

# ‘At home it’s just so much easier to be yourself’: older adults’ perceptions of ageing in place

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## ABSTRACT

By 2050, the number of people in Australia aged over 85 is expected to quadruple. Yet, from a socio-psychological research perspective, little is known about the experiences of people who continue to live at home during late old age (85 years and over), a period when challenging problems associated with ageing escalate and threaten to compromise independence. Utilising a qualitative methodology, the subjective lived experience of 23 very old adults (19 women, four men, with a mean age of 90.7 years, range 85–101 years) who live independently in rural Australia were elicited. The aims of the research were to understand their thoughts and feelings about ageing in place at home, and what psychological, social and practical adaptive strategies they employ to cope with difficulties encountered during very old age. In-depth interviews were analysed in an interpretive phenomenological tradition of thematic analysis, interpretation of paradigm cases and interpretation of exemplars. Participants described how historical, cultural and environmental contexts shaped their everyday thoughts, activities and what was meaningful for them. The findings add to our understanding of the largely unnarrated lives of the very old, suggest a need for person-centred home-care assessment processes and aid significant others (family, friends and neighbours) to understand better what very old adults need to live independently.

**KEY WORDS**—successful ageing, ageing in place, living independently in very old age.

## Introduction

Although Australia’s population is ageing (Australian Bureau of Statistics 2009), older people are not a homogeneous group. Government policy and the popular media tend to focus on the so-called *baby-boomer* generation born after the Second World War and who officially reached the traditional onset of old age, 65 years, during 2010 (Kinsella and Velkoff 2001; McCracken and McCracken 2008). Yet, the major demographic change has

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been a gradual worldwide increase in *very* old people, those aged 85 and over. Between 1950 and 2000 their numbers swelled from one-tenth to one-sixth of the world's 65 and over population (Clark and Quinn 2002; Hardy 2002). Improved longevity will see this group continue to outpace its younger counterparts. By the mid-21st century, this group will comprise over a quarter of all older persons while its proportion of the total population will double from 1.8 per cent in 2010 to 5.1 per cent by 2050 (Australian Bureau of Statistics 2010).

People in their sixties and seventies are typically healthy and most continue to live independently. By comparison, the independence of those in their eighties and above is typically prone to increasing frailty and susceptibility to illness and disability (Austad 2009; Buchner and Wagner 1992). These individuals may be just 'one serious illness away from institutional care', according to Abraham *et al.* (1994: 269). Irrespective of physical decline during old age, most people prefer to continue living in their own homes among their own communities (Fricke and Unsworth 2001), and they do not regard transition to a form of institutional residential care as a natural or desirable progression (Becker 1994; Hammer 1999; Krothe 1997; Mack *et al.* 1997; McGee *et al.* 2005; O'Hanlon *et al.* 2005). For these individuals, residential care is their 'choice of last resort' (McAuley and Blieszner 1985) or worse, an 'an evil to be avoided at all costs' (Wilson 2000).

What drives this enduring attachment to living independently? Research supports a general positive correlation between ageing in familiar surroundings with a deeper sense of satisfaction and contentedness (Wilmoth 2000). Recognising this general preference for independent living, the Australian federal government policy response since the early 1990s has been to expand progressively funding and service options to support older people to remain at home for as long as possible. Recent aged-care sector reform under the federal government's 2011 Living Longer Living Better policy framework aims to empower older people with access to a greater range of service support choices to live independently. Nevertheless, it is still predicted that a third of all men and half of all women over the age of 65 will enter permanent residential care at some point (Australian Commonwealth Department of Health and Ageing 2009). Moreover, many older adults will continue to have little decisional influence in their relocation to institutional care, as family or professionals decide on their behalf, but not necessarily at their behest (Minichiello 1986).

Despite the expansion of social policy, the literature tells us comparatively little about the actual lived experiences of older people who live independently and their preferences. Most qualitative and quantitative research has taken place within institutional settings (*e.g.* Wigdor and Ploufee 1992),

and tends to focus on the psychological wellbeing of older individuals *after* relocation. There is considerably less research into the subjective experiences of very old people still living at home, and this serves as a key motivation for this study. Utilising salient psychological theories of ageing to provide a conceptual framework for enquiry, the specific goal of this study was to achieve an understanding of the lived experiences of very old people committed to *staying* at home rather than entering residential care.

### **Psychology of ageing: theoretical perspectives on ageing**

One single theory of ageing cannot encompass the rich diversity and essence of human experience, as individual variation is the rule, not the exception (Zajicek 2004). Some post-modern thinkers, disputing the relevance of mainstream theories of ageing (Belsky 2003), prefer to address specific aspects of ageing, rather than construct grand, universal theories. Mindful of the paradigm shift away from unifying psychological theories of ageing, this study examined the unique ways in which its participants narrate and understand their own experience of ageing (Cohen, Kahn and Steeves 2000).

#### *Successful ageing: developmental approaches*

While growing very old may be experienced as a sequence of losses leading to a natural process of disengagement, for example through the death of a close relative (van Baarsen 2002), it may also be seen in a more positive light (Dittmann-Kohl 1990). This notion is based on the concept of continual development (Walker 2002). Erikson's seminal theory of the psycho-social stages of ageing offers a developmental perspective of old age as a phase in the lifecourse of human development; a time for reflecting on one's life with either satisfaction, or despair over one's losses (Erikson 1980). It may also be a time of generativity (Neugarten 1975), of productivity and creativity rather than stagnation (Hinck 2004; Terrill and Gullifer 2010).

Erikson's early work has influenced theories suggesting that physical decline in old age can be psychologically transcended (Reed 1991; Tornstam 1993). Erikson and Erikson (1997) have shown that integrity and wisdom acquired throughout life can enable strength in old age and the capacity to live in the present as well as the past and future.

Selective optimisation with compensation (SOC) offers another developmental conception of psychological ageing (Baltes and Baltes 1990; Baltes and Smith 1997). Effective adaptation to increasing physical and cognitive decline begins by limiting efforts in endeavours of high personal priority, and using external aids to compensate for losses (Baltes and Smith 2003).

Older people may, for example, choose to relinquish the more laborious tasks in their gardens and concentrate their energy on small flower beds that prosper in response to the increased attention.

Adaptive theories like SOC form key components of the broader psychological paradigm known as successful ageing (Gingold 1999; Rowe and Kahn 1998). Jutta Heckhausen and Richard Schulz's lifespan model (Heckhausen and Schulz 1993) offers an important theoretical example. Its main strategy involves honing performance in essential areas of life, judicious use of external aids (Heckhausen and Schulz 1993), and pursuing activities that support belief in one's ability to perform goal-oriented behaviours and enhance feelings of control (Schulz and Heckhausen 1996). This interesting variation on SOC suggests that a sense of control is critical in enabling people to age successfully in place (Lachman 1986).

### *Control theories*

The lifespan model of successful ageing distinguishes between concepts of primary and secondary control (Blanchard-Fields and Chen 1996a, 1996b; Heckhausen and Schulz 1993). Primary control signifies one's ability to influence the external environment via direct, instrumental action, whereas secondary control allows feelings of helplessness to be lessened by adopting an accepting attitude to irreversible physical limitations and realities (Brandstadter and Renner 1990; Brandstadter and Rothermund 1994). Practical home modifications such as shower rails and ramps are an adaptive, compensatory mechanism involving primary control (Heckhausen and Schulz 1995; Smith, Marsiske and Maier 1996). Secondary control might involve the cognitive acceptance of physical limitations and avoidance of possible psychological sequelae such as depression (Oswald *et al.* 2003).

A sense of personal control appears crucial to the psychological wellbeing of very old individuals facing environmental changes, transition stress and other losses, whether inevitable or not (Bandura 2000; Bertrand and Lachman 2003; Brandstadter and Greve 1994; Chowdary 1990; Clarke-Plaskie and Lachman 1999; Heckhausen 2001). However, a sense of control has been found to decrease in very old age as dependence on others increases (Brandstadter and Rothermund 1994; Cerrato and Fernandez de Troconiz 1998). When decreased perceptions of control include lack of choice about living environments, depression, withdrawal and feelings of helplessness often result (Parmelee and Lawton 2001).

Continuity within a familiar environment has been identified as a crucial factor in the desire to remain at home (Wahl 2001). Continuity theory interprets ageing in place as an adaptive strategy employed to support 'inner psychological continuity as well as outward continuity of social behaviour

and circumstances' (Atchley 1989: 183). This theory offers a useful description of the ways adults draw on their past to conceive of their future and respond to the changes of normal ageing (Atchley 1993). To older people loss of continuity suggests volatility in their life and environment (Fry 2001; George 2001; Moen, Erickson and Dempster-McClain 2000). It is reasonable to suppose that when attachment to home and community is permanently ruptured by entry to permanent residential care, the continuity that nourishes their sense of identity will be threatened (French, Gekoski and Knox 1995; Pretty, Chiuper and Bramston 2003; Wilmoth 2000).

