

## AGING HORIZONS BULLETIN

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### Interview: Immigrants Talk About Growing Old in Their Adopted Land

*Iraqi-born Said Fahran has described exile as a book that one cannot finish writing. A new study of long-term migrants to New Zealand bears out the truth of the artist's words.*

*Most left their homelands 40 to 60 years ago. But even after decades in their host country, these immigrants did not trade in one national identity for another.*

*"It's still home and you never forget your origins . . . you never lose your childhood memories, they're with you forever," "Eric" told researchers.*

*The study was carried out by PhD candidate Molly George and Dr. Ruth Fitzgerald from the department of anthropology and archaeology at the University of Otago in Dunedin, New Zealand.*

*The study appeared online in the journal Ageing & Society (April 8, 2011).*

*To learn more, AHB caught up with Molly George in Dunedin, New Zealand.*

**Ruth Dempsey:** How did you become interested in immigration?

**Molly George:** I moved to New Zealand from the United States in 2004. I came as a university exchange student, and worked part-time as a home-helper through a local organization. I did household tasks for several older people, including one woman originally from Holland.

She was in her 80s and had been in New Zealand for over 50 years. After I finished tidying-up her already immaculate home, she would make me a cup of coffee and we'd talk. On occasion, she told me stories about the Second World War in Europe and her early days in New Zealand. Her accent was very thick and I remember being surprised she'd been in New Zealand so long.

I felt an affinity with her, as a fellow immigrant, even though she'd been in New Zealand nearly twice as long as I'd been alive.

A few years later, when I married a New Zealander, I thought of myself at the beginning of a journey that she had been on for 50 years. And it struck me that immigration is not an "event" but a process.

That's when I decided I would like to spend time studying immigration – as a story that unfolds over the lifecourse.

**RD: Who are the immigrants in your study?**

**MG:** I interviewed 22 individuals from 11 different countries. They came from England, Scotland, Ireland, Holland, Denmark, Spain, Finland, Hungary, the United States, Australia and Southern Rhodesia (Zimbabwe). They arrived in New Zealand between the ages of 17 to 29 years. And they have here for 40 to 60 years.

Interestingly, we had an overwhelming response to our request for study participants. Which may indicate these immigrants have few opportunities to openly reflect upon their lives in New Zealand.

**RD: Why did they choose New Zealand?**

**MG:** There were many reasons. Some participants arrived as refugees and New Zealand was simply the first or only country that admitted them. Others came in response to the country's post-Second World War recruitment policies. In the 1950s, New Zealand was aggressively trying to fill its burgeoning labor needs. Some had a specific job offer, and others came in search of life and work opportunities. One had been here before as a worker on a freight ship and returned for love.

**RD: What did they say about the early years?**

**MG:** Nearly all told poignant stories of arriving by ship or on international flights in the early morning, and finding themselves in a country they knew little about.

Most arrived alone, or with a fiancé or spouse and no local contacts. Some faced a huge language barrier. They recalled standing on a train platform not sure where to go, or being given a toothbrush and a pair of socks in a refugee group home. Some described lining up to find work.

The descriptions varied widely. But tales of steep learning curves, cultural faux pas, employment ups and downs, simple living conditions and determination were common.

Some talked of loneliness and terrible homesickness, others recalled feelings of freedom and excitement. Most people mentioned both.

Overall, they felt they were warmly received. Yet, their stories reveal strong pressure to assimilate.

**RD: Eventually, most returned to their homeland for a visit . . .**

**MG:** That's right. Many of these immigrants left home, thinking they would never see their families or homelands again.

At the time, New Zealand was a six-week boat ride away from Europe. But travel advances over the next two decades changed everything. For example, while a single visit home was impossible during their first 25 years in New Zealand, many immigrants made five, six, seven trips back home in the subsequent 25 years.

**RD: "Alice" recalls being recognized at the local bakery after 24 years away...**

**MG:** Yes. One of the women told a wonderful story about being recognized in her local bakery during the first visit back to her homeland. An old acquaintance walked in, looked at Alice and said, "Oh, hello. I haven't seen you for a while." Alice's sister responded, "No wonder, she's been in New Zealand for 24 years!"

Alice was thrilled and comforted to be recognized as though she had never left. It made her feel that her homeland, which she missed and treasured very much, would always be home.

"Beatrice," expressed similar feelings about her visits back to Scotland. She said she felt a deep sense of belonging in Scotland and a huge sense of familiarity with the place. She talked about the atmosphere, the air, the accents, the buildings and the fields. She said, "It's like going into a warm bath in some ways."

