INTRODUCTION
Ageing in a Time of Crisis

The current moment is seemingly defined by crisis – climate change threatens to undermine the conditions of possibility of human civilisation; the liberal order is under threat through self-generated crises and organised political reaction; and the waning but still-present Covid-19 crisis showed humans that pandemics are potentially devastating, even in 'advanced' societies. These emergencies grow out of a combination of past successes (technological virtuosity that has driven multiple industrial revolutions, still standing at 'The End of History', and the 'conquest' of many other infectious diseases) with very current anxieties.

The discourses around an ageing population share some of these attributes. The twentieth century, despite devastating wars and violent revolutions, saw greatly increased lifespans in populations globally, with Europe, North America and Japan particularly benefitting, thanks to increased wealth, improved healthcare and better nutrition across the life cycle, as well as enlightened social policies. For the past few decades, however, this success has been reinterpreted as a crisis-in-waiting, as health budgets expand to deal with a larger morbidity burden, and fewer active workers support an ever-larger number of retirees who are themselves living longer. Thus, terms like 'Silver Tsunami' and the 'age timebomb' have entered both popular and governmentality discourses, bewailing the ostensible untenability of the trending demographic distribution. This 'burden discourse' tends to be the primary register through which ageing is discussed in most policymaking and in many academic circles.

Unlike other crises, however, ageing is also a near-universal human experience, most of which is not experienced negatively. We might debate the causes of 'once-in-a-century floods' – especially as they become frighteningly commonplace – or the decay of public culture, but these are episodic events for most people most of the time. We experience ageing differently. It can be both burden and blessing, a process of seeming obsessive anxiety in a youth-focused culture and an unavoidable, often scarcely noticed and even sometimes much welcomed progression. Ironically, 'the old' are increasingly marked off from so called 'regular life',

even as more and more people experience older age, and older people themselves collectively emerge as a significant political, cultural and economic force. Indeed, the distinct contours of what could be called 'Late European Modernity' has ageing as one of its primary anxieties, as family sizes shrink, populations grey, and migrants are seen as both necessary to the general economic viability of the state and specifically the so-called 'care economy', while simultaneously being a main source of national anxieties.

The Covid-19 pandemic, of course, impacted ageing especially forcefully in the Global North, exposing specific concerns about ageing societies and taking a heavy toll on older people, particularly in the early phases of the crisis. This led, in many countries, to bitter political debates about the relative social and economic merits between lockdowns and 'cocooning' or protective isolation, the prioritisation of vaccines and therapeutics, as well as significant disruptions in the lives of older people themselves. Even outside lockdowns, and similar to most other age groups, many older people (and their loved ones) remained uncertain how to calculate and ameliorate the risk of transmission versus the risks of social isolation and the felt necessity of face-to-face interactions for the maintenance of community. The pandemic, of course, also accelerated the adoption and adaptation of a variety of digital and assistive technologies (Smith et al. 2020).

Drawing on data collected during this tumultuous period, this book explores the connected pillars of the lifeworlds of older adults across Europe and offers an analysis of how ageing populations across Europe live, the ways they participate in society, how they think about the meaning of and actively pursue agency, how they engage with memories, form critical opinions, nurture hopes, and engage with their futures, pasts and presents. These lifeworlds of people aged 65 or older are complex and diverse, and their self-perceptions, health and relationships vary, no matter their biological age. Understanding these populations and their perspectives on ageing illuminates the internal organisation of the lifeworld and the connections between things and people made by its inhabitants. We insist that such connections must be taken seriously as a first step to visualising issues and imagining solutions to any 'problem' associated with ageing.

Lifeworlds, Ageing and Agency

> Old age is full of death and full of life. It is a tolerable achievement, and it is a disaster. It transcends desire and it taunts it. It is long enough, and it is far from being long enough. (Blythe 2006 [1979]: 45)

In his book, *The View in Winter* (1979), a collection of oral histories of 'the old' developed in the 1970s, British writer Ronald Blythe refreshingly gives no single answer to the question 'What is "Old Age"?'. Blythe came to this productively ambiguous conclusion through deep conversations on ageing with dozens of residents from a few villages in the Suffolk countryside. We, on the other hand, developed 107 case studies in ten main fieldsites in eight countries, as well as people who age in radically different worlds, such as the deafblind – all this during a historical moment when normal life seemed suspended, perhaps permanently, while 'the old' were seen to be especially at risk. The ethnographic work this book builds on was begun at the beginning of the coronavirus pandemic and continued into the waning of this crisis. This global event challenged and transformed many existing practices and 'ways of life' associated with ageing. Cocooning forced by the pandemic was neither a simple ending, nor pause, and the older people with whom we interacted experienced Covid in very different ways. Most, however, utilised the opportunity that the pandemic provided to think through issues of ageing and life, their memories and everyday experiences before the pandemic and their hopes for the future after the pandemic. At the same time, Covid provided a window of crisis into this process, especially as Europe worries about its ageing populations and the possibility of its various care systems being overwhelmed by 'the old'.

> I'm 84, [pauses] and there's no future for me. If you understand what I mean. I don't have too many years left. Things will never be as they were before the pandemic, because none of the people that I go out with, nobody seems to want to go out anymore in my age group. So, I've just sort of resigned myself to the fact. Well things are just not going to be the same for me. (Pauline, 84, Northern Ireland)

As Pauline describes in the above statement, her lifeworld, everyday activities, relationships, hopes and worries changed during this exceptional time, in which Covid threatened older adults collectively as an age cohort, while accelerating their adoption of some technologies developed and implemented in the hope of averting the foreseen care crisis in an ageing society. It isolated older people in most places, but it opened new ways of interacting for some. It demonstrated that care structures were simultaneously more exclusionary and more flexible than anticipated, but it gives no promise of what will be remembered, selected or retained of these adaptations in the 'new normal'. In short, the Covid pandemic silently subverted many social-cultural expectations about the elusive category of ageing. It is still not clear whether this subversion provides space to reimagine lives and futures in more positive and intellectually useful ways.

