to selected audiences to be effective. Following accepted structures in writing up a PhD (literature review, theory, methods, findings, conclusions) serves the task of communicating within the academy, and is part of an apprenticeship of conducting qualitative research that is both rigorous and innovative (Holloway & Todres, 2007). However, where some "academic" idioms expect only a third-person "disembodied narrator" (Mansvelt & Berg, 2005, p.263) to the exclusion of other voices, it would poorly serve the coherence of theory and method that is part of that apprenticeship. First-person text is therefore included as necessary, and I offer my own interpretations, while also presenting data for readers to re-interpret and consider.

Writing up for participants

Short summaries of progress to date were sent to participants with an annual Christmas card. The aim of sending the card was to continue to show, in a small way, my appreciation of their participation in my research. The first summary covered how many people I had spoken to and a few of the ideas I was developing. The following year, I further outlined ideas and themes, and included a short essay that had been published (Allen & Wiles, 2009). This annual contact meant I received "return to sender" or change-of-address notifications, and was on occasion informed that participants had passed away (for example, in response to his card arriving, rest-home staff called to tell me that Percy had died some months before). I also received cards or notes responding to the material I sent. Writing up final summaries for participants will occur at the end of this project, once the thesis is done.

In conclusion, therefore, research methods are guided by the research question and the theoretical orientations that underpin the project. This section has given an overview of tools and methods used, and some of the complexities encountered. Discussion chapters on findings now follow.

Introduction to the Interpretative Chapters

The following chapters present interpretations of the interview data informed by the methodological underpinnings of the research. Each chapter contains three elements based on the analytic steps outlined in Chapter 4:

1. Quotations from interviews and thematic content analysis are provided as "thick descriptions", open to readers' further interpretations. Refer to Appendix 7 (page 233) for participants' background details

2. Narrative aspects of interview data are highlighted in order to analyse:
    a. The detail of an account, along with my interpretive comments and questions
    b. Interactions between the interviewer and interviewee *in vivo*
    c. Wider sociocultural narratives being invoked or countered, including the research literature I have already reviewed, or that I draw on in relation to topics the participants raise

3. Positioning theory elements of storylines and positions in the speech acts of interviews are highlighted as they relate to the narrative analysis and as dynamic shifts of positioning or contradictory storylines are produced.

In addition, Butler's philosophy informs the way the interpretive detail "troubles" taken-for-granted assumptions, at times made explicit in discussions of her influence.

The interpretive elements are presented in relation to the research question. There is much material across 1,000 pages of transcripts that cannot be included; the focus is of necessity on childless older people and support. Progressive focusing (Wolcott, 1994) is used by "zooming" in on an individual's account in relation to a specific topic, or considering an issue across many interviews. This is part of the "crystallisation" (Richardson, 2000) of multiple facets in the light of different storylines and positions.

In Chapter 5, I position childlessness in relation to growing older and support, with childless journeys summarised in Appendix 8. Chapters 6 and 7 address elements of support discussed in research literature, as well as facets that have been little mentioned or explored. Chapter 6 explores what support is, and Chapter 7 focuses on who supports whom. In Chapter 8, I cover features of growing older that participants linked to childlessness and support. In Chapter 9, I theorise "answers" to the research question, consider project limitations, and make recommendations for further work.

Chapter 5

Positioning Childlessness

In this chapter, I explore the participants' talk about being childless, in relation to experiences, identities, and wider cultural storylines discussed within the interviews. These advance our understanding of the subsequent links made between childlessness, support and growing older. This chapter shows that in the interviews, participants' childlessness is not positioned as a simple matter of "choice" or "circumstance" (Connidis & McMullin, 1996) or "voluntary/involuntary" (Jeffries & Konnert, 2002). Variability in defining who counts as "children", such as whether or not stepchildren are included, is acknowledged only in some research (e.g. Dykstra & Hagestad, 2007b); my participants highlighted further complexities in how "childlessness" may be defined and the need to consider what ticking a box saying "No children" in older age may mean. In addition, the journey of childlessness across the lifespan is positioned in sometimes contradictory storylines. The comments of the nine childless men in this project are of particular interest, given the usual emphasis on women and childlessness (Keizer et al., 2010). The rights and duties of childless people in relation to caring for their families of origin are highlighted. Their involvement with "other people's children" – the sometimes extensive connections with the next generation over many years – is considered as a template for how concepts of "family" can be considered (Ellingson & Sotirin, 2006). Participants' observations on whether older parents do in fact get support from their offspring are also noted.

Who is childless?

In recruiting participants for this research, I defined "childless" people as including those who had not had children (whether by birth, adoption, fostering or step-parenting); had outlived their children; or defined themselves as childless (despite, for example, having a partner with children). Participants primarily fit the first group of having never had children, but this apparently simple category was immediately contested. April, my second participant, offered to be interviewed as a childless person, and yet during the interview she told me she has four stepsons. However, by her own definition, she is still "childless" as the boys were teenage and older when she, at 52, married their divorced father, and the boys mostly lived with their mother. Contact with them was stressful and since her husband died four years ago, they have had little to do with her. Then six months after our interview, April phoned to tell me she had just met the daughter she had adopted out 50 years before. She had been raped by a man she was dating, the child was adopted out and never heard of again. The girl had looked for her now that her adoptive mother has died, and she herself has had some children. The visit (from overseas) was "lovely", April was thrilled that her daughter had been brought up in a good Christian home, and she met her daughter's husband who also came over, but not yet their two children. It is interesting she was drawn to a study of childlessness, her "childless" status long established to manage what she described as the shame and self-blame of being raped (no charges were laid), and yet she could also be categorised as a mother, stepmother, and, now, grandmother. I

consider her story to be an example of the need to consider parental status on a continuum, as Letherby (2002b) suggests, rather than a fixed state about which various assumptions are then made in relation to potential support needs. It also points to the need to consider the variety of storylines within which childlessness may be located, including how social norms shape the positioning of experiences like rape and adoption.

In terms of those who are childless by outliving their children, Perdita clearly fits this category, having "outlived" both her infant daughter (who died at six weeks old) and her son, who died at age 36. But participants who experienced miscarriage, still-birth and pregnancy complications can also be seen as "outliving" children. Ida had had an ectopic pregnancy, Eileen thinks she may have miscarried, and Lois had a devastating experience of giving birth to a still-born baby boy (which I will discuss in Chapter 7 in relation to sibling support). Donna and Manu had started to arrange the adoption of a relative's baby due six months hence, but then Donna got pregnant, so they did not further the adoption plans. Donna then had a miscarriage, by which time the other baby was being adopted by another couple. Donna, a Christian, says, "When I get to Heaven, I want to meet my Saviour first, and then I want to meet my baby." Positioning her as having "outlived" a child, not as having "never had" one seems fitting. Others have argued that miscarriage is an under-recognised trauma for many women (Bennetta, Litz, Lee, & Maguen, 2005; Brier, 2008) and their partners (Kong, Chung, Lai, & Lok, 2010), including in relation to having other children (Frost & Condon, 1996). I would argue that the meaning of being childless by "outliving children" may need to include sensitive consideration of miscarriage and still-birth, especially for older people, as Donna and Lois report there was little empathic response from medical staff in the past to what they experienced as traumatic loss.

Further complexities of the label "childless" are apparent in Kate's and Charlie's interviews. In terms of a self-definition of childlessness, Kate volunteered to be interviewed for my "childlessness" research, yet she also says she does not particularly see the term "childless" as applicable to her, as she has ten godchildren with whom she is very involved, the children of her three best friends.

> K: I've never, never thought, um, of myself in that way – I mean, I know I'm 'childless', but because of the life I lead, the fellowship, um, with the younger generations, my friends' youngsters and my godchildren…I've never sort of thought that it was any different [from people with children]

Charlie contacted me from my newspaper article, arguing he fitted in to the "childless" category as he has been estranged from his two adult children for years, and his second wife's daughter lives in England. This fits with the "functionally childless" definition proposed by Rowland (1998a).

The myriad journeys to childlessness of this group of participants are summarised in Appendix 8. While the rich detail of all the relationships, experiences, and shifting perspectives we discussed cannot be re-presented fully in this summary, I would make a recommendation, based on this overview. It is crucial to consider what "childlessness" encompasses in relation to any given project,

and furthermore, the multiple and contested meanings of the label for those to whom it putatively applies. The process of exploring this rich complexity in the interviews will now be discussed.

Interview talk about childlessness

The social positioning of "the childless" within a storyline of falling short of the ideal of "married with children" (Letherby & Williams, 1999) makes asking about it feel somewhat delicate, as a potentially "sensitive" topic (Hydén, 2008). In the interviews, I approached the topic tentatively, first positioning myself in a shared "childless" storyline:

> R: Mmhmm… In terms of the, um, of not having had children – I don't have children either – do you have a sense of how you've kind of, that journey's been, how you've ended up without children?
> Tombie: I would have liked to have children, ah, I think, I would or could have been a good mum
> <div align="center">***</div>
> R: Mmm…in terms of children, um, as I said, I don't have children and I'm talking to people without children, what was your sort of journey to not, to not having children?
> Daphne: Well, my husband, actually
> R: Mmhmm
> D: It was to do with him, being ill when he was a baby
> R: Right
> D: And so that was that

However, reflecting in peer discussions on that sense of "delicacy", I realised the participants are aware of the topic of "childlessness" in my research; I am not springing an unexpected question on them. Moreover, they have had lifetimes of "giving account" of their childlessness, in relation to the "norm" of having children. Participants start in a variety of places in "accounting" for their childlessness, from a simple "I never married" to a long narrative starting with their own mothers:

> R: Would you mind saying something about your, I'm calling it the journey to childlessness, in terms of how, how that sort of happened for you, that you didn't have children
> Sally: Yes, well, I've never married
> <div align="center">***</div>
> R: So in terms of you and children, you never, you never had um any children or?
> John: No, I never had, I never ever had time to get married
> <div align="center">***</div>
> R: Can you say, do you mind saying a little bit about how you ended up not having children?
> Maria: I, my husband, I, we, we didn't have children, right, and I said I want to go to the specialist in the hospital to see what's, if anything's wrong
> R: Mmhmm
> M: Well, he said no, nothing's wrong and ah, you OK. And he said, 'How many times [do] you have sex?' and I said, 'Once every month'
> R: Mmhmm
> M: [laughs] Well, that's how my husband was, you see, I didn't know before, now anyway, 'You have to do much better than that!' he says, 'You can tell your husband to come and be examined as well'
> R: Right
> M: He wouldn't go. And then I said, 'Why not?' 'Oh, who wants children? I don't want you with a belly!'
> R: Oh, dear
> M: So, that was that
> <div align="center">***</div>
>
> R: And just, sort of, how it happened that you've not had children?
> April: Well, my mother was a very maternal person, she had ten children….
> <div align="center">***</div>
>
> [Miranda has been speaking about her brother and his two daughters who he is supporting]
> R: Yeah…In terms of, um, the path to not having children yourself –
> M: Mmm
> R: - can you say a little bit about that or?
> M: Yes. Um. I, my mother came from a farming family and she was born in England…

The metaphor of a "journey" of childlessness, starting from such varied points, captures the dynamic positionings within shifting storylines across the lifespan. Participants move across different perspectives on childlessness throughout our talk, in ways that I will now explore.

Positioning childlessness

My systematic analysis of the interviews focuses on how the "childless" identity is enacted in the interviews, and what evaluations of themselves and others my participants associated with childlessness. When are people childless, across shifting times and places? What links are there with larger cultural narratives and storylines?

Table 5.1 outlines how the childless identity is not positioned as a simple matter of "choice" or "circumstance" (Connidis & McMullin, 1996). Childlessness is related to positioning of others and to cultural storylines in multiple ways, with participants frequently holding more than one, at times contradictory, viewpoint. I consider these examples open and undo the category of childlessness, and can inform re-positionings of support and childless older age.

Table 5.1: Positioning childlessness

Childless identity positioned as:	Examples	Storylines
Positive, not a "gap" but an enjoyable way of "doing" life	Fletch, Bee – friends and work colleagues also childless; Kate – 'I'm quite happy about it', 'calling' to church work important; Hazel – always had a goal to work in the Pacific Nissan – 'never bothered me'	Being 'without issue' is not an issue
Actively chosen to prevent the harm that can be done to children through violent relationships/ poor parenting	Emma – decided at age 12 never to marry as she watched her father bash the family dog to death Owen – his parents damaged him, he didn't want to do the same. Eileen – childhood hurt by difficult Mum, Dad drinking/absent; fears she'd have been too strict; ex-husband no good	Selective anti-natalism – not everyone is fit to parent It is possible to 'break the cycle' of family violence
Of little relevance – Just one of a range of options not taken up	John, Hazel – 'too busy' Elsie – nice if it had happened but has travelled to 75 countries instead	Marriage and children is not the only acceptable way of life
Discerning – Having children is only an option if appropriate conditions are met	Elsie – have to be really in love; Frances – would not parent with 'just anyone'; Patricia – didn't like idea of raising a child alone Nissan – not ready for the 'responsibility' of a wife & child; Miranda – unsure re responsibility and if lesbian partnership could cope	Some people will marry *anyone* in order to have children
A fate to be accepted	Daphne's infertility Daisy's husband's infertility Tombie – 'It's given to some and not to others'	Accept it and move on Not God's will for everyone
A cohort effect	Lavinia, 91 - fiancé killed in war Owen, 90 - war service affected his health Margaret, 87 - stayed home to help as father hurt in WWI; WWII caused shortage of men to marry	Effects of World Wars I and II excluded some from the 'baby boom'
Relevant, at times	Hysterectomy: Upsetting for Hazel and Frances; no problem to Bee. Friends' children: Bertha envied them; Eileen & Owen noticed how badly they were being raised. Other people's grandchildren: envied by Jane & Patricia; Frances bored by photos of them inflicted on her	Biological or family life-cycle events are meaningful (but cannot predict in what ways)

Childless identity positioned as:	Examples	Storylines
Something that runs in families	Fletch – from a 'family of loners' Bee – 'It seems to be a family sort of tradition not to be married, and to be childless.' Sister too.	Our family has a right to be different
Being a survivor of trauma	Lois & Donna – both just told to 'have another baby' after miscarriage/still-birth Perdita – infant daughter died at six weeks, never properly explained April – rape survivor Emma, Eileen, Owen – family violence	Loss of children, miscarriages and still-births are traumatic experiences often discounted or dismissed
A dawning realisation	Expectation of marriage/family gradually fades: Frances wanted 6 kids, then 4, then 2; Bertha realised in her 30s she might have 'missed out'	Marriage and family is assumed
An inaccurate description	Kate feels she is so connected to godchildren she is not 'childless'	Next-generation links not limited to biological ties
Better than adopting	Daphne's husband didn't want 'another man's kid'. Maggie – wanted to adopt, husband didn't	Adoption is second-best to 'biological' children
A missed opportunity; thwarted 'maternal instinct'; 'unnatural'	Miranda – some women 'geared' to longing for kids; Maria – always wanted to be a Mum; Manu always loved kids; Frances – maternal 'need'	Women are meant to be mothers and men fathers
'Natural' to not want children	Percy – 'never wanted kids' Lavinia – wanted siblings not children	It can be 'natural' to not want children
A matter of some grief	Bertha – 'It is still a matter of grief to me' Miranda - 'Grief' is from sense of 'otherness', of being 'the odd one out' when people talk about their children	There is grief if children were hoped for. Or, there is grief from being the 'odd one out'
Can be due to family-of-origin obligations	Margaret had to work & 'stay close' to Mum; Lavinia had to care for Mum as only child	Family-of-origin demands get in the way

Participants occupy multiple positions and storylines in relation to childlessness. For example, Owen was "shot up" in his World War II service, damaged emotionally and physically, but also knows his own childhood did not prepare him to parent well: "My stupid parents ruined me, they put this idea in my head that I was a no-hoper…I was scared of having children…Because they'd have been like me, you see." Hazel was keen from childhood to work in the Pacific, her mind "so set on what [she] wanted to do" that she did not regret being childless. Yet when she had to have a hysterectomy in her early 40s, she said:

> H: I remember feeling then, 'Oh, well, I've never wanted a baby but it's strange that I'm having this taken away from me and it's never been used'
> R: Right
> H: Yes, somehow it was not so much a sort of an emotional thing, as a sort of a physical reaction in a way, it was quite strange

Bertha initially locates her childlessness in a "lack of marriage" storyline, and also as a matter of some grief. But across the interview, she talks about a range of experiences and ideas that will now be examined, in order to highlight the multiple positions and storylines taken up. I have chosen to present her account in some detail because hers was one of the fullest accounts of childlessness given in the interviews, and it echoes ideas that other participants also mentioned, such as the normative expectation that one would have children and the various responses when that turned out not to be the case. I also chose it because while other participants expressed little concern about being childless (e.g. Fletch, Bee, Percy, Kate, Hazel, Nissan, Lavinia), Bertha's account acknowledges the grief or regret that some research into childless older people emphasises

(Alexander et al., 1992; Jeffries & Konnert, 2002), and yet her account indicates how many other positions can also be invoked. To me, this highlights the importance of not assuming responses to childlessness are fixed, and the need for support-providers to be aware of the shifting salience of childless identities. I have also included sections of interview transcript and some observations on tears or topic changes, to give readers the opportunity to further interpret the content.

BERTHA: A MATTER OF SOME GRIEF TO ME

At 79, Bertha belongs to the cohort that was childless at the height of the baby boom. She was born in rural New Zealand to a farming couple, the second of four daughters and one son, all of whom are married with children. She worked as a primary school teacher in rural Northland, Auckland, and also for two years in Britain.

She starts with childlessness as a "matter of some grief" and indicates some preparation for the interview ("I was thinking in bed last night"):

> R: …what I'm calling the 'journey to childlessness' – can you say a little bit about, kind of, how come you
> B: Yes, I suppose that ah, is, is still a matter of some grief to me
> R: Mmhmm
> B: But I can remember, and I was just thinking in bed last night, how I can remember a particular occasion in my 30s when I began to realise that I probably wouldn't have children
> R: Mmhmm
> B: And that was a hard moment

She points to the storyline of "married with children" as highly normative, saying "I suppose you do realise that 50 years ago, girls really expected to get married…you thought that you might have a career for a few years, but that [marriage] was what you expected life was going to be." Living in an "isolated place" was a barrier to meeting men, but she pointed out that many teachers on country service ended up marrying local farmers. She tells a poignant story of visiting a friend with a new baby, where Bertha's first car is admired and envied by the new Mum, while Bertha envies her baby.

> B: Yes, so many people don't marry nowadays, that I don't think there is the same feeling of um, well, having failed or being the 'odd one out' now, isn't there
> R: Mmhmm. And there was that feeling then?
> B: Mmm
> R: Mmm…Yeah
> B: I can remember going to see a friend who had married and had a lovely little baby
> R: Mmhmm
> B: And I came to see her in my first little car that I had, ah, saved up for and bought myself, it was a little old Standard 8
> R: Mmm
> B: And she *drooled* over this car, she said, 'Oh! You are lucky! You are lucky!' And I thought then, though I didn't say, 'But you're lucky – you've got a husband and a lovely baby!' [tearful]

The assumption of "failure" and being "the odd one out" is further emphasised in her tearfulness, also enacted in her opening account that being childless is a "matter of some grief". She talks about positioning herself back then as more eligible for marriage than her older sister who was "not a very practical sort of person", whereas Bertha "loved" cooking and the idea of being a "good housewife", but it was her sister who got married, and then the rest of her siblings.

As the interview proceeds, the narrative shifts to more recent thoughts about the less positive aspects of having children:

> B: I mean, you come to a stage in life where you don't want children anyway
> R: Mmhmm, can you say a bit more about that?
> B: Well, you see people with their worries and their unhappiness and their sadness with their children too
> R: Mmhmm
> B: That many people could be so happy and fulfilled when they have a little baby in their arms but ah, there's often sorrow and trouble attached to it in later years

The storyline of the pain of parenting is further invoked with talk of a cousin's daughter dying at just age 32. Then Bertha shifts to point out that it is being unmarried, rather than childless, that is particularly painful, including in others' positioning of her as a "poor old lady":

> B: But I suppose to be honest, I would have to say – though I find it difficult to say it – that I have felt um, somewhat of a failure through not marrying and not having children
> R: Mmm…mmm…
> B: And I think there is a certain amount of feeling of, ah, 'She's just a poor old, old lady on her own'

She mentions the recent death of a man whom she could have married and is again tearful, reflecting on the fact that if they had married, she would be a widow now (and thus still a "poor old lady on her own"). There is a long pause and she then checks on the experiences of others in my research, asking whether they fall into two categories, "the ones who feel that they've never married and that's ah, perhaps their regret, or the ones who have never had children and that's their big regret?" I follow her move away from her own experience, speculating with her as to generalisations about where "regrets" might lie, until she returns again to her own experience. She raises the normative cultural expectation that girls should get married, and also challenges generational norms about sex outside of marriage:

> B: There's really two facets there to look at though in my case and in the case of quite a few people you must interview – the fact of their childlessness or the fact that you haven't had a married life
> R: Mmm, mmm. And do you have a sense of how those two relate for you?
> B: Well, they, ah, as I said, I don't think the childlessness worries me terribly much now, but I do feel that my life has lacked something
> R: Mmm…That would have been filled by marriage?
> B: Mmm
> R: Mmm…So that would have been some sort of 'success' as opposed to 'failure' in terms of being Mrs Somebody
> B: Yes
> R: Mmhmm
> B: That's right, that was very important as I grew up, I think
> R: Mmm
> B: A girl thought so much about changing her name and being, as you say, 'Mrs Somebody'
> R: Mmhmm. Are there other things that you think it would have done….for you, to be married?
> B: Yes, I suppose I would have had more confidence in myself as a rounded person
> R: Mmhmm…So people who haven't married are in some way not rounded, not rounded out
> B: Mmm, yes
> R: Mmhmm… [pause] Do you know what would be 'rounded out' by having a husband?
> B: Well, certainly there's the, the sexual side of life and the um, relationship
> R: Mmhmm, mmm…
> B: I know that people of my age still had sexual relationships when they were not married, that's not just new in today's climate
> R: Mmhmm
> B: But in the climate that I grew up, certainly it was a no-no

Bertha's account thus covers interview preparation of recalling the grief of likely childlessness in her 30s; social experiences that intensified that grief (the new car vs. the new baby, her siblings' weddings); no longer wishing to have children in later years, especially in seeing others' pain with parenting; and the "difficult to say" sense of "failure" in not having married and not having experienced the "sexual side of life". Others are positioned as somewhat less deserving of marriage and children (her sister); as enviable (her friend); as suffering "sorrow and trouble" with parenting (her cousin); or as mocking her being "a poor old lady on her own". Other interviewees are positioned as joining her in experiencing "regret", whether about being unmarried or childless. I do not point out to her that "regret" has not been expressed by all other participants. She herself contradicts the positioning of "regret" in mentioning her father's sister, a positive role model with good links to the next generation:

> B: One of my father's sisters…never had children and she just loved her nieces and nephews, they were her children
> R: Mmm
> B: And I often think of her now that I'm in much the same circumstances that she is, that ah, the nieces and nephews mean a lot to me

She then explains she has just been down south, helping to look after three great-nieces/nephews under age five for her niece, who appreciated her help. I position this as a "grandmotherly" role; she agrees it is, and that they are "very friendly little children".

Thus, Bertha's range of positions highlight the importance of seeing childlessness not as a simple "state", but as a dynamic journey across time and changing circumstances. The storyline of "marriage with children" as normative for girls is woven through her narrative, but is re-positioned at times in the interview in relation to personal experiences located in particular times and places, and her positioning of others and their journeys of marriage and parenting. Her many years of caring for her ageing mother, her duty as the "unmarried daughter", is explored in the section on caring for parents.

What about men?

Men's experiences of childlessness are under-reported in census data (Rowland, 1998a) and under-explored in research (Keizer et al., 2010), so I present their accounts of childlessness in this section, and detail of support matters in subsequent chapters. I was pleased to recruit nine men of diverse ages, partner status, and occupational backgrounds for my research (see Appendix 7 for these details for all the men; of necessity I refer to demographic details only as relevant to some examples in the present discussion). Charlie, Ned, and Manu are married, Charlie for the second time, and they are interviewed with their wives; the interplay of talk in these couple interviews is explored more in the section on partner support in Chapter 7. Wakeford is gay and had buried his partner of 46 years about a year before we met. Robin, 84, got married at age 49, his wife was then 52, and she died about eight years ago. Despite having been married, Robin seemed to invoke a storyline of isolation that I reflect on in relation to both his childlessness and some relevant social network researchers' ideas. Percy had had a late-life marriage of four years till his wife died, then a live-in relationship with a neighbour until she died. He lives in residential care, has had throat cancer and has some cognitive

impairment, and did not elaborate on the topic apart from saying he never wanted children. Owen, Nissan, and John are single and live alone in the community and made some comments about their childlessness. At the end of the section, I also include some discussion about the deceased husbands of participants Maria, Daphne, Maggie, and Lois who are positioned by their wives as having particular experiences as "childless men".

Men's parental status is positioned in research as less central to their identity than women's (Koropeckyj-Cox, 2003). The conversations I had with men in this research provide a mixed picture. Manu says he "loves kids", and Donna his wife adds that he "spoils them rotten" and they both express great sadness at the miscarriage Donna had. Kelly says that when she and Ned first married, they could not afford children. They were "both broke" so they "couldn't contemplate" having children. They also mention they were "too busy" with work, and that they were involved with a friend's children a lot. Ned comments that these children, "They sort of semi filled the gap, put it that way," implying a "gap" on which he did not further elaborate.

Charlie positions the estrangement from his adult children in various ways. In the initial discussion on "support given and received", he does not mention his children, and there is a detailed shared narrative of how he and Betty met overseas and eventually married. He includes in this a description of the end of his first marriage and his relationships with his son and daughter at that time, including going cycle-touring together. He also talks of difficulties his children were then having with their own marriages. It is only from about halfway through the interview when I ask about "the future, as you grow older" that he mentions his contradictory positions in relation to his children, from "writing them off" in terms of contact as he grows older, yet still "thinking of them constantly":

> C: As far as the two children go, I've written them off
> R: Mmhmm, yup
> C: Ah…you think of them constantly
> R: Mmhmm
> C: But you don't rely on them at all
> R: Mmhmm, yup. So you're basically living life as if childless, in terms of looking to the future?
> C: That's right, yup

This contradiction is also evident in how he positions other parents. Some face similar abandonment because when he has "mentioned in passing" the estrangement "to other folk, and they've, they've said much the same". Yet in conversations with other parents, they enjoy what he misses "dreadfully - that I have no personal grandchildren". Charlie and Betty have left a club they joined because they are unable to share the experience of other older members "having lovely weekends bringing their grandchildren with them" on club trips. He then highlights their voluntary work with children as making up for this, saying, "I expect that's why we like [the volunteer organisation] because we're mixing with children." He again invokes the importance of accepting the situation with his children: "Well, there's no point letting it niggle and chew away at you," which Betty agrees is necessary to avoid "destroying yourself".

Finally, near the end of the interview, Charlie invokes a "learning through pain" storyline, having learnt that parenting is not just about "gorgeous little bundles of fluff", leading him and Betty to be "comfortable" with themselves and choosing to help others:

> C: But we're very comfortable with ourselves
> R: Mmm. Is that something that improves as you grow older, do you think?
> C: Oh, sure, sure
> B: Yes
> R: How does that happen, do you think? How come?
> C: Oh you, well, you realise you're having a second try
> R: Mmhmm
> C: And you try a little harder than perhaps your first marriage […]
> R: Yeah
> C: Well, the first kids, you've never had them before, for example [laughs]
> R: Mmm, yup
> C: And they're not, not, not gorgeous little bundles of fluff as you, as you might think
> [all laugh]
> R: Yeah
> B: And I think if you've experienced kindness and help, from, even, you know, from other people, it doesn't have to be within your family, if you are, if you see somebody around you who's troubled and you just take the trouble to, to talk to them…
> C: …Well, we've made a practice of trying to help people, if we see them – for example…

The single men position themselves as making choices about their partnership status. There is little mention of waiting for "Miss Right" to come along, in contrast to some of the single women waiting for "Mr Right". Owen and Nissan are clear that they chose not to marry, Nissan because he did not want the "responsibility" and Owen because he would have done it badly. Owen reports he was a regular customer at a local brothel for years, where the prostitutes told him he was "nice" and "should get a girlfriend", but he felt he was too scared of women and parenting to do so. He would currently like to marry, positioning himself as more up to the task, but has not found anyone. John did a lot of dating but, as noted, "never ever had the time" to get married. All position the issue of childlessness within the normative storyline of "married with children"; that is, the decision not to marry means a concomitant decision not to have children.

Asked specifically about children, John says "just having little ones around you" might have been good, then adds, "But you wouldn't want them there all the time, you know [laughs]." He mentions other people's children "screaming and carrying on", blaming the parents for not attending to their "rowdy kids". He has a display of photos of children and families on his china cabinet, much as a grandparent might have. They are of his sister's and his friends' children and grandchildren.

As noted, Owen positions himself as a risk to children, if he had parented them in the cruel way he was parented. But he also contrasts his sensitivity about their needs to the insensitivity of other men, talking about his friend's children wanting to see him again:

> O: They thought I was a great guy, you see, because I played with them, took notice of them and treated them like friends
> R: Mmhmm
> O: But P [their father] didn't, you see. I said to P once, 'You must get down and play with your children.' To a father and a mother, you must play with your children and treat them as equals
> R: Mmhmm

O: 'Oh, no,' he says, 'I can't do that.' He'd buy them things, he had a room about half as big as this chock-full of toys
R: Mmm
O: But I said, 'That's no good.' I said, 'They want love from you.'

Nissan describes himself as a "bit of a loner" and that he never really wanted the "responsibility" of a wife and family. This could invoke a "selfish single" storyline, but instead seems more about doubt as to whether he could "look after them" well enough.

R: Is there, is there a particular area of responsibility that felt kind of hard? Would it be the, I mean, what are you kind of responsible for with a wife and kids?
N: Oh, I don't know. I just, I just think it would be my responsibility to look after them. And as I say, it takes me all my time to look after myself without caring for somebody else
R: To look after them…Because presumably they'd look after you a wee bit as well?
N: Well, you never know, do you. You don't know
R: Yeah, so you might have to kind of take on the whole lot, that would be hard
N: Yeah. Well, I think so

This echoes a story Nissan tells when I asked about whether he had any pets. He cared for a stray dog after it was bowled over on the road near his work, and it turned out to be terminally ill, dying within a year. "I just couldn't look after him…"

R: Yeah…So it was pretty sad?
N: Yeah, oh, yeah. Yeah

Robin and Percy had late-life marriages and Wakeford had a gay relationship at a time when laws against homosexuality made parenting options such as surrogacy or adoption out of the question. The issue of children was therefore very hypothetical. Robin refers to the normative storyline of not being able to "provide" as preventing earlier marriage:

RoBin: I wondered, um, I didn't have any money when I was young anyway to, to get married
R: Mmhmm
B: My father never gave me any money at all
R: Mmhmm…So you needed money to get married? You needed to be the provider?
B: Yes
R: Mmhmm
B: Especially in those days um, women didn't work in the old days, did they
R: That's right
B: Like, like now
R: Mmm, yup
B: Ah…so um, you were sort of expected to be a provider in those days

But while this can be seen as a kind of "accountive positioning" (Van Langenhove & Harré, 1999a), that is, his "account" of how he missed out on marriage and children is that he did not have "provider" status, there is also a "performative positioning" across the interview of having been given little experience of connection, much like Owen describes. Robin's interview positions him as primarily alone. He is the only person I spoke to who mentioned the idea of being dead alone in his flat undiscovered for days, a stereotype of the consequences of a childless old age (Vissing, 2002). He reports that his father wished he had been a girl and only saw him at mealtimes, when it was not acceptable for a child to speak. The family shared a house with warring grandmothers who did not

speak to each other or to Robin, their only grandson. The boys at school "never spoke to me at all". At age 49, Robin married a woman who had some mental health problems and who he cared for:

> B: I was sort of looking after her for, oh, even before I came here, I was doing all the cooking and/
> R: /Oh. Was her health not?
> B: Well, she had been in ah, ah [a local mental hospital] and different places

They enjoyed dancing and going to the races together, but as her health got worse, he says, "She…she was very quiet, would hardly talk at all." During our interview, the phone rings and he ignores it till it stops, saying he often pulls out the plug as he expects no-one to ring him, other than someone like a "telecom salesman". I think Robin's story shows how important it is to take a lifespan view of social connections. Robin could be categorised as a "childless, older man with a lack of social support", but his social isolation pre-dates both his childlessness and his growing older. In this, I join Berkman et al (2000) who, in their conceptual review of what mechanisms may account for the effect of social networks and social support on health, refer to Bowlby's (1969) idea that early attachment patterns form a "template" that may shape lifetime social relationships. Robin's account has a recurrent image of lack of attachment with others who "do not speak" to him, beginning with his father, grandmothers, and the boys at school. He mentions this also in relation to his wife as her health worsens, and elsewhere in the interview he comments that his retirement village neighbours and people at the RSA are similarly distant. This individual "story" of isolation also relates to larger sociocultural stories that influence it, as Berkman et al (2000) suggest. For Robin, these include World War II (Robin and his mother were evacuated while his father was away fighting, causing further upheavals in social connections, employment and income); religion (his mother was an adherent of Christian Science and therefore did not seek treatment for cancer, dying post-war); and immigration (Robin came to New Zealand in the early 1960s).

Researchers' assumptions that childless single men may have had less success than their "normal" married peers (Arber, 2004; Rowland, 1998a) is not particularly evident with my participants. Wakeford and his male partner both had successful professional careers and Wakeford is planning a significant bequest to a medical research trust on his death. (He of course is not "single", but would have appeared to be so in past censuses that did not acknowledge gay partnerships.) Nissan loved motorbikes and worked in motorbike shops throughout his working life, not owning his own business but happy doing what he loved, and he lives freehold in the family home he inherited from his mother. Owen is perhaps the most economically "disadvantaged" of the men, living in a subsidised pensioner flat after a government clerical career, but is pleased to report he has $2,000 in the bank as an indication of being independent – he certainly does not position himself as "unsuccessful" financially. I think this highlights the importance of not making assumptions about "low-achieving" men (Rowland, 1998a, p.26) but to explore the subjective views men have of their status. I also did not probe about financial/occupational circumstances (as it was not the subject of my research question, except as participants saw it as relevant to matters of support). John, for example, did not comment on his financial circumstances.

There are three childless husbands mentioned by participants. Maria's husband was disinterested in sex and did not want her to "get a belly" and bear children. She positions him as dependent on her, and his lack of interest in children as a family trait, in that his brother was also childless. Daphne discovered she was infertile due to teenage perotinitus after she and her husband had fertility tests. They explored adoption, but after seeing a baby at an agency, her husband said, "No, I don't want another man's kid!" Maggie and her husband would have loved to have had children but could not, and while Maggie was keen to adopt, her husband "wasn't sure about that". Tragically, after only three years of marriage, he passed away. Lois says she and her husband together made the decision to not try for further children after they lost their son in a traumatic late-term still-birth, after which, Lois says, she had a "mental breakdown".

Therefore, childless men have diverse positions in relation to childlessness. The storyline of "children follow marriage" is invoked, as with many of the women, where decisions not to marry affect decisions about children. The married men did not necessarily assume children would follow marriage: Maria's husband did not want them, Daphne's and Maggie's husbands did not want "other men's children" through adoption, and Lois's husband did not pressure her to try again after the still-birth. Late-life marriage means that children were not an option for Robin or Percy, and the lack of options for homosexual parenting in the past meant that it was not an option for Wakeford and his partner, who both liked children. A characterisation of single, childless men as less financially successful than parental peers is not subjectively experienced by participants to whom it might have applied. Some men are thoughtful about their competence as husbands or parents, and concerned as to how well others are bringing up children. I did experience the men's talk of childlessness as somewhat more reserved than that of many women participants, which could confirm to some extent other researchers' views of parental status as less salient to men (e.g. Koropeckyj-Cox, 2003). The reticence could also relate to cross-gender, cross-age interviewing; I wonder if a male interviewer would have elicited other aspects. Charlie's account is more detailed, which I think may in part relate to his somewhat transitional parental state, a "father" making sense of contradictory positions as a "childless man" with biological offspring and as a "grandfather" without "personal grandchildren" who yet has a grand/fathering function in voluntary work and with Betty's grandchildren overseas.

The impact of childlessness on growing older and support

The research literature explores hypothesised links between childlessness and growing older, especially in terms of potential lack of support without adult children (Schröder-Butterfill & Marianti, 2006). In what ways did participants link childlessness with support and growing older? As I will explore in coming chapters, such links assume a need for "support" in later life that is by no means assumed by these participants, so this association is not strongly made.

Some researchers assume that those who wanted to have children and did not may suffer more than those who never wished to have children (Alexander et al., 1992; Jeffries & Konnert, 2002), but

evidence for this is mixed. Sally and Frances both express sadness at not having children and give specific examples of how adult children might be helpful to them now, alongside ways they manage effectively without them. Sally is envious of help that friends have received from their adult children in moving to a more manageable home, something she feels she needs to do but is hard to do alone. Frances' wish for adult children is put specifically in the context of her severe arthritis, which on a cloudy day can feel especially bad, with pain not something you can speak of to "people" but you might be able to talk about with a son or daughter:

> F:…when I get that low ceiling of cloud all around, it's agony
> R: Mmm
> F: And I, I just keep very much to myself. That's when it would be nice to have a son or daughter ring up and say, 'How are you today?', you know [laughs]. Um, not that I want to moan down their throats, but um, down their ears, but ah, I get very down to it sometimes
> R: Mmm
> F: Very depressed, because if you're in great pain, you have to be on your own, because you don't want to moan, have people, moan at people all the time, but, but it's also, because you're on your own and in great pain, it's very depressing
> R: Mmm
> F: And I, um, yeah, I do get very down to it

Maria is very sad about not having had children and the difficulties she experienced with her husband. But her niece is so good to her that the regret about children is much eased, with her niece checking on her daily and currently helping her to look for a place to move to, including making an offer to have Maria live with her if she wishes.

An assumption that the lack of adult children in older age would be more keenly felt by those who have outlived their children (Dykstra & Wagner, 2007) is not borne out by Perdita, who has outlived her husband and two children. She compares her sister's dependence on her adult children with her own more effective links to the support she needs. Her sister will ask her son for a light-bulb to be changed and then wait because he's busy, and complain about it, rather than getting somebody else to help. In contrast, Perdita's light-bulbs are swiftly changed by her friend E or her friend's husband who is a "great big 6-foot thing" who can easily do the job.

Alternatively, can it be assumed that those who decided not to have children are happier about it in later years than those who did not make an active choice (Jeffries & Konnert, 2002)? Not entirely. Jane chose "the call" to being a nun over the possibility of having children herself. The choice was definite, it wavered when she considered leaving the convent at age 35 (with a view to possibly having children) but stayed; and only now, in her 60s, is she experiencing sadness about not having children, as she spends time with her siblings' children and grandchildren. However, this does not translate to a lack of support, *per se.* She is living in a flat attached to the house of her niece and her husband; in close contact with sisters and nieces from whom she gets and gives emotional support; and her brothers reassure her about future financial support if needed. So there is sadness in relation to aspects of her choice to be a nun, but they do not relate specifically to a lack of support when old.

In contrast, Kate "chose" to be a church army sister, a choice that precluded marrying and having a family, and yet feels well-supported by godchildren.

Therefore, there are some links between feeling disappointed about not having children and noticing what might be missing in later-life support. There are changing positionings over time, where "regret" over childlessness such as Bertha experienced changes over the lifecourse and does not link to a lack of support in later life. There is an adaptive accommodation of getting help from many sources if required, such as Perdita speaks of, that I will elaborate in the upcoming chapters on support.

Family support-providers

There is some research evidence that having to provide care and financial support to family members may impede the chances of partnering and having children for some childless older people (Connidis & McMullin, 1996; Hagestad & Call, 2007). Also, having to be a "little parent" to siblings when young could make parenting less appealing (Bartlett, 1994). In this section, I explore experiences as family caregivers, interpreting the multiple ways this may relate to childlessness, support, and growing older. The normative storyline of the "unmarried daughter" having a "duty" to care for ageing parents (Keith, 2003) is invoked by some participants, and also repositioned by them.

Margaret had to leave school at 16 and work to support her parents and two younger siblings. A combination of World War I trauma and a failed farm during the Depression "broke" her father's health, he became an invalid, and Margaret "stuck with Mum a bit, you know, to sort of support her" while her younger siblings left home. Born in 1921, the cohort effect of war-time also reduced Margaret's chances of marrying: "A lot of the men went overseas and never came back." She also links the way she "stuck with Mum" to the fact that "nothing ever quite happened" in terms of going out with potential husbands, and is sad she never had children. She continued to work and support her parents, and after her mother died, a recently widowed aunt with poor sight came to stay "for a little while" and lived with Margaret for 18 years. She also often had her many nephews and nieces to stay. Despite providing so much support to her family, she says she feels she is not really "entitled to anything because I haven't brought anybody up" (i.e. had children). The storyline of filial obligation dominates: "It is hard when you get older and there aren't any, any children that feel they should sort of do something, you know." Her cousin and husband, in their 80s, live next door and provide support, but her seeking rest-home care when we meet is partly about wanting not to over-burden them.

Lavinia, 91, did not particularly want children but thinks she might have married. She describes caring for her mother as a barrier to marriage, in addition to the cohort effect of a war-time fiancé being killed. When her father died suddenly when she was 19, "I was left to look after Mum, and um, that took a bit of doing". Soon after, her fiancé was shot down and killed (a bomber pilot). After that, she says, "I wasn't interested in getting married because I had my mother with me, and I never would have inflicted my mother on anybody…And she couldn't live on her own." As two women alone, they

were thrown out of rented flats without notice or reason, having to "get out with the clothes we literally stood in…I never got over that." It took years to save enough to buy a house and have security for herself and her mother till she died at age 95. "I looked after her till she passed away, um, that was a bit of a, mmm, a bit of a trial."

Lavinia thus fits the storyline of being prevented marriage and children by family obligations. However, as the interview progresses she moves from a passing mention of "J" as a friend of 40 years who has died, to him as someone who pursued her after meeting her at the races, taking her out weekly for years, and then asking to move in with her when her mother died. Lavinia does not position him explicitly as her partner, despite that being what "people" (including me) might have thought:

> L: And um, when Mum passed away, he said to me, 'Can I come and live with you?' And just like, just like that. And I said, 'OK'
> R: Mmm
> L: So then, he stayed here until he died four years ago […]
> R: Mmhmm, yup, yup. And did he want to marry you, or anything, did he ever kind of?
> L: Oh, yes, he said it on-, um, he didn't actually say, 'Will you marry me?' although this had been going on for God knows how long, he was the one that met me at the races, you know what I mean
> R: Yup, yup
> L: And um, he said, 'We could get married, you know' and I never answered him
> R: Mmm
> L: I just must have walked out of the kitchen or did something and I never answered and he never said anything again [laughs]
> R: [laughs] So were you kind of 'living in sin' then or were you just –
> L: Well, people would have said that, but he had his room and I had my room…

Therefore, despite a clear message that caring for her mother prevented her marrying after the death of her fiancé, she in fact had a 40-year relationship with a man, including many years living together. She would appear as "single" in census data or population surveys, but her experience is more complex than that, including her not wanting to account for her experience in normative partnership language.

Tombie refers to the storyline of "little parent", as the eldest girl with five siblings appearing in quick succession, saying, "I remember getting *fed up* because you know, you had just taught one to walk and be safe and another one popped out!" At age 12, her father died and her mother was deathly ill for a year, so the caring intensified, particularly with her youngest sister. "I've always felt a bit like a mother for her and she certainly sees me as an alternative mother." However, Tombie does not link this to not having her own children, which she positions within a storyline of fate:

> T: I would have liked to have children, ah, I think, I would or could have been a good mum
> R: Mmhmm
> T: But I think, you know, in life we don't always get what we want, I certainly didn't get depressed or felt of lesser value …um, it's just, it's given to some and not to others

The cultural expectation of the "eldest girl" having responsibility to care for family is invoked by Tombie but she explicitly rejects the idea that this put her off parenting, stressing instead that it led to "a very close bond" with her siblings.

Kelly's father left when she was two years old in the 1920s, and her mother was very ill for years, leaving Kelly and her two brothers to care for her. This was difficult because of the rarity and stigma of marriage separation at the time, and the risk that if her father discovered her mother was sick, he could have divorced her and stopped having to support them financially. There were no welfare benefits available in New Zealand until 1936 for such "deserted wives" (p.259), who were seen as at fault in "causing" their husband's desertion (Nolan, 2000). Kelly is clear this shaped her sense of having to cope with anything rather than ask others for help, but not on whether she had children.