**RD: Things changed, as the participants established their own families . . .**

**MG:** Yes, this was the other side of visiting their homelands after so many years away.

Many found the experience unsettling because so much had changed. One woman described how her father had died and her mother had entered a retirement home. The

family house had been sold, and the eight-year old sister she had left behind was now a mother.

Some recalled apple orchards ripped out and the old schools torn down. They described changes in gender roles, and even in the language.

For some, this unsettling experience brought an unexpected benefit. It helped them realize that New Zealand had now become their home.

**RD: The research suggests immigrants may face unique concerns as they age. Is that right?**

**MG:** Many of their concerns are similar to those of native born New Zealanders. So, concerns about money, independence and access to resources and medical care.

But there are other concerns, too. For example, several immigrants told me that they have few people to reminisce with about their youth, family or homeland.

For example, one woman, who immigrated with her husband, observed that when he died, she lost the ability to reminisce with anyone about the people they knew and the things they used to do. Now there is a significant void in her life, as even her children, who are New Zealand born, can't banter back and forth with her about her extended family or communicate with her in her first language.

A few participants were aware of some very old immigrants who revert back to their first language, even after speaking the language of their adopted country for 50 years. None of the immigrants in this study were in that situation.

**RD: Eric described his “goodbye” visit back to England. I found his remarks particularly poignant.**

**MG:** Yes, a lot of the participants have come “full circle.” They left home at a time when travel was slow and unaffordable. Then, travel opportunities opened up, and many made several visits home. Now, some have made or will soon make a “final” return visit to say goodbye. This was quite emotional for several of them.

For some, the journey has become too difficult physically. Others have less money post-retirement, and others say they won't go back anymore because it's too different now.

**RD: The participants gave a lot thought to where they wanted to be buried.**

**MG:** Yes, burial is tricky when you wish to be both with your homeland and ancestors but also with your adopted country and children.

Most immigrants had come up with creative ideas that suited them, though some seemed more satisfied with the solutions than others.

For example, one couple decided to be cremated and have their ashes scattered at their favorite lake, rather than be shipped back to their homeland, or buried in New Zealand with no other family around them.

Another woman noted, with some sadness, that all her children would probably be buried with the families of their New Zealand spouses.

Most participants wanted their remains buried or scattered in New Zealand, but a handful wanted to be returned home.

People had given the subject a lot of thought. One man settled on burial here, but with a headstone written in his native tongue.

### **RD: So what did you learn from the study?**

**MG:** I learned that time perpetuates, rather than settles or “solves” the immigration experience. In fact, this study speaks in opposition to the assumption that the process of immigration is stamped “complete” at some point.

As well, the study suggests “home” is often a place that exists in our mind and in our heart and not the reality of the place, as it is today.

Finally, the results highlight the importance of context. New Zealand has changed quite a bit in 50 years through growing awareness of, and expanding connections to other places and cultures.

When these immigrants arrived, the forces of assimilation were quite strong. Today, it has become somewhat easier for participants to express their hybrid identities and foreign perspectives.

For example, “Elena” a Spanish immigrant, no longer has to go to the pharmacy to buy her olive oil. She can find ample choice on supermarket shelves, including some made right here in New Zealand.

### **Study: Let Retirees Decide**

Today, older adults are encouraged to make volunteering a normal part of post-retirement life, but volunteering may not be for everyone.

Olena Nesteruk and Christine Price from Montclair State University (Montclair, New Jersey) interviewed 40 women retirees living in the Midwest of the United States. They came from different backgrounds and ranged from 53 to 74 years of age. All the women were retired seven years or less.

The research appeared online in the *Journal of Women & Aging* (Vol. 23, No. 2, 2011).

## **Volunteering in later life**

The study found retirees' attitudes toward volunteering varied considerably.

### **1. Non-volunteers**

Eleven of 40 participants expressed no interest in volunteering.

They said, they:

- felt “tapped out” after a lifetime of doing for others;
- were dissatisfied with earlier volunteer experiences; and
- wanted to keep their schedules flexible.

As “Hobart”, a remarried women with four grandchildren, explained:

I thought about maybe volunteering at the hospital, but I don't want to overload myself. I don't want to get that feeling that I felt the last two years before retirement. After being on a nine-to-five job, I really want to stay loose and just do spur of the moment trips. Just enjoy it.

These women saw retirement as “their turn” to put their own needs first. In short, they wanted to pursue personal interests and enjoy some “me” time.