### *Attachment to place*

Very old people, perhaps more than any other age group, feel strong attachment to their homes; not only to the physical setting but to the things, experiences, memories and expectations embodied therein (Hidalgo and Hernandez 2001; Marcus 1995; Rowles 2003; Rubinstein 1989), and to its community of location and socio-cultural milieu. Home provides older people with a sense of autonomy and independence (Hearle, Prince and Rees 2005), of control over daily activities and events, body, individuality and social status (Golant 1984). Home enables independence 'by defining a space that is controlled by and is uniquely the domain of the individual' (Kontos 1998: 286). Thus 'home' means more than the structure in which a person lives; home represents the independent self and enables independent life (Sixsmith 1986). In the broader sense, 'home' refers to the constellation of both the built and social community within which the individual resides. Hence attachment to place will vary according to the unique interwoven elements of the older person's physical place of residence, the social and constructed community, and the tenure of the individual within that community. Arguably, it is likely that there is a positive correlation between length of time a person has lived in the one house, the quality and number of meaningful relationships and social supports the individual has developed within the neighbouring community, and their subjective sense of attachment to home.

Sixsmith and Sixsmith (1991) explored the meaning of 'independence' for very old people in the context of home. Surveys of people moving into residential aged-care found that by comparison, at home they felt physically self-reliant, more able to exercise self-direction or control, and were free of feelings of obligation. Home offered them historical continuity, a sense of being settled. It preserved the elements of life, personal projects, activities and memories that maintain one's self-concept or identity during the later years (Mitchell and Piggott 2003).

*Home and preservation of self-identity*

Self-identity involves making distinctions between oneself and significant others; it extends to objects and things and the spaces and places in which they are found (Altman and Low 1992; Proshansky, Fabian and Kaminoff 1983). Home's contribution to personal identity is critical (Aberg *et al.* 2004). Home provides more than just a physical shelter for older people (Pastalan 1990). Home nourishes their sense of self, provides continuity of history and support in times of change (Altman and Low 1992; Gullifer and Thompson 2006), and connects older people with their younger selves to their current physical and psychological status (Coulthard, Walker and Morgan 2002; Cuba and Hummon 1993; Evans, Kantrowitz and Eshelman 2002; Fried 1982; Rowles, Oswald and Hunter 2004; Rubinstein and De Medeiros 2004). If ageing in place provides the positive outcomes suggested above, physical dislocation may adversely affect older people's psychological and emotional wellbeing.

*Home versus residential aged-care*

The transition from home to residential care has been described in gerontological literature as one of loss and regret (Groger 1995). Losing one's home can be extremely painful for older individuals and for their families. Hepworth (2000: 94) notes that home is 'a prominent narrative turning point in stories of ageing'. Research comparing community-dwelling very old people with residents of care facilities offers objective evidence for the negative effects of this transition (Antonelli, Rubini and Fassone 2000).

Community-dwelling older adults tend to enjoy more intimate relationships and positive self-evaluations, are more interested in others, and suffer less depression than residents of care facilities (Sampson 2007). Similarly, research in the field of environmental gerontology indicates that people living in their own homes cope better with widowhood (Baldwin 1991; Rothermund and Brandstadter 2003), loss of mobility (Krothe 1997) and sub-optimal housing (Crystal and Beck 1992) than residents of care facilities. The preference to cope with the challenges of ageing (Wahl 2001) at home does not necessarily mean withdrawal from society. A refusal to accept the 'truth' about their vulnerability at home may puzzle or frustrate family members, yet this seemingly recalcitrant behaviour may be a strategy that allows the older person to retain their sense of themselves and their place in the world (Macdonald and McDermott 2000).

The foregoing research indicates that older people are drawn to the home for affirmations of self-identity, security, familiarity and new ways of interacting with the community. Examining the psychological constructs reviewed thus far may suggest that the meanings of home to older

people – autonomy, independence, security and continuity of self-identity, create strong preferences for ageing in place and continuing to live in one's own home (Coulthard, Walker and Morgan 2002).

Research based on a holistic and nuanced understanding of older peoples' refusal to leave their home for residential aged-care, despite compelling health and safety concerns, is therefore essential. Home as a place for ageing well is often imagined in ideal terms, but whether this ideal reflects the lived reality of very old adults requires further qualitative research (Bordo, Klein and Silverman 1998; Perkins and Thorns 1999).

## **Methodology**

Most prior studies investigating links between psychological processes of ageing and attachment to place have used quantitative methodologies (Fried 1997; Kendig *et al.* 1996), while most qualitative research has focused on residents in aged-care settings rather than very old people living independently (Altman and Low 1992; Oswald and Wahl 2005; Rowles and Chaudhury 2005). Research so far has largely emphasised observable phenomena such as deterioration in cognitive abilities, and conceived of ageing as a progressive, inevitable phase of senescence (George 2001). Qualities such as contentment, compassion and integrity may elude capture by the tools of quantitative research, whereas deficit-based, quantitative research tends to reinforce the ageist view that older people pose a burden to society (Ranzijn 2002).

The present study, based on experiential research, seeks to offer deeper insights into the way older people think and feel about living independently, and the ways in which their self-concept and identity intersect with their struggle to remain there. The primary goal of this study was to generate a comprehensive description of the experiences of community-dwelling very old people, as told by them (Kerschner and Pegues 1998). This methodology was chosen for its salutogenic perspective (Macdonald and McDermott 2000); that is, it explores gains as well as losses during old age, health rather than merely ill health, and strengths alongside weaknesses.

While this study aims to conceptualise the experiences of very old (aged 85 plus) individuals living independently at home, it also seeks to assist health-care professionals in informing the development of appropriate interventions to support ageing in place, and reduce the risk of adverse psychological consequences for older people who may, at some point, need to enter residential care.

A key strength of qualitative research is the emphasis on individual experience. From a psychological perspective it is necessary to understand

the changes and psychological conditions that may accompany old age (Bryant, Corbett and Kutner 2001) and that current research on age-related changes does not neglect the individual experience. Giving primacy to individual experience (Holloway and Todres 2003) and the lived experiences of reality, in order to understand the phenomenon under research (Holloway 1997; Kruger 1988; McLeod 2001; Maypole and Davies 2001; Robinson and Reed 1998) resonates with Interpretative Phenomenological Analysis (IPA) (Smith and Osborn 2003) and is therefore the appropriate research method for this study.

IPA offers a path to understanding how very old community-dwelling adults make sense of their social world, interpret their own life experiences and assign meaning to independent living. IPA allows an understanding of the ways in which older people's unique characteristics affect their desire to remain at home (Benner and Wrubel 1989; Koch 1995). It does not require a predetermined hypothesis on the researcher's part; it aims to explore the personal lived experiences of a phenomenon of interest, rather than produce an objective statement of the event or object itself (Davidson 2000; Jones 2001).

### *Participants*

A total of 23 men and women aged at least 85 years who live independently in rural Australia took part in this study (19 women, four men, with a mean age of 90.7 years, range 85–101 years). Of the 19 women, eight were widows who lived alone, seven lived with their partners and four were never married, also living alone. The four men were widowers and lived alone. Twenty lived in rural towns located in the state of Victoria with populations of less than 10,000 residents, with three residing in a larger provincial city with a population of approximately 100,000.

Most participants owned their own home, had lived in their current home and community for over 15 years, with five having lived in the same rural community for their entire life. Four participants lived in government-subsidised housing and were classified as experiencing a higher level of financial hardship. Eighteen participants were in receipt of either a full federal aged-care pension as their sole income, with five participants receiving a partial government pension to supplement their superannuation income (annuity payments from private investment). Fifteen participants required some sort of aid to assist their independent mobility, such as a walking frame, with two requiring a wheelchair to ambulate. Sixteen participants required some form of personal care support to provide either direct physical support or supervision for hygiene care (showering). The participants were screened from inclusion if a medical condition such as

TABLE 1. *Participant characteristics*

Gender	N	Mean age (years)	Non-English-speaking background	Present home tenure (average, years)	State-assisted housing	Live alone	Functional supports required
Male	4	86.0	0	24	1	4	3
Female	19	91.7	3	17	3	12	13
Combined	23	90.7	3	18.2	5	16	16

a diagnosis of dementia impaired their legal capacity to give consent. Only three of the participants were born outside Australia, and they had all emigrated during their early adult life during the post-Second World War immigration programmes promoted and sponsored by the Australian Government.

### *Procedure*

Institutional ethics board approval was gained from Charles Sturt University, School of Psychology. Voluntary participation in the research was extended to older clients of a large not-for-profit, community service organisation, Villa Maria Society, who operate a range of government-funded residential aged-care facilities, community-based health and disability care projects across the state of Victoria. Potential participants were presented with information about the nature and objectives of the research project, with careful screening of people who had a significant cognitive or psychiatric condition that impaired their legal capacity to consent to participate in the research.

Interviews took place during May and June 2010 and were conducted by the first author (DS) in the participants' homes. The interview with each participant lasted approximately one hour and was guided by the level of fatigue and willingness of the participant. An interview schedule (*see* the Appendix) was used that broadly covered domains of experience concerned with living at home, identity, independence and resilience. All interviews were audio recorded and subsequently transcribed verbatim, enabling interpretations to be supported. Words and phrases of native language were captured phonetically when they were different from standard English to reflect the meaning within the language accurately (Mishler 1991; Sandelowski 1994). Vocalisations such as laughter or crying were added during transcription. The transcripts were then compared with the audio recordings for accuracy, and finally, consensual validation was obtained with six participants who read and confirmed their own transcripts.

*Analytic method: reflections on the process of qualitative inquiry*

Preliminary interpretation began during interviews and transcription. More formal analysis and interpretation commenced as each transcript and field note was read in order to obtain an overview of the interview. In line with the idiographic approach to analysis, which begins with particular examples and slowly works up to more general categorisation or claims (Smith and Osborn 2003), the initial overview was expanded with careful re-reading, in detail and from different perspectives (Cohen, Kahn and Steeves 2000), before moving on to examine each one, case by case.