Caring for older parents

Childless older people are seen as in danger of lacking support because they are excluded from what Alexander et al (1992) call the "dominant cultural folk model" (p.622) or normative storyline that children will look after their ageing parents . Some participants provided care for their ageing parents in accordance with this norm; others found this role mutually beneficial; and others were not involved in this aspect of family care. I also explore the social expectation noted by caregivers in other studies (e.g. Opie, 1992) that it was somehow "natural" that care should be provided by the childless family member, as opposed to their siblings.

Kate, 80, an only child, nursed her mother for five years, moving back home and giving up work in the final year. Her father lived there too and "only survived Mum by a week" but it was Mum who needed "nursing". Kate describes her father as "Victorian in his outlook", with his assertion that "daughters should come home and look after parents", but also points out this was accepted "a generation ago":

> K: And I think, today, um, people don't do it so much, I mean a generation ago it was the accepted thing, and particularly if there was an unmarried daughter, it seemed to be their lot in life to look after the parents
> R: Mmhmm
> K: But um –
> R: - Is that all right –
> K: - the unmarried, um, daughters have a career nowadays, more than they did then

Caring for older parents can be mutually beneficial, according to Hazel. When her father died, she was called back from her work in the Pacific to care for her mother. She is the third of seven children, but the only unmarried daughter. Hazel says the timing of this was good, as her nursing work was coming to an end, and after many years away, "it would have been hard almost to come back without a reason". Hazel got a nursing management job in a eldercare facility, and her mother went into a rest home within this complex, with plenty of contact possible in the last two years of her life. Hazel corrects my description of her "looking after Mum" saying, "I didn't really have to look after her, I just had to be there." She also did not feel this automatically fell to her as the unmarried daughter, saying her siblings wanted to care for their mother. "She started off going from family to family…But she wanted an anchor, she got tired of that, yes…So it was her wish that she came into [the rest home]."

Bertha invokes the storyline of it being "natural" that it is the single daughter who should care for parents (Opie, 1992). Her mother lived to the age of nearly 102, spending her final decade living with

Bertha. When I asked why her mother ended up living with her and not any of her four siblings, Bertha says, "Oh, well, that's obvious – that I, I was the unmarried one with an empty house!" Bertha points out her brother was willing to have their mother live with him, but he had six children. She makes it clear that it was not just "assumption" that she was most suited to care for her mother, but also reality, in that she provided good care and "company" for her mother, in contrast to if she had had to fit in with brother's busy family life.

Wakeford, the youngest of 12, was living with his mother and intellectually disabled sister until he finally moved in with his partner (only ever as "flatmates" according to his mother). This was a difficult move, against the expected storyline of being the "single" one who should stay at home. He says, "Mum was very difficult, um, well, she knew she was losing me…She was ah, ah I suppose a jealous person, well, she expected me to be like the unmarried daughter at home." He often returned to cook meals and garden, and when his mother died, took responsibility for his sister till she went into care.

Emma, 85, links her decision not to marry and have children to her father's violence (killing their dog in front of her mother and herself when she was aged 12). "I said when I was 12, I'd never marry, because nobody would *ever* treat me like he treated Mum and I." Her resolve to not marry therefore is positioned within this storyline, rather than that of having to care for family. She did care for her mother from time to time (her mother would sometimes leave her husband, but then return), but also worked overseas for many years. After her father died, Emma had her mother living with her for the last ten years of her life, voicing no sense of burden or obligation but instead describing her as "the closest and best friend I ever had".

Other family members

Siblings of the childless participants are mentioned as more or less helpful in caring for parents. Wakeford's siblings were generally disinterested in caring for their mother or disabled sister whom he cared for, and while Bertha's siblings were more friendly, they were happy largely to leave the caring to their unmarried sister. Lois described a fairly even spread for her and her sister, who both lived near their mother in Wellington, and would provide help and transport, though their mother never needed to live with them. Nissan lived with his mother and then provided transport for his brother and sister to visit her in hospital, implying that they perhaps would not have gone so often otherwise.

Some participants were specifically not involved in the care of ageing parents. Catherine (who wrote her own summary of our interview) writes that her parents preferred family life with children and grandchildren, but has to first explicitly counter the dominant storyline that the "unmarried" daughter should care for them, writing of herself:

> Her move from [her home town] came at a time when her parents were ageing. Although 'free' in terms of being unmarried, there was no pressure from family that she should 'be around' to care for her parents. She has two sisters and one brother. In fact, she thinks her parents were happier to be with a married daughter and involved with a busy, farming family and grandchildren!

Perdita too is clear that her mother preferred her two brothers to her, and thus it made sense to move to Australia to live near them when she was widowed. But her mother later expressed mixed feelings about that, blaming Perdita for the decision, which Perdita says was typical of the tensions and ambivalence between them.

Fletch moved to the South Island to live with a childless uncle after he had surgery and needed help. After he recovered within about six months, the family tendency to be "loners" was acknowledged. She started to look for a flat of her own in the nearby town but then returned to Auckland, as her uncle agreed he did not need her to stay nearby.

> F: It was to help him out because he hadn't been well, he'd been in hospital, and um, so seeing I was alone and he was alone, we decided to get together, but um, as I say, the Fs are loners, um
> R: So how did it go, was it not a great - ?
> F: - Yes, it went very well but I think he liked being alone and I was actually thinking of getting a flat, you know, because he really made a marvellous recovery, once he was home, he loved being in his house, which he built himself, and I was actually looking around [the town] for a small flat

Present-day caring focuses on siblings, with Hazel giving her sister's husband regular breaks by going to stay and care for her; Bertha keeping an eye on her frail sister and brother-in-law who live nearby; and Jane supporting her sister through a marriage break-up. Hazel's youngest brother was brain-injured at birth, and is living in semi-supported housing. She does not need to be involved in his day-to-day care, but has taken careful steps to ensure he has an good guardian after her death.

Wakeford makes explicit the gendered assumptions of family caring in his mother's wish that he would be "like the unmarried daughter at home". More research is highlighting the caring roles of men, especially as spouses of frail wives (Ducharme et al., 2006). It is interesting to note Wakeford and Nissan cared for their mothers, despite having sisters; Perdita's brothers were chosen over her and her sister to care for their mother; Daphne's brother lived with their ageing mother while she helped in other ways; and John, rather than his sister, lived with their mother till her death, although he stressed his mother never needed their "care" as she aged.

In conclusion, therefore, having to provide support to family members did have an impact on participants like Margaret and Lavinia at an age when they may have been partnering and having children of their own. However, their experiences are also positioned within significant historical and economic storylines of Depression and war, with Margaret having to support the family after her father's Depression losses and war trauma, and Lavinia's bomber-pilot fiancé being killed. Parenting one's siblings as a child for Tombie built close sibling relationships but did not negatively affect having offspring. Discreet, long-term partnerships while maintaining family-care responsibilities are spoken of by Lavinia and Wakeford, in ways that would not be apparent in population surveys. Participants did not all care for their ageing parents despite the normative storyline that the childless should do so. Some did, whether gladly or with ambivalence; others emphasise the mutuality of such an arrangement, as did some of Alexander et al's (1992) participants. Others are clear that parents had

closer connections to other siblings who were preferred. The assumption that "care" would be required by ageing relatives is also problematic, located by Hazel in a "Victorian" storyline of filial obligation and assumptions of late-life frailty, as many participants' parents did not need help, or only needed it short-term, like Fletch's uncle. Other family members, including those with disabilities, also benefited from childless relatives as key supporters.

Other people's children

Margaret's comment that she does not feel entitled to anything because she "ha[s]n't brought anybody up" implies that reciprocity and obligation operate only between parents and children. Some of the participants fulfilled these obligations towards their parents to an enormous degree; others were neither asked nor expected to. As they now grow older, what are their experiences and expectations of support to be given to, and received from, the next generation?

This section highlights intergenerational connections outside normative parent/child ties, including nieces, nephews, cousins and kin-like connections within which support can operate. Definitions of "family" are extending well beyond the nuclear family (mother-father-children) to include blended, sole-parent, same-sex parent families (Connidis, 2001b), step-families (Levin & Trost, 2000), and groupings related to diverse cultures or reproductive technologies (Finkler, 2005). Accounts of aunts given by nephews and nieces in U.S. research included roles and practices of "aunting" such as maintaining family connections, being like a "second mother", providing encouragement or a "sense of being cherished" (Ellingson & Sotirin, 2006, p.495). Links could be highly valued even when there was only occasional contact across expanses of time or geography. The authors argue that such positioning of meaningful connections outside the nuclear family could act as a template for a shift to a "transactional definition of a family relationships constituted in interaction rather than dictated by legal or biological ties" (Ellingson & Sotirin, 2006, p.498). Similarly, childless elders have a unique contribution to make to our understanding of these various storylines of "family" support.

In *Connections between generations* (Table 5.2), I present illustrative examples of transactional links and interactions between generations, with many examples of support given and received. The table moves across timeframes of past, present, and future, as many participants locate intergenerational links within histories of give-and-take across time. Brief examples of "Connections between generations" that participants mentioned are given in the second and third columns, such as childcare, family events, regular visits, and encouragement, echoing Ellingson and Sotirin's (2006) storylines of "aunting". The final column covers how connections are positioned as being warranted or reciprocated, including comments that participants make to explain or justify the connections, to maintain balance or respect across relationships, or to point out how closeness changes over time.

Table 5.2: Connections between generations

Time frame	Connections between generations	Examples	How connection is positioned as being warranted or reciprocated
PAST	Childcare	Bertha, Patricia, Margaret, Tombie, Donna, Elsie, Lois. Kate – her three best friends are 'like adopted sisters' and their children are her godchildren, call her 'Auntie' April 'helping to look after the little ones' – all her siblings married with children	Bertha involved with nieces since infancy but 'You've got to be careful that you don't intrude on their lives.' Patricia's sister asked her for childcare help, though they were not close; Patricia provided it with a 'more or less generous heart' April knows nieces & nephews 'would all help if it was necessary' now
	Special treats and outings	Frances – brother's children to stay, to zoo & 'here, there & everywhere'	Frances' nieces and nephews mostly overseas now
	Second mother/ providing second home	Lois – special niece 'She is like the daughter I never had…I have such love for her, really' Perdita's husband's two nieces 'They're like daughters to me, they've always been very loving even as little girls' Maria's niece at age two would say, 'I wish you were my Mum!' and follow her around Tombie lived with sister and baby nephew for a year; led to a 'bond'	Niece's mother died in childbirth after Lois's baby had died. Lois's other nieces are 'all close to me, but…' Nieces remind Perdita that she sent them mystery presents when little (and their family was poor) Maria worried sister-in-law would be jealous, kept the link quietly special Tombie: 'As a teenager he would tell me things that worried him & I had time to listen…so we've got a bond'
	Maintaining family connections, events/rituals	Tombie, Jane – supported sisters through divorce (emotionally, financially) Bertha – e.g. to England for niece's wedding 1996 Kelly & Ned – Kelly's workmate's four children, called them Uncle and Aunt, shared Christmases etc Daisy, April always part of family Christmases with various nephews & nieces; Wakeford hosted the family Christmases for his mother	Tombie's nephew A: 'I've given a lot of support to his Mum, & him…when she divorced and didn't have money and so he remembers that' Kelly's workmate from Canada who 'like myself had no parents … actually became our closest family… Christmas, birthdays, everything, they became our family' Wakeford hurt that his many siblings and their offspring never reciprocated
	Encourage-ment	Tombie's nephew B had what would now be called ADHD, kind to both him and her sister by being patient with him	Tombie: 'I always tried to…, to have patience…not make my sister feel bad, & not make him feel as if he was an exception, a lunatic, a nuisance'
	Spirituality	April helped in the 'spiritual education' of a niece, who still has a 'strong walk with the Lord'	This niece is a 'favourite', named after April, and has her instructions for funeral and will
PRESENT	Childcare	Bertha (79) had just travelled south to help niece look after 3 children under 5 while husband away	Bertha made offer to help when she heard husband to be away; niece very appreciative 'You made my day'
	In context of illness/ trouble	Patricia – niece dying of cancer John – hospital rang his niece who came to bring him home Kelly – nephews have been good to her brother through his wife's illness	John's niece is 'next-of-kin' in emergencies, but sees little of her
	Regular visits/contact	April – loaf of bread dropped off by one niece every week Maria – niece phones twice-daily, plus outings, visits, tasks John – nephew visits weekly - 'Sits about where you are and has a yap' Patricia – as they got older, her nieces 'kind of came towards me' Now regular contact	April doesn't expect/demand a visit, the practical help is all that's needed Niece when little adored Maria John - Not close when young, made connection just in past few years, including during nephew's divorce Patricia -'As my oldest niece grew up, she became someone I really wanted to know'

Time frame	Connections between generations	Examples	How connection is positioned as being warranted or reciprocated
	Regular visits/contact (contd)	Lois – niece who's like a daughter comes up fortnightly, arranges to help Lois with tasks Kate – Second cousin & husband 'absolutely marvellous to me'; visit regularly, have a meal together & provide help as needed. Kelly & Ned – Children of best friend still in touch since her death Maggie – niece visits monthly Owen – niece phones fortnightly 'just to sort of have a natter to me'	Age matters - Lois's niece at 60 is 'so much younger & on the ball', helps her make decisions, gets things done Kate – closeness to 2nd cousin after Kate helped care for her cousin, the girl's father, in his latter years when ill
PRESENT	Special treats/outings	Lois – bought niece a gold chain Maria – helped pay for niece's dental work, glasses Patricia – invited to out-of-town concert, niece's kids playing Kate - giving a god-daughter who is named after her a brooch of special family significance she'll remember as from 'Auntie Kate'. Hazel's niece buys her a 'Thank You' rose-bush for her care of their father, Hazel's brother	To have a 'keepsake' after Lois is gone Maria's niece does so much for her, happy to give her 'extra' like this Patricia puts this in context of being 'friends' with niece The godchildren all ring Kate the night they get engaged, the night their babies are born i.e. include her as an auntie re special events 'although they have aunts of their own.' Niece doesn't take it for granted that the 'unmarried aunt' looks after family
	Relocation/ accomm-odation	Hazel – Home to retirement village 'six of them [nephews and nieces] turned up to move me!' Jane – Moved into flat attached to home of niece and husband Eleanor - From home to rest-home 'My nephew, he had known of this place… And in my condition, he took care of me' Maria – viewing rest-homes with help of niece	Jane growing closer to this niece through living there Eleanor's nephew is a 'doctor' and is 'wonderful'; he lives out of town but visits to manage her affairs Niece has also invited Maria to live with her, doesn't want to be a 'bother'
	Encourage-ment	Hazel praises nephew for 'doing well' in his care of his mother/her sister: 'She's so lucky to have you'	Hazel not taking care by children of parents for granted
FUTURE	Anticipated/ future planning	Patricia: 'Niece said, 'I'm assuming that I'll be involved in, in your care, when you get old' Hazel's nephew says: 'Don't you forget, you've got us too!' Tombie – 'I would not expect to be supported by them [nephews & nieces], but if I get it, that's fine' Perdita – niece offers to help but she 'wouldn't want [her] to think she had to come over here all the time to help me in and out of bed' April – Nieces/nephews 'would all help if... necessary'; Bertha's nieces are 'very supportive, loving girls' Donna & Manu – niece asks 'What are you going to do if anything happens to Uncle?' Miranda – 'I don't expect my nieces and nephews to have anything to do with my care' Kate – 2nd cousin has all funeral instructions	'Oldness' will warrant the niece's expectation to be involved in Patricia's 'care'. Hazel plans to move to where they live if frail: 'You couldn't expect them to be beside you if you were living [200 miles away]' Perdita says 'I try to treat her with that consideration…but if I were to ask her, she'd say Yes.' She remembers P's kindness when she was a child Decision-making help for Donna by niece asking questions Miranda distinguishes between this generation & the next 'It's OK for me to feel responsible for my brothers, but it's different with nieces/nephews.' Kate's instructions include choice of hymns etc, everything clear & simple

Time frame	Connections between generations	Examples	How connection is positioned as being warranted or reciprocated
FUTURE	Enduring Power of Attorney (EPOA)	Eleanor – nephew Lois, Margaret, Patricia – nieces Sally, Kate – second cousins	EPOA already enacted – Eleanor needed to move into residential care after hospital stay Not yet needing to be enacted
	Bequests	Perdita – putting labels on back of artworks that nieces treasure; wondering who to leave books to Owen – 'anything that's left' goes to his one niece Maria – equal shares to all the nephews & nieces, here & overseas	Marking things so Perdita's difficult sister doesn't try to claim them Maria recognises specialness of local niece with gifts/money,but the will should be 'equal'

While Table 5.2 is expansive, it is not exhaustive. For example, many of those who provided childcare will have also taken those children out on "special treats and outings" but only Frances particularly mentioned this, so it is given as a single example. What the table does is bring to life the plethora of activities and links that underpin intergenerational connections, beyond just parent/child ties. Presenting it in this way across many participants, types of connections, and varying time-frames captures the sense I had across the interviews that a positioning of "childlessness" is not necessarily located within a storyline of lack of meaningful intergenerational links.

Intergenerational connections are mediated by peer relationships; if siblings or friends fall out, links with offspring may be less likely encouraged or maintained (Walker et al., 2005). Emma takes this position strongly. She and her sister were never close so she has had no contact with her nephews and nieces, so thereby uses a transactional definition of "family", based on interactional links (or their absence) rather than biology.

Geographical distance does not necessarily hamper a sense of connection with the next generation, as Ellingson and Sotirin (2006) note in their study of "aunting". John is proud his friend's granddaughter kept in touch with him more than her own grandmother after winning a scholarship to the States. Hazel used to return from her work in the Pacific only every three years, to visit her siblings and their offspring, and yet feels good relationships were formed that continue today. The niece to whom Margaret feels closest is overseas, Elsie's niece who is "very special" to her is in England, Tombie has "close" nieces and nephews in Europe, and Jane's closest niece ("We seem to be on the same wavelength") lives in the U.S.

"Other people's children" therefore are linked to many participants, sometimes primarily in the past, or continuing through to present and future. Unlike parent/child ties, these connections are not assumed, but are positioned within storylines of reciprocity and justification. Relationships are considered meaningful even when contact is seemingly minimal or geographically distant. The hegemony of biological ties as the only underpinning of "family" connections (Butler, 2002) is being challenged with these varied intergenerational transactions, inclusive of kin and non-kin relationships, in which the "childless" can engage.

People who do have children may lack support

One of the key normative storylines that has given rise to this research is that older people with children have support that "the childless" lack. I did not ask participants about parents' experiences of support, but as I analysed the interviews, I noticed they talked about older parents *not* being helped by their children. Perhaps inevitably, the stories that childless people tell about ageing parents are often about the lack, rather than the abundance, of support from their children. I interpret this as a way that some childless people can counter the normative view that it is them, not parents, who may lack support, and it is not an interpretation I have noted in other interview studies with childless people (e.g. Wenger, 2009), beyond occasional quotes from childless participants who made similar observations (e.g. Cameron, 1997). Three storylines position parents as lacking support: a storyline of active harm by families; of passive behaviour by older parents unwilling or unable to assert themselves with offspring; and of well-meaning families who nevertheless let parents down, leaving support gaps that childless people sometimes fill.

The first storyline positions parents as having hurtful or harmful offspring. "A lot of people have children who give them real grief," says Margaret. She adds:

> M: I know some people have children that do help them a lot, but when I say to some people [laughs], 'But you've got children to help you', they say 'Gggrrrr.' They imply that they don't do all that much, sort of thing

Working in a rest-home, Tombie says she sees "a lot of lonely people" with children, "there's no guarantee that you will be supported [as a parent]." She says parents are embarrassed at children not visiting, apologising for them, "Oh, my daughter has to work really hard." Sally's 92-year-old blind neighbour used to have some external help, "but there was a limit to what they could give her because she had people living in the house that were family!...I was never happy about the way she was looked after [by her children]." There is also concern at parents suffering to maintain children's inheritance, as Fletch describes:

> F: You know, they'll go along, 'Oh, no, I'm all right here, don't worry' – they're in a big house like this, rambling around. One says, 'Oh, no, if I stay here, think of the all the money the family will have when I sell it.' Or, um, no, John's, you know their son's so busy building a place or doing something, 'I won't worry him'
> R: Right
> F: So they're sort of having a very miserable life…because they don't want to worry their families

A second storyline positions parents as lacking the skills to manage family support effectively. Lavinia is appalled that a cousin "let" her family, of several daughters and a son, "put" her into a rest-home, feeling she should have been able to negotiate a different option with them. Fletch and Bee also talk about parents being "put" in rest-homes by offspring, whereas, Fletch says, "We make our own decisions, full-stop. Parents don't argue because they don't want to be a burden or they've got into the habit of letting the kids do it, they've lost the ability [to make their own decisions]." Tombie feels parents "might not be able to support themselves so well because they have not had time to learn

that" in contrast to childless, single people who have always had to make their own way. Daisy teaches widows new skills like how to write a cheque, saying that their families are "too busy to help".

A third storyline locates the parental lack of support within well-meaning families who nevertheless let parents down, leaving gaps that are sometimes filled by help from childless people, such as in voluntary roles. Many parents do not face harm but are affected by absence, making them "functionally childless" (Rowland, 1998b). For example, Miranda's brother, in a nursing home, has offspring living elsewhere, "so there's no-one to care for him at the moment, despite having two children." Also, family can be just not enough. As Perdita points out, even if her son who died at 36 was alive and she could ask him, "Will you fix that?", she would need other help, as "he wasn't a great fixer". A woman whom Bertha visits as a support volunteer "has a very supportive family", but prefers to talk to Bertha when feeling "a bit down" in order not to be "a nuisance to [her] family". Charlie drives older people in for medical treatment, many of whom have adult children who are "far away or don't come to see them". Sally makes a distinction between helping those with or without children, giving the example of taking food to someone with cancer:

> S: I do that mainly with people who, like myself, have not got any family around
> R: Mmhmm
> S: If I know they've got sons and daughters, I don't take it

The tenor of lifelong relationships influences the spirit in which help is given, according to Hazel, who used to manage a rest-home. The storyline is one of reciprocity and "reaping what you sow", with loving parents getting love in return, and poor relationships evident in children absent or acting out of "duty". Patricia also positions support as sometimes a task of "duty" rather than "love": "Women will look after their parents, but…it's not necessarily with a glad heart." She relates this to looking after her own mother with some ambivalence. In contrast, Maria says her husband's niece rings her twice a day, even better than offspring: "Some daughters don't do [that], do they."

In telling stories of parental lack, therefore, participants give examples of how families can be hurtful or harmful, of how older parents lack skills that childless people may have had more chance to develop, and how childless people may contribute where family is not enough. In interpreting these accounts, I think it is important to note that by positioning parents as lacking, childless people can re-position themselves against the normative view that it is "the childless" who are "lacking". This highlights the function as well as the "truth" of the accounts, working as acts of self-positioning by locating others in negative storylines. Another interpretation may be that it is not having kin or biological relatives that leads to valued support, but other factors such as relationship quality, regardless of whether "childless" or not.

This also raises the question of whether the positioning of childless people as "at risk" is similarly a defensive move. As heterosexual coupling and parenting is normative and enacted by the majority in society, those working in research and policy are also from that majority, and may have difficulty

imagining later life without partners and children. Koropeckyj-Cox (2005) wonders about a backlash effect in research assumptions of a lonely old age for singles, as a way of trying to "protect and promote" marriage in the face of alternatives like remaining single, cohabiting, single-parent or same-sex relationships (Koropeckyj-Cox, 2005, p.96). Rather than therefore seeing these as irreconcilable dualisms (It's the childless who suffer; No, it's parents who do), each speaking from lack of experience of the other's state, I think that "risk" and "lack" need to be repositioned within contexts and lifetime narratives, rather than categories (such as of "childless" or "parent"). As Hazel points out, it is the quality of intergenerational relationships, rather than parental links *per se,* that influence support exchanges.

Conclusions: Performativity of childlessness in a "world of parents"

I would like to make some concluding reflections by returning to Butler's notion of performativity, introduced in the theory chapter, to consider the performativity of childlessness. My participants' seeming lack of focus on the "problem" of being childless reminds me of the book title *Without Issue* (Cameron, 1997), about young couples choosing to be childless in 1980s New Zealand. Of the play on words in her title, the author argues:

> [My] book concludes that, for most of these nonparents, being without issue is, in fact, of no issue. If this work has a political agenda, it is that it seeks to convey the message that in this world of parents it is, in fact, 'okay' not to have children (p.38)

My participants could also make this claim, that in this "world of parents", it is "okay" not to have children, and there is much evidence in their talk of this. But this does not sufficiently address the issue that they *are* in a "world of parents". Parents and non-parents value aspects of their own state (Houser et al., 1984), and make defensive moves against the "other" state, as my participants do in pointing to support older parents may lack. In terms of Butler's notions of "troubling" normative assumptions, it is not enough to just point out that a niece can be just as attentive as a daughter, or friends and neighbours can be as supportive as family, although both of these are true for a number of my participants. Saying people "manage" without children or have intergenerational relationships that are "just as good as" children still has "married-with-children" as the "right" state, it does not necessarily "trouble" the dominant view (Nentwich, 2008).

The notion of performativity alerts us to how normative storylines of "married-with-children" structure negative views of the childless, and yet there is "slippage" in invoking the norms through which resistance to the norms can occur (Butler, 2006/1990). Hazel wanted to work in the Pacific from an early age and went on and did that, yet she still has to say that she had boyfriends, and "I guess if Mr Right had come along…", and that "it [childlessness] never worried me…because I think I was always so busy". That is, she has to answer back to the norms of married-with-children, while just getting on with enacting a life at odds with them. Lavinia plays with the social norm of "years ago…there was something wrong with you if you weren't married" and invokes her "peculiar sense of humour":

L:They'd look at me and say, 'You never married?' I'd say, 'No, I was never asked.' Me knowing that that was my sense of humour and people believed me! [laughs]

She had in fact had proposals of marriage, and also had a discreet partnership with a man for 40 years, including living with him for 20. But she says, "I never wanted…was there something wrong with me that I never wanted to be, I never really wanted to get married?" She subverts the norm in word and deed, and yet also has to question her lack of desire for it, in a way that it is hard to imagine her married-with-children peers asking, "Was there something wrong with me that I never really wanted to be single?"

In summary, therefore, childlessness is positioned by these participants in storylines at odds with normative accounts of "choice" or "circumstance". In addition, positioning is not fixed, but changes over time, for example moving from "regret" to acceptance or irrelevance, or shifting from an active choice to parent only in the context of a healthy partnership to being a matter of concern in wanting grandchildren. Childlessness also relates to the sociohistorical storylines of Depression, war, anti-homosexual laws, and welfare structures. Questions of childlessness are not limited to women but male participants also have complex and shifting positions regarding non-parenting. The normative storyline of the childless being responsible for the care of other family members is invoked, but also repositioned, including in the context of long-term partnerships falling outside the norm of marriage, and across differing degrees of closeness between parents and siblings. Rich accounts of involvement with "other people's children", whether nephews and nieces or friends' offspring, highlight the plethora of connections possible outside the nuclear family norm, and add to redefinitions of "family" and intergenerational links. The positioning of older parents as "at risk" invokes a counternarrative to the norm of seeing the childless, especially if single, as "at risk" and invites us to consider contexts, rather than categories, in making such assessments.

Positioning What Support Is

Description, analysis and interpretation of the interview data on support are presented in this chapter and the next. I discuss concepts of support outlined in the literature review, as well as aspects my participants mentioned that are little canvassed in research. I use the pragmatic typology of the "what, who, when, where and how" of support, with which I structured the literature review, to frame participants' experiences and expectations of everyday support exchanges. Discussion begins in this chapter with "What support is", and continues in Chapter 7 with "Who supports whom". The division into two chapters is largely to focus in on these two key aspects of support – the "what" and the "who". The "how" of support is addressed throughout both, for how support is warranted, evaluated, and reciprocated provides important insights for those considering provision of support and diverse older people. "When" support is given and received is also important, with accounts of past and present support narrated and future support imagined. "Where" support occurs is noted throughout and also features in my discussion of ageing-in-place in Chapter 8.

There are many definitions, models and typologies of support in the literature, with the assumptions underpinning them often unacknowledged. It is crucial therefore to consider what participants describe as supportive, what facilitates or hampers such support, where and when it occurs and how it is judged to be effective. Where participants begin in answering my opening question on support is first explored in this chapter, followed by multiple interpretations of a "no support" position. Then financial, practical, emotional and telephone support are discussed, with concluding comments on social support.

The support question

I asked all participants, "Can you tell me about support given and/or received in the last week?" Contrary to the stereotype of older people as primarily in need of support, receiving support is mentioned by the minority of participants in answer to this question (13 out of the 38 people). Instead, most people talk first about either giving support (13), not needing any support (9) or mutual support (3). As a non-representative sample, these numbers are meaningful only in hinting at notions of the complexity of support that become clearer across the systematic analysis of interview talk. A brief outline of the responses is presented in Table 6.1, followed by a discussion of how to locate these initial responses in context.

Table 6.1: Answers to initial "support" question

Opening question: Can you tell me about support given and/or received in the past week?	
Direction of support	**Examples**
Received (13)	Family: 'My family have been very good'; nephew has power-of-attorney Friends: offer to help if needed; if you want to chatter Formal support: house-cleaner, daily help showering/ dressing, rest-home staff Health support: wound dressing, leg dressing change, saw the doctor Hypothetical: could ask advice if concerned about someone As exception: 'I received – very unexpectedly' [a ride to a health appointment]
Given (13)	Voluntary work: Meals on Wheels, Caring Caller, Age Concern visitor, hospital guide, Citizens Advice, op shop Donations: giving to church and to charities Friends: daily to help dying friend eat, take blind friend shopping, sad friend out to lunch Family: giving support to 'elderly relatives' General: 'I'm a giver…I find it very hard to receive'
None (9)	Independent: 'I'm a very independent person'; 'We are pretty independent' On my own: 'Struggling through on my own [laughs]' 'I can get along by myself' None received, but 'plenty of support given' Financially self-supporting: 'got enough money'; still working so 'self-supporting'
Mutual (3)	Shared transport: Taking turns with a friend to drive to Tai Chi Shared interests: Member of an exercise group who 'tend to give one another support where necessary' Mixing with people: 'The helpful thing I find [is] mixing with people…talking to people

This question was intended to allow participants to talk about whatever "support" might mean to them, a question open to meanings and examples that may or may not relate to the language of support used in research and policy. Responses include specific examples ("I'm doing Meals on Wheels on Friday") through to vague generalisations "(I'm a giver"). The question is near the start of the interview, so in terms of the interactions between us, answers can be interpreted as participants' initial positioning of the researcher and research. For example, some participants think the project is about financial support, so Owen and Jane express their confidence at being self-supporting financially, and Lavinia and Elsie talk about giving donations. Elsie says she thought financial support "was the main part of your thing", that is, the focus of the research:

> R: Um, the, the idea of 'support' - whatever that means, and it seems something that's very widely kind of defined, or meaning whatever it means for people – so, basically, thinking about the last week or so, can you tell me about support that you've given or received – whatever that means. So whatever comes to mind
> E: So we're not talking about financially, as such?
> R: If that's what 'support' means, so just whatever comes to mind
> E: Um
> R: Support given or received
> E: OK, well, just to clear away the financial first, because I thought that was the main part of your thing
> R: Mmhmm
> E: Um…well, I tithe, um, at my church
> R: Mmhmm
> E: And I give offerings as well to different charities and things

Initial comments are followed by further examples of the same type, such as caring for friends and family (Hazel), or of no support given or received (John), or of more support received (Lois first mentions support from an organisation for cheap taxis, then support from nieces around her husband's death). Alternatively, different positions are mentioned as the interview proceeds. For example, Lois later emphasises regaining "independence" rather than reliance on others, as part of

positively adjusting to widowhood. Also, I probe for other positions, such as saying to Bertha, "And that's a lot of giving out to people, is there any support that you receive?", a re-positioning not taken up other than in a general, future-oriented way: "I'm fortunate in that I don't need very much support at the moment, but I'm sure there are family members who would rally round if I did."

Interpreting "no support"

The interpretive work of analysis is shown in the example of Nissan's talk of "no support". I present four facets or readings of "reality": the interview text, a conference presentation, an *in vivo* interview interaction, and another participant's views on people who do not need support. First, Nissan is briefly introduced.

NISSAN: I DON'T LIKE BEING UNDER AN OBLIGATION TO ANYBODY

Nissan is a single man born in Auckland 86 years ago. He has lived in the same house since 1947, at first with his parents, and then with his mother until her death more than 20 years ago. His younger brother and older sister have died; there are some nephews and nieces but he has seen one niece maybe five times in the last 10 years and does not have her phone number. He was a printer's apprentice after leaving school at 13, spent time in the army during World War II, and eventually got the job he loved, repairing motorbikes, till he retired. He describes himself as in excellent health, with a little arthritis in "the old legs", and goes to the gym every afternoon for a work-out.

Reading 1: The Interview. From the start of the interview, Nissan positions himself as without support and without the need for it:

> R: OK, um, so I guess the first question I'm sort of starting with with people is if we think about 'support' – whatever that word means, because it can be defined many different ways – um, if we think about support that you've either given or received in the last week, does anything come to mind?
> N: No, not really
> R: In the last week, in the last month?
> N: No
> R: Has anyone lent you a hand, have you lent a hand to anyone, kind of whatever support might mean for you
> N: Ah, no, not really, not really, no
> R: Not really, yeah, yeah. And is that sort of the way it pretty much is?
> N: Oh, yeah, yeah. That's all I want. I don't, ah
> R: Yeah? That's all you want
> N: That's all I want, yeah
> R: Yeah, yeah. So you can pretty much do everything
> N: Yeah, I can get along by me-self, yeah
> R: Yeah, yeah…And has it been that way for a long time or?
> N: Yeah, yeah

In terms of not having married or having children, he says he never really had girlfriends and positions himself as a "bit of a loner":

> R: Mmhmm, yup…Mmm, and um, obviously I'm doing people without children, have you ever married, have you ever had um
> N: No, no
> R: So, did you, did you have girlfriends or?
> N: No, no

R: Mmhmm…Or boyfriends?
N: Oh, I had, you know, like 'mates', you know, a few mates
R: Mmhmm… So did they kind of try and introduce you to girls or?
N: No, no, not really, no
R: Yeah
N: No, that suited me
[we talk about his mates a bit]
N: Oh, I used to know a few girls, but they were never girlfriends
R: Mmhmm
N: I suppose they were 'girl' friends but not anybody I knocked around with, sort of thing
R: Mmhmm…And how, what do you make of that? Are most of your mates married?
N: Yeah, yeah. Oh, I don't know, I guess I must have been a bit of a loner or something
R: A bit of a loner?
N: Mmm
R: Yeah? But you had mates?
N: Oh, oh yeah

As the interview progresses, he mentions a godson, a "young fella" who visits occasionally and helped him buy a new car when his Nissan car was stolen. (His pseudonym is chosen to remember this car.) A "mate's wife" visits weekly on a Tuesday for a cup of tea. His neighbour gives him the newspaper each day and he does the crossword. That neighbour also helped him when the car was stolen by ringing the police, as he did not have a touchtone phone. He mostly cooks for himself, putting meat in a crockpot while he is out at the gym, which is "nice and tender" when he returns. The neighbour occasionally gives him some food, when she's "cooked a bit too much":

N: Oh, sometimes the lady next door, she's a nice person, you know, she's got a couple of children and a partner
R: Mmhmm
N: And she, you know, she cooks a bit too much for them, you know, she gives me some and that's all right. It's very nice of her
R: Yup…And do you, is there anything you do sort of in return when she does that?
N: Oh
R: Do you lend her a hand with?
N: Oh, no. I just give her a box of chocolates occasionally. A bottle of wine. I gave her one of the um, Christmas I gave her a gift voucher, you know
R: Mmhmm
N: But I don't know what else I could do for her, you know

I think these low-key exchanges can be seen as examples of the "covert reciprocity" (p.268) that Tanner's (2001) participants speak of, which preserve a sense of valued independence while also providing help. I also explore with Nissan whether this neighbour plays a kind of safety/ monitoring role in their daily newspaper exchange that Wenger (1990) describes as part of the storyline of "neighbouring":

N: Well, well, like we don't even have a chat, really, I go and pick up the paper, you know, I go and get the *Herald*, and just say Hello and that's about it, sort of thing, we don't have a great conversation
R: Yup. But I guess, if you didn't go across and pick up the paper, she would notice that and wonder where you were maybe?
N: Yeah, yeah
R: Yeah. So is that kind of like a little bit of support?
N: Oh, I don't know. I suppose so, I suppose so
R: Yeah, just someone to kind of keep a wee eye on you
N: Uh*
          (*The closing sound rendered "Uh" in the transcript indicates minimal agreement)

The neighbour is again mentioned at the end of the interview, when he positions "independent" as about not being under any obligation to anybody and not having to do anything for anyone, "except the lady next door":

> R: Some people use the word 'independent' – would you describe yourself as independent?
> N: Yeah, yeah
> R: Yeah, kind of what does that mean? What's sort of good about being independent, do you think?
> N: Oh, I don't know, I don't know. I just like it that way, you know
> R: You like it that way
> N: I guess I don't like being under an obligation to anybody, you know
> R: Mmhmm
> N: If they do nothing for me, I don't have to do nothing for them
> R: Yup
> N: Oh, except the lady next door, you know

Reading 2: The Conference. Nissan positions himself as having "no support" and as being satisfied with that in the interview. However, at a conference presentation (Allen, 2009a), I notice I resist that positioning, by listing his response as "None" but explaining to the audience that he in fact has various supports thus:

Support given or received in last week/month?
"None"
• Daily newspaper exchange with neighbour plus reciprocal 'Oh, I've cooked too much' and a box of chocolates
• Daily gym; weekly visit from mate's wife; godson sometimes
• Might need gardener sometime, name down at local rest-home
• Independent good - "If they do nothing for me, I don't have to do nothing for them" (Nissan, 86)

Conference example

In presenting this slide, I pointed to the risk of assuming older people lack support just because they say they have "none", such as they might do in short research surveys or needs assessments. I suggested that daily contacts with a neighbour and the gym, and weekly visits from his "mate's wife" could be seen as social support and would provide emergency support.

I also pointed to "anticipated support" in that Nissan had put his name down at a local rest-home in case he got frail, and knows about lawn-mowing support if his "old legs" mean that it is needed

My intention at the conference (attended by service providers and researchers) was to highlight the risks of brief surveys or "support" questions that do not explore the context of the person in more depth, including that the word "support" may not be positioned by them as related to day-to-day "ordinary" contact. But I am also re-positioning his "none" as a sort of denial: "He might say he has 'none' but look at what is 'really' going on." On reflection, I also do that at times in the interview, for example in suggesting that his contact with the neighbour is "kind of like a little bit of support".

Reading 3:The Researcher. As well as the accountive positioning (Van Langenhove & Harré, 1999a) of not needing support (in the "account" he gives of himself), there is also performative positioning of this, in the *in vivo* interview interactions. I ask about future support needs, perhaps if he becomes frail or has a fall as his mother did. He says his name is down at a local rest-home but that he is uncertain what to do with the house if he had to go there. I offer some "informational support", trying to give him

details of an NGO that advises about such planning. He says he'd "find somebody" himself if needed, unsure that "anybody can advise [him]".

> R: Yeah, but [that NGO], but, might, I'll just check, I might have their number. But one of the people there, some of the people there, they're kind of, they know about some of that kind of a thing and would probably be able to advise you who would give you good advice
> N: Yeah, yeah. I don't know that anybody can advise me. You know, like
> R: Yeah. I've got their number if you want it but it's also in the phone book, so
> N: I could, you know, like if I ever got round to doing something like that, I'd find somebody, you know, I'd find somebody, you know, I'd find some organisation
> R: Yeah, yeah

He does not take the phone number either at this point or at the end of the interview when I mention it again, saying "he'll figure something out".

I am curious as to why I stepped out of a "researcher" position to try to give advice or information, however tentatively, on this occasion. I had just heard about the NGO service that provided such advice at the Older People's Network Forum I attend, and a previous participant had talked about her struggle with setting up power-of-attorney over her house if the need arose. I was therefore keen that others should know about this service, and by talking about it could position myself as knowledgeable about the sector. I think I also positioned it as a way of giving something back to Nissan for being willing to take part in my research. I felt concerned he might be taken advantage of by a lawyer or rest-home, but on reflection, I suspect there is some ageist positioning in that, given his account of running his own affairs effectively and being used to doing his "own thing, regardless of what anybody says", as his "advice" to other childless people emphasises:

> R: One other final question – any advice – as I've said, there's more and more people without kids – um, any advice for sort of how we think about our future or?
> N: What, you younger people?
> R: Yeah, yeah
> N: No, [laughs] I wouldn't give any advice to anybody
> R: Yeah, we'll figure it out just like you have
> N: Yeah, no, you'll do your own thing, you know, regardless of what, you do your own thing, don't you, regardless of what anybody says
> R: Mmhmm, yup, and hopefully you've had the same chance to do your own thing?
> N: Oh, yeah, yeah
> R: Yeah

Thus, he enacted his independence and figuring out his own answers in the interview interaction, despite my attempts to "help" him.

Reading 4:The Other Participant. Nissan's "no support" positioning is located in a different storyline again, if it is interpreted in light of the account of another participant, Kate. She has views about people who position themselves as not needing support. She thinks that people may appear to "do without" other people, but there may be unacknowledged connections going on. She talks about her godson who is a "recluse" and yet has started making contact with her:

> K:…his father died three years ago and he's on his own now. He's in his mid-50s, he tells me that he's happy to be a recluse and doesn't need people

> R: Right
> K: But after all these years, he's ringing me at least every three months
> R: Mmhmm
> K: But we were not what I'd call close, um, and so I don't quite know why, um, I mean I've always been friendly, um, but um, he just didn't need anybody and he still tells me he doesn't need anybody, but, rings every little while
> R: Mmhmm
> K: Um, which rather refutes that idea [laughs]
> [talks more about the godson]
> R: Do you think everybody needs people?
> K: Yes

She then talks about a neighbour who said he "didn't need anybody" and yet her father would insist that she check every day that this man's window-blind was up, to "know he was all right". This echoes the daily exchange with the neighbour that Nissan has. It is also like my conference positioning - people might say they do not have or need support and yet there is support going on. But Kate elaborates her own experience of these positionings as not being contradictory. She does not position "independence" and "needing people" as mutually exclusive, pointing out she can remain independent and also have the help of a cleaner following a fall.

> R: So, some of the ones I've spoken to who say they don't need people or don't have people, what's that about, do you think, how does that happen?
> K: I suppose, um, at this, they've been able to do without people, or think they have, um, but do you really do without people? We had a neighbour who, after his wife died, pottered on and said he was looking after himself. I was nursing two invalid parents and every morning Dad would say to me, 'Is Jack's blind up yet?'
> R: Mmhmm
> K: And I'd be in and out the back door till I saw Jack's blind up, know he was all right
> R: Mmhmm
> K: But he thought he was looking after, you know, he didn't need anybody
> R: Mmhmm
> K: So, I don't think you can isolate yourself altogether
> R: Mmhmm
> K: I guess that's part of an independence, you feel you're being independent when you say you don't need anybody
> R: Yup
> K: But I think even independent people need fellowship and friendship
> R: Right
> K: And that doesn't take your independence away. And I don't think that, the help that you need, I don't feel that my independence has gone because J comes in and does my housework and since my fall, she makes my bed better than I do, so on a Tuesday I leave, when I change my bed, I don't bother to make it, I let her do it
> R: Right
> K: But I don't feel I've lost independence over that, because perhaps when she arrives, I'm at a meeting up in the village or something doing something

In addition, I notice Kate's language is all about needing "people" rather than needing "support", there is a slippage occurring where "people" may or may not stand in for different types of "support". Assessments of "need" are also subjective, as Kate's godson may not see ringing his godmother every three months as contradicting his lack of "need" of people. She also implies differences between support and neediness, and that "receiving support" does not necessarily imply "dependence".

In conclusion, therefore, there are benefits in the "crystallisation" of data interpretation just demonstrated (Richardson, 2000). Various facets of "no support" are illuminated by positioning the data in light of different audiences, another participant's account and the interpersonal context of the interview. No version is more "true", but all point to meaningful elements to consider. A positioning of not needing or receiving support fits a storyline of being able to "get along" by oneself and not wishing to be under obligation to others. What participants might portray as ordinary life or contact with people, others may re-position as "support". Having "people" and "support" do not necessarily contradict valued self-positioning as being "independent".