### **2. Caregiving volunteers**

Another group of retirees chose to focus their energy on family-related obligations. Nonetheless, some of the women felt guilty because they could not volunteer in a formal capacity. Indeed, some believed that caring for family should be considered volunteer work.

Take “Barbara” for example:

I have a daughter with four children, and I help her the most. This week I'm out there three days watching the children so my daughter can volunteer. In a way, I'm helping her volunteer. A friend of mine said, “You know, they should stress more that helping with family is volunteer work, as well.” So that relieved some of my [guilt].

Similarly, “Cathy” noted:

I've had four hard years; my husband was very disabled by an acute stroke, my daughter lives in town, and I spend a lot of time babysitting and having them over. There is a lot of giving on a fairly regular basis. While it's indirect, I am still giving to others.

### 3. Traditional volunteers

Finally, the study found over half of retirees engaged in either formal or informal volunteer work.

Formal volunteers donated time on a regular basis in:

- hospitals;
- food banks; and
- at the local literacy council.

Informal volunteers engaged in the following:

- providing rides to medical appointments;
- preparing meals for neighbours on occasion; and
- helping with community events “here and there.”

These participants talked about the benefits of community work. They reported that volunteering:

- provided a sense of purpose;
- offered feelings of fulfillment;
- helped them structure time;
- offered them a way to give back; and
- helped them find meaning in their lives.

For example, “Kay” volunteered at the statehouse in her home city.

So I work down there one day a week and I really like that. I really enjoy being a tour guide there. It gets me out. . . . I’ve made a lot of friends down there and it’s just fun. I really enjoy that. I get to dress up (laughter) and go there. I like that.

#### Let retirees decide

With retirements beginning to stretch routinely into two – or even three – decades, many retirees join the voluntary sector to gain a sense of renewal in their post-work lives and to ensure they remain engaged.

According to the study, the trouble begins when certain kinds of contributions become obligatory rather than optional for older adults.

The researchers say, “We need to respect the multiple ways in which women experience later life.”

Also, society needs to recognize the indispensable family caregiving work provided by retired women.

### **Interview: Taking Care of Our Stories**

*Ask William Randall the secret of a happy old age and he will tell you, "Aging Well requires a good strong story."*

*Dr. Randall is professor in gerontology at St. Thomas University in Fredericton (New Brunswick) and director of the Centre for Interdisciplinary Research on Narrative*

*His research has appeared in numerous papers and several books, including Reading Our Lives: The Poetics of Growing Old (with Elizabeth McKim, Oxford University Press). He is listed in 2000 Outstanding Scholars of the 20<sup>th</sup> Century.*

*AHB reached him in Fredericton.*

**Ruth Dempsey:** You begin your research, not with the usual list of statistics, but with, "Once upon a time . . ." Why is this?

**Bill Randall:** Since earliest times, human beings have been storytelling creatures. We think, feel, decide, learn and believe in terms of stories. In fact, we experience our very selves – our identity, if you will – through stories: "the story of my life", we call it.

**RD:** "Our story may be the most precious possession we all have, especially the older we grow." How so?

**BR:** Late life brings with it many challenges and changes, and because of these, it can confront us with an "identity crisis" that can be every bit as powerful as when we were in our teens. To cope with that crisis and face those challenges, we need, in effect, a good strong story.

Too often, though, gerontology has dwelt on the bad news about the aging process: loss of mobility, agility, memory, or hair – that sort of thing. The good news has been all but overlooked.

What is that good news? One way of expressing it is that, the older we get, the "thicker" our story becomes inside of us – the accumulated memories and impressions of all the people we have known, events we have experienced, troubles we've seen and so forth.

Also, we can get considerable enjoyment from telling our stories and a renewed or enhanced sense of meaning and purpose in our lives. If our stories are ultimately who we are, then this is no wonder.

**RD:** You believe we can find more opportunities to tell and listen to each other's stories. Can you explain?

**BR:** In a close and respectful “co-authoring” relationship, for example, with a dear and long-standing friend, we have the wonderful feeling that the person knows our story “inside and out”. Naturally, they will only have their particular version of that story, which will not be exactly the same as the one we have of it ourselves. And they will inevitably “storytype” us to some degree. But all in all, we feel not just familiar with them but safe somehow as well.

When they listen to us, they do not interrupt us continually to talk about themselves. Instead, they attend to what we’re saying in a deep and caring manner, which invariably helps us open up. We feel freer, that is, to try on alternative interpretations of events and issues in our lives that, for whatever reasons, we find painful or puzzling.

“You can’t tell who you are unless someone is listening”, it’s been said. Or as a sticker on my fridge at home expresses it, “What people really need is a good listening to”.