While the coronavirus pandemic provided the context in which we conducted our research, and – for better or worse – framed the everyday lives of our participants in that moment, this book goes far beyond *just* the experience of the pandemic. In our conversations, we engaged with the past, present and future of older adults' lives. This included their narratives of childhood memories and work lives, their philosophical and political opinions, challenges they face financially, with mobility or with care structures, their contributions to society beyond retirement and their hopes for the future and next generations. Knowing that Covid-19 was still the exception to the rule, testimonies about everyday activities, negotiating institutional structures and emotional assessments from before and beyond the pandemic guided the content of this book – and, of course, the ways in which states and institutions interact with individuals whose nominal age labels them as senior citizens. Viewed from a societal perspective, the concern with ageing is mostly to do with older age and a population of adults who because of the ageing process are increasingly dependent on support and care. Often ignorant of the everyday realities of older adults and underestimating the contributions they make to society, many policies in the European Union concentrate on the 'increasing frailty or disability' with which those adults are associated and the 'challenge to the sustainability of health and care systems' due to the growing 65+ population (Thomson et al. 2009).

This book explores this space by looking ethnographically at the lifeworlds of community-dwelling older adults across Europe. We analyse insider perspectives of those aged 65 or older on the phenomenon of ageing and address various structural, affective and physical enjoyments and challenges that these populations encounter. We gathered ethnographic data, predominantly remotely, through digital means that had come to play a far more prominent role in all of our lives at that time. Partly, we hope that this rich archive will help support policymakers, clinicians and designers in the nuanced development of technologies and services that account for the diversity of ageing populations. Partly we wish to challenge anthropological thinking to consider ageing, just like gender, ethnicity or race, to be a non-categorical concept that deserves interrogation at 'home' as well as abroad, and whose existence at any one moment is generally contingent (and often contested). Thus, in this book we approach each older adult as an expert in their own lives – not the only one, to be sure – and acknowledge that their knowledge of their own person, perception and environment is a critical element for the success or failure of any social, technological or health care intervention aimed at improving independent, smart and healthy living. We also consider them teachers in challenging us to develop more sophisticated theoretical tools with which to address ageing as phenomenon, category and concept.

Such research into the lifeworld asks for an interconnected engagement with both the emotional experience and the spoken, visualised and structural representations of individual and collective action. Lifeworld, then, is a conceptual framing of 'the lived experience and relationships that make up any person's life' or, as Desjarlais and Throop put it, 'the unquestioned, practical, historically conditioned, pretheoretical, and familiar world of people's everyday life' (Desjarlais and Throop 2011: 91). It is a term used broadly in phenomenology, anthropology and some parts of other social sciences, although it may be less familiar for many other readers. Located in the work of Husserl (1970) and developed throughout the twentieth century in the work of Schütz (1945) and Hallowell (1960), the concept connects a wide variety of person-centred investigations in the social sciences, as at least a first critical step before invoking an explanation based on static social-cultural 'patterns' or 'structures'. More recently, Michael Jackson (2012) has revived the concept from an existentialist point of view in which he not only contests the 'image of bounded human groupings, whether these are conceived to be ethnic, racial, religious, or social' but also calls into question the analytical usefulness of identity thinking. To do so he demands the use of a new vocabulary built on such terms as 'relatedness, intersubjectivity, coexistence, negotiation, multiplicity, potentiality, transitivity, event, paradox, ambiguity, margin, and limit' (Jackson 2012: 22ff).

Building on these predecessors, for the purposes of this book we define lifeworld as the immediate experiences, activities and contacts that make up the experiential world in an individual's life. It is the 'given', common-sense world of subjects beyond – but also including – the physical (natural and built) environments in which any particular human exists. To this extent, it is not merely an idiosyncratic 'viewpoint', but also a manifestation of collective meanings and ways of being in the world. As part of this meaningful world, humans experience other beings in three broad categories – intimates, consociates and strangers. These are not fixed categories – not all family members are necessarily intimates, for example, and strangers can become intimates over time. At the same time, non-human beings, such as pets, can sometimes exist as a special class of intimates. For the most part, the book explores these worlds from the perspective of intimates, but also moving out from those in the home to the neighbourhood, local communities, or to subjects who are more in the category of 'stranger' in the broader world.

Various themes separated into chapters flesh out these lifeworlds. It should be noted, however, that these are viewpoints on what is experienced in these lives as interconnected phenomena even if they are not necessarily recognised as such by those with an external perspective.

'Financial concerns', for example, can spiral into feelings of anxiety and lack of self-worth that can get read as 'depression' from another, say professional healthcare provider's, perspective on this same lifeworld, potentially mobilising various formal care interventions, often of limited usefulness. Similarly, barriers to mobility can make a range of other facets of the lifeworld significantly more challenging, requiring, perhaps, extra interventions, before deracinated concepts, like 'lack of social contacts' can be appreciated.

To better understand the relatedness, intersubjectivity, ambiguity and limits, to name just a few of the terms suggested by Jackson (2012), we built our analysis around four foci that, in the data itself, emerged as core concepts for understanding older adults as individuals and as a 'group'. These 4Ps – Practice, Participation, Process and Purpose – cover the essential findings relevant to all walks of life. Through Practice, or more precisely, social practice, we explore the importance of people's action and the de-facto engagement with one's surroundings rather than thought or ideas. With it we describe what really happens as opposed to what one intends or imagines. To realise meaningful social practices, participation in social activities is key. To ensure the wellbeing of older adults the second P – Participation – allows us to think through the dialectic between alienation and a sense of control over one's life and the social structures and relationships that determine it. With the third P – Process – we demonstrate the idea that any interaction is only a snapshot of what are in fact flows of social life, and that even stability is situated within these flows. Finally, by the fourth P – Purpose – we describe the sense of meaning and motivation that we observed in, and how they were articulated by, older people. These foci organise the interpretation of our findings and frame our analysis and writing.