This example also shows the interpretive strategies I used in analysing support, which is explored in relation to participants' talk, in relation to different audiences (including myself as "researcher" and the research/policy literature), in relation to *in vivo* acts that occurred within interview interactions, and in relation to other participants. Space limitations prohibit the presentation of analysis of all facets for every topic. Instead, positions and counter-positions are selected because they are emphasised by many participants, or extend research or "common-sense" understandings in enlightening ways, or are particularly illuminating or challenging examples. My inclusion of sections of interview transcript invites readers to further interpret the given texts.

Financial support

In this section I explore financial support, the type of support a number of participants began with in their interviews. They talk of financial support both given and received, and how a lack of financial resources may be a barrier to support.

In response to the initial support question, some participants start with finances, perhaps because the government superannuation scheme is also known as "Income Support", managed by Work and Income (2010) in the Ministry of Social Development (MSD).

Participants' socioeconomic circumstances vary and there was a range of subjective views of their ability to be "self-supporting" financially. Miranda says, "Financially I've been very fortunate and I'll be able to look after myself." At age 71, she works part-time and manages farming and residential property. Wakeford and his partner built up investments over their 46-year relationship and professional careers, inherited property from family and he does not express concern about supporting himself financially. In contrast, Frances, 75, says, "I didn't inherit anything…everything I've got, I've provided myself." Daphne, 82, who lives in a rental property on the pension, feels "the budget's so tight" that $8.00 to go to a dance would mean "We'd go without food," that is, basic needs are really all she and her flatmate can afford to cover. Owen, 90, lives on the pension in a subsidised "pensioner" flat and, as noted, is pleased to have "$2,000 in the bank" as his back-up after a blue-collar working life. Some have additional work-related or other pensions, such as nursing (Emma), teaching (Bee), railway (Daisy's husband), or Māori Affairs "land money" (Manu). Bee says "it would

make life extremely difficult" if she did not have that little extra. April has had changing financial positions, from having to "scrimp and save" before her late-life marriage, to now being better off as a widow. "It means I don't have to worry, and as long as I'm sensible – which I will be always – and the lawyer told me to spoil myself." For April, "spoiling" herself includes making toll calls to family and "being able to give reasonable presents to people", i.e. having more ability to give support to others.

Many participants are financial support-givers, as April mentions. Lois, Maria, and Perdita talk about help given to special nieces (e.g. Maria helped pay for her niece's dental care). Margaret and Lavinia talk about long-term support of charities, something Lavinia "just likes" to do, as "I think there's somebody worse off than myself." Elsie gives a "tithe" to church and charitable donations as part of being "in God's Hands". Bequests are another form of support-giving, discussed in Chapter 8.

Principles of good money management are associated with the duty of supporting oneself to avoid being reliant on "hand-outs", as Tombie says: "Financially, I think I'll be all right, I hope to never have to depend on hand-outs…I wouldn't like to be, ah, dependent on anybody because that hasn't been my life." Hazel, at 88, locates being "careful with money" within a cohort storyline of the 1930s Depression, saying, "Our age-group I think, was brought up in the Depression…And they're very slow to want to spend their money on themselves."

Lack of money as a barrier to support

Support also relates to whether people can afford to pay for future care or support if needed. Maria is not sure she can afford to buy into a "homely" residential care facility she has seen and says that she may have to go "somewhere ordinary" instead. Lois mentions a niece in Australia who is "immensely rich" and now has cancer. She makes an explicit connection between having money and getting good care: "And of course, because they have, there's no shortage of money, she's had the most wonderful physical care, you know, medical care." Patricia is aware you can "buy in a night nurse" but when asked if that would be possible in her own financial circumstances, she admits, "Probably not, no." Frances worked for a while for an agency that provided support to older people, but they were "fairly wealthy people" and she "wouldn't be able to afford someone like that". She also says she considered moving to a unit in the retirement village up the road, but "it was going to be too expensive for me". Similarly, Sally feels she cannot move and explicitly links this to her age and lack of adult children:

> S: But I've got two friends, one of them's just moved into a village, and her daughter and son-in-law, they took over, they said, 'Don't you worry a thing about it, Mum, we'll take you out there and see it and everything,' – she saw it, and they arranged for the selling of the house and she packed up her own things, but they, they handled the land-agent, she didn't have anything to do with it, really
> R: Right
> S: They just took over the whole thing
> R: Mmhmm
> S: And I thought, 'Oh…' There was a house down the road, that I would have liked. I knew the lady, she died, it went on the market
> R: Mmhmm
> S: And I would have loved to have, I would have liked to have had a go at getting it because it had a smaller section than this
> R: Right

S: It was, it was quite, quite nice, had a little, this doesn't get any sun, it got the sun because it was on the end, you know, it was a unit, it was on the end, and um, I thought, if I had a family to take over and do all the arguing and everything, I thought, I can't afford at my age to have something to go wrong in the chain of buying and selling, you know
R: Right
S: I don't know whether I would have been able to afford it, but um

Health insurance potentially provides medical support but access to it is limited by cost. John cancelled his years ago, "I thought I was paying out too much money for getting nothing" and is now on waiting lists, frustrated at health problems that are monitored but not acted on within the public health system. Daisy has had to let her insurance go, "It was going up and up and up in price." Sally has kept her insurance but was shocked to have to pay "over a thousand" as the excess on an eye operation. Kelly is planning to cancel health insurance as it is "terribly, terribly expensive" and with the severity of Ned's illnesses, they have become involved with the Work and Income disability support system, "so that should protect, hopefully protect us for what time we have."

Eileen, 70, has relied on the Work and Income welfare system for years, following being made redundant in her 50s from a manual labour job that left her with a bad back. She positions the system as prejudiced and obstructive, "They won't tell you what you can get and what you can't get." Eileen contacted me from the newspaper article, saying she was annoyed that if you "don't have kids" you get less money from Work and Income, as you do not get access to "Working for Families" (a tax-rebate programme for people with children; Inland Revenue, 2010). However, Working for Families is only for employed parents, and is not part of the superannuation system, which makes no distinctions as to whether people have children. Eileen's sense of unfairness is therefore based on inaccurate information, but is positioned within a lifespan account of unfairness and lack of support. She says she could never ask her parents for financial help: "I had to survive on my own. Because with my parents, I didn't dare go to them and ask for money." Her ex-husband was unsupportive over their five-year marriage, "I never saw any money from him." She positions Work and Income as racist and unsupportive of people like her who are "white": "The Islanders get more than the whites get. And so does the Maoris," a view she further warrants by reporting that a former Work and Income manager said this was true. She positions herself as having more right to welfare support than "the Islanders" (she is referring to people from Pacific Islands such as Samoa and Tonga, both immigrants and New-Zealand born, who comprise about 6-7 percent of New Zealand's population), as she considers they do not fulfil their "duties" as good citizens (such as not keeping their lawns mowed, and having children outside wedlock). She positions herself as responsible and self-supporting, will "go without" rather than go into debt and has gone to a "budgeting place" to learn careful money management.

In conclusion therefore, the equivocal characterisations of childless older people as more and less well-off than those with children, as discussed in Chapter 1, are evident, in that these participants have a range of socioeconomic positions. But the expectation that the childless may be potentially more of a "burden" to state resources is not represented here. Participants emphasise independent financial support and hoping not to "rely on hand-outs", although superannuation, work-related

pensions and, in Eileen's case, government benefits are not positioned as "hand-outs" but what has been earned after decades of productive work. A duty to properly budget and manage money carefully is emphasised, alongside a cohort storyline of frugality learned in Depression and war. Some participants emphasise the opportunity to give others financial support, guided by Christian principles or the storyline that "there's somebody worse off than myself". Limited financial resources potentially hamper support options, including the medical support of health insurance, although a potential lack of support or care because of money is located in an unknown future, rather than present-day needs.

Practical support

Practical or instrumental support is given and received by participants in many ways. In this section, I will provide an overview of the types of practical support mentioned. In addition, the ways that receiving support is positioned within a storyline of ongoing capacity and independence will be considered. Support is positioned within reciprocal links, or warranted by particular circumstances, or responded to with "appropriate" gratitude. Support given by participants is positioned within reciprocal friendships, or by positioning others as in particular need, or within voluntary work roles. How lack of support is narrated – for themselves or others - is also considered.

Practical support is positioned within different timeframes. Short-term help is required in certain circumstances (Table 6.2). Ongoing help is warranted by particular circumstances and often on the basis of reciprocity (Table 6.3). Lack of support, where mentioned, relates to specific circumstances or needs, and is often accompanied with thoughts on how to manage the lack (Table 6.4). Overall, there is a sense of participants positioning themselves as receiving little, or highly legitimate, help. Some participants mention practical support only as something they give, not receive (Table 6.5).

Short-term help, from a range of sources, is required in particular circumstances relating to specific health, housing or negative events.

Table 6.2: Short-term practical support

Issue	Circumstances of needing short-term help	Help-provider/s
Health issues	Stroke (Emma) Fall (John) Brain aneurysm (Miranda) Below-knee amputation(Owen) Breast cancer (Elsie)	Friend (meal) Meals-on-Wheels while recuperating Friends – chores round the place, mowing lawns Rest-home stay till recovered Cousin let her stay after operation & helped at home
Relocation	Move from own home to retirement village (Hazel) Move from pensioner flat to rest-home after cancer surgery (Percy)	Godchildren - 'six of them turned up to move me' Hospital/rest-home staff? – just says 'they' arranged it
Car problems	Car stolen (Nissan) Car accident, so car written off and injuries (Sally)	Neighbour – help with phoning police Godson – help with buying new car People from church (meals) Neighbour (shopping) Friends (transport)
Property repairs	Roof needed cleaning (Tombie)	Friend of a friend 'He was happy to do it and I paid him'; otherwise 'happy to look after myself'

Where practical support is ongoing, this is positioned within reciprocal relationships, either of longstanding mutual relationships or by payment for services. Participants also position help as being warranted, such as by having health problems, being a grateful recipient, or by the help being given willingly. In Table 6.3, support types mentioned in interviews are listed alongside who provides the help, including both "informal" and "formal" supports. The third column shows how help is positioned as warranted or reciprocated, with a two-way arrow (↔) marking the reciprocity of the help, either by paying for services or being supported by those they helped in the past, such as family.

Table 6.3: Ongoing practical support

Practical support	Who is providing support to them shown as Giver (Receiver)	How support is positioned as being warranted or reciprocated (↔)
Documents/ paperwork	Niece (Maria)	Written English (second language) not so good; health. ↔Family connection
Gardening/ lawn mowing	Subsidised by Disability (Eileen, Frances);Work & Income (Ned, Kelly) Caretaker (Owen) 'Reliable man' via NGO (Sally) Friend's husband (Daisy) Neighbour - garden bin to gate (Sally)	Health. Government subsidy. ↔Frances part-pays gardener Provided as part of accommodation ↔Pays him. Foot ulcer. ↔Friendship and pays him Downhill and too heavy; infrequent need
General house/ property upkeep	Paid tradespeople (Tombie, Sally); 'workmen' (Bertha);'tradesmen' (Elsie); 'contractors' (Miranda)	↔Pays them. Elsie 'Only if you can't do it yourself' e.g. bathroom renovations; Miranda only for farming jobs she can no longer do
	Retirement village – April, Kate	Part of accommodation contract; have 'maintenance list' to request specific tasks
	Second cousin's husband (Kate)	A willing helper, 'What do you want me to do, before I sit down?'↔Kate gives him meal
Changing a lightbulb	Retirement village (Kate) Friends (Owen) Friends, friend's husband (Perdita)	Put on maintenance list ↔Part of ongoing friendships - Owen's 6ft2 'cobber'; Perdita's 'great big 6-foot' friend; let them do it as suits, not demanding
Home help	Service-provider (April, Emma, Frances, John, Margaret, Maria) Private friend's scheme (Ned & Kelly) Caretaker (Owen pays $25) Housekeeper for communal areas only (Maggie, Fletch, Bee) Retirement village (Ida, Kate)	Health, e.g. arthritis (Emma, Frances, Kate) doctor suggests/arranges e.g. John's house-help '[doctor] organised that for me'. Health. ↔Supporting friend's business ↔Pays him Provided as part of Abbeyfield set-up; they still clean their own rooms Health. Part of retirement village services
Mail	Neighbour/friend (Kate)	↔Collect mail for each other
Meals	Housekeeper – lunch and dinner (Fletch, Bee, Maggie); Retirement village midday dinner (April) Cousin – daily meal (Margaret) Lady next door at times 'when she cooks too much' (Nissan) Neighbours - fresh veges (Perdita)	Part of shared-household package or retirement village contract Health.↔Contributes to cousin's budget ↔He gives her chocolates/wine sometimes. Perdita may have just bought her own veges, but gesture appreciated - 'we're close'
Medic-alarm button	Private company (John, Owen)	↔Pays $40 for. John -'I think it's been worth it', after fall. Owen – 'I think it's a waste of time' – was persuaded by salesperson
Security	Neighbour (April) key, next-of-kin details	↔Has neighbour's key/details as well
Shopping	Service provider (April) – groceries Neighbour (Maria) checks if she needs 'anything from shops' on way past Niece (April) - weekly loaf of bread Niece (Lois) – special items	Health, does not drive ↔Maria started link by 'being friendly' in European way (vs British/Kiwi reserve) ↔ Family connections, childcare for nieces. 'Special items' e.g. new bed after widowhood
Showering	Agency (Margaret 6 days/week) Residential staff (Eleanor, Percy)	Health, arranged by needs assessor

Practical support	Who is providing support to them shown as Giver (Receiver)	How support is positioned as being warranted or reciprocated (↔)
Technology	Neighbour sorts out video/cables (Elsie) 'Younger male friends' re computer (Miranda). SeniorNet (Sally) re computer	↔Collects mail etc when neighbours away ↔Ongoing friendship Sally calls only after first trying to fix herself
Transport	State-subsidised taxis (Lois, April) Taxis for shopping (Lavinia)	↔Pays them. Health; husbands or friends who drove have died. April uses sparingly & 'really appreciates'
	Flatmate who is also longstanding friend drives her 'everywhere' (Daphne) Friend - transport to Tai Chi (Emma) Cousin – ride to shop (Margaret)	Can't drive now with eyesight.↔ She cooks meals, does housework, he drives ↔Emma takes turns driving friend Health. ↔Pays for shopping
	'Different people' on rota drive them to church (Eleanor, Margaret)	Church commitment; health problems. Both make big effort to get ready to be able to go

As shown in Table 6.3, participants never just say they have the practical support of house-cleaning as if this is something to be expected. Instead, they explain, however briefly, the reasons why help is justified, perhaps reflecting less use of such support in "their generation" than is common today. The primary reason is that health conditions hamper their ability to clean, a position further authorised by saying a doctor "organised it for me" (John) or "suggested it was time I had some help with things" (Kate). A government agency providing a subsidy (often via a doctor) also positions it as legitimate.

Participants other than April who live in retirement villages may have a daily hot meal provided (listed in Table 6.3 under "Meals"), and Maria may not be the only one having help with paperwork ("Documents/paperwork"). The point of the table is to capture what participants mention in the course of an interview on "support" and how they position support as warranted. To April, "not having to cook a dinner every day [is a] big advantage" and part of receiving practical support. To other people, it may be just part of an accommodation contract. Context is also important, as Maria may have to deal with "documents and paperwork" in a new way, following the recent death of her husband. Where the boundaries lie between "receiving practical support" and "everyday life" thus could be noted by needs-assessors and researchers with regard to how people choose to position the exchanges that occur.

The four participants in residential care (Eleanor, Percy, Donna, and Manu) have higher levels of support where they live, based on the impairments that make them eligible for such care. Margaret (who moved into residential care soon after our interview) is in transition, with care agency staff coming in daily to bathe and dress her, and weekly to clean her home. Her cousin, who lives next door, cooks her main meal daily. Her mobility is limited but she can go out shopping and to church, if transport is provided. When we spoke, Margaret was keen to move rather than risk her cousin doing too much:

> M: I feel that my cousin's in a vulnerable position – that she might have to do more than I'd want her to do, you know, if I really needed, needed it
> R: Mmm
> M: And that concerns me, you know
> R: Mmm, yup, yup
> M: And she isn't young, either, and she's, huh, she's getting a bit old too, and sort of um, finding it a bit difficult sometimes. And I thought, no, I'm not going to do that, I want to go somewhere where I can *pay* them to look after me, you know

Margaret's talk about seeking residential support is as one cousin concerned about another cousin's welfare, which I think can also be seen as a move away from positioning herself as "frail" or in need of a high level of support.

It is important to note, therefore, the particular storylines, such as of health concerns or widowhood, within which participants position practical support as justified. Nuanced evidence of moving in and out of support needs, and the give-and-take of support across time is insufficiently captured in statutory providers' attempts to establish generic support criteria and "risk" factors, as Grenier (2003b) also suggests in her work on home-care assessments. That participants are childless highlights the range of exchanges operating outside the parent/ adult child norm. Positioning support as warranted or justified also casts light on older parents' worlds, as recent New Zealand case studies of older parents have some evidence of them sharing the reluctance to have help without it being warranted, within a storyline of self-efficacy (Ministry of Social Development, 2009).

Lack of practical support

Lack of practical support is positioned as very specific, linked to the loss of a specific relationship, the lack of a specific service or the effect of a specific impairment. Where participants mention an unfilled need for practical help, they often also mention at least a partial solution they have already found or are aware of, such as paying someone to help. The storyline of capability and independence that is invoked by most of the participants in this research is therefore not strongly contradicted by a "lack of support" storyline.

Table 6.4: Lack of practical support

Participant	Circumstances of lack of practical support	Possible solutions/alternatives
Frances	House maintenance – close male friend used to do repairs on the house, while she made curtains for his house – mutual help – he has emigrated to Australia	Will have to pay someone, if she can afford it
Lavinia	Transport – close male flatmate/friend and best female friend who used to take her places have died	Uses taxis and buses
Need to accept the fact that at 91, 'I've outlived all my friends'
Lois	Transport - husband was a 'marvellous chauffeur', Lois never learnt to drive	Has just got the forms to apply for half-price taxis
Ned & Kelly	House maintenance (small guttering repair) Ned can no longer climb ladders (health). Assessed for grab-rails and hand-rails, not eligible for subsidy despite Ned's health	Will get a tradesperson, but aware they are often not keen to do a '5-minute job'. Got pamphlet and will pay for at least a handrail for the bath themselves
Sally	Moving house - sees daughters/adult children of friends sort this out – envies them; feels too hard/risky to manage alone	Has got help with section maintenance, has consulted real-estate agents, but will most likely have to stay put and make do

Practical support in the future

Given that many participants position themselves as in little need of support, I asked them about needing help in the future, perhaps if their health or other circumstances change. Formal support features in their talk about future options, mentioned in relation to others they know or services they accessed for an ageing parent. The emphasis is on practical support, rather than emotional or other

types, and understanding of how such support might be accessed is sometimes vague. Examples are presented in Table 6.5.

Table 6.5: Future practical support

Future support may be needed	Expectations as to how support might be arranged or warranted
Gardening/lawn mowing	Betty 'And if for any reason I needed help, I would apply for anything that was going…if we could no longer maintain the garden, that sort of thing' Nissan 'I can get that jacked up through Work and Income or something, can't I?...But that's in the future, I guess'
Home help	Fletch has seen others at Abbeyfield getting home help when they can no longer clean their own rooms Hazel is proud at what she can still do compared to others who are younger, doesn't yet need home help but knows it's available Lavinia 'I suppose the time will come when I'll have to get somebody to um, to do the cleaning, but I'll look around and probably think, "Oh, God, she's not doing that properly!" [laughs]'
Meals	Maria is being offered help with meals by the 'hospital' Sally delivers Meals on Wheels so is aware of this option John had Meals on Wheels for a while when recovering from an operation
Medic-alarm	Lavinia 'I was going to join St Johns and have one of those medical alarm things…That's been on the list for about the last two years and I haven't done it yet' partly because she 'forgets' and it's a marker of not being so self-sufficient
Personal care	Patricia 'I would hope there might be day services and things like that that would enable me to stay in my own home until such time as…death occurs [laughs]' Perdita 'Perhaps I would get somebody to come in and just help me in the morning or something, you know, get me out of bed if I can't get up – if I'm that ill, or that frail. But I can't actually imagine it [laughs]'
Shopping	Daphne 'If it wasn't for F [her flatmate], they'd have to send someone to take me shopping' Elsie 'I imagine there would be people able to come and help you if you need help with um, I don't know, shopping and cleaning and things, but quite where they draw the line on this I don't know, between someone just hiring someone and some sort of government assistance there, I don't know'
Showering	Bertha saw 'help with personal showering' provided for her mother; 'it may have to come to the stage where I do have to ask for that, but not yet' Fletch saw others getting this help at Abbeyfield Kate was offered showering when she had a fall, declined; sees others get that
Transport	Bertha is aware of reduced taxi fares if she could no longer drive

Narratives of others' experiences of formal support, which arise in these discussions of future help, can highlight negative aspects of such support. Elsie says the help a friend gets is limited by the "stupid rules" of the Department of Labour and the service-provider, such as not being allowed to do anything above head-level (so the top of the fridge cannot be cleaned). Perdita talks of a friend who had crystal and china stolen by a cleaner. Hazel knows someone who is really incapacitated, has full "personal care" but that means she is "alone all that time" between caregivers coming in and out. Kate too is concerned that people needing personal care are "alone in the early hours of the morning, when a lot of the falls and things happen."

Practical support given

The reciprocal relationships within which practical support is received highlights the give-and-take favoured by participants. Many position themselves as givers, rather than receivers, of support, with 24 of the 38 participants involved in voluntary work, discussed in *Voluntary work* in Chapter 8. A few

examples of practical support-giving, outside of the "volunteer" frame are noted in Table 6.6. As with their own positioning when receiving support, giving support is warranted by the other person's illness, ongoing relationships, and, in some cases, church membership.

Table 6.6: Practical support given

Participant	Who are they helping with what	How support is positioned as being warranted/reciprocated
Bertha	Niece with three children (aged 1,3,5) down south – stayed while husband away for work sharing childcare and housekeeping	Likes to help; niece really appreciated it
Frances	Church members - transport	They need 'picking up and taking'
Patricia	Blind friend – shopping, paperwork Niece dying of cancer – baking, childcare	Sickness of recipient plus friendship/family relationship
Sally	Church members sick/dying of cancer – cooking meals	Mostly only if they don't have own family/adult children
Wakeford	Rest-home residents – feeding, crosswords, going for walks, helping on switchboard	Remained involved with this rest-home where partner was until he died

Sally does not see herself as a particularly good cook, but will provide meals for sick church members as part of "taking a turn", particularly if they do not have family:

> S: Um, I took meals to one of our members here who was dying of cancer, I mean, it was just taking a turn, and I said, 'OK, I hope they will like it,' you know, so I made an effort, you know
> R: Mmhmm
> S: I, it was only one day a week or something that I took a meal down to her…Um, ah, so if I've got something there that I think they might like or would be better than nothing, I'll take it up

In conclusion, there are multiple positions that participants and those helping them can occupy in relation to practical support. Daisy chats with her gardener who is the husband of a friend and also a paid worker. Ned and Kelly's cleaning person is also a friend running a cleaning business. Support received by participants is located within a storyline of their ongoing capacity and independence, warranted by short-term needs, reciprocal relationships, or ongoing health concerns. A lack of practical support is mentioned alongside solutions already enacted or proposed. Needing increased support is positioned in an unknown future, again with solutions proposed, although narratives that position others as receiving inadequate help highlight challenges participants may face. Giving support is emphasised by many participants, again positioned within storylines of appropriate need or within the framework of voluntary work, to be examined in Chapter 8. It is also located within a storyline of reciprocity, an important corollary of being willing to accept help for older people in the face of stigmatised "dependency". The emphasis on reciprocity echoes research by Breheny and Stephens (2009) in New Zealand, Lewinter (2003) in Denmark and Litwin (1998) in Israel, although the different state systems, contexts, cultural expectations and social connections make for different expressions and activities of reciprocity. For example, grandparents may more often "reciprocate" by providing childcare than those without children are able to do (Breheny & Stephens, 2009; Lewinter, 2003); the New Zealand cultural tradition of "do-it-yourself" home maintenance as a way of helping someone (Breheny & Stephens, 2009) would not be possible for Litwin's sample who are in assisted living facilities; and generous Danish pensions allow Lewinter's group to "reciprocate" by buying gifts.

Emotional support

"Emotional support" is a concept sometimes included in definitions of "social support" alongside practical support (e.g. Bowling, 1991), or it is contrasted with practical support as being "intangible", distinct from the "tangible aid" of practical help (Langford et al., 1997). Where it is defined, it is positioned as interactional, as something people get from other people (e.g. Langford et al., 1997), such as imparting liking or sympathy. Where it is not defined, it is used as if it has an agreed and transparent meaning, for example in a question on "receiving help with emotional support" in the past 12 months in Wu and Pollard's (1998) study of childless elders.

In this section, I highlight aspects of participants' talk about emotional support, including the lack of such talk, as participants rarely speak of it unprompted. I also explore the positioning of "emotional support" as part of self-support, which is at odds with the interactional emphasis in the literature. Four interactions about emotional support are outlined in Table 6.7, chosen to show how I ask about the concept and how some participants position it, followed by discussion of others' views.

Table 6.7: Positioning emotional support

Interview discussion	Positioning of emotional support
Bertha R: And things like 'emotional support' – it's kind of a, a bit of a modern term, but um, do you have a sense of needing that or getting that, um, whatever that means – you know, being able to talk through a problem or?	I position 'emotional support' as a 'modern' term – is this ageist? I then operationalise it as 'being able to talk through a problem'
Bertha: Well, I find it difficult to talk about my problems, I'm afraid, as you probably realise. But um, certainly any of my family would listen to me, if I, if I wanted to talk to them, yes	Bertha picks up my language of 'talking about problems' and positions herself as finding that 'difficult'. She expects 'her family' would listen but she would have to 'want' to talk to them
Owen R: If you were sad and want to talk about something or worried about something, do you, do you talk, who would you talk to?	Emotional support is positioned as being linked to sadness and worry
Owen: No, I understand it, ah	Owen emphasises his own 'understanding' rather than talking to others as key
R: Sure, but who would you, like when you go down and play cards or play Housie, um, would you talk to your mates about anything that was worrying you?	I further operationalise it as 'talking with mates', drawing on what he's said about activities with 'mates'
O: No, no, I sort of can understand most of my worries	He continues to position his 'understanding' as key, and also his 'progress', which relates to talk earlier in the interview about benefits he got from psychological counselling
R: So you figure things out for yourself?	
O: As I'm progressing in myself, I feel everything that I've sort of come out of it a bit	
Eileen R: And around this word 'support' – I know we've talked about financial support, but people also talk about things like 'emotional support', is that something that's useful or helpful or what do you reckon about that?	
Eileen: If I get, say if I know there's a bit of asthma around, I make myself busy	Eileen makes a link with her asthma which she manages by herself through busyness and making her 'mind' go into something else
R: Mmhmm	
E: I make my mind go into something else	
Hazel R: Yes. So the word 'emotional su-', oh, the phrase 'emotional support', um, do you have a sense of where you get emotional support from or is that something you need or do you support yourself or?	
Hazel: Well, I, I go, um, I go to a counsellor about once a month	Hazel has counselling/supervision as part of providing voluntary church support to others. She highlights an equal 'prayer partner' positioning rather than a counsellor/client storyline.
R: Mmhmm	
H: She's a church person so that she's really a, you know, a prayer partner	

On reflection, my operationalising of emotional support in the interviews was not systematically linked to meanings of the term, where defined, used in the literature, although my exploration of concepts like "talking through a problem" or "dealing with sadness or worry" certainly fits with some of the many definitions of the activities of emotional support (e.g. Weber & Patterson, 1996). At this point, I was more interested in how people seemed to use the term and what meanings they had for it; in further research, I would be interested to gather the range of ways "emotional support" is operationalised in research to explore these definitions more with participants.

Some participants link "emotional support" to formal counselling, as Hazel does in Table 6.7. Miranda is a therapist. Frances and Jane have both done counselling work and have had counselling themselves, and Wakeford is finishing some counselling following his partner's death. Owen, 90, saw a psychologist for many years, the benefits of which were that "gradually I was getting this feeling that ah, I wanted to be myself. I wanted to think and do for myself…I started to change, change from being a scared individual to somebody who can stand up for himself." Towards the end of the interview, I comment on the weights I can see in his kitchen, expecting an account of physical fitness, but instead he emphasises the usefulness of exercise in managing his feelings when "down in the dumps":

> R: And I notice you've got some weights, like I can see them in the kitchen –
> O: - Oh yeah
> R: Do you do, do you do some sort of fitness routine yourself?
> O: Actually, well, if ever I feel down in the dumps, just do a few exercises to loosen myself up

In the Abbeyfield group discussion on types of support, the younger staff member (in her 50s) mentions "counselling" as something that is helpful "because [counsellors] listen and a lot of the time they offer help and offer ways of dealing with it." However, this is not elaborated on by others in the group. The next speaker emphasises that counselling is with a "stranger" and therefore people can be "more open and frank" than with family, which leads to a discussion of positive help from strangers.

The lack of counselling or emotional support from professionals is also mentioned. Miranda wishes she had had access to therapy when her mother died in the 1950s, "but there weren't such people around." Lois, Donna, and Perdita all express dissatisfaction at the lack of an empathic response to the loss of their babies, including the advice just to have another baby. In the focus group, the mother of six has lost two daughters and speaks of the "need to talk" at such times, but "people don't want to talk about it…And they think you shouldn't cry". Fletch positions such responses as from past times:

> F: Well, we were brought up like that in the old days
> Mother of 6: Yeah, of course we were, we never cried!
> F: Don't cry or don't talk about it

Such responses are positioned as "changing slowly" and now "even doctors will give you a hug", but in the ensuing discussion about doctors, there are mixed views about such behaviour as potentially at odds with the "need to keep it very professional".

Emotional support is mentioned in relation to friendship. Miranda uses the phrase in the context of her relationship with her ex-partner, who remains close: "She often comes here, and she's, she gives me a lot of emotional support as well." Kelly identifies being "a listening ear for a young friend" in response to the initial question on support given or received, as does Wakeford in saying he thinks he helped a bereaved friend he took out, as "there were no more tears, which was good."

Tombie positions "emotional support" within relationships with family and friends, and therefore as something she misses in New Zealand, compared to the "intimate kind of friendships" she had in Europe. Jane also talks of a lack of "intimate support". I ask how this differs from emotional support and she describes connection, depth, joy, pain, "being with" and also associates it not just with people but also with God, perhaps showing how difficult these concepts are to narrowly define:

> R: Mmm, and how does intimate support differ from, you mentioned emotional support and other, you know, kind of what do these words mean, do you think?
> J: Mmm, yep…Um…My sister and I are very close, I mean, the meaning of ah, just something, whether it's connected with somebody very special, more connected with a person when I say that, not in a word in itself, it's kind of something that, it's a presence, the closeness of a person, being able to talk at a deeper level
> R: Right
> J: Um, it, you know, to a depth that really is moving
> R: Mmhmm
> J: You know, moves my spirit, sense of joy, even, you know, being able to feel the pain of another
> R: Mmhmm
> J: To be close, in that sense
> R: Right
> J: Just to 'be with'
> R: Mmm, and it sounds like that's something that's been important throughout your life -
> J: Mmm
> R: - that you've had people that have, you've had that intimate support with?
> J: Yeah, even God's presence too, in that sense of intimacy, yeah

Like other types of support, emotional support is sometimes positioned as a specific need in a specific context, rather than something ongoing. When Lois's husband died, she had "intimate support" but then returned to being "alone again" and in need of stimulation as a way to move on.

> L: …when he died, um, for a long time I was supported by my nieces and um, and, and other people, a lot of friends
> R: Mmhmm
> L: But then, ah, naturally, you know, they can't give you that intimate support all the time
> R: Mmhmm
> L: So you find that you are alone again. And as I'd always been involved, with writing especially, ah, I…I just *had* to ah, get some stimulation
> R: Mmhmm
> L: So I started, I thought, 'Oh, I'll start writing again', and at that moment, there had been um, talk here of res-, ah, resuming a, a [retirement village] magazine
> [gives details of the magazine]
> L: And it's just what I needed
> R: Mmm
> L: It was just a lifesaver
> R: Mmhmm
> L: For me, because I was too…looking inwards instead of outwards

This also echoes her earlier narrative of having a still-born son, where getting back to writing, as a freelance journalist, was part of what helped her recover.

Betty talks about her exercise group where the women "gather together" to support someone when bereaved, but without "overwhelming that person":

> B: I am a member of a, an exercise group
> R: Mmhmm
> B: All women
> R: Right
> B: And those women tend to give one another support where necessary
> R: Mmhmm, what sorts of things do you think happen there?
> B: Um, well, just for instance, quite recently, we have had somebody bereaved
> R: Right
> B: And everybody, without overwhelming that person
> R: Mmhmm
> B: The, the group just gathers together
> R: Mmhmm
> B: And supports that person
> R: Mmhmm
> B: And practically everybody who's there, finds that they can talk to the other women
> R: Right
> B: And so that, in itself, is support

In the first brief participant summary sent with Christmas cards, I reflected on the difficulty of the concept of "support" and how it works differently for people. Miranda, a therapist, wrote back, positioning emotional support in the storyline of early childhood:

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I was particularly interested in your comment about 'support', and the
different ways in which people experience it. Nowadays, I suspect that how
we react to "support" has much to do with our early childhood experiences –
how good our parents were at giving us 'support' without shaming or
embarrassing us. Whatever… Keep up the good work
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This is an interesting idea. Both Owen and Lois position their difficulties with emotional support in relation to their parenting, with the trauma of Lois's still-birth exacerbated by her mother's treatment of her. Owen's move to self-support emotionally is through therapy to overcome the message from his "stupid parents" that he was a "no-hoper". Patricia also links the "dependence" of her mother to her own wish to be "independent". Her narrative will now be explored, as she describes ideas about emotional self-support to which other participants refer, an idea that seems muted in the research literature.

PATRICIA: ONE LEARNS TO BE EMOTIONALLY SELF-SUSTAINING

Patricia is a 65-year-old single Pākehā, with two older sisters and a number of nephews and nieces. She has had "three main careers" in education and labour relations, and is involved in board governance in her retirement. She is in the cohort that saw the arrival of the contraceptive pill, and while she had heterosexual relationships, "none became permanent" and she did not choose to parent alone, which was a choice some of her friends made. She describes her mother as a "very dependent person…as a child, I learnt to care for her" and links this to her own preferred positioning as independent: "You know, because of my parenting, I had to learn to take care of myself and I damn well did and I damn well will! [laughs]." This extends to ideas of emotional support, as in Table 6.8.

Table 6.8: Emotional support positioning: Patricia

Interview transcript	Researcher reflections
R: Um, types of support, like 'emotional' support – do you get 'emotional support' – again, whatever that, those words mean	
P: Mmm, mmm	
R: From anywhere or	
P: That's probably tied up with, that question of 'Are you a loner?' you know, it's, it's a very deep question	We had talked about 'loner' previously
R: Mmhmm	
P: I mean, one learns to be emotionally self-sustaining, I think, if you, you know, look back at my life & whole per-, chunks of time without relationships	Links lack of partner relationships with the need for self-support
R: Mmhmm	
P: I think I am emotionally self-sustaining	
R: Mmhmm	
P: But what that means, I don't, I don't know [laughs]	
R: Mmm, mmm. So if you felt like you were having trouble dealing with something or wanted to kind of talk something through, would you kind of do that with yourself or would there be friends you'd do that with or?	Trying to operationalise emotional support
P: Mmm, interesting question. I think I've grown to prob-, if something is deeply troubling me, I think I've grown to the point where I deal with it myself, and don't share it until I've got on top of it	
R: Mmhmm	
P: And then I share it	
R: Mmhmm, and that's been an aspect of your growth, to be able to do that	I use 'growth' from her talk of growing in dealing with things herself
P: I don't know whether I'd call it 'growth' – an aspect of my um, hang-ups perhaps	
R: [laughs]	
P: [laughs]	
R: One person's growth is another person's hang-ups, yeah, OK. Yup, yeah. So that's a process that works for you	
P: I don't know whether it works. It's my survival technique, I guess, my emotional survival technique	
R: Mmhmm	Continues to reposition it ambivalently
P: You know, I certainly, I don't think I would label it necessarily as healthy	
R: What would be healthy?	
P: Well, yeah, I mean, that's a value-laden word	
R: It is, yeah	
P: Yeah	
R: Yeah	
P: I guess if I look at myself, I would wish I was other, but then that's ridiculous because you're contradicting your own …existence	Now repositions emotions into a story-line of identity, 'not the person I am' which she perceives as 'introverted'
R: Mmhmm	
P: You know, I wish I could, you know, let all my emotions hang out, but that's not the person I am	
R: Mmhmm	
P: I'm, you know, fairly introverted	
R: Mmhmm. What would be good about letting all your emotions hang out, do you imagine?	
P: Oh, um…Well, that's just the way one is supposed to be	Invokes societal storyline of the 'way one is supposed to be'
R: Is it?	
P: Yeah, well, yeah, from society's	
R: - So that's kind of a social	
P: Yeah, social pressure	

There is further exploration of being "emotionally self-sustaining". She has lots of friends but would not necessarily turn to them for support, she would sort her own ideas out first and then "share", in part to avoid having to manage other people's anxiety, as outlined in Table 6.9.

Table 6.9: Being emotionally self-sustaining

Interview transcript	Researcher reflections
R: So just, um, so in terms of what it does mean for you, 'emotionally self-sustaining' means…	Exploring her term some more
P: Well, it means, I guess, in most of the milestones that one would expect as one ages, I'm alone. And yes, I do have a vast network of friends, and a lot of those would pick up when I was troubled	'Vast network of friends' would 'pick up' trouble, but support is positioned as something to be actively sought (by 'sharing') only when ready
R: Mmhmm	
P: But that wouldn't necessarily translate into being able to share, initially, in shocks and things like that that happens	
R: Mmhmm	
P: You know, like if I were diagnosed with um, Alzheimers, I would tend to take steps to fix it all up before I shared it with anyone	Positioning the receipt of support within a negative storyline of having to manage other people's anxiety
R: Mmhmm	
P: Because I think my own anxiety would be, yeah, my own anxiety would be, yeah, I could phrase it another away – other peoples' anxiety would be rather difficult as well as coping with my own. Yeah	

Patricia's account highlights different positionings of emotional support. How children are parented influences their adult positioning as "independent", and this in turn influences learning to be "emotionally self-sustaining". The idea of emotional support as something one gives to oneself is not a definition I am aware of from the literature, despite it being one that other participants also referred to. It is an idea that I will explore further in summarising the talk of "self-support" towards the end of Chapter 7. Patricia wonders if emotional self-support may change adaptively in circumstances where help from others might be needed, but she does not imagine this happens easily.

In conclusion, Table 6.10 shows a range of the positions and storylines within which emotional support is located by participants. People can invoke different storylines at different times. For example, Owen positions himself within counselling as a particular type of support, the lack of which is harmful, and now, having had that psychological help, positions himself as emotionally self-sustaining. There can be contradictory positions of emotional support as "necessary" such as at times of bereavement and yet not if it is not "invited" or is proffered in a way that might "overwhelm" the person. One's positioning of emotional support can be within the storyline of the past, "Don't cry and don't talk about it", which is influenced by childhood and can be hard to change, yet which may also change historically as prevailing social mores shift.

Table 6.10: Positioning emotional support

Positioning emotional support	Storylines
Positioning as 'emotionally self-sustaining' Emotional support can mean thinking things through, 'understanding' or 'dealing with it myself' rather than involving others	*Emotional support can be self-support* *Emotional support is not only something done by or with others*
Positioning as 'professional activity' Counselling for specific issues in a specific timeframe	*Counselling is a particular type of emotional support*
Positioning as 'necessary' The lack of emotional support at times of trauma and loss is harmful	*Emotional support is necessary sometimes* *Harm is caused by a lack of emotional support*
Positioning as 'invited' Can happen within friendships and families, but ideally when sought, otherwise it can be overwhelming or upset those trying to give it	*Emotional support can be difficult to receive*

Positioning emotional support	Storylines
Positioning as 'intimate' Emotional support can be more or less 'intimate' according to different cultures and beliefs	*There are cultural differences in emotional support* *God can give emotional support*
Positioning changes historically Influenced by different social attitudes	*Past: Don't cry, don't talk about it*
Positioning as influenced by childhood Childhood experiences affect models of emotional dependence and independence	*Children can be shamed and embarrassed for needing support*
Positioning as hard to change Lifetime learning about asking for emotional support can be hard to change	*Growing older may affect willingness to ask for emotional support*

There is little use of the phrase "emotional support" across the interviews. It could be argued that phrases like "practical" or "instrumental support" are similarly not used. However, talk about home help or shopping matches the operationalisation of practical support in research and policy literature, such as the "Instrumental Activities of Daily Living (IADLs)" (Mahoney & Barthel, 1965; Martin & Martin, 2003). Therefore, applying a label like "practical support" to a participant's talk about someone helping them with "shopping" may reposition the activity into a policy storyline of IADLs, but is still congruent with the participant's talk of an interactive exchange. If participants describe emotional support as something they do for themselves, that is clearly at odds with a researcher's assumption that it is something done with or by other people.

Telephone support

When discussing "support" with participants, many mention their use of the telephone, making or receiving calls from people for multiple reasons they link to various aspects of "support". The telephone is not often included in analyses of social support or social networks, in part perhaps because of differing costs of phoning (free local domestic calls in New Zealand; charge per call in the UK). For example, in the questionnaire developed to assess which of Wenger's five network types a person fits into (Wenger & Tucker, 2002), the respondent is asked, "How often do you see any of your children or other relatives to speak to?" (p.34); that is, the focus is on "seeing" family, friends or neighbours to speak to, rather than phoning them (Wenger & Tucker, 2002). I did not have specific questions about phone calling in the interview guide and it is certainly not a form of support much discussed in the literature. But as many participants mentioned phone contacts in relation to support, I think it is important to reflect on how the phone is positioned in storylines of support given and received. I discuss the benefits of telephone support participants raised, and difficulties they mentioned. These extend the limited references to the phone in gerontological support literature, where it is perhaps a taken-for-granted aspect of friendship or support, without being explicitly noted.

Research on telephone support and older people includes outcome reviews of interventions aimed at reducing social isolation or loneliness (Cattan, White, Bond, & Learmouth, 2005; Findlay, 2003), with some effectiveness in suicide prevention (with professionals telephoning suicidal people). An intervention mixing peer and professional telephone dyads had no impact on levels of perceived social support, morale, depression and loneliness (assessed non-qualitatively), perhaps due to

problems that the authors acknowledge with the study concept, design and measurement (Heller et al., 1991). Heller et al (1991) highlight the benefits of telephone, as opposed to face-to-face, contact in designing their intervention. Phoning does not require the same mobility and transport as visiting, it can be accessed in all weathers, phones are relatively available even in low-income areas, and telephone contact allows "an easier modulation of depth of involvement" (p.57). Outside of the support literature, medication compliance in older people may be enhanced by telephone reminders, but this is seen as time-consuming (Lim & Woodward, 1999). Computing researchers Dickinson and Hill's (2007) interviews with Scottish elders found the telephone the most common and preferred "communication system" for keeping in touch, still well ahead of email and text. The immediacy of telephone contact gave a sense of security and family links could be maintained. Negative aspects included cost, feeling "rushed" on the phone, or that a phone call meant family therefore did not bother to visit (Dickinson & Hill, 2007). Some of these issues are raised by my participants, who also point to other benefits and costs.

Telephone support benefits

Benefits of phone support that participants mention are manifold. They are able to maintain supportive connections with friends and family that would otherwise be difficult, due to living far apart, mobility or health restrictions, cost or inconvenience of travel, and busy lives. Owen says of his niece, "I don't see her at all" but she phones fortnightly; Emma cannot drive and her cousin is sick so they rarely meet, but speak daily on the phone. Tombie gives long-distance advice to her sister in Europe; Miranda, Donna, and Frances hear regularly from their brothers living elsewhere. Maria speaks to family in Europe and has twice-daily calls from her local niece, supporting her in numerous ways. April's sisters live around New Zealand and phone weekly, but "it would take a funeral" to meet up. "My health isn't good and I don't travel…But I can keep in touch by phone," April says.