Each piece of data suggesting a separate unit of meaning (Aronson 1994; Braun and Clarke 2006; Hayes 2000) was coded. These coded units of data across multiple cases were clustered into proto-themes for further development as the analysis proceeded (Hayes 2000). The proto-themes were then funnelled into a group of consistently emerging themes reflecting the key areas of interest. Interpretation focused on comparison of similarities and variations, not just frequency of themes. Within- and across-case comparisons continued throughout the interpretive process as transcripts were re-read.

Distinctions were drawn between readily accessible semantic themes, and latent themes at the interpretative level of content analysis (Braun and Clarke 2006). The final themes developed were integrated with literature (Aronson 1994). In keeping with the cyclical, non-linear nature of qualitative research (Hayes 2000), a second review of the literature took place.

**Findings**

Drawing together the participants' reflections on the importance of living independently, four interrelated themes emerged:

1. Beholden to no one: home affords maximum autonomy and privacy.
2. Residential aged-care is stagnation of the self whereas home sustains self-identity.
3. Home, a warehouse of memories connecting the past and present self.
4. Attachment to place: independent living has relational utility and gives purpose to life.

Evident within the themes were participant descriptions of the way home mediated their connections to people and events in their past. To them home meant constancy in the face of change and loss: sticking it out together 'to the end', whether the end meant their death or the end of their tenure

at home. Their narratives revealed key factors that sustained their desire to live at home for as long as possible.

The participants expressed satisfaction in the knowledge that they were living independently and often alone in their homes, taking care of their homes and themselves. Living at home rather than in residential care gave them a sense of freedom to do as they pleased. Satisfaction in devising their own daily activities – suiting themselves – was especially notable among participants who lived alone. This sense of freedom was sometimes qualified by a certain frustration that the routines of home-care workers attenuated that freedom.

In the following description of the component themes, data examples demonstrate the relationships among the component phenomena. The personal–social context of the component phenomena is addressed. Finally, the limitations and implications of this research are considered in terms of the study's aims.

### **Theme 1: Beholden to no one: home affords maximum autonomy and privacy**

This theme describes how the participants linked their sense of personal autonomy to their independent living status. Autonomy means independence and determination of one's own life; the ability to resist social pressures to think or behave in a particular way; to evaluate one's life by internal standards (Ryff 1989, 1991). The participants expressed consistent satisfaction at being in control in the privacy of their own homes where they could exercise their personal preferences, rather than comply with those of others as indicated in the following comments:

I don't have to bow to anybody else. (Richard)

Yes umm, I can make my own decisions without having to be told by others what to do . . . and I can have my own privacy. (Max)

More control over everything really . . . and at our age you have less control over a lot of things. (Olivia)

Control in daily life, the freedom to choose activities, decline assistance and do things for themselves, symbolised autonomy. Even when independence in self-care was tested following a setback in health, participants associated independent living with the capacity for autonomous decision making. Virginia described modifications to her routines that enabled her to maintain her independence:

I want to do as much as possible for myself . . . like when they offered to have the district nurses coming in to organise your pills. I have one of those Webster packs. And it's all laid out for me instead. (Virginia)

Virginia's determination to perform her own daily tasks reflects an association between mental and physical competence that was woven throughout the narratives.

Most participants wished to manage their own care tasks. Yet when increasing frailty presented them with a stark choice between assistance at home and entry to residential care, they accepted services. Their change of heart supports research suggesting that older people retain a sense of personal control by adapting to crises that threaten their functional equilibrium (Nygren, Norberg and Lundman 2007), as demonstrated in the following extracts:

Oh, I don't mind other people doing these things ... it allows me to be able to be at home instead of in hospital or a hostel... (Jane)

Well, I'd rather not have to have them [home-care help] ... but it's a sort of trade off ... I get to keep independence longer. (Olivia)

Yeah, like just because I get some things [home-care assistance] doesn't mean I've let go of the reins up here [pointing to her head]. (Winnifred)

The decision to relinquish absolute independence for a degree of support allowed these participants to remain at home despite significant physiological decline; they maintained a sense of decisional control even as their capacity for direct instrumental control diminished. Their strategy reflects prior research suggesting that secondary control usage increases with age (Grob, Little and Wanner 1999; Heckhausen and Schulz 1999). In the following samples, participants reveal the nuanced ways they distinguished assistance with general tasks from those essential to their personal dignity:

You've got to have some self-respect ... I would struggle to stay on top of some things like my meals ... and yes, my own, you know, washing ... bathing... (Richard)

Oh ... I don't really mind, after all [referring to home-care assistance]. I need some things done so you just have to accept it... (Virginia)

Interviewer: Climbing over baths is a classic way to get into trouble, isn't it?

Kaley: ...but there's nothing like a good bath...

Interviewer: ...a choice to accept a little less safety for the sake of your preference...?

Kaley: Yes, really I have, I suppose.

These vivid reflections demonstrate the internal, lived conflict participants feel as they strive to continue living independently. Switching from a primary to secondary mode of control (*i.e.* Schulz, Wrosch and

Heckhausen 2003) – from the actual ‘doing’ of self-care to ‘holding the reins’ – was not a simple matter:

Selena: Well I need them [home-care assistance] so there is no point complaining.

Interviewer: What would you complain about?

Selena: Just having to rely on others to do what I could do before.

Sort of like big brother is watching ... [referring to personal safety pendant]. So, I resent it sometimes. Then again, I suppose it beats falling over and not having anyone to help... (Jane)

In trying to understand the source of the resentment for Jane, a clue may be found in the comment from Felicity, who resisted relinquishing her laundry:

Some of them want to come in and do the [clothes] washing, and I won't let them ... (laughing). It's probably what's kept me going past go! (Felicity)

Felicity alludes to the importance of doing things in order to keep her authentic self alive. She defends against the loss of self-integrity by engaging secondary control strategies (Brandstadter and Greve 1994), thus bridging the dissonance between help-accepting behaviour and the opposing belief that self-integrity requires total self-reliance. The use of adaptive strategies to manage changes associated with physical disability and preserve their wellbeing at home is explained by the life-span model of successful ageing (Heckhausen and Schulz 1995).

## **Theme 2: Residential aged-care represents stagnation of the self whereas home sustains self-identity**

This theme describes the unanimous expressed aversion to the idea of residential care, on the basis that a care facility would erode their autonomy and self-identity (Macdonald and McDermott 2000), as expressed in the following comments:

Going into care ... it's like the final handover of what bit ... of control we've got left. (Olivia)

Selena: I've seen other friends go in ... and within 12 months they've just died.

Interviewer: You mean physically died? Or they died in their heads?

Selena: Both. You go and see them, and each visit they are just that much worse.

Yes you see these older ones I know ... at the retirement village and they are like ... shells. (Jane)

Selena's view reflects the story referred to in Ignatieff (1993: 99) in which residential care signifies the imminent, literal and metaphorical death of the person. The participants' hostility towards residential care appears to have been shaped by their own experiences and those of their friends. Their antagonism sometimes appeared to exceed their attachment to home. Norma, a centenarian who had endured humiliating and patronising treatment during a period in respite care (short-term stay in an aged-care facility), reiterated her abhorrence of residential care 14 times during the interview:

I won't go. I'd never go and I wouldn't advise anyone to go. (Norma)

The strength of participants' attachment to home may not have been exclusively due to an affective bond of attachment to that home (Atchley 1999; Sixsmith 2000). The phenomena of psychological attachment espoused by attachment theory does not fully account for the negative factors, even profound fears that keep very old people at home. Only one participant, Virginia, appeared sanguine about the prospect of residential care. Otherwise, a consistent narrative throughout the interviews was that residential care meant stagnation of life, while home represented the preservation of the self.

The participants' reluctance to enter residential care reflected their sense that home was where they could be themselves, as illustrated by Sixsmith and Sixsmith (1991). Jane and Felicity described how home preserved their authentic selves:

... it's the only place you can just be yourself... (Jane)

At home it's just so much easier to be yourself. In fact, home is like part of who you are. (Felicity)

Interviewer: ... how do you feel about these things in your house?

Max: They come ... altogether. I mean ... the whole house ... like an old friend ... I'm never lonely.

Even the language used to describe the home is one of personhood. Over time, home blends with the older person's self-identity (Belsky 2003), becomes 'an old friend'. The home and the personal objects in it nourish the individual's self-concept by enabling and embodying the authentic self (Gullifer and Thompson 2006). This helps us to understand why an older person facing the prospect of residential care may fear disconnection from their authentic self (Antonelli, Rubini and Fassone 2000) and becoming a living 'shell', as described by Jane.

The participants often said that they felt no different from their younger selves, despite their changing bodies. Continuity theory (Atchley 1999) suggests that the individual's ability to preserve their enduring self in the

face of unavoidable changes depends on successful adaptation to those changes. By integrating continuity theory with attachment to place, we propose that the participants in this study equated independent living with continuity of the independent self, in all its struggles. Consider Felicity's comments:

Felicity: I'm a fighter [talking about her bouts of cancer].

Interviewer: You see it as a battle to be won.

Felicity: To fight on ... yes.

Interviewer: The house is part of that?