A critical theme in nearly all the facets we discuss, and thus a key argument of this book, is the balance between alienation and a sense of control (what we call participation above). As will become clear throughout the various chapters, the desire to exercise some choice within a specific environment is a core component of wellbeing and ontological security of the older generation. This 'agency' is expressed as a desire to both share in decisions and to have a share in the control of a situation. In this sense, older people resemble most other people from across the life cycle, insofar as they want to feel that they share in the decisions that directly affect them, and they want some share in the control of their own lives (Saris 2013). When this sense of meaningful participation or the capacity of individuals to act independently to make at least some of their own choices is absent or severely limited, it is experienced as a significant burden, and a diminishment of their humanity.

The Anthropology of Ageing (in Brief)

In the last thirty years or so, the anthropology of ageing has emerged as a sub-discipline in its own right, encompassing a variety of perspectives and possessed of global reach (Spencer 1990, Albert and Cattell 1994, Cohen 1994, Kaczmarek and Szwed 1997, Buch 2015, among many others). While one can find important earlier work in the discipline examining ageing cross-culturally (e.g. Meyerhoff and Simic 1979; Fry 1980), the current focus on ageing has not just embedded itself in the discipline as a recognised sub-section, it has also routinised connections with the medical specialisation of gerontology, in a fashion that is not the norm for most of the anthropological research at the borderlands of medicine (for a good history, see Howell and Guest 2024). With the benefit of hindsight, this developing focus is hardly surprising, as ageing is not just a human universal in a relatively narrow sense of being a potential in nearly every healthy human life, but it has also emerged as an increasingly shared global reality. By the end of our fieldwork in the European Union-funded SHAPES (Smart and Healthy Ageing through People Engaging in Supportive Systems) research programme, for example, the number of people aged 60 years and older across the globe officially surpassed the number of children under the age of 5, almost certainly, for the first time in human history (WHO 2022). More theoretically interesting for the discipline, though, is how cross-cultural comparison shows that age is not only a foundational aspect of social life, but also that the boundaries between cohorts and the meanings of 'age' itself were social rather than merely biological phenomena, similar to how anthropologists have traditionally understood gender or race (Lynch and Danely 2013, Sokolovsky 2020). Other anthropologists pointed out the inequalities and tensions between age groups in ways that highlighted cultural attempts to mediate conflicts (Lamb 2014). From the 1960s, anthropologists began efforts to promote their perspective within the emerging fields of social gerontology and medical anthropology, with some success. At the same time, the study of old age, especially in the Global North, began to focus more on the ways health care and modern social welfare systems variably impacted lives (Iris and Berman 1998). Thus, while anthropology continues to challenge universalising biomedical reductionism of age through a focus on cultural contexts, narrative productions of identity, and local understandings of personhood, this focus has been enriched by theories of care, political-economic analysis of access, and studies of mobility, globalisation and science and technology (for an excellent overview, see Buch 2015; also Prendergast and Garattini 2016; Kleinman 2019).

Ageing in Anthropology

At the same time, anthropology and ageing also have a longstanding (if, for much of its history) largely theoretically invisible, relationship with one another (an exception is Clark and Anderson 1967). The importance of older adults as informants was self-evident to the earliest Boasians, for example, such that 'sitting at the feet of elders' was among the best ways to 'learn a culture'. Age and cultural competence were all but synonymous in this way of thinking, so much so that, if there were no older people or if older people despaired of the changes in their societies, then it was assumed that there would be little grist available for anthropological mills. Thus, Ruth Benedict's *Introduction to Patterns of Cultures* (Benedict 2006 [1934]) invokes a well-worn Western trope of an elderly man (a 'Digger Indian') grieving for a traditional, perhaps more authentic, way of life, now beyond salvaging, through his metaphor of a broken cup. Even our discipline's more coded 'insider' knowledge invokes the wisdom of elders (as well as the discipline's theoretical debt to them). Classic anthropological references, such as *Two Crows Denies It* (Barnes 2005) unselfconsciously gestured to the knowledge gained from older people (usually older men) and fretted about the consequences of their disagreement for the certainty of anthropological knowledge and the respect this knowledge could expect to garner in the social science market in which it found itself embedded within the academy. Two Crows, the Omaha Chief, was around 65 when Reverend Dorsey consulted and then rejected his wisdom in *Omaha Sociology* in favour of the slightly younger Joseph La Flesche (Dorsey 1884) before this 'controversy' was immortalised by Edward Sapir (1924) some decades later. Of course, this tendency to valorise the wisdom of the old – again, usually older men – was scarcely confined to American or even Anglophone anthropology. Ogotemmêli, the Dogon Sage, was likely in his seventies when he sat down (rather grudgingly) over thirty-three days and explained the metaphysical intricacies of Dogon cosmology to a young Marcel Griaule (1997).

Examples from early twentieth-century anthropology could easily be multiplied. 'Age', particularly *ageing*, had to be fundamentally reconceptualised in the societies which produced the dominant strains in anthropology as a condition of the modern formulation of the 'anthropology of ageing', that, in Cohen's elegant phrasing, encourages the discipline towards a 'sustained attention to age as a kind of difference, one particularly relevant to how individuals, groups, and events are imagined and articulated as things in time' (Cohen 1998: xv).