Longstanding supportive links are maintained by phone. Margaret appreciates a long-term friend's support and availability: "I can ring her up whenever, she's the sort of person, you could ring her up whenever you wanted to." Eleanor links her friendship with Emma to her phoning Emma years ago when she was sick, a way of showing support: "She was sick and nobody phoned or…thought of her in any way at all." That kindness is now reciprocated as Emma visits Eleanor in her rest home. Kate points to the phone calls she gets from her godchildren with exciting news as evidence of her inclusion in their lives, saying, "I always got a ring as each of, the night each of them got engaged and…and the night their babies were born and that sort of thing." Daisy's old friend helps her manage distress by phone:

> D: So if, if, if I've ever had anything at all, like say …somebody might have been bitchy to me or, anything you know, and I'll ring [my friend] and say, you know, [*adopts upset tone*] blahblahblah, and [*laughs*] and so, you know, we'll have a talk about that and she'll say, 'Oh, don't take any notice, oh, don't take, she's like that, you know, she does that'
> R: Mmhmm
> D: And all this sort of thing and she calms you down, you know

Hazel says the phone can be used for "telephone ministry" and can be better than face-to-face contact. "You'll get them talking and, if you just sort of, just listen…it's amazing what [people] come out with sometimes on the telephone." Daisy is a volunteer for a telephone support agency, speaking daily to an older woman who feels abandoned by her son and family overseas. Daphne feels she can provide support by phone to others in high levels of distress (who are saying, "I can't take any more!") while pretending she is fine. She mentions this strategy of not facing the "reality" of her macular degeneration and osteoarthritis a few times in the interview:

> D: Well, those sick friends, unfortunately I haven't seen poor little, ah, H for nearly a year
> R: Do you talk on the phone?
> D: Oh, yes, regularly
> R: Mmhmm. So is that sort of a form of support to talk on the phone?
> D: Yes, she rings me up and she says, 'Daphne, I've just got to hear your voice.' And then she says, 'Do you understand – I can't take any more! I can't speak.' And I say, 'That's all right, H, I understand, it's wonderful for you to ring me up,' and I told her she could ring me any time
> R: Mmhmm
> D: And I, in the past, not necessarily this week, but last year, I had so many ringing up, because I pretend I've got nothing wrong with me, you see
> R: Mmhmm
> D: 'Just a bit of arthritis' – to keep going [laughs] And I don't know what's going to happen when I have to face reality

Practical support that can be organised or tasks achieved by phone are also mentioned. Frances makes arrangements with her gardener, Maria has offers of transport to a social club, John calls the council about a new streetlamp, and Eileen is called with tasks to do as secretary of a sports club. Perdita loves books and phones a bookshop to order, extolling their "*wonderful* service…I can just do it over the phone, which is nice."

The telephone is a vital support in emergencies. Neighbours phoned an ambulance to get Eleanor to hospital after a fall; Sally phoned a neighbour when she had a car-crash; and Nissan's neighbour phoned the police when his car was stolen. The retirement complex where Kate and Hazel live has call-buttons for emergencies, that trigger a phone call to find out what help is needed. April and her neighbour have exchanged next-of-kin phone numbers. Lavinia does not describe a daily phone call she has with her cousin as a safety check, but when asked, acknowledges that her cousin would phone a neighbour if Lavinia did not answer. Sally has a daily call from a support volunteer, which I will now explore, as it relates to issues of both support and childlessness.

SALLY: THE VOLUNTEER RINGS ME EVERY MORNING

Sally, 75, was adopted by a couple who could not have children. She would have liked to have married and had children, but did not meet the "right" man. She began a secretarial/clerical career, studied management, and eventually worked as a purchasing officer, despite companies in the 1950s insisting this was a "man's" job. Since retirement, she has done a lot of voluntary work and also attends church and the gym. She has a cat, and has had flatmates in her home, although not currently. A telephone volunteer phones her daily, a service she positions as replacing the phone support that parents might have, as outlined in Table 6.11.

Table 6.11: Normative positioning of phone support

Interview transcript	Researcher reflections
S: I've got um, the [volunteer caller] rings me every morning	
R: Oh, right, mmhmm – what's that like?	
S: Oh, she's very good	'She' is good. It is not a service, it is a person.
R: Mmhmm	
S: She very rarely ever misses	Reliability important
R: Mmm, how long have you had that going?	
S: Um, about 18 months	
R: Right	
S: Since the beginning of last year [other topics discussed]…	
R: What's good about that?	
S: Well, ah, most people when they get up to my age, they often have a family member ringing them	Use of age. Normative storyline that 'family phone older people'
R: Mmhmm	
S: You know, there used to be an old man, when I moved here, there were an old couple next door,& she died,& the family used to ring him every morning	Story to reinforce the point
R: Mmhmm	
S: His daughter rang him every morning, and um, a lot of my friends, you know, their daughters ring them or something like that	Repetition - Importance of 'somebody ringing' established
R: Mmhmm	
S: They have somebody ringing them	
R: Mmhmm, so when she rings you, what's	
S: Oh, it's, actually, ah, it's sort of anonymous, if you know what I mean	'Sort of anonymous' vs. family storyline
R: Mmhmm	
S: Um, I don't know whether she knows my full details, she's got my name and phone number – I haven't got her phone number	Unequal but on 'first-name' terms
R: Sure	
S: And I know her first name	
R: Mmhmm	
S: And ah, more or less, she says, 'Hello, how are you?' sort of thing. She rings me at nine o'clock, or on Tuesdays and Thursdays it's half-past eight. She works, she's actually Indian, a Sikh -	Characteristics of the person as well as the reliable routine
R: Mmhmm	
S: - woman from [names suburb]. And I said to her, you know, 'Wasn't that dreadful about one of your community being killed?'	Example of her initiating supportive conversation, not just one-way
R: Yes [referring to recent murder of Sikh shop-owner in that suburb]	
S: 'Yes,' she said, 'it worries me, I've got friends who own dairies and liquor shops and things like that'	
R: Mmhmm, so you can kind of talk about topical stuff	
S: We don't talk a lot. More or less, 'Hello, how are you?' -	
R: - Mmhmm, and if you didn't answer the phone	
S: - she's got a young – Mmm?	
R: If you didn't answer the phone, what would happen?	My probing re safety – she doesn't bring it up or position it as key
S: Um, I've got an idea they ring back sort of later in the day	
R: Mmhmm	
S: And um, then if, if, if I don't answer it like a couple of times, they would ring into their office… And they would send somebody out	
R: So it's a bit of a check-up, check-in thing?	
S: Yeah, yeah	

Sally therefore positions a daily phone within a normative storyline of family support, from which childless people could be excluded, without such voluntary services. She positions the caller as a "person", not just a "service", typical of the "relational" aspects other research finds elders appreciate about service-providers (Allen & Ciambrone, 2003; Hambleton et al., 2008). My positioning the call as a safety check is minimised by Sally. The service's website also emphasises the relationship aspect, describing the service as "friendship by phone" (St John, 2010); and noting that as "a wise precaution, just in case there is an emergency" someone visits to "check all is well" if the call is not answered.

Telephone difficulties

Some disadvantages of the telephone as a support mechanism are raised by participants. Deafness prevents one of Donna's sisters from phoning much. The cost of phone rental is covered by Eileen's disability allowance or it would be hard to afford. Costs of overseas or long-distance calls are mentioned, but mostly in terms of how to manage these, rather than as a barrier to phoning. April has a "good deal" with a phone company; Lois and Daisy make calls turn and turn about with their sisters to share costs.

Changing technology can hamper phone use. Nissan had to ask his neighbour to call the police when his car was stolen as he did not have a push-button phone (needed for options to "Press 1, press 2"). Sally does not know how to use her cellphone "properly" (but points out her younger ex-flatmate also "had to learn how to text on his cellphone").

Another disadvantage is the risk of "intrusion" by phone. Frances is concerned she might "intrude" on friends with families by phoning, so "I will ring them up about something *specific*, but not just a, 'Let's have a chat' call." In contrast, Fletch feels intruded upon when people ring at holiday weekends, assuming that as a single, childless person she has nothing to do and requires an invitation:

> F: I did find, um, I know it was very nice of them, but a long weekend or Easter or something, they'd ring up and say, 'Oh, you're alone there, come and, you know' – they didn't say, 'Would you *like* to do anything' -
> B: [laughs]
> F: - They just presumed I was lonely and just waiting for an invitation to come and do something, and I thought, 'Well, do you *mind*!! I've got plans for, um, this afternoon or I'm going to be busy tomorrow'

Phone calls as intrusions are demonstrated *in-vivo* in two interviews. When Robin's phone rings during our interview, he says, "Oh, I won't answer that…What a nuisance." When it stops, he says, "That's better. Usually take the plug out – fortunately we're able to disconnect them here by just pulling the plug," as he generally expects no-one to ring. When Margaret's phone rings, she gets up with effort (her mobility is restricted) to answer, only to be disappointed: "Oh, all that effort, just for a wrong number!"

Participants spoke about how people can lie, dissemble or be rude on the phone. For example, Fletch says tradespeople are sometimes less helpful or interested in work when it is "a woman's voice" on the line. John recounts early in our interview a hurtful exchange related to university research he was in before, where he had "tried to get hold of, contact one of them …and I was told that you don't ring the university and try to find out". Daphne can hide the extent of her own health problems and focus only on others' needs when on the phone. Donna tells a story of racism, where she, a "well-spoken" Pākehā woman, rang about a flat that was available for rent. Shortly after, when her Māori fiancé Manu went to see it, he was told it had gone. "I had a Pākehā voice and he was obviously Māori, you know, and I think that was the only thing I could see…They were so sure it hadn't gone when I'd spoken to them."

Supportive phone calls can be time-consuming. Kate gives examples of one woman who is sick, "And it's always an hour, an hour-and-a-half if you ring her" and another who is "living on her own and it [is] always an hour" when she rings. But she positions this as part of her Christian service: "I feel telephone ministry is quite important." For Daisy, phone support needs to be mutual as, she says, "The phone works both ways," with people needing to return calls, or take turns to phone, as she and her sisters from around New Zealand do.

Contact by telephone seems to be positioned as a bare minimum of decent support and connection. Wakeford is horrified that when he informed his niece in a card that his partner had died, she did not write back nor pick up the phone: "I never heard, she didn't even ring, and I thought that was awful." Maria says her niece mourns the lack of a good relationship with her sister, who "doesn't even ring her or anything."

I consider, therefore, that telephone contact is an under-examined aspect of support. It is positioned by my participants as relevant to childlessness, in the way Sally links having a volunteer caller to the normative storyline of adult children calling older parents. Kate invokes that storyline too in the way her godchildren call her about meaningful events, much as children or grandchildren might call. Telephone support maintains friendship/family links when health and mobility are changing. In addition, it is possible to provide support, while modulating one's own level of disclosure. Emergency help or practical support tasks can be organised by phone. Calling someone is positioned as a low-effort, bare minimum acknowledgement of others. Difficulties include cost, changing technology, the need for reciprocity ("the phone works both ways"), and the ability to lie, dissemble or intrude.

Conclusions and social support

Examples of practical, financial, and emotional support are variously included in definitions of what "social support" is, as discussed in Chapter 2. The theoretical approach of my research is not to seek definitive, universal meanings of terms like "social support" but exploring "what support is" without mention of social support would not be sufficient, when it is a form of support emphasised as vital to older people's well-being. Bowling's (1991) definition of social support as an "interactive process" of obtaining "emotional, instrumental, or financial aid" (p.69), outlined in Chapter 2, at least includes three types of support participants mentioned. Yet, as the discussion of these types has shown, these are not necessarily "obtained from one's social network" (p.69), but may instead be done by oneself, or exchanged with others reciprocally. The careful warranting of support by participants is also not included in her definition. Vaux's more ecological view of social support (Vaux, 1990), where personal characteristics, cultural values, habitat, and changing contexts influence social support interactions, including the delicacy of recipient's "saving face" when needing help, seems more relevant to the participants' accounts. Yet, Vaux does not offer a "definition" of social support, perhaps reinforcing again my contention that notions can be relevant without having a fixed definition.

What this material so far has established is that "support" can be multiply positioned and interpreted, from "no support", to lots of practical exchanges, to the supportive use of the telephone. Financial support emphasises independence, including appropriate budgeting to be "self-supporting", and the ability to give support. Financial constraints potentially limit future support options of paying for help at home or moving to more manageable properties. Practical support is located within a storyline of ongoing capacity and independence, warranted by short-term need or health issues, or operating within long-term reciprocal relationships. Giving support is also emphasised. Future positioning of increased need is mentioned alongside solutions already enacted or proposed, although accounts of others who lack support may hint at possible challenges. Emotional support is positioned within a storyline of self-support by these participants, rather than just an interpersonal activity. Emotional support ideally needs to be invited or sensitively offered, rather than pushed onto a person. Some sociohistorical influences on language and behaviour around emotions is evident, including the positioning of activities like counselling. Telephone support is positioned as important to many participants, facilitating practical tasks, providing emergency support and maintaining friendship and family ties.

Positioning Who Supports Whom

In interpreting what support is, I have explored different types of support exchanges, including many of the people involved. How participants position themselves and others as support givers and receivers will now be further considered. As outlined in Chapter 2, the "who" of support is variously described as social networks from which support is drawn, arranged in convoys or hierarchies, kin or non-kin configurations, or "informal" and "formal" sectors. These networks include friends, neighbours, family, family-like relationships, and formal or voluntary workers. In this chapter, I will explore these various connections with examples and ideas from participants' talk of support occurring in storylines of friendship, neighbourliness, family and other links. I will also introduce additional categories of the "who" of support from the interviews, namely strangers, "self-support", pets, and God.

First of all, I examine details of positioning oneself as a "support-receiver". As already discussed, participants warrant the give-and-take of support by positioning it within storylines of short-term need or help reciprocated over a lifetime. This section furthers these ideas, including the effects of positioning "support-receiver" in various storylines.

Being a support-receiver

While there is much coverage of "support" in research and policies on ageing, what is under-examined is how recipients of support position themselves. As the exploration of support so far shows, being a "support-receiver" with support needs that are carefully warranted or appropriately reciprocated is acceptable to many participants. However, where social acts of support are located in storylines of incapacity, ageist assumptions, and difficult interpersonal dynamics, they are resisted, as the following material shows. The storyline of "independence" is endorsed and contrasted with a problematic identity as a "support-receiver". This issue is introduced in this section with a few examples, but it needs to be held in mind throughout the analysis of detailed support narratives, including in the "no support" narrative of Nissan explored earlier, and the section on "self-support" to come. Frances narrates an incident of unexpectedly receiving support in answer to the first question on support given and received. Her account shows the warranting that makes being a "support receiver" more acceptable.

FRANCES: WELL, I RECEIVED, VERY UNEXPECTEDLY…

Frances is a 75-year-old single, Pākehā woman, formerly a teacher here and in Australia. She is involved in church and charitable work, lives in her own home and has severe arthritis. Her answer to my initial question on support given and received is explored in detail in Table 7.1, as it demonstrates the delicate negotiation which can occur around accepting a position as a "support-receiver".

Table 7.1 Being a support receiver: Frances

Interview transcript	Researcher reflections
R: What support have you given or received in the last week, for example, so just anything that comes to mind	
F: Well, I received – very unexpectedly – um, and it, it really doesn't happen to me very often, I was so amazed and very, very appreciative – um, I put my neck out and it was very, very painful and I needed to go up to see someone I know in [a town out of Auckland], who is excellent	'Receive' as special case Warranted by bad health and good practitioner…
R: Mmhmm	
F: And as you, if you remember Saturday was an awful day	…and bad weather
R: Mmm, it was awful all weekend	
F: But I was in so much pain I didn't feel I could last another night	…and intensity of agony
R: Right	
F: With it like that. And um, C, without hesitation, she said, 'I'll pick you up and take you.' I said, 'No, it's all right, I can take myself.' She said, 'No!' she said, 'you can't do it like that,' she said. 'I'll pick you up.' And she just, that was it, and she did. And I really appreciated that because it's not the sort of thing that happens to me	First decline the offer. Helper needs to be firm to make it happen I'm not taking it for granted
R: Mmm	
F: But I was finding driving quite hard because I couldn't turn my, you know, I couldn't turn my head round	More justification – unsafe driving
R: Right. And C's an old friend or a new friend or?	My assumption it's a friend
F: No, she's not, she comes and helps me with the garden. She's coming this afternoon	'Helps me' with the garden – not 'paid to do the garden'
R: Oh, right	
F: But, but, she is also, um, single, she's younger than I am	Joining via both 'single'
R: Mmhmm	Why 'considerably' younger – all the more remarkable because, stereotypically, young people don't help?
F: Um, considerably younger than I am	
R: Mmhmm	
F: But um, a lovely outgoing person and I appreciate her very much	Both she and I are good – she's outgoing; I'm appreciative
R: Right. So she's someone you sort of pay for gardening help or?	
F: Yup	
R: Mmhmm, yup. Oh, great, OK, so that was a very unexpected –	
F: But she was, well, the reason she rang me was that she was going to come and tidy up some of this area	
R: Right	
F: And um, because I want that tree lowered, it's taking up too much light, and um, she said, 'Well, because of the weather,' she said, 'I won't be coming today.' So um, I just said, 'Well, no, that's fine, but I'm going to [that town] anyway,' so it sort of stemmed from there	'Stemmed from there' – helper needed to figure it out, no question of asking for help directly

Receiving support is thus a special case, warranted by pain and bad weather. Some insistence is needed from the person offering support, and Frances emphasises her appreciation of the offer and their shared gardening interest and singleness. Blurring of formal/informal tasks and relationships (paid gardener giving informal transport help) is evident, and the circumstances of health and weather make the "unexpected" acceptable.

In general, participants pride themselves on being "independent", both throughout their lives and into their older age. To need to have support is portrayed as negative by many. Bertha describes herself as "fortunate" to not need it, Daphne feels "beaten" if help is needed, Eileen would only ask for help if "really in the pooh", and Tombie highlights it as sometimes necessary but not preferred: "I don't like to ask for anything, but I will if I have to." In the Abbeyfield focus group, the mother of six who has a walking stick feels people try to help her with stairs because of the stick when she does not need it: "I find it sometimes hard to smile and be pleasant to those wanting to do it." She describes this as

"smothering support", a description that others agree with and elaborate on. Fellow resident Fletch talks about returning from hospital with her arm in a sling and avoiding a neighbour who she "knew would be a smothering person" in wanting to give Fletch help she did not need.

There is more willingness to receive support when the support-giver is positioned as special in some way. April's niece who brings her a loaf of bread weekly is a "lovely girl"; Daphne can accept support from her flatmate because she's "known him 40 years", and Fletch has "very wonderful friends" who would support her "if anything happened".

Poor givers of support are positioned as either ineffectual practically (the support given is inadequate) or the emotional exchange around the support is difficult. One of Daisy's sisters is so casual in responding to requests that Daisy can do the task quicker herself. Sally feels humbled by asking her neighbour to wheel her heavy garden bin down to the gate: "You go and eat humble pie here, you go and ask them to help, you know." Wakeford has a friend coming to feed his cats when he leaves soon for a holiday "and I feel so guilty about that, putting him out to have to do that, you know…I don't like to be obligated." Maria is refusing an offer to live with her niece because she would feel "out of place" and "guilty". "I don't want to give her the bother." She also feels a potential loss of "place" if she accepts extra support offered by health services, in light of her severe Parkinsons:

> M: Somebody can come cooking, all things like that
> R: Mmhmm
> M: But you know, it upsets your life, really
> R: In what way?
> M: Well, you, you know, it's *my* place
> R: Yes
> M: I'm supposed to do it

The loss of "place" she fears is highlighted in ethnographic research with Canadian older people being cared for at home (Angus, Kontos, Dyck, McKeever, & Poland, 2005), where the practices of health workers, in the wider context of limited resources, "disrupted the intimate, co-constitutive relationship between self and home" (p.182), much as Maria fears. Maria could have help with showering, but having to have workers come at a particular time in the morning, when she still feels "quite bad", would not work, compared to her own routine of having a shower, then "I dress up a bit, and tidy my bed and everything" in her own time.

Support is characterised by some as positively bad for people. Lois at 86 says, "If I accepted all the help that is available, I wouldn't be any good at all! It's important for me to carry on…in every aspect." Maggie, at 93, moved out of a serviced apartment because residents were required to use (and pay for) the cleaning and laundry services provided, when she felt herself quite capable of doing her own. She thinks that some people who get housework done for them become "inactive", whereas she says that what is good about remaining independent is, "I think you live longer!"

Being positioned as a "support-receiver" can therefore be located in storylines of misfortune or threatened autonomy. This does not mean that there is not plenty of support being received, nor that support of many types is not welcomed and appreciated by participants. But an important interpretation is to highlight how social acts of giving support that are located in storylines of assumed need, ageist assumptions about incapacity, or difficult interpersonal dynamics are resisted. The "support-receiver" positioning appears to be carefully constructed and situated by the participants in order to be acceptable, in ways that I will continue to explore in the analysis of who supports whom. It is a critical aspect of "troubling" the normative positioning of support and childless older people that this research accomplishes. There are calls for the perspectives of "care-receivers" to be valued (Fine & Glendinning, 2005), especially within the disability literature (Hughes et al., 2005), and there has been some exploration of formal-support recipients' views (Angus et al., 2005). But how receivers of less intensive levels of informal "support" position the help they receive has been less explored, and may also be relevant to more intense forms of support.

I think it is also important to keep reflecting on the meaning of "independence" valued by participants. Independence does not preclude having help, as participant Kate has already suggested, and as other research, for example on frail elders (Grenier, 2003a, 2007a), highlights. Social worker Debbie Plath (2008), following in-depth interviews with Australian elders, calls for independence not to be limited to what she calls "the medical view of independence as the physical capacity to manage alone" (p.1355), combined with ageist social constructions of "dependency" as equated with "old age" (p.1355). Older people can be able to supposedly "manage alone" yet unable to enact independent decisions or choices because of economic constraints or ageist social attitudes, such as the "smothering support" noted by my participants. Plath (2008) endorses "socially inclusive independence" (p.1366), where the independence her participants value includes provision of support and resources that are meaningful to them (rather than just "physical" help, or cost-based assessments), and that are not stigmatised as being indicative of "old age dependency". This idea accords with my participants' experiences and expectations of being "independent support-receivers", an apparent paradox that operates effectively across different storylines.

Next, I explore the support exchanges between friends, neighbours, and family, as well as support relationships with the formal/professional sector. Support from "strangers" and with the self will then be introduced.

Friends

If childless people lack the support of adult children, researchers have assumed there may need to be greater reliance on friends for support, especially if a hierarchical-compensatory model is used (Cantor, 1980; Googhe, 1992), where support is thought to be drawn first from family, or in their absence, from friends. Others argue that much social network research is problematic in not distinguishing between kin and non-kin networks (Giles, Glonek, Luszcz, & Andrews, 2005), and that

where non-kin are specified, some find that friendships, not relationships with children, are linked to morale, health and preferred support in older age (Blieszner, 2006; Giles et al., 2005). Experiences of support in relation to friendship are wide-ranging for my participants. In this section, I will outline difficulties with defining friendship, and links between friendship, support, and childlessness.

Defining friends

Exploring how friends are positioned in support for childless older people is hampered by how friendship is defined and accounted for. How do questionnaire respondents define "friends", when, in order to determine social support levels, they are asked the number of friends they have, including "closest" or "pretty good" friends (e.g. Cornwell & Waite, 2009, p.35)? Adams et al (2000) argue that elders' own definitions of friendship should be explored, including whether qualifiers such as "close" specify particular criteria, proximity or actions.

I did not ask participants specifically to define "friends", but there were wide-ranging definitions and qualifiers in talking of friendship support, ranging from "passing the time of day" (e.g. Bertha, Emma) to "intimate support" (e.g. Jane, Lois); from "going everywhere together" (e.g. Lavinia, Kate) to living far apart but "you're always friends" (e.g. Perdita, Elsie). Miranda's "very closest friend" is her ex-partner living in Australia. Daphne contrasts "associates" from her ballroom dancing days with "genuine friends", which, when I ask, she defines as, "Someone that you see regularly… someone that'll ring up, keep in touch, and come and see you once a week."

Friendship in action for Tombie is about mutual acceptance, saying of a couple she is friends with: "Rather than, you know, 'behave nicely', I can be what I want to be – or what I am – and they can be what they want to be." Longevity defines friendship for Maria, who feels you have to be a "long time" with people, and Kelly says, "You need the past to bond with people." Kelly feels she makes "close acquaintances" now, for example at golf, more than friends, and is satisfied with this, echoing ethnographic research that finds "casual interactions" (p.1191) valued by Canadian elders (Dupuis-Blanchard, Neufeld, & Strang, 2009). These provide social interaction without invading privacy or making demands, and offer chances to be supportive to others, without necessarily requiring the equivalent give-and-take expected in closer friendship norms.

Childlessness and friendship

Childlessness impacts positively on friendship according to Patricia, "You do have more friends, when you're childless," although she does not elaborate as to why she thinks this is the case. Maria's advice for childless people when I ask is, "Get friends first of all…mix with people." Some participants value friends who "share" their children, such as Kate's schoolfriend who "has always shared her family terrifically", and Bee who has "always had friends with children" to whom she has been "Auntie".

Having similar partner and parental status can support friendship. Sally's friend "like me, has no children of her own" and Kelly's closest friends are "mainly single". Being childless or single can act as a barrier to friendship support. Frances says she is "friends with both husband and wife equally" in one couple, but that generally, as noted, she is careful not to "intrude" on married friends' lives. Others share this implicit assumption that the needs of a spouse or children will take precedence over those of a single friend. Miranda can detect in herself a "sense of otherness", of being the "odd one out" when friends talk about "how their kids are doing", and Patricia is envious of the pleasure her friends get out of their grandchildren. Sally envies two friends with adult children who helped them move house. The stories of families not supporting their parents (in *People who do have children may lack support*) can be interpreted in part as a counterpoint to this sense of missing out.

Friendship and support

The risk of inadequate support that childless older people are thought to face relates in part to the question of friendship. Firstly, researchers are concerned that friends might not feel as obliged to help as family would (Himes & Reidy, 2000). Secondly, there is concern that, as age peers, friends may not be *able* to help each other, as they are likely to be facing similar age-related declines in health and resources (Reinhardt & Blieszner, 2000). The "risk" discourse is therefore positioned in a storyline of friendship being a matter of "choice", where there may not be a willingness to provide support or care, as opposed to the "obligation" that some see underpinning family relationships (Himes & Reidy, 2000). Concern that friends of similar ages are likely to face similar levels of decline locates ageing within a storyline of "decline" (an idea that is critiqued by social gerontology theorists, such as Powell & Longino Jr, 2001). Both these positionings are problematic, in terms of dichotomising families of "fate" who are "obliged" to care vs. friends of "choice" who are not (a dichotomy that Pahl and Spencer, 2004, challenge), and in terms of employing homogenised and negative views of ageing (as challenged by Bytheway, 2000).

Practical support by friends, as noted, includes activities like transport, shopping, changing lightbulbs, and meals, often in the context of short-term health problems. This echoes the importance of behavioural aspects of friendship identified by Adams et al (2000) in Canadian and American population studies of friendship definitions. High-needs support is being provided by Hazel, going daily to feed a friend with cancer; and by Bertha in helping a terminally ill neighbour/friend. Emotional support includes being a "listening ear", just "being around", or talking things through with a friend.

Anticipated support features in talk of friends. Bee's friend knows her funeral plans, and Fletch says of friends, "I know if I really wanted to worry them, I'd get more support if anything happened." Ida feels her "very good friends" would "help [her] with anything", Frances could approach some friends for help "any time", and Wakeford has three or four people "that I would call friends, would come and help me if I needed it." But Wakeford acknowledges a barrier to receiving help from friends is located in the norms of reciprocity. He feels "so guilty" when friends help him, "I always have done something back, always, always." This leads to him being "a bit too generous at times" in trying to reciprocate.

Support is also characterised by participants as being about not "taking over" or overwhelming friends. Tombie says, "I might ask a friend, 'What do you think?', but the end decision will be mine." There is a need to balance friendship support with maintenance of space and solitude, as Hazel says:

> H: Although I, I do appreciate friendship and relationships and I have a lot, I have a lot of friends now, yes
> R: Right, mmhmm
> H: Mmm. But um, I like living alone

Shared activities are positioned as ways of both giving and receiving support. Friends encourage participation: Daisy and Sally work in voluntary organisations with friends and club membership provides Charlie and Betty with "mutual friends". Catherine shares overseas trips with friends, and Kate says of one friend, "We do everything together". Church is positioned as a source of friendship and support for Bertha, Elsie, Hazel, Jane, Sally, Donna and Manu. Definitional complexity remains, however, as shared activities and outings can be positioned as "support", or as the everyday business of friendship, avoiding the negative positioning that can be associated with needing support.

Location has an impact on friendship and the support exchanges that are possible. Close proximity is important for April and Daphne, with health issues limiting their mobility, so April appreciates a friend who lives "close enough for me to get a taxi and go over". Neighbours have become close friends for Tombie and Perdita. Fletch describes her co-residents at Abbeyfield as "all sort of friends here and all really support each other if there's troubles". Emma would choose the rest-home where two of her friends already are as she has seen them well-cared for. Both Margaret and Maria, in their search for rest-homes, hope to stay near enough to local friends for ease of visiting. Yet, as noted, distant location is not a barrier to maintaining supportive friendships for many through the use of the telephone. Email is also used by some, both to make friends (Eileen has international "penpals" she "meets" and then writes to via email) and to maintain friendships (such as Bee, Ned, and Sally).

The death of friends can leave painful gaps, but it is unclear how these relate to support exchanges. Daisy and a friend are working on returning to the movies after their third movie-going friend died recently. They have been out for coffee together, but have not yet felt ready to go to the movies without her. It is important not to link death of friends only with age, as Jane's loss of a friend who was a "soulmate" in 1999 was when both were middle-aged. Lavinia at 91 says she has "outlived" all her friends, with her two best friends dying within three weeks of one another four years ago. This could be located within a storyline of those of advanced age being more at "risk" of inadequate support. Yet both accountively and performatively, Lavinia does not invoke such a storyline. By her own account, she misses her friends, but is not unable to cope without their support. Performatively, Lavinia's living circumstances remain unchanged (she is still living alone in the community as she was when her friends died), and still gets around, using taxis where formerly her friends might have driven her.

In conclusion therefore, it is important to consider how friendships are defined, maintained and sourced, and how this relates to childlessness and support. Childless people may have more

friendships, according to some of these participants and authors like Wenger et al (2007), including with others who are similarly childless and single, although others may also enjoy "sharing" children with friends. But friendships are also located in lifetime storylines of being "a people person" (e.g. Daisy), able to make friends easily, or "a loner" (e.g. Robin), with few friends, although these positions should not be seen as fixed (e.g. Owen). Daisy would likely feel a lack of social support if she could not access lots of friends; Robin would likely have a different response. In assessing "risk" therefore, it seems important to also assess the person's experiences and expectations of friendship and support.

Anticipated support is located within a friendship storyline, with friends positioned as able to be called on at "any time" or to "help with anything" (much as such support might be expected from adult children by parents), although actually making the request for help may invoke storylines of obligation or loss of autonomy. Mutual support is located in present-day shared activities and interests or longstanding work or personal links. Neighbours can become friends and club or church membership may provide friendships, although personal, interpersonal and sociocultural contexts need to be considered (such as a person feeling too shy to make friends at a club). There can be loss of friendship through death, but this is not always associated with advanced age or with loss of support. Being childless or single can act as a barrier to friendship where participants are concerned not to "intrude" on those with busy family lives or where they feel distant from the non-childless majority.

Family

My previous discussion of *Other people's children* in Chapter 5 covers intergenerational exchanges with nephews, nieces and "family-like" connections ("she's like a daughter to me"). I have also covered the extent to which childless family members provided support to their ageing parents. In this section, I focus on data about partners, siblings and relatives such as cousins. The focus is on how these are positioned by participants in relation to support.

Partners

The invisibility of support and care within spouse and partner relationships has been highlighted in research, with family members not seeing what they do for each other as support or "care" eligible for caregiver subsidies (e.g. Forbat, 2003; Heaton, 1999). This is evident in the talk of these participants, where spouses and partners are not necessarily characterised as "support". Three couples (Ned and Kelly, Charlie and Betty, and Donna and Manu) were interviewed with both partners together for this research, and their accounts will be considered in some detail, highlighting how the process, not just the content, of the interviews positions them in a support storyline. This section also covers talk of former partner support by widowed participants.

CHARLIE & BETTY: THE TWO OF US, WE SUPPORT EACH OTHER

In answer to the initial question on support given and received, Charlie says he has no "support received" and that he gives support as a volunteer driver for a medical organisation. His wife Betty answers "not direct support from anybody" and then talks about the women's exercise group she

belongs to that support each other "where necessary". They then both talk about their voluntary work with disabled children. I repeat the question, "And anything else come to mind for that 'support given or received' sort of idea?" and Betty answers, "Well, I think in the main, we support, the two of us, we support each other." They do not specify how they "support each other" but by considering the process of the interview, not just the content, the narrative can be interpreted as positioning the partner relationship as central to support. Charlie and Betty spend a large part of their interview giving a detailed account of how they met overseas. Betty was widowed and Charlie had separated from his first wife. They spent time travelling back and forth to develop their relationship, including finalising Charlie's divorce, arranging Betty's emigration to New Zealand, and then their marriage. The many hobbies and clubs they have participated in together are also outlined at length, with Charlie saying, "We have mutual friends and mutual activities." They also share a commitment to helping others, saying, "We've made a practice of trying to help people" and together narrate examples of such help given, including while travelling.

Therefore, while Charlie and Betty do not narrate in detail how they "support" each other, the overall emphasis they construct, in a research interview on support, is on their life together, from which a key storyline of mutual support can be extrapolated.

NED & KELLY: WHAT'S YOURS IS MINE AND MINE'S YOURS

Kelly answers the "support given and received" question by saying, "We're pretty independent, all around," the "we" being her and husband Ned. The "we" positions them as together independent of others, and then they give examples of other support connections outside the "we", including medical support, long-standing friendship with a former colleague, and a newer link with a friend's daughter.

> K: Well, we're pretty independent, all around. We didn't need any, oh, except some medical help
> N: Support – saw the doctor on Monday
> R: Mmhmm, yup
> K: That's support
> N: That sort of support
> R: Yup, so some medical support, mmhmm
> N: Went out for morning tea with a friend this morning
> R: Mmhmm
> N: That sort of support
> R: What sort of support is that, going out with a friend?
> N: Oh, common interests
> R: Common interests, mmhmm
> N: He's an engineer, I'm an engineer, so we just talk engineering & he shows me his new bits & pieces
> R: Mmhmm, great
> N: I'd class that as some form of support
> R: Great, yeah. Anything else come to mind?
> N: Um, Kelly was talking to a, C
> K: Oh, yes, to a young friend, yes, on the phone, just a phone conversation
> [gives some details of their contact]… Yes, because I was her mother's closest friend, well, her mother's not alive at the moment –
> R: - Oh, right
> K: - So I'm sort of a, um, an aunt, in a way, I suppose you could say
> R: Mmhmm, yup
> K: So ah, yes, probably a listening ear for her

Ned and Kelly go into detail about various hobbies in which they have both participated, resulting in a house-full of hobby-related collections that Kelly describes as being shared: "What's yours is mine and mine's yours." They currently take out library books on each other's cards so they can both read them. In terms of the interview process, they often speak for and to each other and introduce ideas the other picks up. In the extract above, for example, Kelly opens with "medical help", Ned confirms with "saw the doctor" and they both say "that's support". Ned introduces the support example of "Kelly was talking to C" and she then tells the story. They have a dog who is also present during the interview and they talk about the support that he is to them. Even the pseudonyms they chose, Ned and Kelly, are based on sharing a single name, Australian outlaw Ned Kelly. Ned has some serious health problems and there is a brief discussion of one outliving the other and what will have to be done with all the things in the house at that point, but the subject is quickly changed away from the spectre of the end of their mutual support partnership.

Donna & Manu: He speaks Māori and she corrects his grammar

The interview with Donna and Manu emphasises their relationship. Different versions of their history and support needs operate discreetly, with Donna filling in details in "asides" to me. Initially, Manu outlines his tribal affiliations and where he is from, in line with Māori protocol. He then gives an account of his working life and the paths that led up to being in Auckland and meeting his non-Māori wife Donna, who was working at the Māori Mission. She starts to correct some of the chronology, for example that he had quit gambling and was helping other gamblers quit before he met her, pointing out he was not in that position when they first met. We then turn to "Donna's version", with her wanting to "go right through my life too and what I've done" as Manu has done. Shortly after, he goes out to have a wound treated by one of the rest-home staff, and Donna continues her story, through to marrying Manu when she was 42 and he was 44. Manu returns from his wound-dressing and brings the mail, which includes a letter for an outpatient appointment for Manu for which they have been waiting. There is talk of Manu's health concerns and later, Donna's role as supporter of Manu is enacted in various "side" conversations with me, indicating that his dementia and renal failure are advanced and that his hope of getting his driver's licence back, for example, is unlikely to be realised.

Cultural support is also evident in the interview. Manu's opening account of genealogy fits with Māori protocol, which Donna has also learned. Donna learned te reo (Māori language) for her mission work. Manu is from the cohort of Māori who were prevented from speaking te reo at school and acknowledges his mastery of the language was enhanced by being with Donna. She says, "Someone asked him if he spoke Māori and he said 'Yes, but Donna corrects my grammar'." Their account of him being refused the flat she phoned about fits the racism Donna says occurred throughout their lives. She says Māori still had to sit separately from Pākehā at a local picture theatre, despite claims of New Zealand being an "equal" society. They position their families as approving of their mixed-race marriage; Donna's mother liked Manu and one of Manu's "grannies" was very pleased Donna was a Christian and told Manu, "If I find out anything goes wrong [with your marriage] I'll be after you."

The three couples I interviewed therefore enacted support *in vivo* in their accounts of shared lives. Other participants also mention support dynamics within partnerships, primarily in relation to managing the loss of support both given and received when partners die. April positions the self-support she learned through being single till age 52 as making widowhood after 25 years' marriage easier for her than others who spent their "whole lives" together. Lois recalls her husband saying he hoped she would die first, "So I'd be here to look after you" invoking the normative storyline of spouses supporting each other. She has been working on doing things he used to support her with, such as supermarket shopping and transport.

Maria cared for her very ill husband for a couple of years and a full-time support-giver role was important, "I was around him all the time and doing everything and I miss that. I miss that I can't do anything, nothing to do." Wakeford was also full-time carer for his partner with severe dementia for some years. "It's terrible to be without him, it's terrible." Perdita too feels her husband was "the centre of [her] life" till his death in 1985. Robin supported his wife with her mental health problems for much of their late-life marriage. Miranda is still good friends with her partner since their separation 20 years ago and includes her and her son in her support network.

In conclusion, therefore, partners sometimes talk of specific and direct exchanges of support, but they also position partnerships as indirectly providing support, in that the help which partners give is implicit in the way they speak about, and to, each other. Shared lives and activities are narrated in interviews from which a storyline of support can be extrapolated, but which is not necessarily specified. The loss of a position as a partner's caregiver has an impact. The interview talk highlights the positioning of partnerships as inherently supportive rather than specifically languaged, but caution is needed in making an assumption of "support" just because a spouse is present (as formal-support policies may do). The difficult circumstances leading up to divorce, for example, meant Ida was relieved to divorce her husband in 1948 after he "took up" with another woman following his Nazi war service. Similarly, a lack of "support" because there is not a spouse should not be assumed. Miranda and Wakeford had same-sex partnerships that were not publicly recognised, and Lavinia, Patricia, and Frances (and most likely others, that may have deemed this none of my business) had intimate, supportive partnerships that did not involve marriage.

Siblings

There is a broad range of family sizes and relationships between siblings in this participant group. Eight participants are "only" children; Percy and Wakeford come from families of 12 children; and the rest of the participants have between one and six siblings. There is an argument that single and childless people may get closer to siblings as they age, invoking the hierarchical substitution of siblings as at least "family" if spouses and children are not available (Jerrome, 1990), but this was not evident with my participants. Support connections range from those who position their siblings as "close" to those whose siblings are estranged, with some shifts over time in either direction. This is more in line with conceptions of siblings as family of fate *and* choice, in that siblings choose whether

to maintain links beyond childhood (Walker et al., 2005), and factors such as childlessness do not influence this "choice" in fixed ways.

A wide variety of types of support given and received is mentioned by participants, often over the lifetime of the siblings. Support is positioned in different timeframes. Lois, Maria, Tombie and Wakeford have past histories of caring for siblings, and Hazel helped her brother with his increasingly confused wife until she died recently. Present-day support includes Hazel helping her brother-in-law care for her sister who is having small strokes, and Bertha going two or three times a week to help her brother-in-law care for her sister, who is "very unwell, very delicate". For the future, Hazel has set up care for her younger brother with disabilities and Jane has been promised by her siblings that she will be taken care of, especially financially, as needed. For Bertha and Tombie, all of whose siblings are still alive, the very existence of what Bertha describes as an unbroken "circle", rather than specific support exchanges, is positioned by them as important "symbolic" support, such as has been linked to sibling connections (Bedford & Avioli, 2001).

Financial support for siblings is positioned within a storyline of "duty" by Perdita. She describes both her younger sister and her sister-in-law as "difficult" people. Of her sister she says, "We don't fight but, um, ah, we're different people, totally different people… But you know, she has no call on me really, I'm not there to support her…but I feel duty-bound to give her and [my sister-in-law] the same amount of money, whatever it is." Lavinia would have loved to have had the support of siblings to share the "duty" of looking after her mother, expressing more regret about her lack of siblings than her lack of children, saying, "I was always resentful of my mother for not having a few more children…'Oh, God, if only I had a brother or a sister!', that was my one cry."

The traumatic experiences of siblings are positioned as having an impact on participants, who try to support them. Lois's mother had warned her and her three sisters that it would "kill her" if they ever had a child out of wedlock. First one sister and then another got pregnant, and were sent away to have their babies adopted out. The third sister died in childbirth, leaving behind four children. When Lois got married and then pregnant, she felt guilty as if she too had done wrong, even though she was married. When she lost the baby (still-birth), her mother came and cleared out everything that had been prepared for the baby, thinking that was best. Lois returned home and had a breakdown, going "off the rails" and believing the baby was still due. She links the loss of the baby to the "shadow over my life" that her sisters' experiences, and her mother's "horror" at the pregnancies, cast. She recovered and had close relationships with her sisters and with the "special niece" whose mother had died in childbirth, and who is now a key support for Lois.

In contrast, Emma's traumatic experiences with her violent father estranged her from her only sister, who she likens to her father by whom she was preferred. Maria cared for her youngest brother who she says had a "terrible life" after the death of their mother a month after he was born. Maria supported him through to adulthood and having to leave him to come to New Zealand, at her

husband's insistence, was heart-breaking for her, especially as he died soon after. She maintains supportive links with her remaining siblings in Europe by telephone, but it is not the same as having them living nearby.

Siblings provide support to participants by including them in family events and Christmas meals, which April and Daisy enjoy. For Jane, she appreciates the inclusion, but it highlights her lack of children and family life about which she feels regret. She and her sister, who is going through a divorce, have talked of living together "to support each other" but still with their "own space and autonomy", perhaps in next-door units.

Lack of support is also mentioned in relation to siblings. One of Daisy's sisters says she will help but then does not do anything; Perdita's sister is the same. Margaret's brother and sister "took off" at age 18, leaving her with responsibility for their parents. They both live overseas, and Margaret positions them as having little contact but no ill-will. Elsie's brother offered to take her to her first cancer treatment appointment but forgot. "I *struggled* to get there and back [on the bus], um, and ah, when I got home, there was a message on the answerphone, sort of saying, 'What time do you need to go?' sort of thing, 'I'll take you.' And it was too late then." However, she describes him as having had various personal troubles, so his letting her down is positioned within a storyline of his struggles, rather than hers.

Siblings are therefore positioned in complex ways in the lives of these childless participants. There are support exchanges over the lifespan, changing in relation to time and circumstances (Wenger, 1984). Support between siblings is sometimes positioned within a storyline of "duty", in contrast to participants' talk of friendships, which referred sometimes to mutual obligation but had less sense of "duty". Siblings are positioned by some as providing the support of "special bonds" or as important for their very existence. Traumatic family circumstances both draw siblings closer or drive them apart, with attempts to support siblings through trouble taking its toll. Participants' experiences of lack of support from siblings are variously positioned within storylines of lifelong family difficulties, or understandable (and forgiveable) lapses.

Extended family

Family members "extended" beyond the Western conception of the nuclear family are linked to childless participants in a number of ways. Nephews and nieces are covered in *Other people's children* in Chapter 5. This section covers cousins, aunts and uncles that participants mentioned in relation to support.