And of course it’s not just in the context of friendships that such storylistening occurs; it happens in therapy as well, in marriages (ideally, at least), in support groups of various sorts and it can happen in a learning environment as well – a life-writing group would be a good example – as we press past the superficial chit-chat and settle down to sharing with one another our deeper thoughts and feelings.

**RD: You write about how when someone close to us dies, that person’s departure “de-stories us.” Can you give me an example?**

**BR:** This is perhaps a strong term, I admit. However, I tend to think of close relationships, for instance, with friends or family members or with partners in marriage, as “co-authoring” relationships.

In other words, a good part of my story is bound up with your story and with our story, too. That is, all the things that we’ve gone through together; that we’ve suffered, seen, celebrated; all the memories we’ve shared. So, when you go, a part of me goes, too – a part of my identity, a central subplot or chapter of my story.

**RD: Let’s look at *The Fredericton 80+ Study*. These people lived through wars, economic downturns. They survived illness and personal difficulties. What did you learn?**

**BR:** We learned various things, one being that what these people tell depends, in no small part, on who is listening! In fact, with a couple of colleagues, I’ve published on this very point some very intriguing findings.

We also learned that biographical aging and biographical health, if I can call it that, are every bit as intricate and as important as biological aging and biological health about which, of course, gerontology has amassed a tremendous amount of knowledge. But, again, most of that knowledge tends to be in the “bad news” category.

As well, we learned that, story-wise whether they realize it or not, these people are marvelously rich, complicated, many-layered beings.

We learned too that memory is really quite mysterious in the way that, over 80-odd years of life, certain things tend to “stick”, while so many other things don’t. Why is this? It’s a question that researchers really know a lot less about than you might think.

Finally, I go back to the point I made earlier, which is that such people’s stories can be a source of great strength (potentially at least, for it’s not automatic) for themselves. Remember, we need a good strong story in order to grow older and not merely get older, and also for others for those of us who listen.

There are many “life lessons”, much wisdom that these sorts of individuals, and perhaps they alone, can teach us if we have the ears to hear.

**RD: Finally, you say, “It’s never too soon to have a happy old age?” Can you give me some pointers?**

**BR:** I’m convinced more and more that the most important thing we can learn in life is to actively, positively grow old and not just passively get old.

Indeed, the process should really start early in life rather than later, which is too late in other words. We shouldn’t be leaving it until we retire, when we assume we’re going to have all this time on our hands. We need to get going with it now, whenever “now” may be.

Learning to grow old, however, involves more than just taking care of our bodies through a healthy diet and exercise, and so forth. And it’s more than a matter of taking care of our brains through doing crosswords or playing scrabble to keep ourselves mentally fit, as vital as that surely is. No, we need to take care of our stories, too. For, again, they are who we are.

I’ve been thinking a lot lately about something called “narrative foreclosure”. Narrative foreclosure is the sort of situation in which, technically, our life itself continues on – beyond retirement, for instance – but our story about our life shuts prematurely down.

We end up living in what one scholar calls “epilogue time” no more new events or chapters are likely to be added, no more narrative development will occur. Put another way, we live in the past rather than off the past.

Inside of each of us, I like to think, is a tremendous cache of “biographical capital” – in other words, our memories or our story. Yet, sadly, for many of us as we age, that story goes both undertold and under-read – as sad a fate, no doubt, as that of a novel on which its author has laboured for years to write, only for it to sit forgotten on the library shelf.

I see my work in narrative gerontology as helping to address this kind of tragedy and offer people ways of thinking about the aging process – on the inside, as it were – that will help them truly grow into later life.

*Editor's note: The original interview appeared in AHB November/December 2007.*

### **Study: Retirement Villages – Separate Spaces for Older People?**

Australian researchers have found links between ageism and the construction of residential complexes for older adults.

Maree Petersen and Jeni Warburton examined the residential complexes comprising retirement villas and care facilities sprouting up across southeast Queensland, Australia.

The researchers drew on data from published documents and interviews with both developers for the for-profit and not-for-profit sectors. They also interviewed architects, government policy makers, town planners and consultants.

The study appeared online in the journal *Ageing & Society* (Feb. 7, 2011).