Felicity: Yes, the only way I leave this box is in a little long box! (laughing)

At the semantic level, Felicity's self-identification as a 'fighter' describes her struggles with her health and her resolve to remain at home; latently it may suggest a respect for strength. When contemplated within the psychological framework of lifespan development (Bertrand and Lachman 2003), life's 'fights' or battles, including the struggle to remain at home at almost any cost, represent continuity with values essential to the older person's self-identity. In this narrative of fight and battle, the house is the participant's friend ageing with her, in harmony:

I'm so glad I've been able to stay put here ... It's like part of me I suppose after this long ... well I haven't changed much except for getting older and the house neither. (Norma)

Yeah, like we've got past the point of no return is how you could put it! (Dorothy)

That bond between ageing body and ageing house may reflect a way of coping with a constantly changing outer world (Fry 2001). Home becomes a last bastion, a bulwark of resistance against unwelcome change, and the losses that accompany it.

Winnifred: They're all gone now, everyone's gone now, I reckon...

Interviewer: But you and this house?

Winnifred: We are going to keep going to the end!

Interpreting the data in this theme integrates and augments theories of continuity (Atchley 1999), attachment to place (Sixsmith and Sixsmith 1991) and lifespan development (Heckhausen 2001). Continuity at home is believed to be desirable because of the affective bond formed. But fear of the alternative is equally powerful. Home, as a companion and a witness to the past, enables the enduring, present self to face and manage environmental change, while preserving and protecting one's self-identity. (Fry 2001; Wilson 2000).

### **Theme 3: Home, a warehouse of memories connecting the past and present self**

This theme explores the significance of living at home with the preservation of self-identity in a temporal sense. Participants described the importance of having a presence in the present as well as in the past, and the central role home plays in enabling them to do this. Being present in the present meant full engagement in important moments such as meeting one's grandchildren (Nygren, Norberg and Lundman 2007); being present in the past meant gathering strength from personally significant memories (Cavanaugh and Blanchard-Fields 2010).

Participants offered thoughtful reflections on both the sad and joyful times in their long lives and those memories often involved deceased loved ones. Many participants had experienced the loss of a spouse. Some had suffered the loss of children. Regardless of the intervening years, they referred to their deceased family members in the context of their current life at home:

I had a little girl, the first, and she was born a blue baby . . . and she couldn't walk from here to the next room – I'd have to carry her. (Selena)

The death of my son it left a big gap in my life, and he still lives with me no matter what or where he is. (Jane)

Evident in both Selena's and Jane's comments are that home held memories of shared experiences with deceased spouses, and feelings of comfort, grief and vulnerability associated with the loss of loved ones. Personal memories strengthened the attachment to home, as demonstrated by Kaley who had lived on the same rural property for approximately 70 years:

Interviewer: Do your feelings about living at home relate to these links you have to the past . . . ?

Kaley: Oh yes . . . I see them as connected . . . this house here has been a silent witness to my own life and all those memories.

The participants' efforts to preserve objects of personal significance confirm research suggesting that attachment to home includes objects within it; intimate possessions and intangible phenomena such as ideas, beliefs and values of importance to the individual (Cookman 1996). Objects and ideas, even those 'past their prime', from the perspective of others, were tenaciously protected:

Fancy saying that's got to come down! [referring to a suggestion that an old garden shed should be demolished]. He [husband] had a place, like . . . in it . . . tools! . . . Yes, all laid out properly . . . mind out if the kids messed it up. And a beautiful garden. Oh, all vegetables, an' that . . . it was beautiful. (Winnifred)

I still darn my socks, but the younger people throw everything away. (Dorothy)

These glimpses of the participants' earlier lives and those of their deceased loved ones show attachment not just to the object but also to the beliefs, values or ideas it encapsulates, such as their generation's thriftiness. Younger people might discard old things but the participants attributed durability to certain objects, to good memories of shared effort and even the simple continuing utility of the object. These struggles to save an object or old building may also reflect a fear of being discarded themselves (Cookman 1996).

#### **Theme 4: Attachment to place: independent living has relational utility and gives purpose to life**

Relationships with family and friends, including those who had passed away, emerged as central to the participants' sense of an enduring self. Home, besides mediating their need for autonomy, privacy and authentic self, offered a platform for connecting with others (Hearle, Prince and Rees 2005). Olivia offered this insight:

I . . . need to have my own place to go back to. It's where I can be me . . . and if people come over I can relax with them here.

In the participants' homes they could be themselves to others; give a performance of the self, either openly or unconsciously; recreate personal experience for public expression (Cavanaugh and Blanchard-Fields 2010). The implication is that older individuals can reveal their personhood in their own home, but not in a residential aged facility. Home allows continuing connectedness with the broader community:

I can still be a part of the world . . . It's like I'm still alive . . . at home is still part of the town you know, like always. (Annaliese)

Connection with others confirms Annaliese's sense of self, and satisfies her need to be known as the same vital being she was when she was younger (Altman and Low 1992). The self can be seen as a collection of relationships interwoven with various values into an overall and biographical sense (Erickson and Erickson, 1997). The self emerges from relationships as contextual, relational and interdependent.

Research suggests family members often pressure older people to enter residential care. This study therefore took a particular interest in family members' role in supporting the participants' independent living arrangements. Of the 23 participants, only Richard had experienced direct pressure—from a community nurse—and he dealt with this threat to his autonomy by asserting control: by 'digging my heels in and paying no attention until she let it go'.

Noteworthy was that participants in this study indicated that their family members supported their desire to stay at home:

I know that a lot of elderly people have to put up with being bossed . . . I have seen it but just been so incredibly lucky not to have it with our children, or from anyone else. (Olivia)

Participants' homes also allowed them to continue important roles which formed part of their self-identity:

I won't be here forever . . . but with Ivan [son] to look after, and he looks after me, it's better at home. (Virginia)

And when I have it here sometimes [steak and kidney pie] I say to him [referring to Winnifred's son Kevin], 'Where are you working, . . . I have some steak and kidney pie'. And he says, 'Oh, good mum. I'll be down'. (Winnifred)

The relational dimensions involved in the participants' commitment to living at home cannot be reduced to the simple presence or absence of coercion. If adult children suggested changes to household routines after a parents' health setback, a subtle power struggle for control sometimes ensued. The resistance was stronger when the freedom under threat held special importance for the older person:

I love baking and that. 'No Mum, you might spill something or you slip or something and that.' He was goin' on, you know . . . So, they got me a microwave, you know. . . [and placed a marble slab over the gas hotplate]. Oh, my son used to say, 'That looks awful Mum, all the stuff [groceries] you put on the stove'. And I said 'I'm going to pile it on till you eat it all!' . . . Yep, if they block off the stove with that thing so I can't use it then I'll be sneaky and load it up with stuff so that they worry about all that and maybe take it away! (Gerta)

Even though Gerta's two adult sons supported her desire to live at home, she saw their attempts to prevent her using the gas stove as restricting her freedom, responding with mild sabotage. Her defiance, even when the battle was all but lost, demonstrates the psychological strategy of secondary control (Clarke-Plaskie and Lachman 1999). The older person, while accepting the erosion of her freedom, still asserts her feelings about the matter. This belief in continued competence may be as vital to her self-concept as her objective degree of independence in self-care.

Perhaps most surprising were examples of coercion in the reverse direction: that is, coercion employed by the *older person*, rather than the family carers, to use the situation at home to achieve relationship goals:

To be honest I don't mind having someone in the family do a bit . . . it means I get to see my granddaughter a lot more. (Kaley)

Home enables older people to sustain relationships with friends, the broader community and family – and participants attributed this quality specifically

to home. The ability to nourish long-term and newer relationships from home supports a sense of self-image, personal competence and self-worth (Aberg *et al.* 2004) and the integrity of the self interacting with the environment.

Participants drew a distinction between the physical and psychological dimensions of ageing and distanced themselves from their counterparts in residential care:

Well, I'm old and I don't act old . . . I'm interested in things, where they [residents of nursing homes] . . . They sort of pulled down the shutters. (Kaley)

I think you've got to keep being interested in things . . . some of my friends, before they died, they weren't near as old as me, but they never read a paper or anything like that. (Norma)

Participants associated staying young in outlook with continued engagement in the world. Some were helping family and friends as much as they could and their pleasure in giving pleasure brought positive psychological rewards. Remaining active in spite of physical disability often stimulates opportunities for more mental activities and interests—an essential characteristic of successful ageing (Gullifer and Thompson 2006; Ranzijn 2002; Terrill and Gullifer 2010)—and participants clearly demonstrated this. In various ways, they described the act of keeping their bodies fit as a form of caring for themselves and meeting the challenges of ageing.

Some participants stressed the importance of taking one day at a time subject to their levels of energy or lethargy. This desire to do things at their own pace may have played a part in their aversion to the more regimented timetables of residential care.

A positive mental outlook towards age-related problems contributed to the contentment that most participants felt at home:

Some people spend too much time worrying about things they can't change which I see absolutely no point to . . . I'm just grateful for what I have . . . I also think you've got to have something to do each day. (Richard)

I live one day at a time. If I get too crook well I'll have to leave here I suppose . . . it will be sad and God knows how they will put up with me in the nursing home! If they let me do the things I like it might not be so bad. (Selena)

. . . I think you need to be prepared to think about it [relocation to residential care] . . . though I hope it will never happen. (Jane)

The importance of confronting adversity without giving up emerged throughout the texts, suggesting that participants drew strength from their personal struggles. This sophisticated strategy enabled them to cope in a resilient manner with inevitable changes (Rowe and Kahn 1998). Notwithstanding the profound commitment they felt towards remaining

at home, these final data extracts reveal the participants' conscious psychological preparation for the possibility of an unwelcome though necessary relocation to residential care in the future.