Exchanges of support between cousins range from daily contact and practical help to occasional contact. Kate narrates both giving and receiving support from cousins. "I have a second cousin here, who's absolutely marvellous to me…and her husband's a darling." The closeness has developed in recent years, since Kate's return to Auckland following retirement. It also follows from Kate's support

of her cousin, the girl's father, in his latter years when ill. The second cousin and her husband have Kate's funeral instructions and power-of-attorney and regularly visit her. She cooks a meal for them while they provide help with tasks as needed. Kate also gave significant support to another cousin who was an invalid in her later years, offering to stay with her while the cousin's offspring went overseas, and bringing forward her retirement from work in order to do so. While this was a tremendous help to the cousin's family, it also provided reciprocal help as Kate describes it as a useful transition into retirement, spending time away from Auckland.

Margaret initially mentions that "I've got a cousin that helps me a bit, yeah…" She bought a house next door to her cousin and husband 44 years ago. Now, with significant mobility problems, Margaret relies on her cousin for support, and wants to move into care to avoid her doing too much. Elsie's cousin provided emergency help by inviting her to stay after she had breast cancer surgery. "She knew I'd be by myself here…And so that was a real blessing…I don't know how I would have coped without that offer."

Cousins are mentioned as special in giving a sense of "family" in participants' social worlds. Lavinia's daily phone call with a cousin functions as a safety check and is an opportunity to keep up with family news. Emma's only cousin is the beneficiary of her estate, "I have one cousin – she gets the lot", rather than her estranged sister's children. Cousins provided "family" for Miranda when she returned to New Zealand for university after travelling. "All my university holidays were spent involved with those children."

However, cousins are not always positioned as of interest or support to participants. Hazel says, "I've got cousins in Auckland, but we don't seem very close." Daphne had to look up her cousins in the phone book when she wanted to get in touch. Eileen and Robin recall tensions between their parents and cousins that prevented ongoing links. An assumption that support of relatives is preferred to non-relatives (such as in hierarchical models of social networks, Googhe, 1992) is therefore not evident where cousins (like some siblings) are positioned as not close despite being related.

The aunts and uncles of participants feature in some stories of support exchanges. Margaret had an aunt with poor eyesight living with her for 18 years in her current house. "I think she meant to only come, when her husband died, for a little while, but she stayed on and on, sort of thing." Miranda was financially supported by her uncles to go to university (when there were no student grants), and by two aunts who lent her and her partner money for their property (when banks did not loan money to women for mortgages). Similarly, Bee's uncle in the UK opened a bank account for her before she emigrated, otherwise opening an account here, as a single woman, would have been difficult. Perdita and Elsie both mention special aunts of whom they were fond, with Elsie's aunt at 96 "a bit like a mother to me". Bertha recalls a childless aunt who was connected to her nephews and nieces as Bertha is, positioned as a role model of a childless person well-attached to children. Both Fletch and

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Bee mention a "family tradition" of being childless, with Bee's three aunts and only sister all single and childless like her, and Fletch saying she comes from "a family of loners…the Fs were always loners."

Extended family, especially cousins, therefore feature in the talk of participants, with support exchanges of significance in the past, present and future. Being positioned in a "family" storyline is characterised as positive, including in supporting a "tradition" of childlessness, but interactional rather than biological links are important (Ellingson & Sotirin, 2006), with relatives not universally valued above non-relatives, and selected family members being more or less supportive.

Neighbours

Neighbours are positioned in the research literature as an "overlooking or monitoring presence" for older people (Wenger, 1990, p.166), noticing where blinds are not up or changes of routine that may indicate help is needed. They also sometimes provide that help, with practical tasks such as shopping or transport, or by calling emergency services (Wenger, 1990). Neighbours are typically positioned as low down in the hierarchy of helpers (after spouses, adult children, friends, other relatives; Dooghe, 1992), although some qualitative research has found that neighbours can provide extensive and intimate support (e.g. Barker, 2002; Nocon & Pearson, 2000). Analysis of General Social Survey data for Canadian community-dwelling 65+year-olds, who needed assistance due to long-term health conditions, highlights that mixed networks, including neighbours, may be operating more than previously thought (Fast, Keating, Oftinowski, & Derksen, 2003). Such mixed kin and non-kin networks may also be more effective than the typical sole primary caregiver, usually female kin (Fast et al., 2003).

In this section, I present examples participants gave of support exchanges with their neighbours. Support through monitoring, emergency help, and practical tasks is exchanged in often reciprocal relationships, whether as friends or not close. Table 7.2 summarises where participants lived, who they lived with and for how long.

Table 7.2: Living circumstances

Type of home	Living with	Length of time in home and neighbourhood
Own home – 13 Own unit – 8 Private rental (incl. Abbeyfield) – 6 Rest home – 4 Retirement village unit – 4 Retirement village serviced apartment - 1 State/council rental - 2	Living alone – 21 Living alone within retirement complex - 5 With flatmates – 4 With spouse/partner – 6 (including Donna & Manu who also live with rest-home residents) With rest-home residents – 4 (incl. Donna & Manu)	Range: 3 months to 51 years, average 16 years. Shortest times: Rest-homes (Percy, Donna, Manu) and in Abbeyfield (Fletch, Bee, Maggie). Longest were home-owners Nissan (51 years), Margaret (44 years), Ned & Kelly (43)

This range of accommodation types and longevity in neighbourhoods was not predictive of levels of neighbourhood support, according to the accounts my participants gave. It cannot be assumed, for

example, that having lived a long time in a neighbourhood means that more support is available. Bertha has lived in the same neighbourhood for 30 years, enjoys running into many acquaintances in the area and provides weekly support to a longstanding neighbour who is terminally ill. Emma has lived in the same five-unit block, also for 30 years, and from once knowing "nearly everybody, well, halfway up the street", now knows only the people in the corner fruit shop, and gives no account of support exchanges with neighbours. She does not however describe this as a problem, but just part of things changing. Sally has had a mix of neighbours in the block of units in which she has lived for 38 years, including friends she has been close to, people she reluctantly asks for occasional help, or more difficult situations, such as a couple currently next door who are "volatile" when drunk but otherwise "quite kind".

Neighbours are described as "friends" by many participants, as noted in the discussion of friendship support. Yet friendship cannot be assumed, just because of neighbourhood proximity (Phillipson et al., 1999). Lois and Kate point out that retirement village dwellers, surrounded by "neighbours" in other units, still need to make the "effort" to participate in activities and build supportive links, as they themselves have done. Robin finds no such support and feels instead that his retirement-village neighbours on either side are friendly with each other but exclude him.

Low-key support exchanges mentioned by participants include swapping house keys (April, Ned and Kelly), help with garden bin down the driveway (Sally), borrowing things for cooking (Eileen), or a neighbour popping in to get help with her hearing aid (Kate). "Monitoring" support, where neighbours keep an eye on each other, is mentioned by Maria in that her next-door neighbour pops in and out and will "see if I'm alive, in the morning", although she also describes this neighbour as a friend to whom she too has given support. The daily newspaper exchange of Nissan with his neighbour can be positioned as "monitoring" although he did not present it as such.

Emergency support by neighbours was provided to Eleanor before she moved into residential care, when her neighbours on the floor below heard her fall and called an ambulance. Sally had a car accident near her home and phoned a neighbour asking her to collect the groceries from her car that would otherwise spoil. To Sally's surprise, the neighbour also followed the ambulance down to the doctor's, waited with her and brought her home, and then took her shopping each week until she was able to drive again.

Participants did not speak of more intense, intimate care given or received between neighbours, although Margaret's cousin, who provides a great deal of support to her, is also her closest neighbour. Bertha's help for a terminally ill neighbour is not a full-care role, but can be seen as her playing a part in a "care network" of kin and non-kin (Fast et al., 2003).

Support exchanges can occur even when neighbours are not positioned positively. Lavinia describes a "barmy" neighbour who she visited every day at 11am to help with various tasks. John says he has

had "two or three rows" with the woman in the adjoining unit, including debates about an outside light, yet when he fell outside on the street, passers-by ran to her unit and "she was good then, you know. She locked the house up for me and everything, rang the ambulance." Daphne is also ambivalent about her neighbours. "Lovely girls, never see them. Six months, haven't had a word." They work long hours, but if they want anything, they manage to find the time to approach Daphne and her flatmate, perhaps seeing them as "neighbourhood-keepers" (Phillipson et al., 1999):

> D: They want anything? Straight to us they come!
> R: What sort of thing do they want?
> D: 'Oh, we've got, we've got trouble with the flat, um, they're coming out, the plumber, here's the key, will you let him in please?'

On the other hand, Daphne appreciates that they are "lovely quiet neighbours" and when I ask if she could go to them in an emergency, she thinks she could, based on her positioning of herself as otherwise "severely independent":

> R: And [if] you needed help, would you think that you could run next door?
> D: Yes
> R: Mmhmm
> D: I'm sure I could in an emergency, because they would know it was genuine
> R: Right
> D: Because 'that severely independent woman wouldn't ask otherwise!' [laughs]

There are some *in vivo* neighbour support exchanges during interviews. Maria's neighbour greets me as I arrive, which she describes as him checking out that I am OK. Retirement-complex neighbours/friends of Kate and Lois pop in with mail while I am there. In a reciprocal exchange, Elsie's neighbour, who is going overseas, drops in food from her freezer for Elsie to use up, and details of return dates so Elsie can collect her mail.

In conclusion, therefore, different types of housing or longevity of residence do not consistently position participants in particular storylines of neighbourhood support, with opportunities to connect with neighbours both enacted and absent in suburban streets or large retirement complexes. Support for high needs is mentioned in two cases, one where a neighbour is also a relative, and the other where a participant is playing a role in a supportive "care network" operating for a sick man in her street. Neighbours are positioned as friends by many participants, highlighting the need for caution in defining "neighbour" exchanges in research and policy without exploring whether relationships are also positioned as friendships. There are no clear markers as to where the boundary between neighbourliness and friendship is crossed, highlighting the "fuzzy boundary" between these labels that Barker (2002) notes. On the other hand, there can be support exchanges between neighbours even where there are neighbourhood tensions or little closeness. I would suggest that caution by researchers as to how neighbour support is assessed or in what direction it flows is therefore warranted, with care taken to account for varied circumstances and reports of what actually occurs.

Strangers

Participants position strangers as involved in support exchanges, a "who" of support that is rarely discussed in research. In popular culture, having to rely on "the kindness of strangers" is deemed a tragic, lonely outcome for Blanche DuBois, a woman cast outside normative family life in Tennessee Williams' play *A Streetcar named Desire* (Sampson, 2003). Yet, religious and philosophical traditions have long extolled the virtues of stranger kindness, such as in the Christian story of the "Good Samaritan" who helps a stranger on the road. Within social integration research, a diversity of social ties, including the "non-intimate", is thought to enhance individual well-being (Berkman et al., 2000). The term "consequential strangers" has been coined to describe ties that "rest above the realm of strangers but below the threshold for intimacy" (Fingerman, 2009, p.72), such as acquaintances, co-workers, neighbours, staff known in shops or services, internet contacts, or paid home help (Blau & Fingerman, 2009). Fingerman (2004) notes the paucity of research into this area, especially with older people, compared to work on intimate or family ties.

Other social science work on the stranger (e.g. Sampson, 2003), draws on Emmanuel Lévinas's philosophical argument that unconditional obligations to the stranger (an unknown Other) underpin ethical human life (Lévinas, 1998). Judith Butler also engages with Lévinas's argument (Butler, 2005). She grapples with how to define the stranger and even who is "human" in terms of ethical rights and duties, for example with those seen as enemies of the state not given names or human qualities that would underpin ethical obligations to them (Butler, 2009). Participants' references to strangers in this section point to unconditional obligations between unknown others, in line with Sampson's (2003) call for such "unconditional kindness to strangers" to be further explored.

Charlie and Betty position kindness to strangers as a life principle that sets up good chain reactions, as Betty explains: "You work on the assumption that you're not necessarily paying that person back, that helped you, but the next time you see somebody who needs something, you'll help them…It's like a chain reaction." They give examples of this while travelling, perhaps where there are plenty of "unknown others" to help, but also in the simple act of letting someone into a traffic queue ahead of you around Auckland. This discussion of stranger support was right near the end of the interview, summarising a life principle which they had also just enacted *in vivo* by helping me, a stranger, by taking part in my research.

Daphne tells a story of falling down steps outside her doctor's rooms after the doctor failed to take seriously Daphne's complaints of drug side-effects causing weakness in her legs (hence the fall). The stranger's "horror" helps position the seriousness of the fall, and Daphne's stoicism in refusing to go to hospital.

> D: And of course, I didn't go back [to the doctor's rooms after the fall]. A woman was horrified on the footpath – she came to help me
> R: Mmhmm
> D: And I said, I'll be all right, so I came home and I had a cup of tea, because I didn't want to go to the hospital [laughs]

John, 84, has fallen and "cracked his skull" a couple of times in recent months, with help from strangers both times. He was "out on the road, putting the rubbish out… and the rubbish bin threw me around and landed on the back of my head…And there were some people passing by and they screamed up and got her next door, 'Can you come and help us?'" The strangers got his neighbour ("her next door") to phone for an ambulance and lock up his house. The second fall, a few months later, happened alone in his kitchen, and he summoned the help of what I would call "strangers" – in that they are health-care staff unknown to him - at the other end of his medic alarm. He had the button round his neck and pressed it when he woke up on the floor and "they" came (he does not describe "them" at all), took him to hospital for stitches, an overnight stay, and then "told me to go to my own doctor" to later have the stitches removed.

Emma also tells a tale of some passers-by helping her when she had an early-morning fall, just outside her first-floor flat. A "young lad driving past in a car…saw all the blood, so he stopped". The "young lad" gets a towel for her head, which Emma has no idea is bleeding so much, reporting she thought, "What's he doing that for?" The story builds with the young lad calling his "mate" to help get her up: "And his mate looked absolutely terrified – what he thought I was going to do for an encore or something, I've got no idea [laughs] but he looked scared!" Emma enjoys the reversal of positioning young lads as "scared" by her, rather than a typical storyline positioning "little old ladies" as scared by young lads. She also reaffirms his "stranger" status at the end of the story: "I've never seen him before and I've never seen him since," and yet this "stranger's" support had been vital.

Lois highlights the ambivalent positioning of help from strangers for her. She talks of people feeling they have the "right" to help her cross the road, implying she has a duty to be grateful, despite them hearing her say, "No, no, I can manage."

> L: Well, I, I, I really, I like my independence, and I feel it's being taken off me
> R: Mmhmm
> L: In some ways, ah, in that, people want to 'help' me all the time
> R: Mmhmm
> L: To take my arm
> R: Mmhmm
> L: To, you know, to get to cross the street or get out of the car or do this and do that
> R: Mmhmm
> L: And… I have to be gracious about it
> R: Mmhmm
> L: But I, I, sometimes I say, 'No, no, it's all right, I can manage myself'
> R: Mmhmm
> L: And although I don't manage very well, I would *rather* manage myself, you know, the longer I can
> R: Mmhmm
> L: Because if I, if I accepted all the help that is available, I, I wouldn't be any good at all! It's important for me to carry on

Lois says this is an ageist positioning that she herself would have been "guilty" of in the past, aware that people "mean well…but it's thoughtless". This is also in the context of her widowhood, in that she says she did not mind her husband helping her manage a full supermarket trolley (his "duty" as a husband, perhaps), but does not want such help from others when she gets "on a frightful lean" with

an "overloaded" trolley now. Her wish to position herself as able to "manage [her]self" and "carry on" (which could be construed as either a "right" to manage as she wishes or a "duty" to carry on "regardless") has become more important now that a position as a "wife" receiving help from her husband is no longer available. I see this also as an interesting example of the way self/other positions are negotiated. In the past, she liked to position herself as helpful to strangers, including "the elderly"; now, when construed by "others" as in need of help due to her age, she has a different view.

In the Abbeyfield focus group with both parents and non-parents, participants speak of the kindness of strangers, including things that "make a difference" like a stranger pulling out a supermarket trolley from a tightly packed group or getting a suitcase off a roundabout when travelling. The traveller stresses "they're occasions when I ask for help" rather than having help pushed onto her; like Lois, the help should not be imposed unless the potential recipient accepts it. Fletch describes an intimacy that can result from such support. "You suddenly feel very close to that person, you know, for that one or two seconds…just those few seconds, you can be very close." This is elaborated by another focus group member who tells a story of a boy on retail work experience kindly taking her shopping to her car. She gave him a dollar, and "he leant over and kissed me!" This detail is greeted with laughter and "Oh!"s of approval from the group. Moments with strangers can thus provide closeness and intimacy.

In her interview, Bertha expresses a fear she positions as shared by other older people: that of "just" being "looked after" in a hospital bed or rest home.

> B: Because we haven't really discussed very much about growing older and I'm sure that is a fear with far more people than just myself. What *is* going to happen to me when I'm really old?
> R: Mmhmm
> B: Am I going to lie, ah, in a hospital bed, in a rest-home
> R: Mmhmm
> B: And have no quality of life at all, just be 'looked after'?
> R: Mmm. And is that something you've seen happen to other people?
> B: Yes, yes. People who have Alzheimers and can't be in control of themselves any longer

The term "stranger" is not used, but the absence of naming who will be doing the "looking after" contrasts with other participants who named "nurses" who might be recommended or plans to go into rest-homes where "friends" were already living. Bertha distances herself from this possible future by linking it only to those with Alzheimers disease, which she does not have. It is a scenario that calls for faith in the ethical principle of kindness to people made to be "strangers" to themselves and others by dementia and being "out of control". I wonder if some of the positive views of "stranger support" and ethical obligations are a way that others counter the fear of "just" receiving the care of strangers, for if there are the "chain reactions" of kindness to unknown others that Charlie and Betty speak of, they would hope that "chain reaction" will occur in any future care. Lois's determination to not have help when it is not sufficiently warranted could be seen as implying a hope that when/if it *is* warranted or requested, it will be available.

Strangers, therefore, are positioned as part of the social worlds of participants. Whether as recipients of unconditional support or purveyors of such kindness, names are not exchanged nor ongoing connections established, and yet they can be "very close". Where there is not a spouse or an adult child to lift the suitcase off the roundabout or carry heavy shopping, childless elders perhaps have unique opportunities to experience support from strangers that is positioned as both fleeting and meaningful.

Professionals

In this section, I explore participants' positioning of people paid to provide support, whether by the state or participants themselves. This includes "formal support" workers, such as home-help, but also other "professionals", such as doctors/medical staff, lawyers, and accountants. How support exchanges with such professionals are positioned within diverse storylines by participants is explored.

Broadening the "formal support" category, from beyond the usual ADL/IADL-related provision of support to a general category of "professionals", reflects my participants' focus, where as I was "coding" the interviews, I needed to add categories for their talk of dealings with medical staff, lawyers and accountants, that were positioned as more or less supportive.

Some participants see such professionals as having greater salience for childless older people, especially those who are single, against normative assumptions that adult children and spouses may attend to such matters for elders with families. Other participants do not, as my attempt to help Nissan in such matters showed (*Interpreting "no support"*, p.125). Research highlights that formal support use is by no means limited to those without informal kin networks, with some parents persuaded by children to access more formal support than the childless (Choi, 1994), or preferring short-term help from formal services not children (Daatland, 1990). Formal/informal sectors may also perform complementary tasks (Litwak, Messeri, & Silverstein, 1990), with wealthier networks accessing more formal support (Litwin, 1996) and state differences in welfare provision having an impact (Lewinter, 2003; Sundström et al., 2006).

There are also blurred boundaries between the formal/informal sectors. For example, Daisy's gardener is a friend's husband whom she pays, so should he be positioned as a formal or informal supporter? The quality of interpersonal ties with "formal" workers can be more important than the tasks done (Allen & Ciambrone, 2003; Hambleton et al., 2008), or than relationships with the informal networks that are more often presumed to have this "task", with potential conflict in how tasks seen as specific to each sector are managed (Litwak et al., 1990). Workers too can position connections as personal and reciprocal, rather than one-way "formal" or "professional" service provision (Lewinter, 2003; Piercy, 2000). Risks of the mix of interpersonal and "professional" roles can be affected by wider socio-political issues, for example, how well home-carers are trained and supported to deliver high-quality services through adequate sector funding and accountability to meaningful standards, as

opposed to services for older people being seen as unskilled, low priority activity with unclear boundaries (Allen & Ciambrone, 2003; Fine & Glendinning, 2005).

At a Discourse Conference (Allen, 2009b), I presented how Emma positioned her home help in a storyline of Emma herself giving something to the home support-worker, rather than just receiving help. A conference attendee focused on the asymmetrical positioning of Emma, interpreting her as "in control" of her helper:

"Formal" support

- *[The cleaner] comes once a week, and I sit her down and make her a cup of tea, feed her a biscuit, give her a little thing of chocolate and, huh, we have a chat & then she starts work. Because she always arrives early…So ah, she's a sweetie, she's an Island girl…Got two daughters, one's 18 and one's about the same, might be a year younger and um, they're marvellous kids*

(Emma, 85)

Conference example

In presenting this slide, I pointed to the way that Emma made no comment on receiving support (cleaning) but instead emphasises what she gives the cleaner (a cup of tea and biscuit, time to chat). The range of personal details Emma gives about the cleaner positions their relationship as social/personal, rather than a task-based receipt of support. A conference attendee characterised Emma's positioning of the cleaner as like some sort of "doll" – a "sweetie" whom she "feeds"; and also interpreted Emma as positioning herself in control of the relationship: "I sit her down."

Emma's emphasis on the relationship and her ability to "give" to a person from whom she is receiving support may be part of making "support-receiving" acceptable to someone who presents herself as otherwise "independent". I am not sure I agree with the conference attendee's reading of Emma as "in control" but such control could be seen as a way of balancing a potential loss of autonomy associated with having help.

Other participants focus more on the quality of the tasks done. John has "a lady [who] comes in, does the cleaning once a week" whom he positions as "one of those people who only go round the middle really". He compares this to how he used to clean:

> R: Yup, yup. So, um, the lady that comes to clean, you said 'she does the middle', are you saying she doesn't do a terribly good job?
> J: No, they're all the same, only around the middle, you know
> R: Mmhmm
> J: Really
> R: Mmhmm. When you used to do it yourself, how did you used to clean?
> J: Oh, yeah. I used to do it all myself…Mind you, I suppose I was over-fussy, because I used to run the vacuum cleaner around the top and everything, you know
> R: Mmhmm
> J: Shift all this furniture out
> R: Right
> J: You know, get in behind it about every week or fortnight, you know
> R: Mmhmm
> J: But ah, oh, no, she does quite a good job now

He positions himself as "over-fussy" (perhaps invoking a stereotype of men as less concerned with cleaning) and also ends with saying she does "quite a good job now" as if to soften his criticism. April is grateful for the home help she gets but points out they "don't do things like cleaning windows or washing curtains". Ida, in a "serviced apartment", has cleaners organised by the complex. She finds the lack of choice and regular changes of cleaning staff difficult, some of whom provide poor support, and focuses instead on the aspect of how "nice" the workers are, saying "You have no choice… Sometimes I have a nice girl, sometimes one comes along that's not so nice." Emphasising personal relationships may thus be a way of managing a situation over which she has little control or "choice".

Other professional support comes from lawyers, accountants, veterinarians, and medical professionals. Some participants link the importance of these professionals to not having children or a partner. Sally points out that in the Enduring Power of Attorney (EPOA) for welfare (under the Protection of Personal & Property Rights Act 1988), a person, rather than an organisation, has to be specified to act as "attorney". She says this can be difficult for those without adult children. Her efforts to have this law changed are discussed in *Preparing for the future* in Chapter 8. Fletch has her affairs managed by her solicitor, whom she sees as more reliable than friends who "move around, you don't know where, if I suddenly kick the bucket, where people'd be." Lavinia has her EPOA with her lawyer, following friends' deaths: "I didn't have anybody else, nobody else to take that over so it's my lawyer." She positions him as more than just a professional, saying, "I liked him and he put his arm around my shoulders and he led me to the lift." Lois speaks of a "marvellous experience" with her accountant who, after her husband's death, taught her how to manage their accounts. She also met his four children: "He would often bring the children with him and I got accustomed to them coming and I always had chocolate biscuits for them. It was lovely!" Again, a possible interpretation of this is that by positioning professionals as not "just" doing a job, but also having "personal" supportive exchanges and qualities, receiving help from them is made to feel more acceptable.

Daphne talks about her difficult experiences of a doctor whom she positions in storylines of unfriendliness (taking personal phone calls during a consultation) and non-disclosure (saying "Not a word!" about what she thought might be wrong with Daphne's leg). These shift markedly when she changes doctors to one she positions as friendly ("such a sweetie") and willing to share and negotiate regarding treatment ("You just think about it and let me know"). In contrast, John's frustration with medical support does not focus on the personal relationships he has with medical staff, but on a lack of action. He is frustrated with clinic specialists who "just keep saying, 'If it gets any worse, we'll do something about it'…It's a waste of time…they're not going to do anything, they're just going to wait till I die." His comment about "waiting till I die" indicates their lack of treatment is related to his age (he is 84), invoking the storyline of ageist health services to which Twigg (2006) and others refer. He outlines in some detail his attempts to get more information on what is actually wrong and what "getting any worse" may mean (asking to speak to senior consultants instead of the more junior physicians working in the clinic), and having got nowhere, is therefore left to conclude either his condition or their non-treatment of it must be something to do with his age.

The wider context of the health and social service systems in which professional support is delivered is also referred to by participants. Eleanor, who is in residential care, says of her facility, "We're now classified by the Ministry of Health as a hospital and we've got umpteen patients that can't do anything for themselves – they come first and we [the rest-home residents] know that – we just wait for attendance if we need it." The potential lack of support is thus located in a storyline of "Ministry of Health classification" rather than individual staff behaviour. Ned and Kelly have had some dealings with the needs assessors who allocate state-subsidised disability support. Their impression is, "You've got to be pretty bad before they do much" and also that people are not informed about options before getting to the point of being "pretty bad." Ned describes the "system" as lacking informational support: "Say you can't drive, only *then* will you find out about the alternatives available to you." They were, however, given information when assessed as ineligible for subsidised bathroom grab-rails, as Ned points out: "At least they, they did send us a pamphlet from the people that supply handrails and all those sorts of things so we could go and buy them and put them up ourselves!" They were not sure when we spoke whether this was something they would be able to do.

In conclusion, therefore, professionals are important to participants, with some directly linking this to being childless, single, or of advanced age (in terms of having outlived friends or partners). A personal relationship with a home helper is emphasised by some, while others focus on the quality of the tasks support-workers do. Storylines of friendship, openness, professional competence, action and informational support show the range of storylines within which professional support may be positioned. Assessing which storylines are valued by older people may help make changes to better meet their needs or assist in establishing what goes wrong in professionals' interactions with them. A friendship storyline was important for some participants; in contrast, John positions both his cleaner and the clinic specialists as not competent at their jobs and does not position their friendliness, or lack of it, as relevant. Participants are also aware of the influence of wider social and political contexts on the "system" within which some professional help is provided or withheld.

Self-support/independence

A "who" that is often absent from the support literature is the "self". Participants in this study are being interviewed about support given and received, and yet often speak of being "independent" or supporting themselves. In this section, I summarise a crystallising idea of "self-support", many of its facets already touched on in the pervasiveness of narratives of self-support and independence across the interviews. For example, as I have already discussed in previous sections, there are the ways that practical support is warranted as legitimate within a storyline of independence, such as when there is a short-term health problem, or reciprocity when the need is more ongoing. There is the complex management of positioning as a "support-receiver" to make it acceptable, carefully warranted by specific circumstances, with assumed need, ageist assumptions about incapacity, or difficult inter-personal dynamics resisted. There is the positioning of oneself as having or needing "no support" (such as in the analysis of Nissan's narrative), despite this being able to be otherwise interpreted.

There is also the idea "emotional support" can come from being "emotionally self-sustaining" rather than involving help from others.

The term "social support" is primarily research and policy language, rather than a phrase found much in "ordinary" talk. Similarly, "self-support" is proposed as a research term highlighting the counternarrative of people not only being supported by their social connections, but also by themselves. The "ordinary" talk of participants includes phrases like, "I look after myself", "self-supporting financially", "self-sufficient" and most commonly, the word "independence". "Self-support" is proposed as analogous to independence, a "socially inclusive independence" endorsed by Plath's (2008) participants (discussed in *Being a support-receiver* p.155), where independence is valued within a society that is socially inclusive, rather than ageist and with few resources for older people (Fine & Glendinning, 2005; Grenier, 2003b). "Self" is not an essentialist, singular entity, but is an aspect that people characterise as supportive, in the context of these interviews. I would argue that the phrase "self-support" differs from "independence" in highlighting that there *is* "support" occurring (whereas "independence" can be interpreted as independent of any support), but that the "self" is providing that support, sometimes in association with drawing on support from others.

There is some research on "self-care" as an adjunct of, or prior to, health-care, and nurses' roles in fostering this in patients (McCormack, 2003; Padula, 1992). "Self-management" through psychological strategies such as "disavowal" is linked to effectively coping with chronic heart failure (Buetow, Goodyear-Smith, & Coster, 2001). Diverse personal meanings of care, whether from professionals or the "self", need to be understood to ensure good physical-symptom management with older people (Dill, Brown, Ciambrone, & Rakowski, 1995). The self-care concept is acknowledged to be pervasive but hard to define in the health field (Høy et al., 2007). "Self-support" can be similarly positioned, as a concept with a taken-for-granted meaning, but that needs to be made visible, in all its multiplicity, to better interpret older people's engagement with the "support" often deemed necessary in later life.

In this section, I interpret the range of self-support aspects participants spoke of, with brief illustrative quotes or references to examples already presented. As the following will show, some participants see self-support has relevance to childlessness and partner status. Self-support operates in different domains, from the emotional to the financial, and can be positioned as "natural" or "normal". It is positioned as of benefit to well-being, conferring a sense of capability or strength, and a way to counter mobility restrictions or the risk of being a burden to others. Self-support is positioned by some as a process, and also an inclusive category that can include help from others. There are disadvantages, such as being "too" independent, or fearing a loss of independence in the future.

A number of participants link self-support to being childless, as illustrated in Table 7.3. Singleness can also be relevant, although Daisy sees having a "shift-working husband" as fostering self-support.

Table 7.3: Self-support, parental and partner status

Self-support may be of particular relevance to those who are childless, and partner status may also be relevant
I suppose living alone and with no family, you think more independently - Fletch
I guess seeing I've never been married, I've always had to make my own decisions - Hazel
You have to be independent when you're single – who's going to run after you? – Margaret
Having a shift-working husband and time alone fosters independence – Daisy
If you're a particularly dependent person you would have had children or surrounded yourself with people that would look after you – Patricia

It is important to consider those who did not talk much about independence and self-support. Maria and Wakeford are just adjusting to living alone in the past year after losing their partners of 45 and 46 years respectively, following intense caregiving in their final years. They are focusing on adjusting to life without the person they had cooked, cleaned and cared for. As Maria says of her husband, "I was around him all the time and doing everything and I miss that." Wakeford says he and his partner "supported each other all the way through". Perdita has outlived her children and was widowed in 1985. She does not emphasise "self-support" but says although she can "manage quite well" living alone, she is pleased to have "lots of support" from friends, nieces, and neighbours.

Self-support is positioned as operating in different domains including activity, emotion, cognition, interpersonal links, gender, identity, and as part of one's "nature", as outlined in Table 7.4.

Table 7.4: Self-support operates in different domains

Domains of self-support	
Activity	Own housework, cooking, gardening etc – John, Nissan, Lavinia, Hazel, Robin Reading, internet, radio – Ned, Kelly, Bee, Bertha Outings despite health problems – April, Margaret, Eleanor Freedom to 'come and go' as you please - Elsie, John, Sally
Financial	Jane, Miranda, Owen, April
Emotional	Emotionally self-sustaining - Patricia, Owen
Cognitive	Independent thinking, decision-making – Fletch, Hazel, Lavinia
Interpersonal	'We' are independent – Ned & Kelly Can have friends but remain independent – Hazel, Fletch, Bee
Gender	I think that women can cope with living alone far easier than men can - [e.g. when partner dies, men] have to find somebody else to fill that position whereas I think women are more able to get on with it on their own – Bertha
Identity	I'm a very independent person – Tombie I've always been a very independent person – April
As natural/normal	You can't help your nature – Daphne Runs in families - John/mother, Daisy/sister, Bee/sister, Fletch/uncle – all 'independent'
As a goal	I aim to be as independent as I can be – Miranda

Specific benefits are linked to a storyline of self-support and are outlined in Table 7.5.

Table 7.5: Benefits of self-support

Self-support benefits	Examples
Maintains well-being	Keeps you active – Charlie & Betty, Daphne Helps you live longer, not die – Maggie Preventative against getting brain getting "rusty" – Betty Set own exercise programme without hurting yourself – Nissan
Helps you feel capable, in charge	Make own decisions, not under others' influence – Hazel, Lavinia You think more independently – Fletch Sense of taking command of my own life – Jane Able to "come and go as you please" – Elsie, John, Sally, Emma Learning to be independent growing up, you know you'll cope with anything - Kelly

Self-support benefits	Examples
Is equated with being 'strong'	Being strong means being independent - Daisy, Daphne Able to stand on own two feet – Eileen, Jane, Tombie
Accords with personal preferences	Like living alone – Hazel, Tombie I just like it that way – Nissan I like my independence – Elsie Confers sense of satisfaction – Betty I'm not lonely if I'm alone – Sally, Fletch I like doing it myself (showering, cooking) – Maria
Acts as a counter to restrictions	Restrictions like mobility problems (Margaret) or eyesight going (Kate) The things that you can still do are important – Kate, Maria Independent driving important - Kelly, Daisy As long as I can cope for myself, I will – Emma I really feel very thankful I'm able to do what I do [despite heart problems] - Hazel
Avoids being let down by or a burden to others	Don't want to be a burden – Maria Not left waiting for people to come and help – Patricia Better than having to ask for assistance – Frances Don't want to feel obligated - Wakeford Not disappointed by kids you can't depend on – Kelly, Sally

As participants' talk of the benefits of being self-supporting in Table 7.5 shows, positioning oneself as self-supporting can contribute to a valued self-positioning as active, capable and strong, with activities like living alone a preferred choice. Self-support can counter negative positioning associated with health and mobility restrictions; rather than focus on what you can no longer do, or what you need help with, you emphasise what you are still able to do by yourself. Unlike the dependence/ independence dichotomy employed in much policy and research (as critiqued by authors such as Grenier, 2003 and Fine & Glendinning, 2005), self-support is possible despite such health restrictions. Supporting oneself can be interpersonally beneficial too, in avoiding being let down by others or introducing a sense of "burden" or "obligation" into social ties, much as Lang and Carstensen (1994) also showed with those of advanced age trying to avoid their "inner circle" of close ties being too "burdened" by their care.

Self-support is positioned not as a fixed state but as a process, something that can be learned or that develops over time, as shown in the examples in Table 7.6.

Table 7.6: Self-support is a process

Self-support is a process, something that can be learned or that develops over time
Something you get used to – Frances Requires not giving up on anything despite it being hard – Margaret Have to almost push myself outside [to keep doing own gardening], but once I'm outside, I love it - Hazel Requires effort to maintain – Kate Learned to be independent through childhood – Kelly, Patricia, Emma, Owen, Robin I wasn't so independent when [husband] was alive – Lois Can move in and out of, e.g. regain independence after operation - Perdita

I draw two conclusions from the idea of self-support as a process. First, that self-support takes ongoing effort and work, much as can the work of supporting others, but that these participants value the results of that effort, such as Hazel's continued enjoyment of gardening or Margaret's determination to keep going to church meetings despite it requiring much effort. Second, that the "process" aspect shows self-support can be learned if necessary or desirable (e.g. Lois links it to new skills needed after widowhood) or regained after a period of less self-support, such as Perdita notes.

Furthermore, self-support is not necessarily a mutually exclusive positioning, but can be located in storylines of sociability and support from others, as the comments in Table 7.7 show.

Table 7.7: Self- and other-support not mutually exclusive

Self-support and being a 'loner' can include having connections with, and support from, others – they are not mutually exclusive categories
'We're' pretty independent – Ned & Kelly I do appreciate friendship & relationships, I have a lot of friends but I like living alone – Hazel I don't feel that my independence has gone because J comes in and does my housework – Kate Not lonely, but just restricted to a few people that I get to know and cope with – Eleanor I've got many contacts, friends & everything else…But I'd still regard myself as a loner – Bee There are people around but you can also continue to be a 'private person' – Maggie Need to have time for meeting and mixing and time to retreat - Maria

A key idea I would draw from these quotes is the way in which they "trouble" the binary oppositions of self/other, dependent/independent. People can have help and feel self-supporting; people can be "loners" and enjoy supportive friendships with others. Again, this echoes views from the disability sector, where the idea of maintaining independence and having high levels of care can operate in support arrangements where the emphasis is on what the recipient values, rather than on what he or she is unable to do (Fine & Glendinning, 2005; Oldman, 2002).

Self-support, however, is not without disadvantages, as outlined in Table 7.8.

Table 7.8: Disadvantages of self-support

Self-support has disadvantages
Don't get help reciprocated that you've given – Daisy It's God's design to be interdependent - Elsie It's not a natural state with me, just something I've had to do – Frances You end up paying for care compared to someone less thrifty – Hazel, Maggie Can be *too* independent – decreases family closeness, don't know who to call on, you don't go past what you can do yourself – Kelly
Negative consequences are imagined if there is a loss of independence or ability to be self-supporting in the future
May become 'bitchy' or demanding – Tombie Become inactive, die – Maggie Fight against it – Kate, commenting on people who go to rest-homes and do not settle/accept being there People telling me what to do – Kelly Would fear for my future if no longer able to run my own life & home – Patricia Would feel 'old' if I couldn't do things for myself; or was 'home-bound' – Hazel

There are a number of disadvantages outlined in these quotes. In contrast to some participants locating self-support in a "natural" storyline (in Table 7.4, Domains of self-support) above, Frances, a participant who was at times most regretful at not having been a wife and mother, positions her self-support as resulting from a process of having to be: "I don't know that it's a natural state with me." Elsie positions "interdependence", rather than independence, in a storyline of "God's design". The risks of being "too" independent are linked by Kelly to then not knowing who to call on if you do need help, or being limited to what you can do by yourself. Being "too" independent financially can lead to missing out on asset-related subsidies for help or residential care, compared to those who have been "less thrifty" throughout their lives and end up eligible for such help. Another area of concern is that having been self-supporting, the thought of being positioned as no longer so may be especially hard.

Some of these disadvantages echo Plath's (2008) findings that a model of "individualistic independence" (p. 1354) is not endorsed by elders, where lack of finances or access to resources limit choices. Frances may have felt less ambivalent about managing alone if there was more social acceptance of childlessness and access to non-family support structures. If "old" was not such a stigmatised position in society, and negatively paired with dependency and decline, Hazel might not feel so fearful of needing help or that it would result in being "home-bound". Kelly's parents' separation, in an era when such separations were rare and stigmatised, means her feeling that she did not learn how to seek support can be linked to the lack of social provisions and need for secrecy.

Those in rest-homes did not speak about self-support, nor focus on the "loss" of independence that those still living in their own homes fear. Eleanor is matter-of-fact about what I assume was an "adjustment" to having others shower and care for her:

> R: Yup, being showered by somebody else, what's that like? Have you, was that a bit hard to get used to?
> E: Ah, no, I, I, I know that I, that I need those showers
> R: Mmhmm
> E: Well, I'm happy to have them
> [and later]
> R: Mmhmm, and what's the food like, was it hard to adjust to somebody else cooking your meals?
> E: No, no, I didn't, I didn't adjust to it, in that way, I just said, I didn't adjust, I accepted it because I couldn't cook my own meals, I couldn't look after myself, in that way
> R: Mmhmm, right

I learnt a lot in this short exchange. My question about having to "adjust" to being showered by others or providing meals shows my location as a person currently able to shower and cook for myself, and making assumptions, based on my current lifestyle, as to how I might feel about these capacities suddenly changing. Eleanor points out that it was not a matter of having to "adjust" but something to be "happy" about, simply pointing out she "needs those showers" and meals, so why would there be a fuss about "accepting" them? Since I interviewed her, I have seen the increasing frailty of my father, who similarly "accepts" and appreciates help with things he can no longer do, and I see how this occurs as a process, rather than a sudden change that might need more "adjustment".

Donna has heart problems and is also trying to support Manu's needs related to dementia and renal failure, so after being unable to continue coping at home, she thinks the rest-home is "lovely, great". Percy positions himself as content with rest-home life, following his late-life partner's death and then having most of his tongue cut out from mouth cancer.

The notion of "self-support" does not negate the interpretation of much support being given and received across the interviews, which highlights another key point. The assumed binary oppositions, of independence *versus* dependence or support of self *versus* others, need to be repositioned as aspects on a shifting continuum, or positions that are appropriate in different contexts or at particular times (Fine & Glendinning, 2005; Grenier, 2003b). Support can be received within a storyline of independence; an act of home help does not negate a position as self-supporting; and an anticipated

loss of independence may be positioned in a storyline of fear, while an actual loss (such as moving into residential care) is positioned in a storyline of acceptance and relief.

In conclusion therefore, self-support is an interesting notion. Participants' experiences exemplify diverse ways of enacting independence which Grenier (2003b) argues are missing from much of the independence/dependence debate. Self-support may be of particular relevance to those who are childless, and partner status may also be relevant; however, it would be interesting to explore the "self-support" notion with older parents, as there are indications that self-support may be equally meaningful but perhaps negotiated differently in relation to adult children (e.g. Breheny & Stephens, 2009). Participants highlight that self-support operates in different domains, including those of activities, finances, emotions, cognitions, interpersonal connections, gender, identity, as part of "nature" and as a goal. This is far beyond the assessments of physical or functional "independence" that dominate storylines of support, and that even those within such assessment fields find too narrow (Tamaru, McColl, & Yamasaki, 2007). Self-support and independence confers many benefits, according to participants, including that it maintains well-being, makes people feel capable and strong, avoids being let down by or a burden to others, is a preferred option, and acts as a counter to restrictions imposed by health concerns. Self-support is a process, something that can be learned or that develops over time. Self-support and being a "loner" can include having connections with, and support from, others. They are not mutually exclusive categories, but relate to the notion of "socially inclusive independence" (Plath, 2008) and "relational autonomy" (Mackenzie & Stoljar, 2000), where autonomy includes valued social connections. Participants point out self-support can have drawbacks in being "too independent" or lacking reciprocal relationships. Negative consequences are imagined from loss of independence or ability to be self-supporting in future, but participants who had experienced such "loss", by being in full-time residential care, did not identify such consequences.

In addition, there needs to be more thought given to the "calm" of those who are solitary, those who "tolerate being units of one, are maybe childless, parentless, without siblings, unattached…not communitarian…and are not in a panic. They simply find themselves alone" (Riley, 2002, p.9). In an essay that speaks to much of what my participants present, Riley reflects on the seeming desire to include all in "the social" as a lifestyle (rather than a political frame). Despite more people living alone, she argues that being "without visible social ties is [still seen as] inexcusable" implying some sort of failure:

> Such common solitariness may be willed and preferred by its bearer, or may barely be tolerated, enforced: yet a taint of vice always clouds it (Riley, 2002, p.8)

Some of my participants prefer solitary lives, for others their solitude is more "enforced", yet all have adapted in diverse ways to not having a normative family life. It is time that the "taint of vice" which can attend being childless, partnerless, and older is removed and that childless older people can be valued as exponents of an ever more "common" solitariness, as population patterns change.

Non-humans: Pets and God

Like support by the self, the support of non-humans such as pets or God is under-explored in support research. This section presents participants' views of such support.

The support of pets

Some research positions human-animal bonds as family-like, providing emotional and social support (Cohen, 2002). Having pets is positively associated with well-being (Sable, 1995), especially in later life (Raina, Waltner-Toews, Bonnett, Woodward, & Abernathy, 1999), although findings are inconsistent (Parslow, Jorm, Christensen, Rodgers, & Jacomb, 2003) and mechanisms unclear, possibly deriving from meeting attachment needs and/or buffering stress (Watt & Pachana, 2007). "Companion animals" may mitigate the effects of loss of human companions as people age (Suthers-McCabe, 2001) and provide comfort during bereavement (Sable, 1995). Barriers to pet ownership in later years include relocation to retirement complexes or residential facilities that do not allow pets (Suthers-McCabe, 2001). The responsibility of having to care for a pet may also constrain an independent lifestyle (Watt & Pachana, 2007).

There is a stereotype that childless people, especially women, "compensate" by having pets to "fill the void created by the absence of children" (DeOllos & Kapinus, 2002, p.74). This is not evident with my group of participants, few of whom have pets, and for those who do have them, they are positioned as "support" rather than as surrogate children. Other research also challenges the stereotype, with the likelihood of having a pet being "greater, not less, if one has a child as well" (Veevers, 1985, p.23). The following discussion highlights how pet-owning participants position their animals in relation to support.