It would help to clarify issues if we understood that ageing emerged as an obvious anthropological problematic only after it had emerged as

a transformative, often challenging, issue in states, communities and politics 'at home'. In most respects, this process mirrors the interest in childhood seen in many Western countries in the early twentieth century, where child-rearing and adolescence were first foci of generalised societal anxiety and policy concerns, which then developed into various research strands (not merely the famous nature/nurture controversy, but also striving to understand, and even optimise, fundamental periodisation of the life cycle, such as 'adolescence'). Thus, well before ageing appeared as a particular and sustained area of anthropological interest in the 1990s, older people had emerged as significant social and economic actors in the developed world and, increasingly, as a broader policy concern in terms of the affordability of healthcare and other 'entitlements' for 'the old'.

This is not to say that the anthropology of ageing has not been a fruitful theoretical field or ethnographically innovative in the last couple of decades. Ageing as a 'kind of difference' contributes to novel ways to theorise social change and expectations of the life cycle, just as surely as ageing as acme of the accumulation of cultural wisdom drove an earlier moment in culture theory. Cross-cultural work, predominantly, though not exclusively, by anthropologists has opened up productive questions about both the definitions of and social expectations for ageing in or migrating between different cultural settings (Hromadžić and Palmberger 2018; Sokolovsky 2020). Anthropologists have also been deeply involved with framing how older people engage new technologies in the pursuit of connecting to and/or reinventing communities (see Ahlin 2020; Prendergast 2020; Miller et al. 2021, and the various contributors to Prendergast and Garattini 2016). Finally, anthropologists have contributed to significant international debates around 'Third Age' and 'successful ageing' (Hazan 2009; Carr and Komp 2011; Lamb 2017).

Ageing and 'The Old'

> *You don't realise you've grown old until you start to realise you can't do things.*
> (Gertraud, 92, Germany)

While this is a book about ageing and the lifeworlds of older people in Europe, it confronts the irony that many of our research participants not only do not self-identify with the category of 'old', but they also occasionally actively resist inclusion in it. They are not alone in their quiet resistance to their inclusion in a seemingly fundamental concept. Cross-cultural work has shown up the peculiarities of a sharp separation of the 'old' as a category at both conceptual and very often spatial levels. Some

anthropologists, such as Lawrence Cohen (1998), go so far as to argue that 'ageing' is hopelessly entangled in specific cultural assumptions and anxieties about modernity. He further suggests that a gerontology that pretends to universal applicability does so only at the peril of its conceptual impoverishment.

We argue in this book that 'becoming old' is only understandable in the interplay of personal experiences, specific local contexts, and broader social-cultural trends. For example, in the so-called developed capitalist economies of the last 100-odd years, 'old' or 'older person' has been firmly tied to productive labour in capitalist economies. Equally, in the twentieth century, both British and American English have regularly used 'retiree' or 'pensioner' to refer to that stage of life, with similar terminology existing in other European languages. Of course, not all older people stop working and many did not have the sorts of careers that conclude with a work pension. We do not lack for newer, seemingly more 'inclusive' terms for growing old. 'Successful ageing' was seen as a solution to some of these dilemmas in the 1990s until very recently but, as Katz and Calasanti (2015) have argued, this may be due more to its vagueness in terms of the definition of 'success', rather than its ability to illuminate this topic. Who judges such success, and against what measure(s), are much more difficult issues, which are not resolvable by simple policy logics that seek self-evident categories to manipulate.

Ironically, it is at the margins of academic analyses – in works aimed at a popular audience or from those who take on the label 'activist' – that the most direct challenge to 'ageing' and the category of 'old' has been articulated. Some, like Becca Levy in *Breaking the Age Code* (2022), use cross-cultural data, especially from Asia, to argue for 'age-positivity' in American society, making a case that national culture and public policy are decisive in creating the conditions of possibility for 'successful ageing'. Others, like Applewhite in *This Chair Rocks* (2020), go further, directly deconstructing 'old' as a category and suggesting that the potential freedoms of old age can serve as the foundation for the most satisfying part of a human life and a critique of alienation in other parts of the life cycle.

In our work, we have found it most useful to imagine 'old age' in terms of a modulation of the life course rather than a category or even a self-evident 'kind of difference'. It is possible, even likely, that one starts living with impairments, but the mere accumulation of such impairments does not necessarily move you into the category of 'old'. 'Life course', thus, is a dynamic concept – an accident can indeed introduce a dependency step that 'makes one old', but this is not simply a function of perceived severity, but also of the number and nature of the supports in an environment that moderate dependency. Ironically, perhaps, many of our research par-

ticipants comfortably label other people in their own environments as 'old people', based on their own perceptions of relative capacities to act and interact within such environments.

Researching Ageing in the European Space

The SHAPES Innovation Action

Empirical research for this book was conducted as part of the Horizon 2020 Innovation Action SHAPES, funded by the European Union to understand ageing in Europe. The aim was to develop a digital platform and open ecosystem to support older adults' independent and healthy living in Europe (Seidel et al. 2022). The project, titled 'Smart and Healthy Ageing through People Engaging in Supportive Systems', created a unique pan-European ecosystem, including a standardised, interoperable and scalable platform for the integration of smart technologies, which has three core functions: collecting and analysing data related to individuals' health, environments and lifestyles; identifying needs on an ongoing basis; and providing reliable, trustworthy and affordable recommendations and solutions in return. Over four years (November 2019–October 2023), the project's large-scale piloting campaigns deployed and tested a broad range of digital solutions in fifteen pilot sites across ten EU member states, including six EIP on AHA (European Innovation Partnership on Active and Healthy Ageing) reference sites. These campaigns specifically addressed users' requirements and expectations in using innovative technologies to support and extend older adults' independent living and active, healthy ageing at home, while enhancing the long-term sustainability of health and care systems in Europe (see also https://shapes2020.eu).