The foregoing narratives provide examples of 'good ageing' with growth and wisdom instead of despair and disdain (Erikson and Erikson 1997). Erikson and Erikson describe trust as a shield against hardship in life, but add that it would be difficult to survive without *mistrust* because through physical decline, 'elders are forced to mistrust their own capabilities' (1997: 107). Yet the very old people in this study seemed to meet that decline by cultivating faith in others, including family and formal care workers, rather than mistrust.

## Discussion

In summary, the themes derived from the participant narratives revealed that home allowed them to maintain valued roles essential to their self-identity and position in life (Ryff, Kwan and Singer 2001). The themes represented their inner strengths as generativity (Berg *et al.* 2006): the oldest old are still active and using their bodies, while performing mental activities inspired by the body's *inactivity*. Remaining the same yet accepting new realities gave the participants the stability and strength to accept and adjust to altered circumstances and contemplate the possible end of their tenure at home, whether through a future move to residential care, or death.

The risk of having to relinquish home and enter residential care connects the themes in this study. All participants regarded institutional care as posing at least some threat to their self-autonomy and to life itself (Becker 1994; Golant 2002; Hammer 1999; Krothe 1997). The depersonalising qualities they attributed to residential care contrasted with the other concept discernible through their comments: that the familiar sphere of home enables continuity of self and nurtures personal control and expression of individuality. This phenomenon concurs with the experiences of older people reported elsewhere and reviewed above (Aberg *et al.* 2004; Atchley 1999) and with prior findings that levels of autonomy and environmental mastery do not necessarily diminish during old age (Ryff, Kwan and Singer 2001).

The researchers positioning among the data endeavoured to preserve the wholeness, or *gestalt* of the participants' experience (Stainton Rogers 2003), while attempting to discern latent narratives within the accounts. Although elements of the participants' experiences have been presented separately in this study for the purposes of illustration, in reality a constant inter-relationship exists between the themes, for example when Kaley describes her preference for taking a bath rather than the safer option of showering.

During thematic analysis this was rendered as her positive assertion of *being in control* (theme 1) – of needing to do tasks for herself – rather than stubborn opposition to the concerns held by others for her safety. Yet, within the same account we see the theme of *continuity of self* (theme 2) – the desire to enjoy activities that have long held subjective significance, in this particular case one of sensory pleasure ‘...there’s nothing like a good bath...’

Furthermore, the interconnected themes yield an insight into the personal meanings underlying the participants’ behaviour that single theme analysis does not afford. For example, gaining insight into the emotional function or purpose of bathing instead of showering, namely validation of the participant’s self-identity (theme 2), informs our understanding of what it means to continue ‘to do things for myself’, a subset of the primary concept of autonomy (theme 1). Consequently, this vignette leads to a super-ordinate narrative constituted by both themes which could be summarised as: risk-reduction strategies (*e.g.* showering *versus* bathing) might help maintain physical independence at home, but what is the point of independence if features essential to the older person’s self are sacrificed in the process?

The participants’ confidence in their ability to cope with health problems, bereavement and the maintenance of their home epitomises the lifespan human development theory of psychological ageing in which generativity and strength are derived from successfully managing life’s difficulties (Erikson and Erikson 1997). Although not explicit in their observations, the participants conveyed a deep sense of contentment to the researchers as they sat among their family photos, keepsakes and mementos and, in some cases, within the walls where they had raised their children and lived out their lives. The thought of having to relinquish their personal space and history, as well as their privacy and autonomy, would cause them a grievous sense of loss.

Finally, living in the place where they could best be themselves – their own homes – was fundamental to all component themes. At home, the participants could keep busy, care for themselves and pursue specific interests because they had the right supports at hand and the space to act as they intended. At home they need bow to no-one. Undertaking tasks for themselves and having a purpose in life sustained them because they focused their daily lives on short-term, practical goals. The participants’ accounts yield narratives of *dynamic competence* within the constraints and deficits of old age; they demonstrate attitudes and behaviours characteristic of successful ageing (Abraham and Hansonn 1995; Diener and Suh 1998; Gingold 1999; Heckhausen and Schulz 1993).

This study’s principal objective was to gain insight into the subjective experiences of a small group of very old individuals committed to living at home. Thematic analysis confirmed that remaining at home is an important

value even when age-related health problems create major challenges to independent self-care and home care. Participants had adapted their environment and their everyday practices to accommodate their desired activities. When asked how they felt about the possibility of residential care, the majority saw it as a profound threat to their personal autonomy and privacy.

The purposive sampling employed for this study attracted participants still actively engaged in their community and deeply committed to living at home, thus excluding those who may feel more socially isolated. Likewise, there were other dimensions of the participants' living context beyond their immediate home that due to the study limitations were not fully explored. Principally, the rural residential setting of the participants in all likelihood is an operant factor in the construction of their desire to remain at home, perhaps due to some cultural resilience or sense of independence emerging from a rural context. The individual residential biographies and lifecourse trajectories around place and home were key constituents of the participant's strong commitment to continuing to live independently, especially for participants who had resided for long periods in their current home and community. For example, the participant Richard, who was suffering progressively deteriorating visual functioning, had lived as a bachelor for his entire life within the one small country town (population 1,000), with most of his adult life in the same house in a street with long-term and supportive neighbours. It is quite probable that his spatial commitment to staying in his current home at all costs, despite living alone with severe sensory impairments, would be different had his residential biography been different and more mobile.

Other external factors that could affect the participants' experience of living at home, and compromise their independence, could include significant changes to their family structure such as loss of a spouse, disruptions to accessing support from family carers, and the availability of social service infrastructure. These important variables were present throughout the participants' reflections, but admittedly were not adequately explored in this study, presenting further opportunity for further research. Notwithstanding these limitations, the basic findings of this study add knowledge about successful ageing in place, and inform the second study aim of improving intervention strategies for community aged-care services.

The thematic findings suggest that professionals involved in either assisting older people to stay at home, or move to residential aged care, need to understand the unique meanings their clients may assign to their homes, and their likely preconceptions about residential care. This research suggests that older people's unique circumstances, personal history,

existing resources and psychological outlook will influence their commitment to remaining at home. Accordingly, assessment and planning processes that health-care professionals undertake to facilitate delivery of either home-based care services, or transitioning from home to residential aged-care, will be more effective if they explore the subjective psychological and emotional drivers of individual behavioural responses to interventions. Kaley's example above adequately demonstrated this. Unnecessary conflict, and misdirected resource allocation, can be avoided if a professional assessor seeks to appreciate the latent psychological dimensions to Kaley's preference for taking baths, and the unintended psychological harm caused by failing to comprehend these and focusing only on the more tangible physical safety risks and persuading Kaley to exchange bathing for showering. This research suggests that current home-care assessment approaches (and standardised assessment tools) could be enhanced by incorporating measures to gauge the psychological and emotional functions of individual preferences in self-care, dietary, social and home-care. Unfortunately, at present, many standard home-care assessment approaches adopt a dualistic stance that separates domains of functioning into separate physical and psychological categories (*i.e.* conceptualising the 'how you function – *physical*' and the 'how are you feeling – *psychological*' as important but nevertheless disconnected, discrete components of living). If there is one overarching insight from this limited research for health-care personnel involved in supporting older people to live at home, it is the worthiness of sensitively appraising the intrinsic psychological value of preferred activities and routines for an individual, rather than leaping straight from problem identification to paternalistic service response.

Likewise, it was apparent that participants defined their capacity to live at home by their *abilities* to function and retain control rather than by their *limitations* to do so. Information about home services and safety interventions may therefore be more effective if it reinforces rather than challenges the older person's desire for self-sufficiency and decisional control. Understanding older people's needs and desires is vital in providing them with health and community care services that will nurture inherent psychosocial resources acquired over a lifetime. Any consideration of a move from home to residential care should take into account the rich meanings, histories and significance of older people's attachment to their home, and the potential disruption of paternalistic interventions (McDaniel 2000; Wilson 2000), such as that experienced by participant Richard. Insight into the deep bond between Richard's self-identity and his struggle to manage at home (despite severe vision difficulties) should motivate professionals to find ways to help him stay at home. Staying at home despite difficulties is a substantial part of *who Richard is*, not a 'risk factor' to be neutralised by the

comparative safety of residential care. Such a forced relocation would pose the biggest safety risk to Richard's self-identity.

Such person-centred approaches could augment the many qualities acquired over a lifetime, and show genuine respect for older people's autonomy: a fundamental ethical position easily embraced in principle, but more difficult to support when an older person's physical safety is threatened. Winnifred's story demonstrates this in theme 1. Despite progressive health problems, Winnifred knew what living meant for her and still saw herself as the good cook she had always been. Continuing to cook was not primarily, for her, about nutrition. It signified her own robust, continuous self-identity, reinforced externally by other people's appreciation of her skills. This insight, applied to practice, would respect Winnifred's autonomy and promote successful ageing by offering her assistance to continue cooking rather than receive pre-prepared food.

Prior research (Sixsmith 2000) suggests that older people's preference for ageing in place is based on deep attachment bonds to home, formed over time. However, this study found considerable variability in that attachment. In many cases, aversion to residential care seemed to play as significant a part in the desire to remain at home as positive affective attachment factors *per se*. Although this study's methodology does not permit comparisons or conclusive statements about the motivations underlying the participants' preference for ageing in place, it may be that some older people feel vulnerable or lonely at home, but remain there because of untested fears of residential aged care.