Emma positions her cat as supportive in terms of preventing loneliness: "I find that if I've got a cat, I do not get lonely." She also recalls that growing up, "animals were my friends…everything on the farm was my pet, even the bull [laughs]" in preference to people: "They take the place of people with me an awful lot, because of the way I grew up" (in the context of her father's violence). Daphne thinks a rental unit is not suitable for cats, and has a cage with two budgies instead, describing them as, at times, "better company" than her flatmate. Ned and Kelly have a dog and when asked if they would define the dog as support, they say, "Definitely." Asked to elaborate, they point out that having to walk him is good, and that he "sort of keeps you on your toes, keeps you to a routine." They also talk of "the love that comes from them, that you get from an animal…We'd be very lost without him." They previously had a dog for 16 years. "They're a very important part of one's life."

The "family-like" positioning in the research literature is echoed by Patricia, who describes her cat as a "constant companion [laughs], you know, how people have life companions and I guess she's been mine for 14 years…Particularly in the middle of the night, when you wake up, it's nice to have another living creature around." Sally has "no doubt" that her cat is part of her support system, and talks about

having to have her last cat put down, just as she retired. "My flatmate thought I'd go into a decline, you know [laughs]. I mean, it is sad, but we survive these things, you know."

Pets are positioned as providing special support around dying loved ones for Emma and Lois, albeit in different directions. Emma's mother's little dog "never left her till the undertaker came…and that dog, the undertaker had to lift her off Mum's bed. She *never* went through Mum's door again." In contrast, Lois's cat avoided the bedroom when her husband was sick, but returned to it after he had died. "The cat never once went into the room. But when he [her husband] was no longer there, and I was there by myself, she was up on the bed at night, with me." When Wakeford's partner had to go into residential dementia care, two neighbourhood cats moved in, as if "sent" by his partner:

> W: The cats were put onto me, really, but what the coincidence was, ah, the week [my partner] went [into the dementia unit], the white one came over by itself
> R: Oh
> W: And wouldn't go
> R: Oh
> W: You know, and then the other one is her daughter, and she's pure white too, and um, it came over, and it was sort of feeling that it meant to be
> R: Right
> W: You know, um, whether that's a bit silly I know
> R: Not at all
> W: But it felt there was something, [my partner] was there still, he was sending them over to me or something, you know

These animals then provide further support after their loved ones have died. Lois positions the cat as "a great companion now" and Wakeford describes his cats as "good mates", never far away and providing a distraction in having to care for them:

> W: She's never far away, you know, if I'm sitting there, she'll, or she's outside, she doesn't want to come in, she'll sit on there, just to sort of be near, you know
> R: Mmm
> W: So, they do help
> R: Mmm
> W: And they are a distraction, they, I have to, 'Oh, stop doing that' or something, it takes my mind off what I'm thinking about or worrying about, and I have to tend to them, you know

Pets are therefore positioned as "support" by the seven participants who had them, and are remembered as supportive by others who have had pets in the past. Support includes companionship, routine, distraction, and love. Pets are positioned as having special connections with human loved ones, especially during and after sickness and death. The majority of participants do not have pets, either because they have no interest in having them, or because they see them as a barrier to being able to travel or live busy lives. Cost and location are also barriers. The populist stereotype of childless people using pets as surrogate children, critiqued by Veevers (1985), is not evident.

The support of God

Religious life has for centuries been one of the only acceptable alternatives to the norm of having a partner and children, especially for women (Bartlett, 1994). There are calls to increase the focus on

issues of religion/spirituality and ageing (Sadler & Biggs, 2006). Spirituality confers health benefits in older age, but theoretical models of how this occurs need development (Levin & Chatters, 2008). Narrative gerontologists have explored how older people narrate wisdom and meaning, including within a spiritual storyline, and how to foster this (Kenyon, 2003; Randall & McKim, 2008). In this section, I focus on links participants make between spirituality and support, some of which are also positioned within a childlessness storyline. Participants do not speak of "spirituality" (a concept variously defined, and of debateable measurability, Jönson & Magnusson, 2001), but position themselves within the storyline of the Christian religion and the Christian version of "God".

Participants position support as linked to how God and prayer have an impact on their lives, including in providing meaning. Hazel sees prayer as supporting her nursing work in the Pacific: "I just, without prayer, I don't know how I could have done half the things I had to do…Somehow prayer would sort of calm me down and make me much more serene about something, not rush into things." Emma speaks of God's support in "wonderful things" happening with prayer:

> R:[Emma has mentioned going to church weekly] Um, is God part of your support system?
> E: Yes, definitely! A very big part
> R: Say a bit about that
> E: Mmm?
> R: Say a little bit more about that, how does that work?
> E: I very much believe in God, I very much believe in prayer
> R: Mmhmm
> E: Because I've seen some wonderful things happen through it

The support of faith is positioned by other participants within a storyline of being "looked after" by God. For example, Sally "didn't belong to anybody" in that she was put up for adoption at birth, but believes God looked after her by getting her into a good home. She positions this as reciprocal, in that she has an obligation to look after God:

> R: [Sally has been talking about going to church] So is faith a support in some sense?
> S: Oh, yes, yes. Definitely
> R: Mmhmm, in what way?
> S: Well, um, I mean I've got to trust in, ah, trust in God and I, well, He's had His Hand on me since before I was born, you know, I didn't belong to anybody and got me into a good home and He's always looked after me -
> R: Right
> S: - and I haven't always looked after Him as well as I should but um, ah

Bertha hopes the "looking after" will continue into the future when she is "really old". She says, "I just have to believe and rely that I'll be looked after by my Heavenly Father, whatever happens in the years to come." In contrast, Fletch positions the support that faith provides within a storyline of "purpose in life":

> R: Mmm…And you've mentioned church a couple of times, is that, for some people, some sort of religious belief or belonging to a church is part of their support, would you -?
> F: I think so, yes. I mean, um, I've always sort of, you know, church is a big part of my life
> [we talk about which church she attends]
> R: And what's, what support does that sort of give you, having a religious belief or?

F: Well, I think it gives you a lot of support actually. And you know there's a Higher Power there, if you can put it like that, you know, we're not just drifting around. I know a lot of people don't have any belief but I just feel, well, there's God and we're not just floating around aimlessly in life
R: Mmhmm
F: You know, not the Darwinian, ah, principle, there's a purpose in life

For Frances, too, being a Christian is "the purpose of my existence." She rejects the idea that "unmarried people" need Christianity for support or as a "prop", arguing it is much harder to be a Christian than not to be:

F: Some, some people who I consider, ah, um, don't really know what they're saying, they say, 'Oh, you people on your own, you, you unmarried people, you need it for support.'
R: Mmhmm
F: 'You, you need the prop.' I say, 'It's not a prop! It's much harder to be a Christian than it is <u>not</u> to be!'
R: Right, mmhmm
F: Um, but I was brought up in a Christian family, I seem to be the only one of the family who has stuck with it
R: Mmhmm
F: But it's all, wherever I've been, my church life has mattered to me
R: Mmhmm
F: And I've always taken part in it, and I, and I hate to think what it would be like without it
R: Mmhmm and what's hard about it, you say it's harder to be a Christian than to not?
F: Oh, well, to be obedient to, um, what, what a Christian means
R: Mmhmm, yup…And yet it's worth it?
F: Oh, definitely, yes
R: How come? What's good about it?
F: Well, what otherwise is the purpose of existence?
R: Mmhmm
F: For me, it is the purpose of my existence. If I leave this world even *that* much better than when I, before I came into it
R: Mmhmm
F: My life's been worth it

At the time Kate was considering a career in a church organisation, this commitment precluded marriage and children for women but not for men, but she feels the "acceptance of my calling" to full-time Christian work, her faith and the "family" of the church army have supported her. Jane, too, as a nun, felt her "call" was paramount, even when she experienced doubts around age 35 about missing out on the opportunity to have children.

Religious practices are linked to support through connections with people, in notions like "Christian fellowship". Hazel values both her faith and the friendships she has made through church. Kate speaks of "Christian fellowship" and knowing "we're never alone":

R: And would you say that faith, religion, belief, all of that is part of your 'support' now or through your life?
K: Yes, yes, that Christian aspect is part of support
R: And how does that work – what's supportive about it?
K: Well, I suppose it's Christian fellowship mainly
R: Mmhmm
K: With, with people
R: Right
K: And the knowledge that we're never alone

Margaret's mobility is limited so she relies on people to take her to church services and groups, which contrasts with some of the "dull" time spent alone at home:

R: Yeah, yeah, and any other things that sort of feel like they support you, or
M: Well, I belong to a church
R: Mmhmm
M: And get some support, I just, I get some support from my um, beliefs, my Christian beliefs
R: Mmhmm, can you say a wee bit more about that – what's supportive about that?
M: Well, I belong to various, I've just been this morning to a study group
R: Mmhmm
M: And ah, the people are, you know, it's nice to see people, I mean, it's get a bit dull sitting in a house all the time, with, not seeing anybody, so it's quite nice to go and see people, you know

Elsie describes prayer groups she is involved in as "like emotional, spiritual support" and speaks of a Christian group she does voluntary work with as "like a family". After moving into rest-home care out of Auckland, Donna and Manu have "friends at the church here, and they've been very good to us." They attend church weekly, and other church meetings. They met through Donna's church ministry job in a "Māori mission".

For Christian participants, giving support is positioned in relation to God as helping others find faith. April links the positioning of one niece as "special" to April's role in the girl's "spiritual education". April recalls her nine-year-old niece as "absolutely *glowing*" as she said, "Auntie April, I read that book you gave me and it said you could ask Jesus into your heart, and I did." The niece has continued to have a "strong walk with the Lord." Eleanor is also a committed Christian and says she has reached 91 years old because of "the Lord's goodness, His will for me." When asked if she would have advice for people as to how to have a good life or to "grow old well", Eleanor says, "Well, I don't know, all I can do I think is just to try and share God's news and the Gospel with them." In the interview location – her room in the rest home – is evidence of her Christian practice, with two *Bibles* on her bedside table, a traditional "King James Version" and a recent "New International Version", both of which she says she reads regularly.

In addition to Eleanor's *Bibles*, there is another *in-vivo* interview interaction with Christianity. In Elsie's interview, she accountively positions herself as supported by her Christian beliefs and then performatively enacts the Christian ideal of inviting others to become "believers". Towards the end of our interview, she asks me if I am "a believer". I report I was brought up in a Christian home but position Christianity as "in and out of my journey but not quite there." She reminds me that God is always there and waiting for me and gives me a Christian booklet to take away.

E: Are you a believer yourself?
R: Um, I was brought up and Mum, um, Dad was a church organist
E: Oh
R: And they're still very involved
E: In Christchurch?
R: No, no, they're, they're living in Auckland now
E: Oh, OK
R: But again, um, sort of shopping around a bit in terms of they go to different churches and have done and various bits and pieces so, yup, I mean it's in and out of my journey but not quite um there, so
E: God's there, waiting for you
R: [laughs] Yeah
E: Would you like our magazine of the [Christian] trust, comes out four times a year
R: OK
E: That's a really worthwhile story there, that one there on page 12 and 13
R: Mmm, lovely, thank you

At the time, and on reflection, this felt awkward in the shift of positioning from "researcher and researched" to being asked to account for my religious positioning. Given that Elsie had just spent the past hour being asked to account for all sorts of positionings by me, it is perfectly legitimate. Locating myself within a "brought up in a Christian home" storyline feels appropriate (and is true), but reading the transcript of my vague "in and out of my journey" comment, I can see I am resisting further positioning as either a "believer" or not, as I did not want to elaborate. Elsie does not seek further explanation but completes the interaction by reminding me that God is waiting, and giving me the booklet, which felt awkward to accept but extremely rude not to.

Other participants refer to Christian "principles" as supportive in their lives, located within a storyline of providing ethical guidelines for living but not having to extend to church involvement. Tombie positions her Catholic upbringing as giving her "that solid foundation of the basics of human behaviour [that was] very valuable" and Bee, brought up Methodist, has "strong Christian values…but I don't go to church." Wakeford played the piano and organ at church when he was younger, has never been a regular church-goer, and feels he has always had "a belief…things happened in my life that I feel that it could only have been some other power, rather than myself, has helped me through."

In conclusion, some participants position the Christian God and faith as part of support. Prayer that is powerful supports them; they report evidence of being "looked after" by God; and Christianity is positioned as providing "purpose" in life. Support is also located within a storyline of "Christian fellowship" with people involved in church life, or in the opportunities to support others to become "believers". *In-vivo* exchanges in interviews performatively position Christianity as important. Some had careers centred around Christian service and this had some links to their childlessness.

Conclusions: Who supports whom

The notion of being "independent support-receivers" and grappling with how to position support-receiving as acceptable began this section. I then interpreted talk of support exchanges with friends, family, neighbours, strangers, professionals, pets, God and the self. Key questions include how these various connections are defined, sourced and maintained, and where the boundaries between being, for example, a friend, neighbour or professional lie in accounting for support exchanges. Childless people may have more friends or help from professionals, but this is also affected by lifetime storylines of being "a people person" or sorting things out alone. Not having a spouse and children is spoken of as sometimes a barrier to support exchanges with the parental majority, or alternatively as allowing enduring links across generations with parents and their offspring.

Partners support each other in ways apparent in the process of interviews though not necessarily languaged as "support". Partnerships outside the normative storyline of marriage also operate. Sibling connections are located in storylines of "duty", "trauma" (which brings siblings closer or further apart) and/or "special bonds", across changing time and circumstances. Supportive links between childless

people and their sibling's offspring can occur independently of sibling relationships. Other relatives, especially cousins, feature in support exchanges for some, and positioning oneself within a storyline of "family", however defined, can feel supportive.

Neighbours are positioned as emergency support-providers, although this is minimised in storylines of mutual support and independence. Neighbourhood types, longevity of residence or tensions between neighbours do not consistently position what support exchanges can be expected. Strangers are positioned as part of the support networks of participants, in moments of giving and receiving unconditional support that is both fleeting and meaningful. Participants' talk of stranger support adds to nascent social science research exploring ethical relations with the unknown "Other".

The help of "strangers" such as home-help workers, medical staff and legal/accounting professionals is located within storylines that range from friendship to professional task-oriented connections within institutional systems. Support from pets and God are positioned as important for those involved with them. The support of the "self" is a multi-faceted notion elaborated by participants and operating in various domains, which does not preclude having support from others.

Positioning of support exchanges within a storyline of growing older will now be explored.

Positioning Ageing and Support

In this chapter, I focus on aspects of ageing that my participants raised in our discussions of support. In the material I have so far presented on support, there have been references to growing older, such as experiences of widowhood or ageism in healthcare. However, in this chapter, I cover topics of particular relevance to growing older in relation to support. Firstly, for example, doing voluntary work is a way of giving support to others that is also recommended as helping older people to remain active and maintain participation. Secondly, there are particular links that participants make between "support" and "oldness" that are explored in this chapter. Third, the subject of preparing for the future, particularly in terms of any increased support needs, led to discussions with participants of residential care and ageing-in-place. As childless older people are over-represented in residential care, the views of my participants on this are important to consider. Also, in relation to the future, participants raised a number of intriguing topics. These include the issue of bequests and inheritances, as without children, the normative assumption of passing on assets to the next generation is less fixed. Another preparation for the future is to choose who will have Enduring Power of Attorney if incapacitated, which can be problematic if a person does not have children. It was an issue drawn to my attention by a participant for whom it was a particular concern, and I was then able to discuss it with other participants. Future preparation also includes talk of funerals and "getting rid of stuff", which are briefly examined. To conclude the chapter, there is discussion of a storyline that childlessness may be a good preparation for growing older, a narrative at odds with the typical positioning of childlessness as a "risk" factor of lack of support for later life.

Voluntary work

In this section, I explore a socially valued position of older people, as support-givers in the voluntary sector. Older people can be characterised as less "productive" once they are no longer in the paid workforce, with unpaid work as a volunteer seen as providing a sort of "substitute workplace" (Barr & Russell, 2006, p.212). Voluntary work is a way of giving support to others across a wide range of activities and needs, positioned as of benefit to both those being helped and the volunteers themselves (Thoits & Hewitt, 2001), including in terms of health (Hao, 2008). It is estimated around 15 percent (Gee, 2001) to 18 percent (Statistics New Zealand, 2007) of New Zealand voluntary services are provided by older people, although definitions vary according to whether voluntary work (for an organisation) is distinguished from categories of "unpaid work" (such as childcare) or "unpaid helping outside the home" (which may or may not be under the auspices of an organisation) (Volunteering NZ, 2010). Almost 40 percent of 65- to 74-year-olds, and 31 percent of those 75 years and older are involved in voluntary work, compared to only 25 percent of 25- to 34-year-olds (Statistics New Zealand, 2008b). Health and disability support services, and sporting, religious and community organisations would not survive without a voluntary workforce, including elders (Department of

Internal Affairs, 2001). Volunteers with so-called "major role-identity absences" (p.S259), such as not having a "parental" or "partner" role, are thought to benefit from voluntary work providing "purpose in life", although the associations and concepts being measured are complex (Greenfield & Marks, 2004). An "optimal" level of volunteering is also hypothesised, with either too much (more than 15 hours per week) or too little (less than two hours, or not volunteering at all) resulting in equivalently low scores on measures of positive affect and life satisfaction in an Australian population study with older adults (Windsor, Anstey, & Rodgers, 2008).

However, there are socio-political concerns about increasing state reliance on unpaid labour (Martinson & Minkler, 2006). The emphasis on "productivity" in expecting older people to volunteer has also been criticised (Minkler & Holstein, 2008), where retirees are expected to continue to work, but no longer for an income and no longer in regulated environments. In New Zealand, there are some labour-law protections for volunteers in the 2002 amendments to the Health & Safety in Employment Act 1992 (Department of Labour, 2003), which require that a safe and healthy workplace be provided for all "workers", including volunteers.

Twenty-four of my participants mention some involvement in voluntary work, within organisations ranging from social services (e.g. Meals on Wheels, food bank), disability services (e.g. activities for children with disabilities, Christian disability support), advisory services (e.g. Citizens Advice Bureau, hospital help desk), sporting and networking groups (e.g. secretary of the bowling club, secretary of Probus) and church-based charities and programmes (e.g. charity second-hand shops known as "op shops", befriending and prayer groups).

The participants in this research enact wide-ranging positions regarding voluntary work. Some refer to the storyline of the unmarried, childless woman fulfilling her "maternal" duties by doing good to others. Kelly refers to this kind of storyline in her reasons for *not* volunteering, characterising the "sort of person" who does "charitable work" as "very maternal" or "family-orientated" or "religious" and admitting she thinks, "I'd find it very disturbing, doing hospital visits and seeing elderly people." Her husband Ned supports her view by adding that he remembers his mother trying charitable work and "she just couldn't hack it". Patricia too has difficulty with some of the assumptions around voluntary work. In her retirement, she has taken on some governance roles for organisations and national committees, and is secretary of a history group. She says, "I like both having more time for people but also being able to contribute back to society in ways that I'm able to." She explicitly rejects the necessity of being a "volunteer" to do this, uncomfortable with the religious, "feminine" storyline of "constantly giving" that the term invokes for her:

> P: Um, but I'm sure there's other things too that I – Oh, I'm secretary of a, of a history group. If you're trying to hear that I 'volunteer', I do voluntary things – no, I don't
> R: Mmhmm
> P: I promised myself I would not do voluntary things after having worked all my life
> R: Mmhmm. Say more about that?

P: Well, just, why would one? You know, I don't know. Yeah…It always seems to me that it's, yeah, I suppose it goes hand-in-hand with my reaction to that question, 'Isn't it selfish', it's kind of a, it's a particular take on society, which is saying, it's a very religious take on society, actually
R: Mmhmm
P: To say, to…and it's a very feminine one, if I may say, that one has to be constantly giving
R: Right
P: Whereas men, I think more often, they finish work, and then they do do things like take on governance roles and things like that. Nobody asks *them*, you know, sort of, how much time are you spending with your grandchildren
R: Mmhmm
P: And what are you giving, what are your voluntary roles and so on

Patricia's comments are interesting in terms of linking assumptions of "volunteering" to religious and gendered norms, with men not asked about how much "voluntary work" they do in the way that women, who are supposed to be "constantly giving", might be. She has also "worked" all her life, in fields that have been of benefit to others, and at another point in the interview, mentions how much she is "treasuring" retirement in terms of the opportunity to spend time in ways not possible throughout her busy career, "doing things like baking, and entertaining, spending time with friends…Having time, you know, you wander along the street, you bump into a neighbour that you've never really talked to, having the time to just spend and talk." This is in line with critiques (e.g. Katz, 2000) of the emphasis on "productivity" and "busyness" that can be invoked as necessary to well-being in later life.

A number of participants do enact the storyline of a "religious" aspect to volunteering, either working for church programmes, or specifically identifying Christianity as a motivation. Elsie has been involved in "ministry" to people with disabilities for 30 years, is on a Christian social services committee, and in prayer groups; Kate and Hazel, both now in a retirement village, continue longstanding church involvement, Christian practice, and voluntary work in church-led befriending services and worship committees. Bertha has been working voluntarily in the church archives for more than 20 years as part of her Christian service and Frances likes the fact that the disability trust she helps is "Christian-based".

Bertha positions herself within a "doing good is good for you" storyline, saying of her volunteering with the church, Meals on Wheels and eldercare support, that "I'm glad that I still can do those things…Far better to be out doing something than sitting at home feeling sorry for yourself….It is companionship. It gets me out of the house." Catherine links it to living alone, writing of herself that, "As she lives on her own, she positively wanted to be involved with people for at least one-half of each day" since retirement. Lois says getting involved as a volunteer writer and organiser of a magazine was "just what I needed" after her husband's death. Daisy enjoys being a telephone support provider because call recipients "seem to be very pleased when they hear your voice." It was both the fact that "people were appreciative" and that "the need was there" that made Frances's former volunteering with a hospice "rewarding". "Giving something back" underpins Charlie's decision to be a volunteer driver for people with cancer and Elsie being a collector for cancer fundraising, following their own experiences of cancer.

Giving voluntary support is not without its risks and costs. Management politics and problems made the budget advice organisation that Sally used to enjoy less tolerable. Also, going into people's homes for the budget service had a "certain element of danger…I had a fist shaken in my face and called all the names you could imagine [laughs]." She is now a driver for Meals on Wheels which she enjoys, but she cannot spend as much time as she would like with the recipients, has been yelled at when trying to park nearby to deliver meals, and says, "The meals are terrible … Three pieces of gristle and some gravy [laughs]." After his partner's death, Wakeford continued to visit the dementia rest home where his partner had been, helping out with resident meals and activities, answering the phone, or doing whatever was needed. He was staying longer and longer each day as more requests for his help were made. "They thought I was a member of the staff." In addition, staff would say, "Oh, you're going home now?" when, very tired, he would try to go, instead staying to do yet more tasks. He has now stopped helping there, having been doing far more than the 15 hours a week that Windsor et al (2008) deem high. Elsie is doing "a darn sight more work" for her local residents' committee than some committee members, which she feels is not fair. Emma knits toys for hospice fundraising and found the pre-Christmas pressure too much, linking a fall she had at that time to how "overtired" she had got as demand for the toys increased.

Ageing and volunteering interact in various ways. Maggie at 93 still helps at a community drop-in, but has reduced her volunteering at the hospital and op shop. Bertha is amused by the idea that she is soon to be eligible for the 80th birthday visit that is part of a superannuitants' advisory service for which she volunteers: "I don't know what's going to happen next year – I qualify for a visit [laughs]." Severe arthritis has reduced Frances' involvement in hospice volunteering, in terms of not wanting to let people down. "I enjoyed that [hospice work] very much, but um…I'm, I'm too unreliable, some days I feel so uncomfortable, I can't do anything." Her self-positioning as a reliable person is being undermined by her variable health status, so she would rather not remain involved.

Ned and Kelly highlight the possibility that people may find "charitable work" such as hospital visiting "very disturbing". They seem to be distinguishing "charitable" from "voluntary" work, as Kelly is secretary of a local service organisation, a voluntary job she says no-one else wants, but that she enjoys with her clerical skills, and because she feels "useful…It wouldn't hold my interest if I wasn't contributing to it…just to be a passenger." She and Ned also give away surplus clothing to the hospice shop: "That's my charitable work….or donations to Seeing Eye Dog." Charitable donations are important to Margaret and Lavinia who says, "There are lots of ways, other ways, I can't help, I can't get out and about, you know, to help, but I can help in the way of donations."

Voluntary work is therefore something many of these participants do. Positioning volunteers within storylines of being "maternal" or "religious" is rejected by some, and a normative positioning of women as "constantly giving" can also be seen as problematic. Participants did not position themselves as having "role-identity absences" (for example in being childless) or a lack of "meaning in life" that some researchers argue voluntary work can address (Greenfield & Marks, 2004). Voluntary work is located

within a storyline of Christian service for many, though various participants see this as either a positive or a negative characteristic. As other research has highlighted, there are benefits in volunteering (Thoits & Hewitt, 2001), with participants valuing companionship, meaningful activity, and the opportunity to "give something back". There are negative aspects to volunteering when it is poorly managed by the organisation or where people need to set limits on their involvement to avoid exhaustion (Windsor et al., 2008). Reduced involvement is linked to growing older (including letting younger people do their share) and health problems, with charitable donations sometimes seen as an alternative to active involvement. The emphasis on "maintaining productivity" in older age through volunteering is therefore not emphasised by participants, in line with Minkler and Holstein's (2008) critique of social policies endorsing this.

Support and oldness

Some examples of positioning support as an inevitable concomitant of "oldness" are given in this section. The converse – that needing support means one is "old" – is an under-explored notion that is also introduced by participants. I include participants' chronological ages in this section, as these numbers are typically used to denote degrees of "oldness" that participants may not see as applying to them.

Old = needs support

Patricia, 65, is pleased that her nieces offer to "be involved in your care, when you get old". The implicit assumption that "old" equates with "needing care" is thus accepted, albeit deferred to a general future date. Maria, 83, rejects a family offer of help (to move back to her European homeland) as she is "too old…I'd be a burden more than anything." Lois's husband had hoped that he would outlive her so that he'd "be there to look after [her]", again assuming that needing to be "looked after" will be an inevitable aspect of ageing.

Some participants play with and subvert the conflation of "old" and "needing help." Lavinia, 91, gets a taxi to go grocery shopping. She is able to carry her shopping up to her first-floor flat, but allows the drivers to do so, as they think she is a "poor old girl":

> L: I get a taxi every week and go, go shopping. The taxi-drivers are all very good to me
> R: Right
> L: They all carry my stuff up those steps
> R: Yup, yup
> L: I suppose they think, 'Poor old girl', you know [laughs]
> R: [laughs]
> L: So I let them!

Fletch, 75, notes that with her "grey hair", people offer to help her onto the bus or carry her shopping despite the fact that "I can get on a bus perfectly." Like Lavinia, Fletch laughs that these ageist assumptions can be "very handy at times". Focus group members, including Fletch, also play with the stereotype in the story about a vacuum-cleaner filter which she tells the group:

> F: But then of course, it's that, you know, even out with my grey hair, people, sometimes I feel I'm, I don't know how old they think I am, and they're helping me around, you know, that um
> K: You've got the label 'old'
> B: Accept it, accept it
> F: Oh, well, it's very handy
> B: It is handy
> F: Especially when I took a vacuum-cleaner to get a new filter, and the receptionist looked at my grey hair and said, 'Oh, would you like some of the young ones to put it in?' and I said, 'Yes'
> B: Definitely, definitely [laughter]
> F: Actually, I went to the op-shop with it, it was just a little one there, and R was there and said, 'Where's your filter and vacuum-cleaner?' and I said, 'It's here and the boys put it in when they saw my grey hair'
> B: That's right
> F: And she said, 'I just tinted mine this morning, maybe I shouldn't have done it!' [laughter]

This also may be a way of accepting help, by positioning it in a humorous "I am tricking them" kind of storyline. The category of "old" can even override other social categories such as gender and are strongly informed by culture, as Bee, 75, tells the focus group. These focus group members are European New Zealanders and their neighbourhood is culturally diverse:

> B: On the, on the buses, they um, they let you on
> R: Yup
> B: Even all the nationalities that are around here, who don't normally regard women necessarily as equal
> R: Yup
> B: Let you on…

Bee is highlighting that people from non-Western cultures may not endorse the "equal rights" discourses of Western feminism, but that the esteem with which elders are regarded by such cultures can reposition the otherwise lower status of women compared to men. Fletch adds a story of being given a seat on a bus by a "young Asian boy", and others in the group link these stories to their positioning of other cultures as "looking after their elderly much better than Pākehās do", such as "in Japanese or Chinese society".

Needs support = old

Needing support is for some participants a marker of old age, not vice versa. Hazel has to "tell" herself that she is 88 because she doesn't "feel" it. Asked what might tell her that she is "old", she replies, "I think when I couldn't do things for myself." For Daphne, 82, a desire for help is "very, very rare" and a negative indication that she is "getting old" as it is at odds with what she calls her "nature" of giving help to others:

> D: And then I must admit, sometimes, if I'm having a bad hair day [laughs] and the old arthritis is playing up, I think, 'Oh, wouldn't it be nice if just someone would come in and do something for me'… So that's very, very rare. That means I'm getting old, Ruth [laughs]

As discussed in *Stranger support,* Bertha describes a fear of "just" being "looked after" as a marker of being "really old".

> B: What *is* going to happen to me when I'm really old? Am I going to lie, ah, in a hospital bed, in a rest-home…And have no quality of life at all, just be "looked after"?

Being "looked after" is portrayed as the final fearful element in the ageing process. This tone of shame or negativity around having to have help when older is also evident in Sally's description of having to "eat humble pie" to get help from neighbours with her garden bin, necessary because "as you get older, you find you can't lift things the same". As noted, Maggie at 93 shifted to Abbeyfield from a serviced apartment which she felt provided too much help, which could lead to her becoming inactive and not living so long.

Health-support aids such as walking sticks or walkers are rejected by some as negative markers of "oldness". Daphne, with macular degeneration, resists using her Blind Institute walking stick and "Vision Impaired" badge, thinking her body will "give up" with the support of the stick and others will position her as a "silly old woman":

> D: So, but I don't use a walking stick either because I look at it like this – if I'm going to use a walking stick, the body's going to say, 'Oh, this is good, why should we bother?' … I have a badge from the Blind Institute and a stick if I went on my own, but I cannot wear the badge because I feel I'm beaten…. I feel that to walk around, looks as if I'm hunting for sympathy or something… people [will] think 'Oh, silly old woman'

She will take the arm of her flatmate when out, and he drives her to appointments and the shops (making use of a Disability Parking card she is willing to accept), but her ability to go out independently is limited. Maria, 83, also resists the use of a walker as a support, recently offered by health services now that she has severe Parkinsons.

> M: I don't want anybody to see me with a walker, young people, and then they know where you are and they say, 'Oh, this thing is vulnerable'
> R: Mmhmm
> M: I don't want them to know that. Because there's bad people out there

Her positioning of herself as vulnerable is in the context of her husband's recent death, the sudden onset of Parkinsons, and being in transition in terms of moving into a more supported (and safer?) form of accommodation. The storyline of a generic threat of "young people", who will note her vulnerability and then see where she lives, was one of the rare references to young people as threatening to older people across the interviews.

Thus, participants position themselves within the "common-sense" storyline of needing more support when older, and yet talk of undermining and playing on that assumption by sometimes allowing others to help them or give them seats when not strictly needed. The converse, where getting support positions one as "old", is seen as negative in the examples given. This positioning may also be relevant to the general resistance to being a "support-receiver" explored earlier. While participants do make use of walking sticks and walkers, the responses of Daphne and Maria indicate there is a process of balancing the negative positioning of "old" that can be associated with such aids, with the necessity of eventually incorporating them into their everyday lives, such as other researchers have noted (Howse et al., 2005; Smith et al., 2007).

Preparing for the future

Childless people are seen as "at risk" of a lack of support that will hamper their ability to "age-in-place" in their homes in the community, meaning they might have to move into "costly" residential care instead. To explore these concerns, I asked participants for responses to a quote from government policy that ageing-in-place was about "being able to make choices in later life about where to live, and receive the support needed to do so" (Dalziel, 2001, p.10). I also asked how they imagined their support needs might be met in future as they grew older. However, this general, future-oriented question did not elicit much of a different view to that given in many stories across the interviews of my participants as capable, adaptive people, giving and receiving support effectively from self and others, despite, or alongside, health problems and losses. I therefore started to deliberately steer conversations towards "*negative"* futures of frailty and loss, to try to "get" at the storyline of inadequacy portrayed in the research literature. I asked, "So, if you became frail or needed support sometime in the future…", to make the "problem" explicit, as they did not necessarily link "growing older" with such outcomes.

In this section, I discuss responses to this question which led to discussions of residential care and the issue of ageing-in-place, in relation to support needs. I also explore participants' comments about future support exchanges in terms of giving support by bequests and inheritance, getting support through Enduring Power of Attorney, and future plans regarding funerals and getting rid of "stuff".

Ageing-in-place and residential care

"Ageing-in-place" features in much current ageing policy, commonly understood to mean continuing to live in one's home and community as one grows older (Wiles & Allen, 2010) and avoiding institutional care (Pastalan, 1990). It is favoured by policy-makers, health providers and by many older people themselves (Davey, 2006). However, critical analysis of the emphasis on ageing-in-place and "care in the community" highlights the way independence, choice, and "community" or family support are emphasised, while motives of cost-savings from deinstitutionalisation and a lack of real choice are also evident (Qureshi, 2002; Ward-Griffin & Marshall, 2003). It is in the context of ageing-in-place that "parentist" views can operate, where childless older people may be seen as likely to cost more than do parents who have offspring as unpaid providers of support (Wenger et al., 2000).

The notion of "costing more" relates to the fact that childless people are over-represented in residential care, compared to parents (Aykan, 2003). Reasons for higher rates of residential care are unclear. A common view is that it is due to lack of other support options (Rowland, 1998a), but more nuanced exploration of the move into care is hampered by constraints on research with institutionalised frail elders (Kendig et al., 2007). Higher residential-care rates could be associated with a successful quality such as great longevity, with the likelihood of admission increasing in advanced age (Wenger et al., 2000). The issue is complicated by unclear categorisation, in terms of what proportion are ever-childless, as opposed to those who have recently become childless because

of losing middle-aged offspring, for example, and how such differences may affect experiences of residential care. Whatever the mechanisms, spending time in a residential facility is a future possibility for some of these participants.

As per my interview guide, I read out to participants a quote from *The New Zealand Positive Ageing Strategy* (Dalziel, 2001) in which ageing-in-place is endorsed as "being able to make choices in later life about where to live, and receive the support needed to do so" (p.10). Their discussion often turned to questions of future "support" options like residential care, rather than focusing only on ageing-in-place. I have therefore combined the subjects of ageing-in-place and residential care in this section, as there was not a simple focus in their comments on "ageing-in-place" as preferable to residential care, but varied positionings of both. Both subjects also arose in answer to my "negative" question of possible futures of "frailty" and loss. First, a note on language - residential care facilities for older people in New Zealand are commonly referred to as "rest homes", where full 24-hour nursing and residential care is provided by a range of private companies with various levels of government subsidy. I employ participants' use of this term.

Ageing-in-place is appealing to some participants, as long as some sort of help is available, especially with outdoor property maintenance. Charlie and Betty like the small garden they have to "potter in" and the garage with a workshop, and imagine applying for home help and gardening if needed. Ned and Kelly similarly want to stay with "outdoor help", and Nissan imagines he will need "somebody to do the lawns, sometime". Lois moved into a retirement village with her husband before he died, and expects to remain in her unit there, although is aware that the higher-care facility is on-site if that is needed in future. Patricia sees her home as "suitable" for growing older (e.g. without stairs) with the hope of "day services" if needed to help her remain there. Elsie is aware of the difficulty of assessing how much the government should pay and how much people should be expected to fund the help they might need to "age-in-place":

> E: So um…I imagine that would be, have um, more people able to come and you know, help you if you need help with um, I don't know, shopping and um, cleaning and things, but quite where they draw the line on this, I don't know, between someone just hiring someone…and some sort of government assistance there, I don't know.

For some participants, ageing-in-place is portrayed as dichotomous to being in residential care, as Elsie points out. She is aware that the government is "trying to focus more on helping people stay in their own homes…rather than being carted off to a rest home." She positions residential care as not being a choice, but somewhere people are "carted off" to. Similarly, Bertha reports a friend's relief that she was not going to be "put" in a home, following an assessment, and Patricia does not want "to *have* to move into an old people's home".

However, "insiders" – those with past or current careers in the aged care sector – are less convinced of the dichotomy between "good" ageing-in-place at home and "bad" residential care. Kate used to

manage a rest-home. She says she does not "believe" in ageing-in-place because even with several people coming in over the course of the day to provide personal care, a frail person is "still alone". Falls often happen in the early hours of the morning when the person would be by themselves. She says she used to reassure families that only in a rest-home can truly 24-hour care be provided. She also thinks the rest-home sector has improved, especially from the 1960s when she cared for her parents at home:

> K: My, my contention always was, with the people, they said, 'Oh, I couldn't let my mother go into, you know, I'd be ashamed!' And my answer is, 'No one person can do 24-hour care, therefore you let them go to a rest-home because you love them, not because you're getting rid of them'
> R: Right, and yet you didn't let your parents go into a rest-home?
> K: Well, it was, I suppose that's um, that was back in the '60s
> R: Meaning?
> K: Late '50s to '60s, and I suppose the, it wasn't so evident in those days
> R: Mmhmm, so the standard of care in those places wouldn't have been, whereas now you'd be happy for people to go in?
> K: Yes, mmm, mmm
> R: The places around here?
> K: Mmm

Hazel headed an aged care hospital for 11 years when she returned from her nursing career in the Pacific. She too feels that loneliness is a key problem with "ageing-in-place" which she positions as a policy primarily about catering for bodies, not "body, mind and spirit". "I have known some very lonely people, almost being forced to stay in their own homes." Ideally, she thinks there should be *choice* about staying at home or going into residential care, although she is aware that cost is a problem:

> H: I don't think they're taken, their individuality is taken into consideration enough…That some people are very happy and like [staying at home] and others just are really lonely… I think that my ideal would be – and probably it's not possible because of the expense – to have people, keep people in their own homes if that's their desire
> R: Mmhmm
> H: But if they do prefer to go somewhere else, that they, that they should at least have, you know, a help with it

As a "people person", she would prefer rest-home care for herself, but is aware of a growing insistence on people staying in their own units as long as possible at the retirement complex where she lives.

Tombie, who still works in the residential care sector, talks of the relief people feel in coming into rest-home care after battling on "ageing-in-place" sometimes for far too long, both in terms of inadequate care and loneliness. She is concerned that negative positioning of rest-homes is based on "outdated ideas" about them:

> T: When they've been here for a month, they say, 'Gosh, if I'd known it was like this, I would have come a lot sooner'
> R: Mmhmm
> T: No, I must say, that we have, I think everything falls and stands with the person in charge and we have *lovely* registered nurses, and if they manage that team well -
> R: Right
> T: it's just a happy home. And I think the care that our girls give is superb, they will go the extra mile, they take an interest in their clients, um

R: So, as a prospect for yourself, it's not as "horrific" as someone who knows nothing about these places?

T: No, no, no, it's just silly that people leave it till the very last minute and, and go by ideas that are 20 years outdated

R: Right

T: Ah, some of them talk about 'inmates' – I mean that's *terrible*

Loneliness is a key objection to the policy of ageing-in-place for Frances, based on her observations of her 93-year-old neighbour who is "ageing-in-place" in her own unit next door. Frances says, "She spends a huge amount of time on her own and I don't think I could last like that – and be happy." Frances likes the nearby retirement village where she would be able to be on her own when wanted, "but if I needed company, it's there". However, this is too expensive for her to move into.

April, Lois, Hazel and Kate all live in retirement villages with the option of moving from independent cottages into rest home or hospital care on-site. April is happy about having that option, saying, "I would like to stay here [in my cottage] as long as possible, but if it became too stressful then I would go to the rest-home." Lois is less keen on such a shift, positioning it both as personally difficult to have "just one room", and also locating it within a broader storyline of tragedy that "that's how life ends", with "no quality" and "no reward".

L: But ah, we have, there's a place up in the central building, where people go into care

R: Right

L: They just have one room

R: Mmhmm

L: And ah, a small room, and not everyone has a private toilet…There is ah…a lounge which is quite nice

R: Mmhmm

L: But it's awful the number of people, I have a friend that's there, she's about, getting on for 94 now, and she's all right at the moment, and ah, I go and see her and sometimes she's in the lounge, and ah, but there are so many people in that lounge, that have no quality of life

R: Mmm

L: No quality of life at all

R: Mmm

L: Ah, and they're just sitting. Staring.

R: Mmhmm

L: And I think, it's tragic that that's how life ends

R: Mmhmm

L: People who have put so much into life, and yet…there's, there's no reward

Tombie too is concerned about the "little poky rooms" rest-homes can have, and at age 63, positions this within a storyline of something "our generation" (i.e. baby-boomers) will not accept. There have already been renovations to improve the size and light in rooms that were before "very old-fashioned" at the residential facility where she works.

Positioning of rest-homes is also from negative portrayals in the media, rather than personal experience. Elsie, Lavinia, Charlie and Betty all refer to Belhaven rest-home where a resident had her mouth gagged shut with tape, following media coverage of this at the time I was interviewing them (Johnston, 2008, 30 June). A rest-home therefore is somewhere to go only "if the worst comes to the worst," says Elsie.

> E: So, in a way, I'm just sort of, I suppose, wait and see what happens. Um, I suppose if the worst came to the worst I'd finish up in one of these Belhavens or something [laughs]

Lavinia talks of "absolutely horrifying" rest-home stories she heard on talk-back radio after the Belhaven story and is concerned about a cousin who has been "put" in a rest-home by her family and "just sits in a bloody room all day".

The spaces and places of residential care are positioned as important aspects of support by some. Donna and Manu describe the first rest-home they went to as "an institution not a home" and they hated having separate rooms, far from each other. There was an *in-vivo* demonstration of how much they like their current place, wanting to show me their double room, especially the photos on display. Lack of space for precious things in a rest-home room is mentioned by those not living in them. This links to research on the importance of "special things" to identity and meaning-making in later life (Chapman, 2006). Hazel supported a woman to return to her home to collect some pictures that were important to her, after she had had a rushed admission to residential care, a story which is a reminder that only a "couple of pictures" can be very meaningful. This is also seen in research with older people on the role of objects and environments in "maintaining the self" in the face of change (Rubinstein, 1989; Shenk, Kuwahara, & Zablotsky, 2004), and that people need to be given support to ensure they have such things.

The interpersonal aspect of residential care is also positioned as either supportive or difficult. The social environment of residential care as opposed to the loneliness of ageing-in-place for frail elders is emphasised by Hazel, Kate, Frances and Tombie, as noted. For others, however, the social environment is positioned negatively, as rest-homes are characterised as being full of "sick people". With her macular degeneration, Daphne has started looking at rest-home options a little, but explains:

> D: But I couldn't live around a lot of sick people…I know these dear people can't help being cripples
> R: Mmhmm
> D: And they can't help being ill, but please God! While I'm still able to be bright and move, don't put me amongst them

Patricia positions rest-home life as "hideous" because she imagines having to live with others would be at odds with her self-positioning: "I'm not a communal person." Maria was placed by a social worker in a rest-home for two weeks after her husband died, but says she felt "more desperate because they were so old, you couldn't even have conversation with anybody…These people were like this [*demonstrates mouth open, staring*], like that, you know." In contrast, the opportunity to move into the rest-home where her friends are living is seen as a benefit by Emma both in terms of company and the experience of good care she has seen them receive. Frances too is reassured by the experience of a friend in a rest-home, saying "I'm quite glad to sort of see her there, because I think, you know, that could be quite suitable for me."

The services available at a rest-home are positioned by some as important. Although Maria found her two-week rest-home stay as difficult in a place full of "old" people, she is continuing to look for a

facility to move into, with the help of her niece. Services available such as hairdressing and "a pedicure" in one made it seem appealing; "they have everything going on." Margaret too, in her search for a rest-home, positions larger places as having more going on, such as quizzes, films and bus trips. "I need to be somewhere where there's a bit of stimulation." Emma managed a rest-home during her nursing career and to her, "good care" means keeping people doing "as much as they can for themselves", keeping their minds "ticking over" so they do not become "cabbages".

In conclusion, making choices about ageing-in-place or residential care in the future is variously positioned by participants. Table 8.1 is a summary of positions and storylines of rest-home care.