The project was designed as a multidisciplinary and diverse network of partner institutions, ranging from healthcare institutions to designers and policymakers, including academic institutions and scholars from various disciplines. From the outset, SHAPES recognised that a technology platform for smart and healthy ageing must work in different ways for different people and their lifeworlds. Therefore, anthropologists were included in the research to infuse an early and ongoing awareness of the importance of cultural, social, ethnic and gender diversity of older adults, as well as the range of disabilities and dependencies they may experience. Based on the empirical data gathered and preliminary analysis provided, SHAPES' ecosystem and socio-technological innovations became responsive to demographic, local and national variations, such as, for example, differences in internet access and digital connectedness, gender inequalities, governance

structures, health and care system accessibility, and urban and rural divisions among older adults.

In that way, our anthropological work served as the foundation for understanding the needs, challenges, joys and setbacks of older populations. The objective of the ethnographic research in the SHAPES project was to attain a comprehensive understanding of individuals, their environments, and real-life ageing contexts at various pilot sites across Europe. The insights derived from this qualitative data were designed to be locally applicable and suitable for cross-European comparison. Findings guided the iterative co-design of the SHAPES platform, the selection of care interventions, and the evaluation of SHAPES innovations and care environments (Seidel et al. 2022). Our understanding of lifeworlds, encompassing networks of intimates, communities and care ecologies, along with detailed perceptions of ageing, care networks, and reflections on formal and informal health and social care sectors became a key element of the SHAPES ecosystem and ensured cultural responsiveness to stakeholders, including older adults, informal caregivers, formal healthcare providers, community groups and civil society.

Ageing and the Making of a European Space

While the ethnographic data and the ways in which we analysed the material were of high relevance to the successes of SHAPES and demonstrated to a large, interdisciplinary consortium why ethnography matters, this book goes far beyond such modest goals. It draws on the full richness of our data, analysed through an extended critical anthropological and social scientific lens, to provide both a useful critique on certain assumptions in the health and innovation sectors and a detailed challenge to notions of ageing as a homogenous experience. As previously indicated, the European context is characterised by considerable diversity in terms of culture, language, funding models, the balance between primary and higher levels of care, and the types of living arrangements of older people, so that any claimed unity around 'ageing' strikes one as forced. This work is, however, not concerned with granular detail of national policy unless these were directly relevant to the experiences of our informants. At the same time, notwithstanding this diversity of funding models and national policy framework, Europe has in fact one of the most rapidly ageing populations in the world, and, due to a combination of widespread access to at least some publicly funded health care and longer life expectancies, the so-called 'Silver Tsunami' argument of the potential of an ageing population to 'blow up' healthcare budgets, is seen as very pressing within this space. It is useful to reflect on why both a European and Japanese modernity has 'ageing issues' more 'severe' than

North America, especially the United States, which springs not from the cost of the care system per se, but a flattening of life expectancy in the United States, and its increasing divergence from most of the 'advanced' or 'developed' world. Thus, while our work was not focused on the idea of Europe as such, 'Europe', especially in the form of EU funding priorities and governance structures, clearly motivates the specific details of the SHAPES project within which we gathered our data, and actions like the SHAPES project, are part of a much larger process of making such space tangible to participants across Europe. Thus, our research did not just introduce many carers to ethnographic ways of working and thinking, but also put such professionals in different European settings in contact and dialog with one another, in a fashion that would have been unlikely otherwise, making sharing of information, problems and solutions more likely. In this way, EU funding does not just support research in a theoretically inert European space, it actively produces such a space as a tangible reality in the conceptual space of research settings.

The Space of Our Work

Europe may indeed be 'greying', but the burden discourse that is sounding the alarm about the 'Silver Tsunami' conflates very different histories, populations, societies and care systems. To represent diversity across Europe, our work includes older adults drawn from populations in Northern Ireland and the Czech Republic, as well as in Spain and Greece all the way to Southern Finland. This provided us with access to a multitude of geographically, economically and socially varied case studies, including migrants and people with disabilities (e.g. individuals living with deafblindness). Ethnographic data thus consists of material from ten primary fieldsites in eight countries across Europe, further augmented with additional ethnographic research with deaf and deafblind participants in Spain and Italy (WFDB – World Federation of the Deafblind) and Belgium (EUD – the European Union of the Deaf) see figure 0.1). While this book refrains from ordering our findings through the regional categorisation – a task that would be unfair to the reader as we make no claim on representative quantitative samples or comparability between the participants in these different places of fieldwork – we include here a few details on the places, participants and contexts of each research population and site.

In Germany we covered two sites to represent the diversity of life histories as well as health care and social structures in which people grow old. One fieldsite was Dresden and its surrounding areas in the Free State of Saxony in the south-east of Germany, a region at the centre of the former German

MAP 0.1. Map of Fieldsites across Europe © Katja Seidel, David Prendergast, A. Jamie Saris

Democratic Republic (GDR). Due to a combination of emigration and low birth rates, the population of Saxony has declined by 700,000 since 1990 (Sächsische Staatskanzlei, 2021). Approximately 26% of its population are 65 years old or older, with an average age of 48.8 years across the region. Saxony has 77 hospitals and approximately 25,000 beds, but our informants suggested that the area, due to the reunification of East and West Germany, has met many economic, educational and health care challenges as even the functional parts of its systems were dismantled. Today, even though many old hospitals were either downsized or closed entirely, overall health provision in the urban areas has since recovered, been made widely available, and was generally judged positively by our research participants. The legacies of the socialist regime and the relationship with old and new partners have marked the lives of our informants.