Accordingly, additional research could explore whether older people experience genuine *dis*-attachment distress when absent from home, or whether their psychological state reflects a fear that the culture of residential care will subsume their sense of self. Research into this question could assist the development of strategies to support transition from home to residential care, especially when transition becomes unavoidable due to increased health and safety risks. Such strategies could include organising short-term respite to allow older people to test their preconceived assumptions about residential care; providing detailed information about the facility's dedication to encouraging individual preferences and autonomous decision making; the allocation of psychological resources to support the transition experience; and opportunities for older people to remain vitally connected to their community of origin.

The perspective of this unique group aged over 85 offers a basis for developing interventions to help them remain at home as long as possible (Thornton and Tozer 1994). With one exception, overt family or professional pressure to enter residential care was conspicuously lacking from the participants' experience. Instead, complex relationship dynamics with

family carers were evident, particularly with adult children, with the home best placed for preserving reciprocal caring relationships. This suggests that very old people see themselves as active supporters of others rather than passive recipients of care services – an insight that should encourage care providers to nurture, not diminish, interactions and relationships in which older adults play a supportive role. More extensive qualitative research would help evaluate existing community aged-care policy settings, which at present tend to isolate people from their socio-cultural context, downplaying the valued role of family care-givers.

In conclusion, this study gave voice to the concerns and feelings of a group of participants who, although they represent the fastest growing segment of our ageing population (85+ years), have not been well represented in studies about the psychology of ageing. We are only beginning to explore the largely un-narrated experiences of very old people – a field that offers opportunities for community aged-care service policy to harness the generative psychological capacities of older people (Cutchin 2003; Gitlin 2003). The lived experience of our participants expands our knowledge of the meanings and forms of growth experienced by older people living at home, and their amazing capacity for positive growth rather than disengagement.

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### **Appendix: Interview schedule**

Research Project: Ageing in Place: A Qualitative Study of Older Men and Women Living at Home.

Research Investigator: Damien Stones.

Research Supervisor: Judith Gullifer.

#### *Living at home/attachment to place*

Can you give me a history of how long you have lived here, what brought you here? Can you tell me a bit about your history, work life and family make-up? What do you do to help you stay at home? *Prompt: mobility aids, personal alarms, assistance with home-care and/or personal care, home nursing visits, medication assistance, meals, gardening assistance, etc?* What sort of support do you receive in your desire to stay at home? *Prompt: families?, friends?* How do you feel

about the prospect of having to move into residential care if it gets too hard to look after yourself at home? *Prompt: physically, emotionally, mentally.* What does continuing to live at home mean to you? *Prompt: what words come to mind, what images?*

### *Identity*

How would you describe yourself as a person? *Prompt: what sort of person are you? Most important characteristics: happy, moody, nerdy.* How do you think other people see you/would describe you? *Prompt: members of your family, friends?*

### *Independence/autonomy*

How important is it for you to make decisions for yourself? What do you think when people try to make them for you? How do you feel when people try to make them for you? What thoughts/feelings do you have when others encourage you to think about moving into residential care at some stage?

### *Coping/resilience*

How do you cope with setbacks with your health and other challenges you have faced? How do you feel living alone? *Prompt: how do you cope?* What do you see in your future? *Prompts: setbacks in your health?, coping?* What type of changes will make it harder to continue living at home?

## **References**

- Aberg, A. C., Sidenvall, B., Hepworth, M., O'Reilly, K. and Lithell, H. 2004. Continuity of the self in later life: perceptions of informal caregivers. *Qualitative Health Research*, **14**, 6, 792–815.
- Abraham, I. L., Currie, L. J., Neese, J. B., Yi, E. S. and Thompson-Heisterman, A. A. 1994. Risk profiles for nursing home placement of rural elderly. A cluster analysis of psychogeriatric indicators. *Archives of Psychiatric Nursing*, **8**, 2, 262–71.
- Abraham, J. D. and Hansonn, R. 1995. Successful aging at work: an applied study of selection, organization, optimization and compensation through impression management. *Journals of Gerontology*, **50B2**, 1, 94–103.
- Altman, I. and Low, S. M. (eds) 1992. *Place Attachment*. Plenum Press, New York.
- Antonelli, E., Rubini, V. and Fassone, C. 2000. The self-concept in institutionalized and non-institutionalized elderly people. *Journal of Environmental Psychology*, **20**, 4, 151–64.
- Aronson, J. 1994. A pragmatic view of thematic analysis. *The Qualitative Report*, **2**, 1, 1–3.
- Atchley, R. C. 1989. A continuity theory of normal aging. *The Gerontologist*, **29**, 2, 183–90.
- Atchley, R. C. 1993. Critical perspectives on retirement. In Cole, T. R., Achenbaum, W., Jakobi, P. and Kastenbaum, R. (eds), *Voices and Visions of Aging: Toward a Critical Gerontology*. Springer, New York, 3–19.

- Atchley, R. C. 1999. *Continuity and Adaptation in Aging: Creating Positive Experiences*. Johns Hopkins University Press, Baltimore, Maryland.
- Austad, S. 2009. Comparative biology of aging. *Journals of Gerontology: Biological Sciences and Medical Sciences*, **64A**, 2, 199–201.
- Australian Bureau of Statistics 2009. *2008 Disability, Ageing and Carers: Summary of Findings*. ABS Catalogue 4430.0, Australian Government Publishing Service, Canberra.
- Australian Bureau of Statistics 2010. *Remoteness Structure*. Available online at <http://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure> [Accessed 22 February 2010].
- Australian Commonwealth Department of Health and Ageing 2009. *Aged Care in Australia*. Australian Institute of Health and Welfare, Canberra.
- Baldwin, B. 1991. The outcome of depression in old age. *International Journal of Geriatric Psychiatry*, **6**, 6, 395–400.
- Baltes, P. B. and Baltes, M. M. 1990. Psychological perspectives on successful aging: the model of selective optimisation with compensation. In Baltes, P. B. and Baltes, M. M. (eds), *Successful Aging: Perspectives from the Behavioural Sciences*. Cambridge University Press, Cambridge, 278–326.
- Baltes, P. B. and Smith, J. 1997. A systematic-holistic view of psychological functioning in very old age: introduction to a collection of articles from the Berlin Aging Study. *Psychology and Aging*, **12**, 3, 395–409.
- Baltes, P. B. and Smith, J. 2003. New frontiers in the future of aging: from successful aging of the young old to the dilemmas of the fourth age. *Gerontology*, **49**, 29, 123–35.
- Bandura, A. 2000. Social cognitive theory. *Annals of Child Development*, **6**, 1, 3–58.
- Becker, G. 1994. The oldest old: autonomy in the face of frailty. *Journal of Aging Studies*, **8**, 1, 59–76.
- Belsky, J. 2003. *The Psychology of Aging: Theory, Research, and Interventions*. Third edition, Brooks/Cole, Pacific Grove, California.
- Benner, P. and Wrubel, J. 1989. *The Primacy of Caring: Stress and Coping in Health and Illness*. Addison-Wesley, Menlo Park, California.
- Berg, A. I., Hassing, L. B., McClearn, G. E. and Johansson, B. 2006. What matters for life satisfaction in the oldest-old? *Aging and Mental Health*, **10**, 3, 257–64.
- Bertrand, R. M. and Lachman, M. E. 2003. Personality development in adulthood and old age. In Weiner, I. E. (ed.), *Handbook of Psychology*. Volume VI, Wiley, New York, 475–494.
- Blanchard-Fields, F. and Chen, Y. 1996a. *Perspectives on Cognitive Change in Adulthood and Aging*. McGraw-Hill, New York.
- Blanchard-Fields, F. and Chen, Y. 1996b. Adaptive cognition and aging well in contemporary society, part 2: choices and processes. *American Behavioural Scientist*, **39**, 3, 231–49.
- Bordo, S., Klein, B. and Silverman, M. K. 1998. Missing kitchens. In Nast, H. and Pile, P. (eds), *Places Through the Body*. Routledge, New York, 72–92.
- Brandstadter, J. and Greve, W. 1994. The aging self: stabilizing and protective processes. *Developmental Review*, **14**, 1, 52–80.
- Brandstadter, J. and Renner, G. 1990. Tenacious goal pursuit and flexible goal adjustment: explication and age-related analysis of assimilation and accommodation strategies of coping. *Psychology and Aging*, **5**, 1, 58–67.
- Brandstadter, J. and Rothermund, K. 1994. Self-precepts of control in middle and later adulthood: buffering losses by resetting goals. *Psychology and Aging*, **9**, 2, 265–73.

- Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, **3**, 1, 77–101.
- Bryant, L. L., Corbett, K. K. and Kutner, J. S. 2001. In their own words: a model of healthy aging. *Social Science and Medicine*, **53**, 7, 927–41.
- Buchner, D. M. and Wagner, E. H. 1992. Preventing frail health. *Clinics in Geriatric Medicine*, **8**, 1, 1–17.
- Cavanaugh, J. and Blanchard-Fields, F. 2010. *Adult Development and Aging*. Sixth edition, Wadsworth, Belmont, California.
- Cerrato, I. M. and Fernandez de Troconiz, M. I. 1998. Successful aging. But, why don't the elderly get more depressed? *Psychology in Spain*, **21**, 1, 27–42.
- Chowdhary, U. 1990. Notion of control and self-esteem of institutionalized older men. *Perceptual and Motor Skills*, **70**, 3, 731–8.
- Clark, R. L. and Quinn, J. F. 2002. Patterns of work and retirement for a new century: emerging trends and policy implications. *Generations*, **26**, 2, 17–24.
- Clarke-Plaskie, M. and Lachman, M. E. 1999. The sense of control in mid-life. In Willis, S. and Reid, J. (eds), *Life in the Middle: Psychological and Social Development in Middle Age*. Academic Press, San Diego, California, 182–208.
- Cohen, M. Z., Kahn, D. L. and Steeves, R. H. 2000. How to analyze the data. In Cohen, M., Kahn, L. and Steeves, R. H. (eds), *Hermeneutic Phenomenological Research*. Sage, Thousand Oaks, California, 71–83.
- Cookman, C. 1996. Older people and attachment to things, places, pets, and ideas. *Journal of Nursing Scholarship*, **28**, 3, 227–31.
- Coulthard, M., Walker, A. and Morgan, A. 2002. *People's Perceptions of Their Area of Residence and Community Involvement*. The Stationery Office, London.
- Crystal, S. and Beck, P. 1992. A room of one's own: the SRO and the single elderly. *The Gerontologist*, **32**, 5, 684–92.
- Cuba, L. and Hummon, D. M. 1993. A place to call home: identification with dwelling, community, and region. *The Sociological Quarterly*, **34**, 1, 111–31.
- Cutchin, M. 2003. The process of mediated aging-in-place: a theoretically and empirically based model. *Social Science and Medicine*, **57**, 1, 77–90.
- Davidson, J. 2000. A phenomenology of fear: Merleau-Ponty and agoraphobic life-worlds. *Sociology of Health and Illness*, **22**, 5, 640–81.
- Diener, E. and Suh, E. M. 1998. Subjective wellbeing and age: an international analysis. In Schaie, K. W. and Lawton, M. P. (eds), *Annual Review of Gerontology and Geriatric: Volume 17. Focus on Emotion and Adult Development*. Springer, New York, 304–24.
- Dittmann-Kohl, F. 1990. The construction of meaning in old age: possibilities and constraints. *Ageing & Society*, **10**, 3, 279–94.
- Erikson, E. E. 1980. *Identity and the Life Cycle*. Norton, New York.
- Erikson, E. and Erikson, J. W. 1997. *Life Cycle Completed: Extended Version*. Norton, New York.
- Evans, G. W., Kantrowitz, E. and Eshelman, P. 2002. Housing quality and psychological well being among the elderly population. *Journals of Gerontology*, **57B**, 4, 381–3.
- French, S. L., Gekoski, W. L. and Knox, V. J. 1995. Gender differences in relating life events and well-being in elderly individuals. *Social Indicators*, **35**, 1, 1–25.
- Fricke, J. and Unsworth, C. 2001. Time use and importance of instrumental activities of daily living. *Australian Occupational Therapy Journal*, **48**, 3, 118–31.
- Fried, L. P. 1997. Quantitative methods in aging research. Paper presented at the 50th Annual Scientific Meeting of the Gerontological Society of America. Cincinnati, Ohio, on Nov. 16, 1997.

- Fried, M. 1982. Residential attachment: sources of residential and community satisfaction. *Journal of Social Issues*, **38**, 3, 107–19.
- Fry, P. S. 2001. The unique contribution of key existential factors to the prediction of psychological well-being of older adults following spousal loss. *Gerontologist*, **41**, 1, 69–81.
- George, L. K. 2001. Subjective well-being: conceptual and methodological issues. In Eisdorfer, C. (ed.), *Annual Review of Gerontology and Geriatrics*. Volume **2**, Springer, New York, 345–82.
- Gingold, R. 1999. *Successful Ageing*. Second edition, Oxford University Press, New York.
- Gitlin, L. N. 2003. Conducting research on home environments: lessons learned and new directions. *The Gerontologist*, **43**, 5, 628–37.
- Golant, S. M. 1984. *A Place to Grow Old: The Meaning of Environment in Old Age*. Columbia University Press, New York.
- Golant, S. M. 2002. Deciding where to live: the emerging residential settlement patterns of retired Americans. *Generations*, **26**, 2, 66–73.
- Grob, A., Little, T. D. and Wanner, B. 1999. Control judgements across the lifespan. *International Journal of Behavioural Decisions*, **23**, 7, 833–54.
- Groger, L. 1995. A nursing home can be a home. *Journal of Aging Studies*, **9**, 2, 137–53.
- Gullifer, J. and Thompson, T. 2006. Subjective realities of older male farmers: self-perceptions of ageing and work. *Rural Society*, **161**, 1, 80–97.
- Hammer, R. M. 1999. The lived experience of being at home. *Journal of Gerontological Nursing*, **25**, 1, 110–8.
- Hardy, M. A. 2002. The transformation of retirement in mid twentieth-century America: from discontent to satisfaction. *Generations*, **26**, 2, 9–16.
- Hayes, N. 2000. *Doing Psychological Research: Gathering and Analysing Data*. Open University Press, Buckingham, UK, 175–82.
- Hearle, D., Prince, J. and Rees, V. 2005. An exploration of the relationship between place of residence, balance of occupation and self-concept in older adults as reflected in life narratives. *Quality in Ageing—Policy, Practice and Research*, **6**, 4, 24–32.
- Heckhausen, J. 2001. Adaptation and resilience in midlife. In Lachman, M. E. (ed.), *Handbook of Midlife Development*. John Wiley and Sons, New York, 345–94.
- Heckhausen, J. and Schulz, R. 1993. Optimisation by selection and compensation: balancing primary and secondary control in lifespan development. *International Journal of Behavioural Development*, **16**, 3, 287–303.
- Heckhausen, J. and Schulz, R. 1999. A lifespan theory of control. *Psychological Review*, **102**, 3, 284–304.
- Hepworth, M. 2000. *Stories of Ageing*. Buckingham: Open University Press.
- Hidalgo, M. C. and Hernandez, B. 2001. Place attachment: conceptual and empirical questions. *Journal of Environmental Psychology*, **21**, 3, 273–81.
- Hinck, S. 2004. The lived experience of oldest-old rural adults. *Qualitative Health Research*, **14**, 6, 779–91.
- Holloway, I. 1997. *Basic Concepts for Qualitative Research*. Blackwell Science, Oxford.
- Holloway, I. and Todres, L. 2003. The status of method: flexibility, consistency and coherence. *Qualitative Research*, **3**, 3, 345–57.
- Ignatieff, M. 1993. *Scar Tissue*. London: Penguin Books.
- Jones, A. 2001. Some experiences of professional practice and beneficial changes from clinical supervision by community Macmillan nurses. *European Journal of Cancer Care*, **10**, 1, 21–31.

- Kendig, H., Helme, R., Teshuva, K., Osborne, D., Flicker, L. and Browning, C. 1996. *Health Status of Older People: Preliminary Findings from a Survey of the Health and Lifestyles of Older Australians*. Victoria Health Promotion Foundation, Melbourne.
- Kerschner, H. and Pegues, J. A. 1998. Productive aging: a quality of life agenda. *Journal of the American Dietetic Association*, **98**, 12, 1445–8.
- Kinsella, K. and Velkoff, V. A. 2001. *An Aging World: 2001*. US Census Bureau, Series P95/01-1, US Government Printing Office, Washington DC.
- Koch, T. 1995. Interpretive approaches in nursing research: the influence of Husserl and Heidegger. *Journal of Advanced Nursing*, **21**, 5, 827–36.
- Kontos, P. C. 1998. Resisting institutionalization: constructing old age and negotiating home. *Journal of Aging Studies*, **12**, 2, 167–84.
- Krothe, J. S. 1997. Giving voice to elderly people: community-based long-term care. *Public Health Nursing*, **14**, 3, 217–26.
- Kruger, D. 1988. *An Introduction to Phenomenological Psychology*. Second edition, Jutta, Cape Town, South Africa.
- Lachman, M. E. 1986. Locus of control in aging research: a case for multi-dimensional and domain specific assessment. *Psychology and Aging*, **1**, 1, 34–40.
- Macdonald, J. J. and McDermott, D. 2000. A salutogenic approach to men's health: challenging the stereotypes. Paper presented at the 12th Australian National Health Promotion Conference, Melbourne. 29 October to 1 November 2000, Melbourne, Victoria.
- Mack, R., Solmoni, A., Viverais-Dressler, G., Porter, E. and Garg, R. 1997. Perceived risks to independent living: the views of older community-dwelling adults. *The Gerontologist*, **37**, 6, 729–36.
- Marcus, C. 1995. *House as a Mirror of Self: Exploring the Deeper Meaning of Home*. Conari Press, Berkeley, California.
- Maypole, J. and Davies, T. G. 2001. Students' perceptions of constructivist learning in a community college American History II. *Community College Review*, **29**, 2, 54–80.
- McAuley, W. J. and Blieszner, R. 1985. Selection of long-term care arrangements by older community residents. *The Gerontologist*, **25**, 2, 188–93.
- McCracken, K. and McCracken, P. 2008. In sickness and in health: Sydney past and present. In Connell, J. (ed.), *Sydney: The Emergence of a World City*. Oxford University Press, Melbourne, 96–118, 352–6.
- McDaniel, S. A. 2000. Untangling love and domination: challenges of home care for the elderly in a reconstructing Canada. *Journal of Canadian Studies*, **43**, 2, 193–210.
- McGee, H., O'Hanlon, A., Barker, M., Hickey, A., Garavan, R., Conroy, R., Layte, R., Shelley, E., Horgan, F., Crawford, V., Stout, R. and O'Neill, D. 2005. *One Island—Two Systems. A Comparison of Health Status and Health and Social Service Use by Community-dwelling Older People in the Republic of Ireland and Northern Ireland*. The Institute of Public Health in Ireland, Dublin.
- McLeod, J. 2001. *Qualitative Research in Counseling and Psychotherapy*. Sage, London.
- Minichiello, V. 1986. Social processes in entering nursing homes. In Kendig, H. L. (ed.), *Ageing and Families*. Allen and Unwin, Sydney, 149–68.
- Mishler, E. G. 1991. Representing discourse: The rhetoric of transcription. *Journal of Narrative and Life History*, **1**, 4, 255–280.
- Mitchell, O. and Piggot, M. 2003. Housing equity and senior security. Paper presented at the International Forum on 'The System for Security Economic Stability for Seniors and the Improvement of Housing in Japan', 10 September, Tokyo, organised by the ESRI, Cabinet Level, Government of Japan. Available