Table 8.1: Positioning rest-home care

Positions	Storylines
Positioning as 'insider' Have managed or worked in rest-homes, know that good management makes a difference, and there are benefits of company and 24-hour care	*Good rest-home care is possible and appropriate* *Ageing-in-place (at home) can mean minimal connection and care*
Positioning as 'outsider' Only experience via the media or brief visits – negative visual impression of residents 'sitting and staring'	*'Shock horror' media portrayals of bad rest homes* *Tragic storyline – that this is how life ends*
Positioning as 'friend' Either happy with care that friends receive or wanting to be where their friends are	*Rest-homes are places that friends live in*
Positioning as needing services and stimulation feeling that good rest-homes can provide these, but bad ones do not. Also can provide relief from stress if too hard to cope at home	*Rest-homes are about stimulation and activity* *Rest-homes relieve stress*
Positioning as particular types of spaces/places with rooms ranging from 'poky' to adequate. Can/should accommodate the 'special things' associated with identity and meaning	*Life is reduced to one room* *Rest-home rooms can be personally meaningful spaces*
Temporal positioning Rest-homes change over time and different generations will demand different facilities. Imagining a future in a rest-home is frightening; currently living in one is not	*Outdated views of rest-homes prejudice people against them.* *'Our generation'(baby-boomers) will expect more* *Predicting the future is difficult*
Self/identity positioning I am not 'old' or sick like 'those people' in rest-homes are. I am not a 'communal person'. Or, I am a 'people person' & therefore want to be in a rest-home	*People in rest-homes are old, sick, or 'cabbages'* *People in rest-homes are an important part of what is good about them*
Positioning as 'rest-home resident' Matter-of-fact acceptance that this is where my life is continuing, wouldn't be here if it wasn't the place I needed to be	*Whatever gets you through; take life as it comes*

The various positions interpreted in Table 8.1 are not mutually exclusive nor exhaustive. People hold contradictory views, with Tombie certain that good care is available in rest-homes and yet pointing out the "poky rooms" available, or Maria hating the "old" people that inhabit them and yet looking for one to move into. One recommendation from this research, as Tombie points out, is that people need to know more about what can be beneficial about living in a rest-home, especially if, as the statistics suggest, people without children may have a greater chance of moving into one. Hazel's emphasis on the need for choice is also key, with some preferring the idea of ageing-in-place and others wanting residential care, but participants emphasise that this choice needs to be based on good information and funding.

Neither residential care nor ageing-in-place are endorsed as the best option long-term for all. While "ageing-in-place" technically includes ageing in a rest-home, as a "place" in which one can choose to "age", participants invoke the common dichotomy between staying at "home" and living in residential aged care, with the latter not seen as "ageing-in-place". *The Positive Ageing Strategy* endorses the notion of "choice" and participants echo this, wanting to exercise choice and be neither "carted off" to a rest home nor made to stay in inadequate conditions at home. However, as other researchers argue (e.g. Ward-Griffin & Marshall, 2003), participants are sceptical as to whether real choice exists, either in terms of government policy and limited resources, or in the sense that their own resources limit their options. Ageing-in-place at Abbeyfield, where both independence and some formal support is available, is positioned as ideal by the participants living there, and is therefore briefly discussed below. This section then concludes with some researcher reflections.

Abbeyfield: Somewhere in-between?

Fletch and Bee refer to the idea that older people are supposed to "age-in-place" by growing older in familiar neighbourhoods, perhaps moving to a lower-maintenance home in the same area. They do not agree with this idea ("How boring!", says Fletch), and have moved both upon retirement, and subsequently to Abbeyfield, far from other suburbs within which they lived and worked. They also both describe themselves as "loners" and yet are now flatting in the Abbeyfield household of ten people, which they see as an ideal combination of independence (large ensuite rooms) and some support, both from the other flatmates and from a staff member on site who prepares main meals and cleans shared areas. After 30 years living alone, Bee had had a couple of falls and a friend let her know about Abbeyfield, which seemed ideal. Fletch had lived alone since 1960. She had been a "Friend" of Abbeyfield for some years and attended the opening ceremony of the Auckland house, but only decided to apply to move in after she saw a friend's experience of having a stroke while living alone and ending up having to go into rest-home care. In Abbeyfield, Fletch can have as much private time alone as she wishes (they point out that bedroom doors are not left wide open, unlike a rest-home) and yet there are others around for company and support as needed (Carr-Gomm, 1982). Flatmates who need personal care (showering, room-cleaning etc) can remain at Abbeyfield, with the care arranged privately rather than being provided by the trust. In the event of advanced frailty or dementia, Bee says the person would be helped to find 24-hour care at a suitable rest-home. As noted, there are 12 Abbeyfield houses already in New Zealand and more planned (Anyan, 2009), with some endorsement from government (Office for Senior Citizens, 2005) that the Abbeyfield model may be a good option for future growth.

This section concludes with my own reflections on these storylines, as over the course of my research, my parents moved from independent retirement village living into rest-home/hospital care.

Researcher's reflections on rest-home positioning
I shifted from an "outsider's" negative positioning of rest-homes, informed by media portrayals and brief visits; went through a process of information-seeking and rest-home visiting as we looked for a facility (much as Maria and Margaret were going through when I spoke to them); and now have an "insider's" positioning, to the extent of being involved with my parents' experiences of what seems to be a good place.

Bequests and inheritance

In discussing the future, some participants refer to their plans for bequeathing their assets to others. This is not an area I considered in my initial scoping of the research, and it was only as participants mentioned support-giving through wills and bequests that I raised it with interviewees. A reason given for there being inadequate research on inheritance is because bequests are associated with both death and wealth, topics people may be less ready to discuss, particularly in survey research (Szydlik, 2004). I would hedge my inquiry somewhat, e.g. "Some people think about things like, um, 'Who would inherit the house when I go?' … Have you got that sort of thing sort of thought through or…?" Participants did not always elaborate, for example John says he has a will but does not give further details. Some are clear they have few assets and little concern as to what happens after they die, but others have plans that will be discussed in this section.

Intergenerational transfer of wealth is normative between parents and children (Davey, 1998), with an assumed distribution to the remaining spouse and thereafter equally to children (Thorns, 1995). The contribution of childless elders after their deaths is little explored. Bequests of precious objects and mementoes, property and family businesses, and money are valued as "the final communication process" (p.31) between family members, creating links between past and present generations (Szydlik, 2004). Research with New Zealand elders highlights that the ability to pass on property to children and grandchildren is part of what is valued about home ownership (Dupuis & Thorns, 1998). There is concern as to how inheritance reproduces social inequality, with private wealth remaining within families intergenerationally (Szydlik, 2004). There are debates about the use of home and capital assets for late-life health support and residential care costs, with normative expectations of bequeathing assets to the next generation weighed against the need to supplement limited government funding for care (Davey, 1998). There are calls for inheritance laws to better reflect the changing structures of families, including repartnering, non-heterosexual partnerships and "fictive kin" which may include the childless (Thorns, 1995). However, the predominant forms of inheritance are still between parents and children, with estimates of about 12 percent of inheritances to "other family members or outside the family" in New Zealand (Thorns, 1995), similar to a German estimate of around 14 percent (Szydlik, 2004).

Some participants invoke the normative storyline of inheritance within biological families, with a duty to equitably distribute to siblings (Perdita) and nephews and nieces (Maria). In her work in an eldercare facility, Tombie notes these normative expectations in action, where a little-known niece or nephew may appear when a childless elder shifts into residential care. She points out, however, that this is not limited to childless older people but also occurs with residents' "own children":

> T: Plus, I don't know how realistic that is but sometimes you get that feeling, plus the people that are single often have accumulated quite a bit of money, they tend to have their own home and nobody to leave it to, so, where the line is between reciprocating what they have been given when they were young, or the line is more what is still to come, that I don't know
> R: How do you, how do you mean?
> T: Well, if your auntie is having her own home and lots of money in the bank and she dies, well, who's she going to leave it to?
> R: Aah, OK, you're wondering if some of the involvement of nephews and nieces is…
> T: Is, is, is, ah, a kind of a hopeful expectation that they might be left something
> R: Right, a little bit mercenary or?
> T: What is 'mercenary'?
> R: Um, you know, an eye on the money rather than it being very…genuine or
> T: Not that outspoken, but I think in the background, it's, it's a bit there. But some people are genuinely -
> R: Sure
> T: - ah, caring
> R: Yeah
> T: Yeah, no, I haven't seen that in a very outspoken form, and there's nothing to say that that doesn't happen if you have your own children

While equitable distribution is positioned as one's duty, there are nevertheless ways to work around this. Perdita describes her "duty" to bequeath inheritances to her sister and her deceased husband's sister, in part because her sister would object if Perdita gave assets to people "outside the family". However, she has "devised a system" with her bank so that "as I'm going along I can give away money without anybody knowing it." She has also got her nieces to put their names on the back of paintings that are special to them, as "I don't want my sister walking in, saying, 'I will help myself and Perdita said I could have this,' when that isn't true." Maria has bequeathed her assets equally to her nephews and nieces in her will, but she occasionally gives money to her closest niece "because she does a lot for me", giving the examples of paying for her dental work and glasses. Lois has left some money for her only remaining sister which "seems the right thing to do" but otherwise is leaving everything to charity, not nieces and nephews. She particularly rejects the assumption that "children should necessarily inherit" and tells a story of a 94-year-old friend who economises on winter electricity and ends up cold "because she want[s] to 'leave something for her boys'…I would like to demolish that thought in everyone's mind! Because in many, many cases, their children are better off than the parent."

Other participants share Lois's concern about the normative storyline that the next generation should inherit. Maggie's estate will be donated to three charities as she believes "it is better that her nephews and nieces work for their own income, rather than inheritance." Emma is not close to her sister or her sister's children and does not expect this to change, but has taken steps to prevent them claiming anything from her estate, with instructions in her will that "if I have nothing to do with them for seven

years before I die, they cannot contest my will." Everything goes to her one cousin, with whom she has frequent contact.

A number of participants are continuing in their wills the support given to charities throughout their lives. Lavinia is leaving everything to an animal charity, and Lois is giving to both a children's charity she has long supported, and to a medical charity which helped her husband. Nissan thinks any money left over could go to a guide dog charity but he does not have an up-to-date will. Charitable bequests by childless elders are being recognised in the fundraising industry, as Bertha points out: "So many charities ask you point blank whether you will leave something in your will nowadays" and one woman "actually came to visit me and asked." I express some discomfort at this, with which Bertha concurs, and says she told the woman she was leaving money to charities in her will, but "hers wasn't one of them". Yet she also points out that this is just how things work, in that charities "all have these, um, money-raisers, any charity now has a money-raiser that really has to be all out to get what they can for their charity." Margaret too, as a long-time charitable donor, has had a fundraiser visit, which she positions as just "being realistic":

> M: Yeah, well, I have given to the [charity] over the years, for a long time, and a lady came to see me recently because I was a long-time donor
> R: Mmhmm
> M: And she left the thing about making a will, sort of thing
> R: Yup
> M: So I think it was a hint
> R: [laughs] Oh, that's awful!
> M: Well, she didn't say anything about it, but I thought, 'I wonder if she's hinting that I should leave them something in my will,' you know
> R: [laughs]
> M: Well, it's not awful, really, it's realistic. There's your money, what are you going to do with it, you know
> R: Yeah, yeah
> M: I believe in being realistic

Both Bertha and Margaret seem less concerned than I do in this exchange, positioning the pairing of their age and the fundraisers' attention as perhaps more "logical" or a more familiar ageism than I would like to imagine.

Wakeford has organised a significant charitable bequest, which can be seen as an example of the unrecognised contribution of elders without children to redistribution of wealth. With 11 siblings (all deceased), he has numerous nephews and nieces, none of whom are in touch. Far more important to him is his plan to leave all his assets to a medical research organisation for dementia research, in particular Lewy Body, the type of dementia his partner had. He is sure his partner would have wanted this. A generous bequest, it will establish a memorial fund in both their names that will be kept in trust in perpetuity, with the interest to be spent on research. "It'll keep on going forever and ever, which is good, so um, our name will be up on the wall somewhere." Perhaps some of the recognition of them as a gay couple that was never available in their lives together will endure after their deaths. The will is all made out and the research organisation has a copy, so "it'll all be nice and tidy".

Being "nice and tidy" invokes another storyline of "duty" to not leave one's affairs in a mess. April expresses some disapproval of a woman she knew who had messy business practices and when she suddenly had a stroke, left a jumble for others to clean up. Kate is extremely well-organised with plans for both her funeral and bequests clearly specified for her second cousin and her husband to manage, the details of which they keep in a notebook. She speaks of changing her mind on one of the hymns for her funeral, wanting "no sad songs" and writing that in the notebook. She links such preparation to being single and childless, it is "part of being alone" in that "it's hardly fair to them [her cousins] to make decisions when they don't really know who should have what." She also locates it within a storyline of being considerate to others: "I think if you're a caring person, a logical person, those things should be in order…If you care about other people, don't leave them a mess!" Perdita, 81, has just had a diagnosis of "old age leukaemia" and is troubled as to what to do with her extensive book collection. She had thought of giving it to one great-nephew but it is too big, and she wants to ensure someone will "look after" the books:

> P: Well, I'm not ready to die yet. Do you want to hear a funny thing – when it first came across me that I might die, I don't remember when it was, a few weeks ago now…Oh, I know, it was when he told me that I had this um, old age leukaemia – I thought, 'Oh my God' and then I sort of sat down there and I thought, 'All my books! I don't want to leave *Dr Johnson's Dictionary*' [laughs]. And I sat there and I could feel the tears coming down my cheeks and I thought, 'You stupid goat,' you know, I mean, but it's the first time I realised I was going to have to leave all the things that I love
> R: Mmm, all your books
> P: All my books. And all my, you know, odds and ends, but um, to some extent I have got them sorted out to who they're going to and the rest can choose what they want. But I hate leaving my books [laughs]

The bequests and inheritance plans of childless elders are therefore positioned within normative storylines of equitable distribution to family members (Thorns, 1995), although there is a concurrent counter-narrative of giving extra to "special" nieces or those outside the family while still alive and also of choosing not to contribute to family. Some actively resist the normative expectations and are planning significant contributions to charitable and research organisations. Being targeted by charitable fundraisers is treated largely with equanimity. Links between childlessness and the need to responsibly plan for "tidy" settlement of their affairs after death is emphasised by some participants, a perspective little explored in other research.

Enduring power of attorney and future care

An Enduring Power of Attorney (EPOA) document specifies who people choose to manage their property (EPOA Property) and personal welfare (EPOA Welfare) in the event of losing the ability to manage their own affairs, under Part 9 of the Protection of Personal and Property Rights Act 1988 (NZ Parliament). Older people are encouraged to have an EPOA in place, but Age Concern (2004) stresses that people of any age should set one up, to cover the risk of sudden incapacitation by accident or illness.

Sally's motivation in contacting me when she saw the newspaper article on my research relates to the EPOA. She had some notes ready when I arrived to outline her concerns. She says an organisation

can "look after your money" (EPOA Property) but "can't look after you personally" (EPOA Welfare). Therefore she does not have a welfare EPOA: "Nobody can do a personal one, unless I can find a person!" When she first retired ten years ago, she did some lobbying on this, in part because she was helping her stepmother in hospital at that time and wondered how she would manage in a similar situation. She "went right to the top, the MPs" and had the support of ageing advocacy organisations including the Selwyn Foundation and Age Concern. Such organisations told her they would be "happy to take personal care as an organisation, but are not allowed to." She says, "To me, that seemed to be the logical way to go, they are already used to that sort of thing...They'd have the staff, they've got paid staff, you know." Her hope was that this would be possible but she reports she was told by MPs, "Nope, it's not the law!" and no legislative change was made. She did not say what the political objections were (and her report of their dismissive "Nope!" (No), implies she was not given much of an explanation). Their resistance could be due to positioning care and dependency as private family matters, whereas the advocacy groups agreeing with Sally could be relating EPOA to wider socio-political ethics of care and social justice (Fine & Glendinning, 2005). Sally also says that without siblings or partner, it can be hard to nominate a "next-of-kin". She has nominated a cousin and some church members but positions this as "awkward" as it took "three attempts" for the church to agree to act as next-of-kin.

Fletch and Bee both locate planning for the future firmly within a storyline of being single and childless, and emphasise a lawyer as an appropriate holder of an EPOA, pointing out that friends may not be around when one "kicks the bucket":

> B: You get to a stage, I think, where you start thinking of the future
> R: Right
> B: And if you've got no, if you've got no family, um, or anybody to care for you, you need to think about your care in the future
> R: So in terms of friends, you both said you had friends
> F & B: Yes
> R: You wouldn't think of them doing whatever a 'family' would do for other people? You know, like why wouldn't you be thinking, 'Oh, my friends will organise my rest-home care or if I need something, my friends will do it'?
> F: Well, I wouldn't want to put that burden on them
> B: No, you don't want to put the burden on them
> F: No, I mean, they're sort of the same age-group more or less as me
> R: Right
> F: I mean, and who's to know who's going to be going first, sort of style. No, I wouldn't, and I suppose living alone and with no family, you think more independently
> B: Yeah, you do
> F: I mean, I know a lot of my friends, especially with children will say, oh, I'll get, you know, their son to do that, or talk that over with my daughter, or I'll see what perhaps my brother says, he's managed that, whereas, well, I've got nobody like that
> R: Yeah, so being more independent, you have to, sounds like you're sort of planning ahead more?
> B: Yes, I think so, I think so
> F: I wouldn't say I was planning ahead, I was letting fate take it over [laughs].
> [talks about moving into Abbeyfield with Bee and others] I've given [my will] to my solicitor, because as I say, friends and that, and people move round too, you don't know where, if I suddenly kick the bucket, where people'd be, what's happening in their lives

Some participants with younger siblings have their EPOA with them, such as Bertha whose sister is 10 years her junior. Others, such as Lois, Patricia and Margaret, have them with their nieces.

One of the younger participants, 67-year-old Elsie, says she has not done much about potential future needs, saying, "I suppose I ought to be a bit more informed." While she is aware of EPOA, she says, "I haven't got round to doing it yet and I haven't got round to updating my will and I know I ought to." Tombie, at 63, is not sure who to ask to be her EPOA, but would definitely want them to "override her" and put her into care if she had dementia, even though she does not imagine wanting to leave her home. Lack of an EPOA could be located within a storyline of the relative youth of Tombie and Elsie, yet Patricia at 65 does have an EPOA set up, with her nieces. She positions her age as both salient and irrelevant, saying the EPOA is "all signed and sealed…I mean, at 65, who knows, you might have a stroke any moment." Later she says, "I guess because I'm still young enough, it hasn't come to huge issues yet" and feels her family will only need to be involved later "if they could see I was going ga-ga or something." Some lack an EPOA because of being unaware of what they are, for example, when I ask Frances, 75, about whether she has enduring power of attorney arranged with anybody, she asks, "I don't even know what that means. What does it mean?"

Aside from the specific issue of EPOA in relation to future needs, participants reflected on various aspects of support in relation to planning for the future when "older". Frances says she already finds planning ahead difficult, due to the variability of her arthritis, including a trip she would like to make down south. "You know, I used to love planning things and doing things…But now that I'm not physically able…It's like going to [that town], I'm sort of, it's going around in my mind, but I don't really know whether I'm going to be able to." This in part relates to the lack of someone she would like to travel there with, who might be able to lend a hand if needed, in relation to her variable health status.

One of the oldest participants in the research, 91-year-old Lavinia, positions age not as a reason to plan for future help, instead it is a marker of how successfully she has managed thus far. She has been meaning to get a medical alarm call button for a couple of years, but keeps "forgetting" to. I ask whether this is also because of a reluctance to see herself as any less self-sufficient, a question based on Lavinia's emphasis on self-sufficiency throughout the interview:

> L: No, I've been, um, as I say, I've outlived my friends, I've been here a bit on my own recently and I've been ticking myself off about that. Um, and then I was going to join St Johns and have one of those medical alarm things, you know
> R: Right
> L: That's been, that's been on the list for about the last two years and I haven't done it yet
> R: Right…Why haven't you done it, do you think?
> L: Well, cos, partly because I forget
> R: Mmhmm
> L: And then the other is, 'Oh, God,' I don't know
> R: It's another kind of, is it a kind of like a marker that you're not
> L: Yes, yes
> R: As self-sufficient as you once were or something?
> L: Mmm, mmm
> R: Mmhmm, yup
> L: I um, well, I think I've managed all right, at 90, nearly 90 bloody 1, and
> R: Mmm, mmm
> L: I think I've managed fairly well, you know

Kelly highlights as problematic both a lack of information or advice and a wish to not think about the future. She and Ned have been in the same house for 43 years and maintenance is a problem with Ned's poor health. There is no-one, she feels, to "just discuss, 'Well, where do we go from here? What's our best plan?'...There's no-one to really to talk to, to give advice…You don't want to recognise the fact that you um, may not be able to do things in future and should you prepare now, how can you do it?" She says real-estate agents will "give you all the information under the sun" if you are planning to sell, but "we want to have that sort of advice and stay!"

Future plans to move or "down-size" are variously positioned by participants. As noted, Kelly is concerned as to how to decide whether or not to move. Tombie has plans to move into a "smaller, low-maintenance home" sometime in the future. Frances and Sally have both seen sunnier, smaller flats but cannot afford to buy them. Sally also feels she could not cope with the risk of anything going wrong in the chain of buying and selling property "at my age" and envies her friends with children who help with this. In contrast, Kate had the help of her godchildren and Hazel her nieces and nephews to move to their retirement village units. Hazel may also move in future, speaking of a necessity to consider the needs of others who might be involved in her care if she gets to what she calls "the bed stage". She would move to the town 200 miles away where most of her nieces and nephews live, "for their sake, because you couldn't expect them to be beside you if you were living in Auckland."

April advises older people not to collect a "lot of junk…Don't have a lot of things you don't need" and is pleased to give away books after she has read them. Fletch and Bee have already cleared out their former houses, got rid of excess possessions and moved into large ensuite bedrooms in Abbeyfield. Bee advises people to do this while they are "still fit" and Fletch, who cleared out possessions across two moves, positions this as providing simplicity and freedom:

> B: You know, you should do it, you should think about your future while you're still fit, fit & well
> F: Mmm. I quite agree with that. Because I know a few people that just now feel they can't move. They've got a house stuffed with possessions, 'What do we do? It's too much for us!' [gives details of her move] So when I got rid of everything … It was so much simpler, I just felt very free. I had got rid of these possessions, I know a friend said, 'How can you do it? They're so lovely!' I said, 'Look, is it my things I'm living for or am I going to live my own life?'

The house becoming "too much" for people, as Fletch and Bee highlight, reduces the sense of "comfort" that can be strongly linked with home and therefore facilitates change, with particular possessions or precious objects acting as transferable items of a "sense of place" in a new location (Rubinstein, 1989; Shenk et al., 2004).

Margaret has some items in her living room, where we meet, marked with post-it notes as to where they should go. I ask her about this.

> R: And you've sort of started packing, in terms of, I notice there's a sign on that painting – 'Throw out or recycle' – that picture of pussy-cats
> M: Oh, someone did, yeah, well, someone did, people have tried to help me but oh, it's difficult. They want to run around, and put everything in a bin and you know. They want to go so fast and oh, I don't know

She is on the brink of moving into a rest-home and positions the process of getting rid of "stuff" as difficult. "I've had a lot of stuff in this house. I didn't realise I had so much… Things I really treasured, but it's all gone now. Had to get rid of it because I can't go anywhere unless I…do get rid of it." Over the past couple of years, she has been giving things to op shops and charities, plus had "people" who have tried to help her but who "go so fast". Sally too has some books in a box beside a bookshelf in her living room, that she had got ready for a charity book fair that then was not held. "I just had to go and grab them and put them in that box because somebody came and they were all over the floor and I hadn't really sorted them out [laughs]." She says she is "trying to get rid of papers, I'm trying to get rid of stuff" but it is hard to do.

I asked people at the monthly Older People's Network Forum I attend about the question of help with "getting rid of stuff", wondering if there is a support service that I can let people like Sally know about. There are no formal services and forum members agreed it can be a difficult issue to manage. They shared anecdotes of an Age Concern volunteer visitor who had organised a group of her own friends and family to help the older person she was visiting, or their own experiences (good and bad) of helping their ageing parents down-size. There is a specialist cleaning service for people who end up living in highly unsanitary conditions due to Diogenes Syndrome (Cooney & Hamid, 1995), a condition not applicable to my participants. My research confirms that although many people do not need help, there is a gap in services both to advise and assist people who are struggling to manage homes and reduce possessions.

Funeral planning is an aspect of preparing for the future that may be normatively left up to offspring. Again, this was not a topic specifically covered in interviews, but did arise in some, where participants mentioned they had let friends or relatives know their wishes. As noted, Kate is very well-organised regarding her funeral, down to specifying the hymns she wants. In expressing concern about lack of government entitlements, Eileen points out that the government only covers a proportion of funeral costs, so she has had to save money for her funeral, and has instructed friends that she wants to be cremated. Fletch tells the focus group she does not want a funeral: "I'm not having a funeral and don't get a wreath – have a good old hooley here with the money for a wreath…Otherwise I'll come and haunt you!" Robin expresses concern about his funeral, wondering if cremation can be arranged in advance. His wife's funeral was run by the undertakers at their premises, "but it's not much use me like um, getting [the undertaker] to organise it, because there'd probably, hardly be any people there…Cos I don't know anybody that would come…Maybe one or two." These comments can be located in the personal storylines of these participants, for example in Eileen's focus on unfair state support, Robin's sense that nobody much will be at his funeral, and Kate's thoughtfulness of her second cousins not being left with too much to organise.

In conclusion, discussions of preparing for the future arose in relation to ageing-in-place and when I asked participants to imagine their own support needs if they were "frail". The Enduring Power of Attorney for welfare, which requires that an individual, not an organisation, be specified is positioned

by Sally in a storyline of inadequate legislation that needs to change. Other participants have younger siblings, nieces or nephews they have specified, or prefer to name a solicitor. Some participants have not organised an EPOA and are not aware of the need to do so. Some position the need to plan for future care, in the event of frailty or dementia, as particularly relevant to childless elders, either because they are used to managing their own affairs and planning ahead, or because there is no-one else to do it for them. Help to move and get rid of accumulated possessions has been available to some participants, while others have done it themselves, and advise people to do likewise, when still "fit". The lack of advice or help with reducing property and possessions is of concern to some. Future plans regarding funerals align with self-positioning, for example as "well-organised" or "alone".

Being childless is good preparation for later life

A message from this research is that being childless and knowing there will not be adult children to rely on when older means preparation for ageing may be engaged with differently from parents. At a national gerontology conference (Allen, 2009a), I included the proposition that, rather than childless people being a population "at risk" in relation to support and ageing, they are perhaps better prepared than many of their parental peers. This was partly provocative, in terms of wishing to challenge the "pity" or perceived lack of support that so many of my participants find objectionable, by making a strong counter-claim, when there is in fact "truth" in aspects of both these propositions:

Childlessness is good preparation for growing older

- Used to organising own affairs
- Used to building own networks at a size that suits
- Plan for future care, because can't assume "the kids" will provide
- Have mastered ways of independent living, whether living alone or being used to flatmates, boarders

Conference example

In presenting this conference slide, I acknowledged it was a strong positioning, deliberately at odds with the "plight of the childless elderly" viewpoint. I pointed out that a social network "at a size that suits" may look very small to an outsider (eg Nissan), but that this did not mean it was inadequate.

A social worker in the audience objected, talking about two single, childless women she was working with who had "no-one" and how terrible that was. A response I thought of later, was "Don't they have *you*?" i.e. a health worker far more aware of available services than the average family member.

The title of the slide emphasises childlessness is a "good" preparation for ageing, i.e. it is not the best or only one, despite the conference attendee's concern that this was what I was saying. As my discussions of findings have shown, participants gave many examples of organising their own affairs, whether in accessing support that was acceptable to receive, or being self-supporting. Their social networks range from very small to extensive, often in accordance with lifelong self-positioning as a "people person" or a "loner". The material I have just covered in this chapter about "preparing for the future" may include topics of concern to parents too, in terms of support needs if frail, questions about residential care or ageing-in-place, and plans for EPOA or funerals, but some answers may be

supplied by their adult children. Long periods of living alone or in living situations shared with non-kin may have given my childless participants a range of experiences and skills different from – not necessarily better or worse than - their "married-with-children" peers.

The ideas on the slide were also shared in discussions with people at the conference and elsewhere. When I say my research topic is "Support for childless older people", the response is often, "Oh, yes, how hard it must be for them." From childless people, I get a response of, "Oh, that's me, glad you're sorting out my future…" The idea that rather than some sort of tragedy, childlessness can be a good preparation for the changes of later life was sometimes accepted and sometimes strongly resisted by those I chatted to.

In reflecting on this "resistance", I notice it is positioned within different storylines. Those working in the aged care sector often present a "worst-case" scenario, like the social worker at the conference. People's personal circumstances also have an effect. Some with partners and children emphasise the otherness of the childless ("them") and that they could not *imagine* how people without children might cope. Some parents emphasise the "us", saying that they too will be "childless" in old age as their children are already overseas or they could not imagine wanting them to be involved in future care. To imagine what a childless old age might be like, the non-childless sometimes locate themselves in their own past experiences, imagining that childless old people have had lives of eating cereal for dinner, as these people did when they were childless singles in their 20s. (A married mother of three in her 40s made this comment, that it was only because she had a husband and children that she cooked meals, otherwise she would be "having [breakfast] cereal for dinner".) The concept of lifespan development continuing for the childless, without the socially sanctioned markers of "maturity", such as parenthood and grandparenthood, is muted (Rowland, 1982a). Or, another way for a non-childless person to imagine a future as a childless elder, is to imagine a storyline where they have lost their partners and children, obviously a traumatic thought. Meanwhile, childless elders can counter with views of children not being part of a good preparation for ageing, given how children treat their parents, and so on. Again, as noted in Chapter 5, there is a sense that concern about childless elders is infused with a sense of their "otherness". Instead, in relation to preparation for growing older, it would be good to consider the numerous aspects involved, including whether or not people consider their parental or partner status to be relevant, and if so, in what ways.

Conclusions

This chapter has ranged over aspects of support that can relate particularly to growing older. Voluntary work can be seen as one of the few positive positions for older people in an ageist society that may otherwise see them as "unproductive". Many of my participants are involved in voluntary work, which they locate in various storylines ranging from women as "maternal" or "constantly giving", to valued Christian service or "giving something back". Companionship and meaningful activity are benefits identified, but there are disadvantages when demands are too high or the work is poorly

organised. Levels and types of engagement also change, in relation to mobility and choice. "Productivity" is not an aspect emphasised by participants.

Links between "support" and "oldness" invoke the normative assumption that people need more support when old, but also undermine this assumption. The idea that having support indicates a negative positioning as "old" is worthy of consideration for service providers and others offering such support. The use of health or mobility aids requires a process of adjustment to not consider them to be stigmatised markers of "oldness".

Preparations for the future include considerations of ageing-in-place, residential care, bequests and inheritance, enduring power of attorney, and plans for funerals and getting rid of "stuff". Ageing-in-place and residential care are variously seen as dichotomous options, the former "good" and the latter "bad". However, many participants, particularly those with experiences of working in residential care or seeing their friends there, see pros and cons in both options, and stress the need for choice. It may be that informational support is needed by many who base their views of rest-homes only on negative media portrayals, although there are also concerns based on experiences of rest-homes that lack services or stimulation for residents. The choice of Abbeyfield is seen as an option somewhere between ageing-in-place alone and full residential care and therefore appeals to some.

I think the material on bequests and inheritances highlights a little recognised contribution that childless older people make, particularly in terms of charitable bequests, where the normative expectation of leaving assets to offspring is not an option. There are links that participants make between their childlessness and the need to responsibly plan for "tidy" settlement of their affairs after death, whether in terms of bequests, getting rid of excess possessions to be able to move, or in their plans for funerals. For some, there is a gap in services that could help and advise on these matters, that perhaps parents rely on their adult children to provide. The question of who should have enduring power of attorney was problematic for some, while others were happy for solicitors or nieces to have this power. Further investigation of this matter, including whether Sally's call for legislative change should be revived, would be worthwhile.

My proposition that being childless can be a good preparation for later life highlights my participants' accounts of being used to organising their own affairs, especially if single; used to building their support networks at a size that suits, even though some networks may appear small to outsiders; planning for their futures in ways that those with children may feel less need of; and being used to living alone or flatting with others as comfortable ways of living. The question of "fit" with varied circumstances and needs could usefully inform general concerns about "vulnerability" that tend to be based on parental or partner status. In the next chapter, conclusions such as these are further discussed in terms of recommendations for action or areas that could be further explored.

Chapter 9

Concluding Positions

This research has shown that there are diverse experiences and expectations that childless older people have of support, given and received. These are often at odds with negative assumptions of childless older people as lacking help, or as net receivers, rather than givers, of support.

In this chapter, I summarise my interpretations of childlessness, support and growing older drawn from my data and consider implications for practice and further research. As background, the concluding comments from the interpretative chapters are summarised in Tables 9.1 to 9.3, with the proviso that a certain "violence" is done by reducing these to a few lines each. In the first section, a summary of my "findings" on childlessness (Table 9.1), is followed by reflections on the range of childless people who participated in my research. Next, I summarise in Table 9.2 the "what" and "who" of support presented in Chapters 6 and 7, followed by some concluding observations on support in action, support and independence, and family/friend networks. Table 9.3 on growing older and support is followed by some comments on "oldness". I then "spiral" back to the theoretical underpinnings of my research (Berg, 2004) that were outlined in Chapter 3, and consider the usefulness of the frameworks I employed. In "Who is the audience?" I consider dissemination of my research beyond this thesis, and in "Doing it differently, doing it more", I reflect on ways the research could have been carried out differently and ideas for further research and training. Finally, I "close the window" for now on the world of childless older people with some concluding comments.

Being childless when older

This research has highlighted the multiple positions of "childlessness" that my participants enact, how these shift across the lifespan, and are located in wider social narratives about parental status and age. Table 9.1 is a summary of the interpretive findings, then I reflect on who my participants were, in relation to the category "childless".

Table 9.1: Childlessness summary of interpretations

Issue	Research interpretations
Who is childless?	Childlessness has multiple meanings; is not a simple matter of 'choice' or 'circumstance'; relevance/meaning changes across time and circumstances
Links with ageing/support	Regret at not having children and noticing what might be missing in later life as support does sometimes occur, but is not consistently demonstrated
Family support providers	Family-care responsibilities prevented some from marriage/children, linked to Depression and war. Can have mutual benefits. Some discreet, long-term partnerships (including gay) occurred while keeping up family-care duties
Childless men	Men are thoughtful about their potential competence as partners or parents; feel concern about others' parenting. Comfort as a "loner" can underpin choice to be single/childless. Single/childless not subjectively less well-off
Other people's children	Participants have many links with children, kin and non-kin, often within storylines of reciprocity. Important links can be maintained even if far away or not often seen
Parents may lack support	Quality of intergenerational relationships is more relevant than categories of 'parent' or 'childless'. Offspring are perceived to be sometimes harmful to parents, who may lack skills to manage; childless people may contribute where family is unavailable

Who were my participants?

My research has highlighted how contestable the allocation of category and identity can be, whether it be self-defined "childless" April (also a mother, stepmother, and grandmother) or "parent" Charlie (functionally childless and a step-father/grandfather). John, Nissan, Owen, Robin, and Wakeford could all appear in the same category - "childless older men living alone" - yet there are many meaningful differences in their ways of occupying that category that make extrapolations to presumed support exchanges difficult. I recommend that researchers and policy-makers bear this in mind when seeking to make such extrapolations.

In terms of the research gaps I was addressing, it was useful to have recruited a range of participants. Different partner statuses and the experiences of childless couples help us recognise that "married-with-children" is not the only way of "doing" social life and relationships. While only Perdita fits the category of having "outlived" children, I join with participants like Donna and Lois in arguing that the loss of babies by miscarriage and still-birth can be understood as outliving children, a potentially traumatic loss that may make the definition of being "childless" different from someone who has never experienced pregnancy or the expectation of having a child. Including childless men and non-heterosexuals adds to understanding of groups little canvassed in childlessness research. In my project, Wakeford as the only man identifying as gay and Miranda as the only woman identifying as lesbian do not speak for all non-heterosexuals, and some of the richness of their accounts of prejudice and experiences of "coming out" could not be included in this thesis, in light of the necessary focus on my research question. Similarly, in terms of cultural differences, I am mindful that Manu is not representative of all Māori, and that others might analyse his experiences in different ways. These are insider and "standpoint" arguments for others to further explore the non-heterosexual childless minority (England, 1994) and Māori perspectives (Bishop, 2005).

Social location is not straightforward; it comprises a dynamic mix of "assigned" identities (e.g. age, gender, ethnicity, sexual orientation) and "selected" identities (e.g. Miranda's valued identity as a therapist, Wakeford's as a future benefactor, Manu's as a former bus- and taxi-driver) (Grenier, 2005). Having participants from a range of ages, cultures, health conditions and socioeconomic positions helped challenge notions of assumed support deficits for older people who are childless, especially if they have health problems (e.g. John, April), are of an advanced age (e.g. Owen, Maggie, Lavinia) or have limited socioeconomic resources (e.g. Eileen, Owen). My initial intention was to focus on community-dwelling elders, but including snowballed rest-home participants, as well as interviewees with "insider" views on the residential-care sector, has allowed some exploration of the "over-representation" of the childless in residential care.

I heard fascinating accounts relating to many aspects of childlessness from my participants, but there is a necessary focus on the research question of childless older people and support for the material presented in this thesis. I could have written an historical account of mid-20[th] century journeys of

childlessness from the detail given in interviews, or of the New Zealand nursing or education sectors, of past adoption practices, discrimination towards homosexuality, or personal tales of lost love. This is material that is less likely to have arisen if I was interviewing married parents from this cohort. Many mothers would not, for example, have had the lengthy work experiences in nursing or education that their roles as parents, and legislative "marriage bars" to continued employment, impeded (Nolan, 2000). I could have collected a recipe book of childless older men's cooking, a particular interest that Robin and Wakeford had (and to which John and Nissan could have contributed), instead of focusing on questions of their possible support "deficits". Topics that had to be excluded in this write-up also relate to interviewees' "control" of research encounters (Kvale, 2006). Percy spoke more about the politics of smoking areas in rest-homes, as we sat on a balcony so he could smoke while we spoke, than about childlessness and support; Eleanor, Maria, and Manu focused more on accounts of their early years than present-day support exchanges.

How is support done for and by childless older people?

There is much light thrown on matters of support in this research. Lifespan support exchanges operate, with a position as a "support-receiver" carefully linked to particular circumstances or reciprocal exchanges. Support is given and received across a range of domains, including some little touched on in other research, such as the telephone, the self, strangers, pets and God. In debates as to how support should be defined and delivered or what size networks might be adequate, there has been little detail of the ways people *do* support, including how they warrant support as acceptable to receive, and in what circumstances; how they language it; and who they consider can give and receive it, including strangers and the self. My research findings are summarised in Table 9.2, and I then consider three summary points: How support in action could centre on the older person's lifespan perspective; how support and independence relate; and networks of kin and non-kin.

Table 9.2: Support summary of interpretations

Issue	Research interpretations
Support-receiver role	Difficult if positioned in storylines of misfortune, ageism or where support is a threat to autonomy. Carefully warranted support-receiving is OK if linked to choice and reciprocity
Financial support	Financial independence is important, regardless how well off one is. Many like to give to others. Duty to manage money linked to Depression/war cohort. Future health insurance, private help or moving to suitable housing could be affected by finances
Practical support	Support received is warranted by short-term needs, reciprocal relationships, or ongoing health concerns, located within storylines of capability and independence. Giving support is also important
Emotional support	Can be positioned within a storyline of self-support; it is not only an interpersonal activity. Can be reciprocally exchanged, but need to be careful not to overwhelm or 'smother' recipient. Can relate to past social attitudes ('Don't cry') or childhood experiences, but these also develop and change
Telephone support	An under-explored aspect of support. Can maintain friendship/family links when heath and mobility are changing; can provide support to others while modulating own level of disclosure (e.g. re health problems). Can access emergency help or have low-key monitoring by informal network or formal/voluntary organisations
Social support	Can include any of the above, with fixed definitions less useful than exploring the varied positions/storylines invoked. An ecological view of social support linked to personal positionings, cultural values, habitat, & changing contexts/storylines seems useful

Issue	Research interpretations
Friends	Need to consider how friendships are defined, maintained and sourced. Childless may have more friends than parents, or feel excluded by those with normative family lives; also varies by positions such as 'people person' or 'loner'. Support can be mutual and anticipatory, e.g. feeling friends would help at 'any time'
Partners	Not necessarily specified as "support", just shared lives & activities. Non-heterosexual or non-marital partnerships occurred despite social sanctions
Siblings	Links can be positioned within storyline of "duty" or "special bonds". Siblings do not necessarily dictate closeness/support with next generation of nieces/nephews
Extended family	Cousins important to some; generic sense of "family" important to others over time; but relatives not necessarily valued above non-relatives
Neighbours	May also be seen as 'friends'; blurred boundaries. Monitoring & emergency support roles can be mutual; tensions between neighbours do not rule out help exchanges. No consistent patterns by longevity or type of residence
Strangers	Strangers are positioned as part of participants' social worlds. Support exchanges can be fleeting yet meaningful; unconditional help can be in a storyline of 'do unto others'
Professionals	Professionals seen as potentially important when childless/single or at advanced age (outlived friends/partners). Personal/friendship links with home-helpers/doctors/lawyers important for some; others focus on quality of tasks done
Non-human: Pets God	Pets support by companionship, routine, distraction, and love; have special links during illness and death. Few have pets, cliché of 'fur children' not evident. Christian God, faith and prayer support some; also support from 'Christian fellowship'. Can give purpose in life; plus some had a career in the church that required childlessness (e.g. nun, church army sister)
Self-support	'Self-support' valued by many. Operates in many domains, beyond physical/functional independence; has benefits & costs; can be a process or learnt over time. Self-support does not preclude help from others

Support in action

I would argue that support is largely "in the eye of the beholder". I endorse health services researchers Williams et al's (2004) advocacy for the idea that research, practice and intervention would benefit from allowing the input of support-givers and support-receivers into definitions of both what is meant by "support" and what is actually needed, especially when, as demonstrated in my research, so many different meanings of the term can be used in response to a "support" question. A lifespan perspective also reminds us that support needs can shift back and forth over time. For example, Lois needed more help when first widowed, but considered that a reduction of that help was then necessary to underpin her growing sense of valued "independence". While "objective" definitions of tasks may be needed for professional accountability, service-providers could also consider accountability for their work according to the different storylines within which participants position support. I would recommend service-providers or health workers who are concerned about a person's apparent lack of support ask, "Is this the level of connection that's been the story of your life or is this a change? How do you feel about that?" "Fit" seems crucial, for what looks "lonely" or "risky" to an assessor or GP may feel comfortable to the person; or what looks "adequate" may be not enough. Care with language that has widely varying meanings (e.g. "emotional support") means it is worth taking a moment to explore an example of what is meant or what is wished for - and being willing to listen. The wider "support" stories of government funding, staff time or resources may work against ideal action, but at least the elders should be *heard*, in order to better assess their specific situations and to better guide systemic and structural change.

Independence and support

The binary opposition of independence/dependence operates in much of the anxiety about an ageing population and "dependency ratios", despite critical analysis of such anxiety showing it to be largely unjustified (Gee & Gutman, 2000). In this research, participants speak of support-receiving that is carefully warranted, often within reciprocal relationships; support-giving across a range of domains; and valued "self-support", sometimes in the context of support from others, all of which highlights how inaccurate the assumption of later life "dependency" can be. Participants showed the importance of ideas of interdependence to capture the give-and-take of help across life, as do some social gerontologists (e.g. Wenger, 1987). Gerontologists argue that dependency and frailty are "made" by disabling environments, negative social attitudes and limited provisions of support linked to narrow assessments of what people cannot do (Grenier, 2005; Laws, 1995). Similarly, the "fate" of the childless as over-represented in dependent residential care (Rowland, 1998a) can be "made" where there are not the choices my participants call for, whether it be options to stay well-supported at home (regardless of parental or marital status) or to be able to choose to have companionship and 24-hour-care in a rest-home.

In valuing "independence", my participants have pointed to the need to consider the "self" that is providing support and how self-support can include support to and from, and connection with, others. "Slippage" in the meanings and ways of "doing" independence are highlighted in my participants' talk. The "crystallising" notion of self-support, discussed in Chapter 7, shows facets of self-support operating in different domains, having benefits and costs, operating as a process not a fixed position, and constructed in relation to multiple contexts and "selves". The four readings of the "no support" position of Nissan shows that "no support" can be a valued self-positioning, even if others "read" it as in*ter*dependence (such as with his neighbour). Like arguments for independence to be seen as a value, not a goal (Grenier, 2003b), there needs to be a valuing of a positioning of "self-support" and "common solitariness" (Riley, 2002), as well as a continuum of support to and from others along which people move back and forth.