The other German fieldsite is a mixed rural-urban area in the West of Germany called Oberbergischer Kreis near Cologne. It is quite hilly with many dams that make certain areas impassable in winter, presenting challenges for access to health and care, particularly for older people or others who may depend on public transport. At the same time, the landscape contributes to the region's unique character in which community

life and connectedness with the natural environment was highlighted as an important factor in many of our conversations. The regional district is part of the federal state of North Rhine-Westphalia (NRW), home to 22% of the national population, and therefore the most populous of the sixteen federal states. The Oberbergischer Kreis also belongs to the Health Region Cologne Bonn (HRCB), which is one of six official health regions within North Rhine-Westphalia. The HRCB is a comprehensive network of 130 companies, institutions and associations from a variety of sectors (e.g. science, research, economy, supply) that seeks to improve both the cooperation and communication with the European Innovation Partnership on Active and Healthy Ageing between different actors within the healthcare industry and the structural conditions that govern healthcare provision in North Rhine-Westphalia (HRCB 2022).

In the Czech Republic, ethnographic work has been conducted with older adults from northern and eastern regions. Half of the participating cohort live in the countryside and half in urban settings. There are striking economic differences between the north and south of Czechia. While the southern part is the political, economic and cultural centre of the region, the northern part is one of the poorest regions of Czechia, a result of its geography and lack of transport links. Pension and retirement income is low, with many older people relying on savings or properties. Czechia has one of the lowest fertility rates in the world, which in turn contributes towards an increasingly ageing demographic profile. The average median age is now 43.2 years. This is ten years older than it was in 1980 (World Population Review 2022). Most adults use the public health care system, which is funded by mandatory contributions from all earning adults. Throughout our interviews, there was a sense that older adults trust, accept and seldom challenge the opinions of medical practitioners. Covid-19 was a leading and recurrent theme throughout our conversations with participants as in 2020 the coronavirus was the most common cause of death in the Republic.

Participants from Finland live in a country marked by a climate of warm summers and long dark winters in which the home becomes a key element for wellbeing. Our research interlocutors pointed out the comfort of well-organised health and care systems and a sufficiently high pension provided by the state that allowed them to enjoy their everyday lives with summer houses and their pets. All participants had a relatively high level of digital literacy and all mentioned internet at home as a rule. Furthermore, care infrastructures in this northern country are well organised and publicly funded. Hence, even though Finland has one of the oldest populations in Europe, the overall health and care provision is considered excellent and affordable, and older adults engage regularly with smart technologies.

The Greek research site is part of the 5th Regional Health Authority (5th YPE), which covers the areas Thessaly and Central Greece and is the largest of seven decentralised administrations in Greece. It is a major agricultural region located on mainland Greece. Like other areas in Greece, the region has been adversely affected by the economic crisis, a topic often discussed in our conversations about past and future experiences and working worlds in the country. In 2018, the unemployment rate in Thessaly was 18.4% and affordable access to health and care as well as smart technologies has proven to be a challenge for many older adults interviewed. The care structures in the region include thirteen hospitals (one of which is a university hospital) in ten major cities and sixty Primary Care Health Centres, covering a population of 2 million people. The Greek researcher on our ethnographic team worked in Larissa and is also a General Practitioner (GP).

Italian participants live in and around Bologna, the capital city of the Emilia-Romagna region in the north of Italy. The region comprises nine provinces and is one of the wealthiest and most 'developed' areas in Italy. Community living and care provision within the family are highly valued by all participants, whereas the use and familiarity with digital technologies is relatively low compared to many other places we worked in, such as Finland, Germany or Northern Ireland. In nearly all our conversations, care was seen as a practice to be covered by family members and, even though health provision was judged positively throughout, the idea of moving to a nursing home was seldom seen as a culturally acceptable option. To our surprise, our participants paid little attention to Covid, which had struck the region badly at the onset of the pandemic, and instead dwelled in memories and stories about cultural heritage and hopes for the future.

The participants from Northern Ireland live in suburban or rural areas north of Belfast, with most living in houses and on small pensions. The region was less affected by the Troubles than many other spaces in Northern Ireland, and participants have experienced little impact of Brexit in their immediate environments and everyday lives (in part because of how the Good Friday Agreement has buffered Northern Ireland from the more shambolic parts of this process). The Health and Social Care system in Northern Ireland serves a population of 1.8 million people living in urban, semi-rural or rural communities. Like in other parts of the United Kingdom, the Northern Ireland health service operates based on the founding principles of the National Health Service (NHS) – the provision of care according to need, free at the point of access and beyond, funded from taxation. Northern Ireland is outwardly focused with a great number of active, international partnerships. Specifically, with regards to care services for Active and Healthy Ageing, Northern Ireland has already developed valuable links with a growing number of regions that include the Basque Region,

Catalonia, Finland, Malta, Republic of Ireland, Greece, Lithuania, Spain, France and the United States. By 2028, Northern Ireland will have more people over 65 than children under the age of 16, presenting a huge challenge for the economic future. However, local care and other community support networks are strong due to a high number of volunteers, including older adults, who provide services and actively contribute to societal affairs.

Porto and Aveiro in Portugal were selected as research locations due to the presence of SHAPES consortium academic partners in those areas. Porto Metropolitan Area (AMP) is a metropolitan area in the north of Portugal consisting of seventeen municipalities. This includes the city of Porto, which is the second largest city in Portugal. AMP, which covers an area of 2,028 km^2, is one of the most densely populated metropolitan areas in Europe, with about 849.1 km^2. In 2019, it was home to approximately 1.7 million people. Aveiro is both a city and a municipality located in northern Portugal, about 90 kilometres south of Porto. Aveiro is part of an agglomerate of eleven municipalities which form the intermunicipal community of the Region of Aveiro. Both sites have well-established access to health care, pharmacies, social institutions and public hospitals but access is challenged by long waiting lists and system complexity. In both regions, conversations about dancing and nightlife in different stages of the life course came up regularly. Furthermore, the experience of living under a long-lasting dictatorship has politicised many of our informants whose lives at that time were marked by censorship and the lack of freedom.