#### **Among their results:**

- Retirement complexes are numerous today on the urban fringe of Queensland's main cities. Professionals win political support for the developments by touting them as a solution to the crisis of an aging population, despite older people's overwhelming preference to live at home in the community.
- The ads targeting retirement villages use models younger than the average age of residents (which is 72 years at entry). The brochures tout upscale problem-free lifestyles that mask the aging process and exclude frail older people.
- Construction of home-like facilities is hampered by requirements for efficient layouts and stereotypes of older people common among building professionals. As one architect noted, "You know it is more like designing a hospital or a surveillance place or not someone's home and I am now looking at it as a marriage of the two and that is purely what it is."
- Within residential complexes, it has become increasingly common to separate the retirement village from the nursing care facilities. "People staying in the retirement part don't want to know what lies ahead of them," one town planner explained.
- Retirement complexes are big business in Australia. And the promotion of large-scale developments is critical to the survival of a large number of businesses, not-for profit organizations and regional consultancies.

- Most significantly, the dominance of residential developments means little attention is given to other housing options for older adults. This, despite growing calls for community for all ages.

## Housing and ageism

With the growth of retirement villages set to double over the next two decades, the researchers note, “The industry practice of separating older people geographically has consequences for how society perceives older people, how they live and how they are viewed by society.”

## ROUNDUP

**STILL KNITTING UP A STORM:** With the rise of the Internet, long-time knitters have discovered a spectacular new world of blogs, patterns and specialist yarns, not to mention knitting friends around the globe.

Popular sites on the Web include:

- [Ravelry](#), a huge social network for knitters; and
- [Stitch London](#), a global stitching community with the motto: “Keep calm and carry yarn.”

In *Making is Connecting* (Polity), David Gauntlett, a professor of Media and Communications (University of Westminster, U.K.) explains making things connects us to our world. And knitting is a good example.

“Nowadays people feel a growing need to be creators of the things, not just consumers,” he says.

Source: *guardian.co.uk*

**TORONTO HOSPITAL INTRODUCES NEW STORY TOOL:** Recently Wendy Nixon suffered a serious fall and was admitted to St. Michael’s Hospital in Toronto.

Shortly after, a *My Story* poster appeared above her bed.

The new communications tool told her medical team that she:

- is an elementary school teacher;
- owns a Blue Merle Shetland sheepdog named Bridget;
- loves tea, wild rice and bannock;
- enjoys crafts, sewing, and watching *Glee*; and
- earned four academic degrees in nine years.

The idea is to personalize care.

The new story tool is the brainchild of a woman, who discovered her husband, after a car crash, had been listed as a “John Doe” at California’s St. Jude Medical Center. She mounted facts about him around the room and asked medical staff to read them before treating him.

At St. Michael’s, nurses Kerry-Anne Caissie and Ruby Gorospe have come up with a two-page poster that is offered to family members and friends of patients in critical and palliative care.

Nixon filled out her own poster and included a drawing of her sheepdog Bridget.

“It really breaks down the boundaries,” Nixon said. “It makes it a meaningful relationship, rather than just a stranger and somebody who is receiving personal care.”

Source: *thestar.com*.

**WHICH WAY TO THE GENTLEMEN’S CLUB?** Women far outnumber men in residential care settings today. With fewer numbers, men may become socially isolated.

In an interesting discovery, a British group has found that the creation of gender-based groups in residential care settings can help men counteract experiences of marginalization.

The study is based on 26 adults, aged 70 to 90 years of age. All participants were residents of Cornwell Care homes in the South West of England. They formed nine groups – five gentlemen’s clubs and four ladies clubs. Members met every two weeks.

Popular activities included:

- museums visits;
- movie afternoons;
- lunchtime outings; and
- flower arranging.

### **A country for old men**

The study found gender-based groups had positive effects for both men and women, but they were especially beneficial for men.

In particular, gentlemen’s clubs:

- **increased life satisfaction** by providing opportunities for social interaction. “The club has saved my life,” one participant said;

- **strengthened social identity** by bolstering a sense of group identity. This allowed individuals to feel more “at home” in residential care. “Yes, we become a team,” one man observed. “A team”;
- **and reduced depression.** After participating in the club for 12 weeks, men’s depression scores decreased significantly.

Ilka Gleibs and co-workers published details of the study in the journal *Aging & Mental Health* (Vol. 15, No. 4, 2011).

**DOCUMENTARY IS A THING OF WONDER:** Interested in sparking lively conversation with your grandchildren the next time they come to visit. You might want to check out [\*Journey of the Universe\*](#).

In this 60-minute film, Brian Thomas Swimme and Mary Evelyn Tucker propose: “The great discovery of contemporary science is that the universe is not simply a place but a story – a story in which we are immersed, to which we belong, and out of which we arose.”

This sweeping story of life – from the Big Bang to today – is sure to enchant all, and it will enhance young people’s love of nature.