What about networks?

In considering social networks relevant to childless older people, my research shows how important it is not to just count the number of network members nor to privilege family or relatives over other ties. A small network might look "risky" or "inadequate" to an outsider, but may fit with a lifetime of capability and problem-solving of support-network needs (Allen & Wiles, 2009). Lacking relationships with offspring, childless elders have a range of other connections. For some, family (siblings, nieces/nephews, cousins) are particularly important, and for others, friends are their key social relationships. Being childless does not necessarily limit links with the younger generation for some, but others do feel they are missing out on contact with younger people, in part because of the ghettoising of older people in retirement villages and residential care (Laws, 1993). Self-positioning as a "loner" or a "people person" also affect network size, but do not have fixed meanings. One can be a

"loner" (as Fletch and Bee describe themselves) and yet enjoy living with ten others in a shared Abbeyfield flat; one can be a "people person" (as Hazel describes herself) and yet prefer to live alone.

A proposed shift to a "transactional definition" of "family" relationships, "constituted in interaction rather than dictated by legal or biological ties" (Ellingson & Sotirin, 2006, p.498) is warranted by this research. Closeness or support between siblings and cousins operates within a storyline of "choice", rather than dictated by biology (Walker et al., 2005). Nieces and nephews, including the offspring of siblings-in-law, do provide intensive support (such as Maria's niece-in-law). These links can be reciprocal, built on past childcare and "aunting" (Sotirin & Ellingson, 2007), but also develop as adult relationships, regardless of a lack of sibling closeness or shared history (such as Patricia's nieces). Transactional links, rather than biological hierarchies, should be considered in understanding support exchanges.

The notion of "personal communities", comprising family and friends of both "fate" and "choice" (Pahl & Spencer, 2004), may serve as a good template, preferable to social network models that assume certain network compositions, such as those with few vertical (i.e. parent-child) ties, comprise more "risk". Again, the way language "does" things is crucial to consider, with my research showing how blurred the boundaries are between accounts of people as friends, neighbours, acquaintances, professionals, or strangers, especially in terms of the diverse storylines of support within which all these people can be located. "Care networks" is a related idea, where kin and non-kin combine to support older people in the community if they become frail (Keating et al., 2003), again without the assumption that only "kin" will do the job adequately. Further research with childless elders designated "frail" may be enlightening in terms of such care networks.

However, whether it is "common solitariness", "personal communities", or "care networks" that my participants have, it is not enough just to argue for these different arrangements to be acknowledged. The storylines of ageist policy, welfare retrenchment, and apocalyptic demography must also be attended to. I share the caution of Judith Barker in her research on the intensive support of older people by friends and neighbours (Barker, 2002), that in undoing some of the stereotypes of inadequacy, it is important not to merely add to the state's assumptions of unpaid help or minimal need. As Lewinter (2003) noted, Danish state support underpinned the operation of valued reciprocity between elders and their supporters, whereas in England, non-kin carers could not get access to carer respite nor complain to statutory agencies on behalf of the older person they were helping because they were not "family" (Nocon & Pearson, 2000). Based on my research, it is important for policy-makers to consider the "parentist" assumptions of care and carer respite that may operate.

Being childless, growing older and support

I argue that childlessness can be a good preparation for later life, a proposition at odds with the usual characterisation of "the plight of the childless elderly". Concern is raised in the research literature about the over-representation of childless older people in late-life residential care, but my research

shows that more nuanced understanding of the journeys to, and experiences of, residential care is needed. My research highlights participants' call for there to be choices around ageing-in-place or residential care, with adequate support available, if needed, regardless of parental status; along with a certain cynicism that participants express about the rhetoric of "choice" espoused in government policy. The contribution of childless elders in terms of bequests has been little recognised before, and my research has also showed some of the complex positionings associated with "voluntary work" as a way of contributing in later life. Table 9.3 presents issues that participants spoke of in relation to ageing and support. I will then briefly consider the relevance of "oldness".

Table 9.3: Growing older summary of interpretations

Issue	Research interpretations
Voluntary work	Volunteering provides companionship, meaningful activity, and a chance to 'give something back'. 'Maternal' or productivity assumptions rejected. Can also give donations when can't actively help. Volunteers may need to set limits on high demands from over-stretched organisations
Support and "oldness"	Taken-for-granted idea of needing support when older both accepted and rejected. Getting support positions one as 'old' so can be difficult; also affects adjustment to use of aids such as walking sticks/walkers
Ageing-in-place	Not universally endorsed; doubt expressed as to whether there's real choice to stay home (with enough help regardless of parental/marital status) or to go into good residential care if desired. Abbeyfield as good option 'between' for some
Future residential care	People need to know more, beyond negative media portrayals; contradictory negative/positive positions on rest-homes can be enacted when trying to plan for the future; once in residential care, there can be feelings of relief and acceptance
Bequests & inheritance	Unrecognised contribution of childless elders; may include significant charitable bequests or extended family gifts. Childless should plan for 'tidy' settlement of their affairs. Some spoke of being targeted by charitable fundraisers for bequests
EPOA and future	Laws emphasise family as power-of-attorney; can be problematic. Help to move or get rid of 'stuff' a problem for some. Funeral plans align with self-positioning, for example as well-organised or alone
Childlessness good preparation for older age	Childless elders report that they are used to organising their own affairs; used to building their own networks at a size that suits; and may plan for the future because they cannot assume 'the kids' will provide. They have mastered ways of independent living, including living alone. Show that lifespan growth and development occurs outside of normative parent/grandparent markers

How relevant is "oldness"?

The norm of older people needing children for support underpins the risk category of the "childless elderly". After my first 11 interviews, I wrote in my research journal, "No-one is old, no-one needs support and what does childlessness matter?" I could have written the same comment after 20 interviews or all 38; these were people living lives, not people being "old". Yet, if my research question was about "doing" ageing, there were many storylines to explore. Participants would often make a joke about whether or not they would still be around in six years' time (the length of time I told them their data would be stored) at the start of the interviews. There was talk of health conditions linked to age (e.g. Perdita's "old age leukaemia") or body changes participants attributed to the ageing process. In addition, there was pride in undermining negative assumptions of oldness, such as Jane pointing out she was the "oldest" in her counselling class, Charlie "the oldest courier in Auckland" and Lavinia saying she has "managed all right" to reach over 90. Being wiser (e.g. April), a "source of

history" (Patricia), more accepting of others and the self (e.g. Wakeford), and feeling more entitled to please oneself (e.g. Daphne), were also highlighted as benefits of growing older.

The "norm" of needing support when "old" was both accepted and subverted by the performative "slippage" of sometimes allowing others to carry shopping or give support when not strictly needed. At the focus group, for example, having "grey hair" was described by participants as a normative signifier of "oldness", which in turn may signify "someone who needs help". Such help may be accepted from time to time, even when the underlying assumptions of the help-giver – that "the old lady with grey hair needs assistance" – is not accepted by the recipient. Also, people bring their lifetime support experiences into their "oldness". Robin "lacks" support as much as he ever has and fears an unattended funeral; Kate has as much engagement with others as she ever had, and has plans for a busy and cheerful funeral; and Owen has had therapy to work on the negative sequelae of a lack of support in childhood, and continues at age 90 to build new supportive links.

The practice implications of these ideas again focus on the necessity of considering the assumptions researchers or health workers, GPs or needs assessors bring to "oldness" as a negative experience; to "support" as a function only of later life (or as a necessary function of later life); and to the status of "non-parent" as inherently meaningful, implying something negative or absent, as opposed to a category that may or may not say anything about the experiences of growing older.

The support of theory

In moving back and forth between theory and data as I conclude this thesis, I would now like to briefly "spiral" back to the theories outlined in Chapter 3 (Berg, 2004). The theoretical underpinnings of my research emphasise that language *does* things, words are not simple ciphers of "reality". Post-structuralism is about challenging and contesting existing notions and norms, not developing grand theory or prescriptive solutions (Lloyd, 2007). First and foremost, my research shows that words like "childless", "older" and "support" *do* things that those to whom these labels are applied are sometimes at pains to *un*do. I hope that the next time a researcher, policy-maker, or service-provider uses such words, they will realise that the taken-for-granted meanings are contested, and that the often pejorative norms within which "the plight of the childless elderly" is constructed need some "troubling".

A combination of Judith Butler's post-structuralism, narrative gerontology and positioning theory shaped my work. Butler alone would have left me wondering exactly what to do with my transcripts; narrative gerontology would not have given me such impetus to critique and problematise; and positioning theory alone would not have ensured older people's narratives were central. These theories together have given me an invaluable range of levels of theoretical and analytic perspectives on the research.

Judith Butler's concern with challenging the norms by which people are deemed acceptably "human" guided my work (Butler, 2005), as did Harré's call to analyse the positioning and storylines of acts of

research, not just participants' talk (Van Langenhove & Harré, 1999b). Narrative gerontologists seek to engender approaches of "curiosity and mystery" (Kenyon, 2003, p.31) to exploring older people's experiences, and I have enjoyed being "curious" with my participants and holding the "mystery" that remains, in what can only ever be partial glimpses of rich lives continuing to unfold. I noted the focus of existing research on finding the "problems" of "the childless", echoing the historical and social storylines that depict childlessness in negative ways, compared to "normal" family life (Butler, 2002). My participants have shown that being childless is a different way of "doing" life, not able to be judged wholly better or worse. This needs to be applied in health and social service providers' approaches to childless elders, where they should not assume loneliness and lack, but actively seek understanding of a particular elder's circumstances.

My use of the framework of the positioning triad (speech acts, storylines, positions) in the interpretative chapters was a good structure for systematic analysis, that could hold the contradictory storylines of self-support and support-by-others that participants employed; the storylines of regret, relief and irrelevance in relation to childlessness they invoked; and storylines of old-age dependency and rest-homes they both resisted and assumed. This framework allowed me to demonstrate the "multiple realities" that post-structuralists write about, which has always seemed like an intriguing notion, but which I have not often seen demonstrated in empirical work on ageing.

Who is the audience?

A PhD thesis is located within the academy, thus my findings answer back to the literature reviewed in Chapters 1 and 2. When a researcher or a policy-maker lists "the childless elderly" in a risk category or sets out to find what is "wrong" with "them", it is hoped they will now pause to consider their assumptions and the risks of editing out complexity in this way, and allow my work to inform the questions they ask and the interpretations they make. Upcoming international conferences where I will present my work will continue that process.

However, it is important to consider other audiences of this research. I am going to present my interpretations at gatherings of participants yet to be arranged. Recently, I met with Fletch and Bee to talk through my findings, and experienced their lack of surprise at what I had "discovered". They elaborated on my proposition that childlessness may be a good preparation for growing older, saying the future is "easier" for the childless, who "haven't got a family to worry about and to worry about them." Other participants would have different views (my proposition is intended to provoke thought, not garner agreement). Their responses were reassuring in terms of the "credibility" aspect of research rigour (Lincoln & Guba, 1985), that participants should recognise themselves in the accounts the researcher constructs. Yet I found myself having to explain that while the findings seemed commonplace to them, there *was* "news" in them, at odds with existing research. I had to outline the judgments and stereotypes of the existing literature that would tell them they belong to a "risk" category, in order to bring these into conversation with what, to them, is just how things are, the lives they know. I will need to do this, with sensitivity, in larger meetings of participants. I want to see my

participants again and express my gratitude some more, but as Scheurich (1996) points out, each reconnection with participants does not "confirm" or make the data more "true" but is a different interpersonal moment bringing together different selves and contexts. In participant gatherings, there will be an opportunity to reflect on responses to my interpretations, the social desirability effects of a group process that may influence their comments, the contested positioning of the "university researcher" as some sort of authority figure, and the experience of having themselves constructed as objects of academic theorising. This is valid data that will be sought and interpreted in further writings and reflection.

In considering further research and audiences, I will seek participants' permission to include in feedback sessions (or in a further project) the friends, relatives and various "supporters" they mention. Also important could be the *recipients* of the support my participants have given, including some of those same friends and relatives, but also other people, including the workplaces, voluntary and charitable organisations they have supported, in order to hear more about the support given in so many ways by my participants. This would be a way to publicly challenge the view that older people are net receivers, rather than givers, of support.

I could gather policy-makers and support-providers, rest-home owners and local government officials and let the participants share their wisdom with these people who can have material power over their lives, sometimes infused with ageist and parentist views. Meetings with legislative officials, ageing advocacy groups and my participants could further the EPOA issues that Sally fought to change, for both those without family or who would prefer not to have their children involved. I could gather "middle-aged" people without children and let them ask my participants to explain what later life can be like, a key contribution of my work in countering the crisis narratives around the coming cohort of one-in-four childless and one-in-four over 65.

Doing it differently, doing it more

My research has put the experience of childless older people and support at its centre. However, the discussion of "audiences" highlights who else could have been involved. A more specific focus on statutory support, alluded to by participants in their various experiences of professionals and planning for the future, could have taken the latest policies and practices of health and social services and explored the experiences and expectations of childless elders in relation to these, in order to better understand what is working well and why. The mixed parent/non-parent focus group highlighted that many of my questions on support relate also to the non-childless majority and could be further explored with them.

Further research in rest-homes is warranted, to explore diverse experiences of those who have outlived children and the structural factors that limit the choices my participants recommend (both in terms of accessing residential support or choosing not to). More ethnic and cultural diversity would be interesting in further research, especially with childless elders from non-Western cultures

characterised as having more "reverence" for older people and greater sanctions against childlessness (Kreager & Schröder-Butterfill, 2004). There is an Abbeyfield house being planned for Indian elders in Auckland and another for Chinese older people, as New Zealand immigrants from these cultures engage with sociocultural and family change.

An educational intervention could be designed, alerting health and social service researchers, policy-makers and providers to the "othering" of childless elders, and the need to take a life-course perspective on capability and preferred ways elders give and receive support. Some ideas for this are suggested in Table 9.4.

Table 9.4: Some ideas for education

Workshop prompts
Education has been shown to benefit general practitioner's effectiveness with elders (Kerse, Flicker, Jolley, Arroll, & Young, 1999) and could be developed with participants, such as discussing the article I wrote for general practitioners: Yes, there's an ageing body before you, but there is also a feisty, wily survivor of far more than you can ever know, who's been running a life in the way that works for them. From where you sit, it might look lonely or risky. But maybe there are some assumptions to reconsider before you panic that your patient doesn't have "enough support".   The advice from the older people to their physicians? Problem-solve together with us. Be willing to make deals and have a laugh. Daphne, 82, virtually blind with macular degeneration, appreciates her GP's sense of humour and willingness to negotiate – he won't insist she uses her white stick, if she promises to use a disability parking permit, so her friend can drive up close to the shops. For Daphne, the white stick is a disability-aid-too-far; the parking permit is tolerable. For someone else, it might be the reverse. Let us have *choices* wherever possible. We're the ones managing the delicate balance between a lifetime of capability and problem-solving, and the surprising thrills and spills of growing older (Allen & Wiles, 2009, p.157)   Ideas for training those working with childless older people in research, health services, or support assessment and delivery, include: 1. Consider your own beliefs and assumptions about childlessness: *Exercise 1: PJ and Sam have been together for years and don't have children*   How do your views of PJ and Sam shift according to the following additional information: ▪ PJ and Sam are a heterosexual married couple, aged 34. (So they better get on with having children or they'll be too old?)   ▪ They are a lesbian or gay couple, aged 34. (Is there a similar sense of expectation that they will be considering having children, and need to "get on with it"?)   ▪ They are a heterosexual married couple, aged 82. (What difference does age make? How do views of their "support needs" change? What more do you need to know? What if they are Māori? Or Chinese immigrants whose only child has moved to Australia long-term for work?)   *Exercise 2: Stephen is a single man who lives alone. He is your next door neighbour.*   Again, consider how you think differently about him in relation to the following information.   ▪ He is 42 years old, single through divorce. (Or: Single because his gay male partner died. Or living alone because his wife and son died. Or is single now, but may yet find a partner.)   ▪ He is 82 years old, single through divorce. (Or: Single because his gay male partner died. Or living alone because his wife and son died. Or is single now, but may yet find a partner.)   2. Ask two or three questions of parents and non-parents about their life-course experiences in relation to support. Focus on the circumstances the person deems relevant to the issue at hand; for many, this may not include anything to do with their parental status or age. Ask, "Is this the level of connection that's been the story of your life or is this a change? How do you feel about that?"   3. Ask your age peers what support they have given or received in the past week. What do they take "support" to mean? Ask how they would define "emotional support"? "Self-support"? What answers do you expect 80-year-olds to give to such questions? Why?

Was a single interview with each participant enough? Further interviews in a longitudinal design could be valuable, where I could analyse the journeys of my participants across some years, especially in relation to the plans for the future they spoke of here. This could relate to longitudinal qualitative work tracking older people's accounts of statutory support (or the lack of it) in Canada (Aronson, 2006) and England (Tanner, 2007).

There can be limitations in cross-age and cross-cultural interviewing, and yet there are also limitations in "matched" interviewing. I do not believe my own childlessness and my involvement with my ageing parents unthinkingly shaped my interpretations, but I do imagine a non-childless person, or someone with no older relatives, or someone in their 80s might have reflected differently on some aspects of what participants said.

Concluding thoughts: Closing windows

The "windows" of theory and analysis used in this research have shown that a re-positioning of childless older people and support is both necessary and possible, in order to better make sense of the diverse experiences and expectations of childless elders. As I close the window on the worlds of my participants for now, I hope that my work has shown the many ways we can move beyond an assumptive narrative of "the plight of the childless elderly" and better honour the capability and meaningful journeys of people growing older without offspring.

We must join my participants in resisting and repositioning normative storylines of pronatalism and ageism, and work on enhancing the quality of intergenerational and support relationships, not limited by categories of "parent" or "childless", "young" or "old". We need to acknowledge the rich complexity of the concept of "support" and the diverse ways in which support exchanges are negotiated across varied life-time networks and selves. I have no doubt that such acknowledgement will considerably enhance research, theory and practice by reducing the ways we limit and fix our views of others and their support needs. We must be the "strangers" who give and receive help respectfully; the friends and neighbours who value "common solitariness" and reciprocal connections; and the researchers and aged sector workers who seek to understand the lifespan narratives of the older people with whom we are involved and how they make support "work" for them in diverse ways.

After I had done a number of interviews, I remember feeling how much more of life there was yet to be lived, based on new perspectives gained from talking to my participants. Finding a way to give other "middle-aged" people - especially those who will comprise the one-in-four childless/one-in-four over-65 cohort of coming years – a similar opportunity to connect with my participants would be beneficial for them, and I would hope, meaningful for those I interviewed. It would give my participants an opportunity to share the wisdom about life they have and to reassure the younger childless that right in the street where they live, or in their lifetime of relationships, or in the self-support resources they have, or in a fleeting moment with a stranger, there are many answers to the question, "Who is going to look after you when you get old?"

Appendices

Are you over 65? Childless?

Available to talk to me for about an hour?

If you are over 65 and don't have children, I would love to hear from you.

As we grow older, there are lots of assumptions about 'family support' – that children will look after the needs of their 'ageing parents'. But what about people who don't have children?

People do not have offspring for many reasons, and there are more without children than ever before. How are we ageing well and getting – and giving - the help needed? What can this tell us about planning future service provision for all?

My name is Ruth Allen. I am doing this project to complete a PhD in Health Sciences and to help build future provision of support for older New Zealanders. If you would be interested in sharing your thoughts and experiences with me, please contact me on ph.373-7599 ext 88271 (messages) or ph 021-555-084 or email me at r.allen@auckland.ac.nz.

I will come and talk with you about what support for older people means to you, what your experiences and expectations of getting – and giving - help have been, & how that may be changing as you grow older.

What are the aims of this study?

To explore the experiences and expectations of support for older New Zealanders who do not have children.

Who can be in the study?

People over 65 years of age who are childless. This can include people who have never had children, as well as those who have become childless through outliving their offspring.   Couples can participate, or those who have never married, or who are lesbian or gay, or people who are single through widowhood or divorce. Interviews are completely confidential and you are under no obligation to participate.

THE UNIVERSITY OF AUCKLAND

FACULTY OF MEDICAL AND HEALTH SCIENCES

April 2008

Life without children as we grow older
A research project

As we grow older, there are lots of assumptions about 'family support' – that children will look after the needs of their 'ageing parents'. But what about people who don't have children?

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Email: r.allen@auckland.ac.nz

People do not have offspring for many reasons, and there are more without children than ever before. How are we ageing well and getting – and giving - the help needed? What can this tell us about planning future service provision for all?

My name is Ruth Allen. I am doing this project to complete a PhD in Health Sciences and to help build future provision of support for older New Zealanders.

Who can take part?

People over 65 years of age who are childless (or 55+ years if Māori or Pacific). This includes people who have never had children, as well as those who have become childless through outliving their offspring.

Couples can participate, or those who have never married, or people who are widowed, divorced, gay or separated. The main thing is that you do not have children or have outlived them.

Interviews are completely confidential and you are under no obligation to take part.

If you think you might be interested, do please get in touch. I will come and chat with you about your thoughts and experiences at a time that suits you. If you would like to have a few friends come along, we can also have a chat as a group (it's OK if there's a mixture of people with and without children in the group).

Contact me on ph.373-7599 ext 88271 (messages) or ph. 021-555-084 or email me at r.allen@auckland.ac.nz or by post at the above address and I will be in touch.

I look forward to hearing from you.
Many thanks.

Ruth Allen
PhD Candidate

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 12 SEPTEMBER 2007 FOR THREE (3) YEARS REFERENCE NUMBER 2007/302

Social & Community Health   March 2008
School of Population Health

Participant Information Sheet

THE UNIVERSITY OF AUCKLAND

FACULTY OF MEDICAL AND HEALTH SCIENCES

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SUPPORT FOR OLDER PEOPLE WITHOUT CHILDREN

My name is Ruth Allen. You are invited to be in a study about support for older people. As we grow older, there are lots of assumptions about 'family support' – that children will look after the needs of their ageing parents. But what about people who don't have children?

People do not have offspring for many reasons, and there are more without children than ever before. How are they ageing well and getting the help they need? What can this tell us about planning future service provision for all? (For although families are supposed to 'care', we know that family relationships are a whole lot more complicated than that).

I will come and talk with you about what support for older people means to you, experiences and expectations you have had, and what you would like to happen as you grow older.

I am doing this research to complete a PhD in Health Sciences and to help build future provision of support for older New Zealanders. You do not have to take part in this study. It is your choice. If you do agree to take part, you are free to withdraw from the study at any time, without having to give a reason.

What are the aims of this study?

To explore the experiences and expectations of support for older New Zealanders who do not have children.

Who can be in the study?

People over 65 years of age who are childless. This can include people who have never had children as well as those who have become childless through outliving their offspring.

How may people will be in the study?

I hope that around 40 people will take part in interviews and/or focus groups.

What happens if you do decide to take part?

If you decide you would like to take part in an interview, I will come to talk with you for about one or two hours. You may also be invited to be in a focus group to discuss these issues with other people without children, but you do not have to take part in a group.

You will be asked questions about what you think support for older people means, what your experiences and expectations of getting the help you need are throughout your life, and how that may be changing as you grow older. The interview will take place at a place you choose, such as in your own home, and at a time that suits you.

If you agree, I would like to record these discussions. You do not have to answer all the questions and you may stop the interview at any time, and withdraw your recorded information at any time up until January 2010. You will not have to give a reason for withdrawing.

If you wish, I will send you a copy of the transcript from the interview. You have the right to delete or change any portions of the transcript you do not want included in the study.

If you would like, I can send you a short report of the findings from the study. You can also be invited to come to a meeting to hear about the findings of the study (we will pay local travel expenses and provide tea and coffee). If you wish, I will also send you copies of any reports published from the study (although it will take some time before these are officially published). You can also have the tape of your interview returned to you in 6 years.

How long will the study take?

The study will start in January 2008 and go until January 2010.

The risks and benefits of the study

We do not believe there will be any risks from being in this study. In any information I present about the study, I will not use your name or anything that could identify you, and I will not use the names of any people you mention.

The issue of childlessness has been painful for some people, and I am aware that talking about it may bring up some painful memories or experiences. Therefore I will provide everyone with information about an experienced counsellor that you can contact if needed. You will be able to contact this person in strictest confidence and it will not affect your right to participate in the study.

We hope that better understanding how people get the support they need, outside of family provision, will help improve options of useful support to older people in New Zealand. Although we cannot guarantee that you will benefit directly from being involved in this study, we do hope to develop information for policy makers and service providers which may also benefit you.

Confidentiality

Nothing that could identify you or anyone you mention will be used in any reports on this study. When the study is finished the interview records will be stored for 6 years in a secure place at the University. All computer records will be password protected. All future use of the information collected will be strictly controlled under the Privacy Act.

Further information

If you would like more information about the study please contact Ruth Allen on 09 373 7599 ext 88271. My supervisor is Dr Janine Wiles, who you can contact on 09 373 7599 ext. 86553. Head of Department is Peter Adams, 09-373 7599 ext.86538. For ethical concerns contact: The Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland, Room 005 Alfred Nathan House, 24 Princes St, Private Bag, 92019, Auckland. Tel: 09- 373 7599 ext. 87830.

Study Investigator

The principal investigator for this study is: Ruth Allen, PhD student, Department of Social and Community Health, The School of Population Health, The University of Auckland, Private Bag 92019, Auckland. Ph. (09) 373-7599 ext. 88271.

Social & Community Health   April 2008
School of Population Health

Consent Form - Interview

THE UNIVERSITY OF AUCKLAND

FACULTY OF MEDICAL AND HEALTH SCIENCES

SUPPORT FOR OLDER PEOPLE WITHOUT CHILDREN

(This form will be held for a period of six years)

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www.health.auckland.ac.nz

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Facsimile: 64 9 303 5932
Email: r.allen@auckland.ac.nz

▪I have read and I understand the information sheet dated April 2008 for volunteers in this study of older people in New Zealand.

▪I have had the chance to talk about this study with the researcher. I am happy with the answers I have been given.

▪I know that being in this study is my choice (voluntary) and that I may leave at any time.

▪I know that up until the end of January 2010, I can ask to have the recording of my interview withdrawn.

▪I know that my name will not be used in any report of the interview and that anything I talk about will be reported in such a way that I cannot be recognised.

▪I have had time to think about whether to take part.

▪I know whom to contact if I have any questions about the study.

Yes /No   I agree to have this interview recorded. I know the recording will be cared for respectfully by the researchers.

Yes /No   I want to be sent a copy of the transcript of this interview, and know that I have the right to take out or change parts of the text.

Yes /No   I want to be sent a short written copy of the overall results when they come out.

Yes /No   I want to be invited to come to a meeting where the researcher will explain the overall results of her study.

Yes /No   I would like to be sent a copy of any academic publications based on this study.

Yes /No   I would like the tape of my interview to be returned to me in 6 years.
    I, _____ (name), of

_____

_____ (address), consent

to take part in the Support for Older People without Children study.

_____ (signature of participant)
_____ (date)

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE
ON 12 SEPTEMBER 2007 FOR THREE (3) YEARS REFERENCE NUMBER 2007/302

Appendix 5: Interview Guide

Support and Older People without Children
Interview areas to explore
These are indicative topic areas to explore within interviews

Introduction: Review and discuss Participant Information, confidentiality, consent forms, withdrawal of information, project timelines – any questions, clarifications, check for clear understanding. Complete Consent Form & Participant Cover Sheet.

The aim of this project is to explore the experiences and expectations of support amongst older New Zealanders who do not have children.

1. Let's talk about support that you have given and/or received

   [say for example in the last week/month]

   What are your experiences and expectations of getting the help you need?

   How, if at all, is that changing as you grow older?

   What are your experiences and expectations of giving support?

   How, if at all, is that changing as you grow older?

2. General prompts around support and older people

   What do you think 'support' for older people means?

   What types of support are helpful?

   When are they used?

   How are they accessed?

   How does support work in the day-to-day lives of older people?

3. Issue of childlessness

   Can you tell me about your journey to childlessness?

   As we grow older, there are lots of assumptions about 'family support' – that children will look after the needs of their 'ageing parents'. But what about people who don't have children?

   How would you advise someone without children to plan for their future support needs?

4. 'Formal' support prompts

   The Government's *New Zealand Positive Ageing Strategy* envisages 'ageing in place' as being 'able to make choices in later life about where to live, and receive the support needed to do so' (p.10). What could this mean? What's the role of the Government in what we've been discussing? How would we measure how successful they are?

5. Other thoughts/comments

Close: Thanks. Next steps [eg how else you might like to be involved, reviewing your transcript, etc].
Reminder re confidentiality, withdrawal of information etc.
Contact details of researcher, supervisor, counsellor

Appendix 6: Participant Cover Sheet

Participant Name	Pseudonym:
	Participants chose their own pseudonyms, often giving meaningful reasons for the choice of name *Participants expressed very clear preferences as to the choice of* <u>*Miss*</u> *or* <u>*Ms*</u> **Miss Ms Mrs Mr Other:**
Address	
Contact numbers:	
Age/DOB *Some gave age; others Date of Birth*	**Yrs in current home**: *This was as an indication of length of time in a neighbourhood, recent moves etc*
Ethnicity	*Wide range of descriptors for white people born in New Zealand, including Kiwi, New Zealander, Pakeha, European, Caucasian etc* *People born in other countries gave their birthplace as their identity, even if they had lived in New Zealand for many years.*
PIS Y *[Tick]*	**IC** Y *[Tick]* **PANT:** *[Tick]*
Interview date	*Interviews occurred over 1 year* **Place:** *All chose to be interviewed at home*
Further contact?	*Here I made a vague offer of a "get-together" or a "group" – apart from the group meetings at the end of the project, I was not sure how much contact I was intending to have. Some participants were very clear that they did* <u>*not*</u> *wish to join some sort of group, but would be happy to have me visit again, "just for a cuppa"*

 25 July – Transcript posted

15 August – Phoned to check if t/s received. Said there was a mistake on page xx

The rest of this A4 sheet was filled in with notes as to when transcript posted, when follow-up call made, any other contacts or news. These forms were stored securely in plastic sleeves, along with signed Consent Forms, and any cards or letters received from the participant

Appendix 7: Participants

Pseudonym	Age	Ethnicity	Partner status	Home/lives with	Occupation (R=retired)	Order*	Recruited via
April	77	NZ	Widow (W)	Retirement village (RV), rental unit	R.Secretarial	2	My parents' retirement village
Bee	73	English-born, came to NZ in 1960	Single (S)	Shared rental	R. High school teacher, briefly uni. Voluntary organisations and committees now	7	Ageing sector contact (AS)
Bertha	79	NZ	S	Own home	R. Primary teacher	28	Community newspaper (CN)
Betty	74	English	Married (M) 2nd to Charlie (1st M Widowed)	Own home, with Charlie	R. Medical pathology, then mother, then photo printing. Now proofing business; children's charity volunteer with Charlie	34	CN
Catherine	76	NZ	S	Own unit, cat	R. Teacher CAB, hospital volunteer now	1	AS
Charlie	76	New Zealander	M – 2nd to Betty (1st M Divorced)	Own home, with Betty	R. Land-surveyor; District Court officer. Now courier, proofreading; children's charity volunteer, NGO driver	33	CN
Daisy	80	NZ	W	Own home	R. Retail, housework Voluntary phone supporter now	4	AS
Daphne	82	NZ	Divorced (D)	Rental with flatmate	R. Secretary then pharmacist	35	CN
Donna	77	Pakeha	M to Manu	Rest home	R. Church work incl. Māori mission	30	Married to Manu
Eileen	70	New Zealander	D	Housing NZ	R. Printing	25	CN
Eleanor	91	Anglo-Indian	S	Rest-home	R. Typist (briefly)	22	Snowball from Emma
Elsie	67	European New Zealander	S	Own home	R. Teacher. Now Community Liaison Officer for Christian organisation plus after-school care provider	32	CN

Pseudonym	Age	Ethnicity	Partner status	Home/lives with	Occupation (R=retired)	Order*	Recruited via
Emma	85	Pakeha Kiwi	S	Own unit, cat	R. Nurse	19	Snowball from Abbeyfield
Fletch	75	NZ	S	Shared rental	R. Librarian. Church OpShop volunteer	6	AS
Frances	75	NZ	S	Own unit	R. Kindergarten & primary teacher	26	CN
Hazel	88	Pakeha	S	RV, License To Occupy (LTO)	R. Nurse incl in Pacific. Very involved in church work	37	AS
Ida	93	Austrian	D - 1948	RV, serviced apartment	R. Clerical/accounts, GP practice manager	38	Snowball from Lois
Jane	68	New Zealander	S	Rents flat attached to niece's house	Former nun. Now nursing 4 days a week; plus counsellor training	18	Personal network (friend of friend)
John	84	NZ European	S	Own unit	R. Various blue-collar - phone exchange, driving, retail, clerical	9	Dellite (DL)
Kate	80	New Zealander	S	RV, LTO	Church army sister(trained teacher)	21	AS
Kelly	82	New Zealander	M to Ned	Own home with Ned and dog	R. Secretarial. Now secretary of service club	12	DL
Lavinia	91	New Zealander	S	Own unit, 23 yrs, with flatmate for 19	R. Personnel/recruitment. Actress	24	CN
Lois	86	NZ	W	RV	Journalist	36	Snowball from Bertha
Maggie	93	NZ	W once D once	Shared rental	R. Milliner	14	Snowball from Fletch
Manu	79	Māori	M to Donna	Rest home	R. Forestry worker, bar-work, taxi and bus-driver	29	Researcher network
Margaret	87	Pakeha New Zealander	S	Own house	R. Typist government departments	23	CN
Maria	83	Italian	W (4 mths)	Own unit	R. Shop/ delicatessen with husband	17	AS
Miranda	71	Australia-born, NZ	Lesbian, separated	Own home	Therapist	5	Professional network

Pseudonym	Age	Ethnicity	Partner status	Home/lives with	Occupation (R=retired)	Order*	Recruited via
Ned	82	Australian	M to Kelly	Own home with Kelly and dog	R. Toolmaker	13	DL
Nissan	86	European	S	Family home (since 1947)	R. Printer then Motorbike shop	10	DL
Owen	90	New Zealander	S	Low-cost rental	R. Tax clerk	11	DL
Patricia	65	Pakeha	S	Own home	R. Teacher, unionist Now governance roles	27	CN
Percy	83	NZ	W	Rest home	R. Green-grocer	31	Opportunistic – at same rest-home as Donna & Manu
Perdita	81	English	W	Own apartment	On company Board of Directors for 8 years till recently. Previously mother to son, worked on farm with husband.	8	Personal network (friend of friend)
Robin	84	English	W	RV, own unit	R. Electrician	15	DL
Sally	75	NZ European	S	2-bed unit, cat, flatmates till last year	R. Purchasing manager	20	CN
Tombie	63	Dutch, 12 yrs in NZ	S	Own home	Residential Admissions Coordinator	3	Conference presentation
Wakeford	75	European New Zealander	Widowed gay (11 mths)	Own apartment, 2 cats	R. Accountant. Lots of voluntary work at dementia hospital till recently	16	Ageing sector presentation
Telephone interviews							
Emmy	In 70s	NZ	S	-	R. Secretary	T3	Snowball from Emma
Mary	Mid 70s	NZ	W	-	R. Hairdresser	T1	CN
Tui	76	NZ	S	-	R. Nurse. Lots of voluntary and church work	T2	CN

*Order – number represents the order in which participants were interviewed

Appendix 8: Journey of childlessness

Name	Age	Partner Status	Journey of childlessness
April	77	Widowed	Lacks 'maternal instinct', not physically strong like mother, didn't 'rave over babies'. Late-life marriage, four stepchildren briefly. [Additional, six months after interview] - Rape survivor, met daughter who had been adopted out
Bee	73	Single	'It seems to be a family sort of tradition not to be married, and to be childless.' Sister too. Also common in the teaching profession
Bertha	79	Single	Assumption that she would marry ahead of her more 'academic' older sister; 'Girls really expected to get married.' Feeling of failure, not 'rounded out' (having lacked 'the sexual side of life'). Assumed by family she would care for Mother (lived till 102)
Betty	74	Widow; 2nd M Charlie	By distance, daughter in UK. Ring about monthly - can really 'chat', not just an exchange of info. Has two grandchildren (23, 21). Daughter organised Charlie & Betty's wedding for them in England.
Catherine	76	Single	'It would have been nice to have had one's own family. There are times of loneliness and a close relationship with children and grandchildren, would, perhaps, remove feelings of insecurity in old age.' [quoted from her written summary of the interview]
Charlie	76	Divorced; 2nd M Betty	By estrangement, son (about 8 years since last seen), daughter (no contact 4 years) 'You think of them constantly but you don't rely on them at all'. Feels 'dreadfully' about having no grandchildren. Aware that kids he does voluntary work with are a kind of replacement. Feels other parents have similar experiences. Son has also 'cut himself off' from his mother
Daisy	80	Widowed	Husband couldn't, knew before marriage; couple of 'old hens' mean about it, independent railway wife. 'Life's wonderful'.
Daphne	82	Divorced	Perotinitis at 13, couldn't have kids, but mother never told her. Married, she & husband got tested. Looked after Bethany babies (one for 6 months) and friends' children. Had chance of adoption but husband said, 'I don't want another man's kid.' Divorce after 19 yrs marriage, ex-husband had 3 daughters with new young wife, then separated. Went out with widower for 11 yrs, adult family (daughter) got in the way. Lives with man she's known 40 yrs, 'sharing like brother and sister' only. Has seen how women get hurt by their children, or the kids all overseas.
Donna	77	Married to Manu	Late marriage. Heart-breaking miscarriage - in Heaven she'll meet her Saviour first and 'then I want to meet my baby'. Terrible lack of understanding from hospital/doctor 'What are you crying for? Plenty of time for more!'(Donna about to turn 44). Was going to whāngai a baby via whānau/Māori Affairs but when she got pregnant, didn't, as due around same time, and then too late
Eileen	70	Divorced	Maybe miscarried. Married for 5 years, husband unfaithful, divorced, had huge impact.
Eleanor	91	Single	Some dating (one man 'misbehaved'?), didn't marry. Didn't want children to be ashamed of her for her lack of education (due to her being sick as a child)
Elsie	67	Single	Assumed she would marry & have children, various boyfriends, but didn't quite happen, never really in love. Has been to 75 countries instead. Misses grandmother role. Might yet meet 'Mr Right'
Emma	85	Single	Decided at age 12 never to marry (Dad's violence). Turned down dates. Worked with babies/children, OK not to have her own. 'Freedom'. Travelled. Always caring for others as nurse, including Mum till she died

Name	Age	Partner Status	Journey of childlessness
Fletch	75	Single	From a family of 'loners' - not a problem not to have children, was around people who never married so 'didn't stand out'. Mother might have liked grandchildren.
Frances	75	Single	Wanted six kids, then four, then two. Lots of dating, could have married, 'not short of offers', regrets. 'I am a fairly maternal person and that need to have my own children, it was just so great.' Devastation of hysterectomy at 44 - very, very black depression. Wearying to look at endless photos of other people's grandchildren.
Hazel	88	Single	Had boyfriends, if 'Mr Right' had come along, fine, but very focused on her goal to work in the Pacific. Also an offer of marriage when there, but wasn't right. Did maternity and Plunket nursing, never wanted a baby herself. Surprised at impact of hysterectomy (early 40s), 'strange' having a part that's 'never been used' taken away
Ida	93	Divorced 1948	Ectopic pregnancy following marriage in her early 20s. Husband (20 yrs older) away at war, he got another woman, relieved to divorce in 1948.
Jane	68	Single	Always wanted to be a mother. 'Call' to being a missionary sister at age 21. Considered leaving convent at 35, partly about wanting to have kids, but didn't. Finally left at age 55. Sometimes envies family involvement now (siblings' grandchildren etc). Loves helping young families in her job; worked with babies in China etc. Clients assume she is a mother/grandmother
John	84	Single	Lots of partying and dating, two or three he might have married or who wanted to marry him, never quite worked out, 'too busy'.
Kate	80	Single	Call to Church Army at age 23; initially 5 years, then stayed. '10 or 11' godchildren, meaning just as many contacts, visits etc as those with grandchildren, doesn't see herself as 'childless'. Close long-standing friendships plus army 'family'
Kelly	82	Married to Ned	No money when first together, both working hard to save deposit for house. Didn't say whether they then tried to have children. Friends' kids would ask whether they had kids, otherwise not a problem. Closest 'family' was Canadian workmate and their 4 children ('aunt' and 'uncle' to them, shared Christmas, birthdays)
Lavinia	91	Single	Fiancé killed (Bomber Command); then wouldn't have 'inflicted' her mother who she lived with on anyone. After Mum died, lived with an RAF Bomber veteran for many years. 'No kids to push me into a rest home.' Would have loved a sibling more than children
Lois	86	Widowed	Wanted to be a reporter, ambivalent about marriage, so a difficult decision to make, but married at 31, husband was a good man. When not immediately pregnant after marriage, aunts asked if she didn't like sex. Had a late-term, still-born baby boy, followed by breakdown, didn't try again. Scandal of pregnant out-of-wedlock sisters (x2); other sister died in childbirth.
Maggie	93	Widowed; divorced	Wanted to have children. Married at 30 (post-war), talked about adopting (husband not keen) then husband died after only 3 years' marriage. Remarriage in her 60s, then divorced.
Manu	79	Married to Donna	As with Donna – he let Donna tell the tale
Margaret	87	Single	Father in War then Depression 'his health broke' - invalid, M had to work, support mother, 'stuck with Mum a bit'; never really dated. Is told she's 'too independent' but 'you have to be when you're single, who's going to run after you?' Likes children, nieces and nephews, would have liked to have her own

Name	Age	Partner Status	Journey of childlessness
Maria	83	Widowed (4 months ago)	Loved children; loved working in houses (servant) with children. Sex only once a month with husband, doctor said it should be more and husband should come in to see him. He refused, he didn't want her to have 'a belly'. Part of attraction to husband was that he didn't 'grope' her like other men had tried to; they married after only 4 months; too late, she realised the down-side of that.
Miranda	71	Separated from female partner	Partner wanted child - contributed to separation. 'I think maybe I was scared of getting tied down with children..Maybe I was scared of the responsibility; the fact that you never really stop being a parent.' Used psychoanalytic discourse of 'denial and resistance' to 'normality' of parenting. Also ecological: overpopulation bad for the planet
Ned	82	Married to Kelly	See Kelly
Nissan	86	Single	Not that way inclined. Didn't think he could manage the 'responsibility' of a wife and children. Never bothered him, has always been 'quiet'
Owen	90	Single	With his childhood, feared he'd harm his children as he'd been harmed. Would get to the point of maybe getting serious with a girl and not be able to go through with it, thought so little of himself, was sure they wouldn't want him. Would love to meet someone now. Told story of being popular with friends' children because he listened to them, took time to get on their level.
Patricia	65	Single	Didn't want children without a father; had relationships but never one that held together enough. Sorry she didn't have children, but 'not so that it burnt me up'. Would advise others to have them. Would like grandmotherly role - keep in touch with different ages – but close to nieces and their children now. Took care of her 'dependent' mother
Percy	83	Widowed	Didn't want kids. Late-life marriage (possibly post-retirement, they were living in the pensioner flats) lasting 4 years, wife died, then partnered with neighbour in the flats for 5-6 years. Both wife and partner had children. 3 versions of reason for moving to current town: for wife's son, for partner's kids, and for having to move out of a particular rest home (which was already in this town) - confusing
Perdita	81	Widowed	Had a daughter who died in hospital at six weeks - never told what was wrong, devastating. Then son, lovely boy, dropped dead of a heart attack at aged 36, while P and husband overseas - husband died six weeks later in 1985, aged 61 (had had many heart attacks, trip to Europe was part of a farewell journey)
Robin	84	Widowed	Didn't marry till age 49, wife 3 years older. She had mental health problems, had been in institutions. He wasn't much interested in girls; lots of being alone.
Sally	75	Single	Would have liked children but never quite the right man. Regretful now in terms of what kids could help with, selling house, moving, upkeep. Helped stepmother at the end. Very concerned re EPOA - did some campaigning about it.
Tombie	63	Single	'I would have liked to have children…in life we don't always get what we want.It's given to some and not to others. I've had quite a blessed life.' Freedom, silence to recharge, close to nieces/nephews
Wakeford	75	Widowed male partner (11 mths ago)	Cared for lots of family - his mother and intellectually disabled sister, his partner's parents. Partner loved babies especially in last years (with dementia). Some neighbours unfriendly to them as gay men seen as a 'risk' to their children

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