In Spain, research was conducted on-site over the period of one month in October 2022. This took place in a small village in the rural area in the province of Cordoba in Andalucía and included research in the local long-stay care facility. Most people in the village work in agriculture, with low income and minimal state pensions. Some local women also tend to find work in the nursing home. Internet services and smart technologies are still scarce, and few inhabitants have stable broadband connections in their homes, enjoying instead community life and tapas with their neighbours in local bars. According to participants, the area has one of the oldest populations in Spain and many of the older people will eventually live in the retirement home, which is predominantly funded through taxation. The nursing home is well integrated into village life, which means that full time residents have many possibilities to participate in community activities. The retirement home also provides in-home care and meals on wheels, and due to this well-established infrastructure for older adults, the villages in the area are among the few that see return migration in rural Spain.

Ethnography during the Pandemic

Research for this book was coordinated by the authors, all three of whom social anthropologists at Maynooth University in Ireland, assisted by a team of local researchers recruited from SHAPES consortium partners. Methodologically, it investigated the lifeworlds of older adults through qualitative, ethnographic interviewing remotely and in person. The authors directly researched first hand empirical data including interviews and participant observation in Northern Ireland, Spain and the two sites in Germany, and have led ten additional researchers in Czechia, Finland, Greece, Italy, Northern Ireland, two sites in Portugal, as well as a representative from the World Federation of the Deafblind (WFDB) and the European Union of the Deaf (EUD) in their ethnographic interviewing process. As the core team, the authors guided and trained the field-researchers and developed a toolkit used by all to ensure consistency in the data collection. The toolkit consists of an information sheet, a research handbook, a consent form, and an interview guide. These materials were all originally written in English and translated into seven spoken languages as well as Spanish, French and Italian sign language and Italian tactile language. Alongside formal interview sessions that were recorded, transcribed in the original language, and then translated into English, researchers also took fieldnotes on their observations and collected photographs from most of the participants.

At the onset of our work within the SHAPES project, research called for interviewing ten community dwelling older adults in seven fieldsites. We had scheduled to begin this work in March of 2020. Clearly, the world then changed. For more than a year, the coronavirus pandemic made in-person interactions with older people both dangerous and unethical. Consequently, we radically reformulated our research methodology, creating an extensive online research toolkit and working through online video calls or phone calls. The subsequently adapted interview guide covered nine themes (1. Coronavirus Pandemic; 2. Life-History and Identity; 3. Family, Neighbourhood and Community; 4. Everyday Life; 5. Forms of Labour; 6. Home, Objects and Technology; 7. Transport and Mobility; 8. Health, Care and Wellbeing; 9. Imagining the Future). Research participants were encouraged to develop any connections that they wished, and, in practice, the order of the discussions and the balance between the themes varied.

The new research approach required multiple online/remote interactions with each participant over the course of several weeks or months. Sessions lasted a minimum of one hour, with most being much longer and leading to up to twelve hours of conversations with some of our interlocutors. The methodological changes from direct to online or analogue phone interviewing unexpectedly brought with it some significant

advantages: Firstly, compared to the original research plan, it allowed us to carry out interviews with each participant longitudinally over several weeks or months, getting to know them in more depth and during different stages of worries or wellbeing. Secondly, we were able to increase the number and range of participants in our cohort, through the addition of fieldsites in Finland, Czechia, Italy and deaf participants from Belgium to our list of original sites in Greece, Northern Ireland, Spain, two sites in Germany and two sites in Portugal. We worked in collaboration with onsite researchers embedded in the SHAPES project, training our team in the use of an ethnographic toolkit and online qualitative interviewing. Thus, in the end, we were able to talk extensively to 107 older people, and crucially to include five older adults living with deafblindness and two people with hearing impairments.

Our ethnographic engagements with the lifeworlds of older adults in Europe took place between March 2020 and October 2021, and during one month in Spain in October 2022. The resulting 402 hours of interview recordings from ten fieldsites in eight countries plus deaf and deafblind participants scattered through Spain, the Canary Islands, Italy and Belgium were collected and fully transcribed, and all but the Northern Ireland sample were translated into English, checked, and formatted for final use and analysis. The case studies then were developed into an NVivo database for indexing and preliminary analysis. Categories for initial analysis emerged from regular meetings of the core team, with the full research team coming together once a month to present specific cases from their work to elicit important meanings in their interactions and to gain an increasing feel for the individuals we represent in this book (see #shapesstories by Seidel, Saris and Prendergast (2022) for further reading). The resulting findings, patterns, relevant topics and key themes that surfaced from the nine themes were clustered and cross analysed and are now presented in the seven chapters of this book, which cover the experiences, philosophies, challenges, ideas and suggestions presented by older people themselves.

Given the pandemic situation, one of the most significant challenges we faced was finding participants for our research. Recruitment of participants has relied on local partners, health and social care providers, consortium members and, sometimes, snowballing (or chain referral) methods. Rather than following representative sampling techniques, we developed a list of social/cultural and demographic categories as recruitment guidance to our on-site partners. These parameters sought to achieve a wide spectrum of different life circumstances including: gender balance; urban/rural environment; living situation (alone, with partner, with family members, or other living arrangements); diversity in ethnic backgrounds, class and religious belonging; diversity in digital skills, as well as a stratification in

financial wellbeing. We also aimed to recruit participants with a range of health statuses and dependency levels, including both people with serious and chronic health conditions or mobility restrictions and fully healthy and independent older adults. It should be mentioned that for ethical reasons we did not work with anyone suffering from dementia and all participants in this research had good cognitive skills and were able to reflect on their own condition. Where we do discuss dementia or cognitive decline in this book, the data is derived from the narratives of research participants about the experiences of spouses, relatives or other acquaintances, often in their role as caregivers or as recipients of care.