- online at [http://info.worldbank.org/etools/docs/library/83987/mitchell\\_piggott.pdf](http://info.worldbank.org/etools/docs/library/83987/mitchell_piggott.pdf) [Accessed 1 July 2010].
- Moen, P., Erickson, M. and Dempster-McClain, D. 2000. Social role identities among older adults in a continuing care retirement community. *Research on Aging*, **22**, 4, 559–79.
- Neugarten, B. L. 1975. *Middle Age and Aging*. University of Chicago Press, Chicago.
- Nygren, B., Norberg, A. and Lundman, B. 2007. Inner strength as disclosed in narratives of the oldest old. *Qualitative Health Research*, **17**, 8, 1060.
- O'Hanlon, A., McGee, H., Barker, M., Garavan, R., Hickey, A., Conroy, R. and O'Neill, D. 2005. *Health and Social Services for Older People II HeSSOP II: Changing Profiles from 2000 to 2004*. National Council on Ageing and Older People, Dublin.
- Oswald, F. and Wahl, H. W. 2005. Dimensions of the meaning of home. In Rowles, G. and Chaudhury, H. (eds), *Home and Identity in Late Life: International Perspectives*. Springer, New York, 21–46.
- Oswald, F., Wahl, H. W., Mollenkopf, H. and Schilling, O. 2003. Housing and life satisfaction of older adults in two rural regions in Germany. *Research on Aging*, **25**, 2, 122–43.
- Parmelee, P. A. and Lawton, M. P. 2001. Design of special environments for the elderly. In Birren, J. E. and Schaie, K. W. (eds), *Handbook of Psychology and Aging*. Fifth edition, Academic Press, New York, 464–87.
- Pastalan, L. A. (ed.) 1990. *Ageing in Place: The Role of Housing and Social Supports*. Haworth, New York.
- Perkins, H. C. and Thorns, D. C. 1999. House and home and their interaction with changes in New Zealand's urban system, households and family structures. *Housing Theory and Society*, **16**, 3, 124–35.
- Pretty, G. H., Chipuer, H. M. and Bramston, P. 2003. Sense of place amongst adolescents and adults in two rural Australian towns: the discriminating features of place attachment: sense of community and place dependence in relation to place identity. *Journal of Environmental Psychology*, **23**, 2, 273–87.
- Proshansky, H. M., Fabian, A. K. and Kaminoff, R. 1983. Place-identity: physical world socialization of the self. *Journal of Environmental Psychology*, **46**, 7, 1097–108.
- Ranzijn, R. 2002. Towards a positive psychology of ageing: potentials and barriers. *Australian Psychologist*, **37**, 1, 79–85.
- Reed, P. G. 1991. Toward a nursing theory of self-transcendence: deductive reformulation aging using developmental theories. *Advances in Nursing Science*, **13**, 1, 64–77.
- Robinson, D. and Reed, V. (eds) 1998. *The A–Z of Social Research Jargon*. Ashgate, Aldershot, UK.
- Rothermund, K. and Brandstatter, J. 2003. Depression in later life: cross-sequential patterns and possible determinants. *Psychology and Aging*, **18**, 1, 80–90.
- Rowe, J. W. and Kahn, R. L. 1998. *Successful Aging*. Pantheon, New York.
- Rowles, G. D. 2003. Evolving images of place in aging and 'aging in place'. *Generations*, **17**, 2, 65–70.
- Rowles, G. D. and Chaudhury, H. (eds) 2005. *Coming Home: International Perspectives on Place, Time and Identity in Old Age*. Springer, New York.
- Rowles, G. D., Oswald, F. and Hunter, E. G. 2004. Interior living environments in old age. In Wahl, H. W., Scheidt, R. and Windley, P. G. (eds), *Annual Review of Gerontology and Geriatrics. Aging in Context: Socio-physical Environments*. Springer, New York, 167–93.

- Rubinstein, R. L. 1989. The home environments of older people: a description of the psycho-social processes linking person to place. *Journals of Gerontology: Social Sciences*, **44B**, 1, 45–56.
- Rubinstein, R. L. and De Medeiros, K. 2004. Ecology and the aging self. In Wahl, H., Scheidt, R. J. and Windley, P. G. (eds), *Aging in context: socio-physical environments*. *Annual Review of Gerontology and Geriatrics*, **23**, 1, 59–84.
- Ryff, C. D. 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, **57**, 7, 1069–81.
- Ryff, C. D. 1991. Possible selves in adulthood and old age: a tale of shifting horizons. *Psychology and Ageing*, **6**, 2, 286–95.
- Ryff, C., Kwan, C. and Singer, B. 2001. Personality and aging: flourishing agendas and future challenges. In Birren, J. E. and Schaie, K. W. (eds), *Handbook of Psychology and Aging*. Fifth edition, Academic Press, New York, 477–99.
- Sampson, R. J. 2007. Local friendship ties and community attachment in mass society: a multi-level systematic model. *American Sociological Review*, **63**, 5, 766–79.
- Sandelowski, M. 1994. Notes on transcription. *Research in Nursing and Health*, **17**, 4, 311–14.
- Schulz, R. and Heckhausen, J. 1996. A life-span model of successful aging. *American Psychologist*, **51**, 5, 702–14.
- Schulz, R., Wrosch, C. and Heckhausen, J. 2003. The lifespan theory of control: issues and evidence. In Zarit, S. H. and Pearlin, L. I. (eds), *Personal Control in Social and Life Course Contexts*. Springer, New York, 484–91.
- Sixsmith, A. J. 2000. The meaning and experience of home in later life. In Bytheway, B. and Johnson, J. (eds), *Welfare and the Ageing Experience*. Gower, Aldershot, UK, 176–80.
- Sixsmith, A. J. and Sixsmith, J. A. 1991. Transition in home experience in later life. *Journal of Architectural and Planning Research*, **8**, 2, 181–91.
- Sixsmith, J. A. 1986. The meaning of home: an exploratory study of environmental experience. *Journal of Environmental Psychology*, **6**, 3, 281–98.
- Smith, J., Marsiske, M. and Maier, H. 1996. Differences in control beliefs from age 70 to 105. Unpublished manuscript, Max Planck Institute for Human Development, Berlin.
- Smith, J. A. and Osborn, M. 2003. Interpretative phenomenological analysis. In Smith, J. A. (ed.), *Qualitative Psychology: A Practical Guide to Research Methods*. Sage, London, 51–80.
- Stanton Rogers, W. 2003. *Social Psychology: Experimental and Critical Approaches*. McGraw-Hill, Open University Press, Maidenhead, UK.
- Terrill, L. and Gullifer, J. 2010. Growing older a qualitative inquiry into the textured narratives of older, rural women. *Journal of Health Psychology*, **15**, 5, 707–15.
- Thornton, P. and Tozer, R. 1994. *Involving Older People in Planning and Evaluating Community Care: A Review of Initiatives*. Social Policy Research Unit, University of York, York, UK.
- Tornstam, L. 1993. Gero-transcendence: a meta-theoretical reformulation of the disengagement theory. *Aging: Clinical and Experimental Research*, **1**, 1, 55–63.
- van Baarsen, B. 2002. Theories on coping with loss: the impact of social support and self-esteem on adjustment to emotional loss and social loneliness following a partner's death in later life. *Journals of Gerontology: Psychological Sciences and Social Sciences*, **57B**, 1, 532–42.
- Wahl, H. W. 2001. Environmental influences on aging and behaviour. In Birren, J. E. and Schaie, K. W. (eds), *Handbook of Psychology and Aging*. Fifth edition, Academic Press, New York, 215–37.

- Walker, A. 2002. A strategy for active ageing. *International Social Security Review*, **55**, 1, 121–39.
- Wigdor, B. and Ploufee, L. 1992. *Seniors' Independence: Whose Responsibility?* Forum Collection 8, National Advisory Council on Aging, Ottawa.
- Wilmoth, J. 2000. Unbalanced social exchanges and living arrangement transitions in later life. *The Gerontologist*, **40**, 1, 64–74.
- Wilson, G. 2000. *Understanding Old Age: Critical and Global Perspectives*. Sage, London.
- Zajicek, M. 2004. Successful and available: interface design exemplars for older users. *Interacting with Computers*, **16**, 3, 431–40.

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