This book then is the result of the analysis of the qualitative data, fieldnotes and accompanying images from 107 older adults living in 102 households across Europe: 42 male and 65 female. The average age of our 107 participants is 76 years; 44 individuals live alone, 47 live with a partner, 16 with family members, in retirement homes or in other arrangements. About 45% of our participants live in urban or semiurban areas and 55% in villages or more remote countryside areas. The majority of participants live in houses (61) compared to apartments (41) and five of our participants live in nursing homes/assisted living facilities. The names of all research participants, their family members, and other individuals they talk about have been anonymised and are presented in this book through pseudonyms chosen by the researchers or the participants themselves.

Structure of the Book

The chapters of this book each approach an aspect of people's lifeworlds, highlighting the specific problematics relevant to these themes. Each chapter is self-contained to allow the reader to engage with any section relevant to their needs. Each chapter starts with a vignette, a short scenario-based story that reveals comprehensive insights about one of our participant's values, social norms and lived experiences in relation to the main chapter theme. The rest of the chapter focuses on topics that emerged from patterns and findings from our analysis, demonstrate or challenge established academic discourses, and include detailed viewpoints and experiences of a variety of research participants to exemplify these points.

While reading different chapters, readers will find that selected participants are mentioned in multiple places. Tracking vignettes and aspects of our interlocutors' lives across different thematic narratives reinforces the importance of exploring the dynamic interplay of variegated but often interdependent factors that impact their lifeworld. To facilitate such cross-reading and understanding of the interrelated topics in the lifeworlds of

older adults, where possible we provide orientation to the reader within the book and have also added an Appendix with the names, locations and age at the time of interviewing of all our research participants. Our conclusions are drawn from an in-depth qualitative inductive analysis combined with a grounded theory approach (Glaser and Strauss 1967) building on the richness of our data drawn from interactions with 107 individuals. However, certain characters feature more prominently in this book with their narratives and voices to demonstrate the connected pillars of the lifeworld and these main protagonists are listed in the book index to direct readers to other areas where they appear.

Following individuals in the different chapters is a good way to understand interdependencies and multiple causalities and how the lifeworld appears as a unified field from the perspective of the person. Furthermore, while insights emerge mainly through close reading of the narratives and contextualised examples in all chapters, the Epilogue 'Reflections for Future Practice' reiterates core themes of interest to researchers and offers questions for reflection for academics and students, policymakers, social and care workers, solution developers and service providers to whom they are addressed.

After this introduction, Chapter 1 'Social Worlds: Living, Learning and Liaising' explores older adults' lives through their relationships, daily activities and hobbies, and engages with learning, their use of technologies and the barriers and frictions they confront. The chapter highlights the importance of adaptation, motivation, participation and choice in the later life course.

Navigating physical and social space within and beyond the home is a key theme in older adult's everyday lives. Chapter 2 'Moving through the World' addresses the experiences of older adults with mobility access, and the barriers encountered. It analyses physical and bodily challenges, the use of technologies and creative strategies older adults develop to negotiate and maintain a life of independence and quality. It engages with the limits and constraints of moving around at home and in public environments and discusses how fear of falls, disabilities and other health issues affect their perceptions of ability, choice and participation.

Chapter 3 'Working Worlds' discusses three domains of work and labour involved in the later life course (managing domestic life and family support, volunteering and paid work). Rethinking the category of what constitutes retirement, it highlights how people's daily tasks differ depending on their living circumstances and localities and how older adults participate in manifold and meaningful ways to societal processes, giving them, in turn, financial compensation, appreciation and recognition as well as purpose and meaning.

Building on the previous chapter, Chapter 4 'Financial Worlds: Spending and Affording' focuses on challenges with income and material (in)securities, and management of finances associated with the later life course. It demonstrates how older adults support their offspring and emphasises the importance of engaging with gendered dimensions of poverty due to unequal opportunities and pension schemes as well as the difficult choices some older adults must make to cover daily expenses in old age.

The next two chapters outline the experiences of older adults as both recipients and providers of healthcare. Chapter 5 'Informal Care Worlds: Providing Care' explores how senior citizens participate in and facilitate care practices in the family and society and how their contributions are key to maintaining care structures in Europe. It also demonstrates older adults' recommendations for useful technological support and how certain improvements in support systems would ease these practices in home settings and enable self-care and social integration. Chapter 6 'Formal Care: Receiving Care' focuses on the experiences of older adults accessing and navigating 'formal care' through hospitals, GP practices and nursing homes. It discusses the value of peer support, gaps in services and issues of communication, trust and empowerment. As such, the chapter highlights the need to engage with, rather than manage, older adults in the context of health care.

The final Chapter 'Legacies and Future Worlds' looks across the life cycle of older adults and engages with both memories and thoughts about the future. It explores the meaning of leaving a legacy, older adult's advice for the next generations, and the importance of building the future on lessons from the past. The chapter then explores the end of life, inheritance, loss and bereavement and discusses how older adults think about transformations, crisis and change.

The Conclusion of the book provides a window into how older adults think about age and ageism and offers a summary of the core findings and themes of this volume. This is complemented by the Epilogue 'Reflections for Future Practice', which offers a set of questions and provocations that can be used for further discussion around the themes explored in this work or to develop some of our insights in applied settings. We hope these reflections will be of use to course lecturers, designers and practitioners to open up novel ways of exploring the challenges and opportunities in ageing.