Re-Conceptualizing ‘Successful Aging’ from the Older Adults’ Perspectives Using Public Deliberation

by

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ABSTRACT

RE-CONCEPTUALIZING ‘SUCCESSFUL AGING’ FROM THE OLDER ADULTS’ PERSPECTIVES USING PUBLIC DELIBERATION

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Considering the lack of common understandings of successful aging in the literature, there is a need and an opportunity for older adults to collectively negotiate the meaning of ‘successful aging’. In this study, public deliberation (PD) is used to arrive at a collective understanding of ‘successful aging’, through the eyes of older adults. Twenty-nine participants (aged 65-95) from Guelph participated in a PD over 2 days. On day 1, participants collectively defined ‘successful aging’. On day 2, participants collectively identified practical implications of their conceptualization for their daily lives and their community. Disapproving of the term ‘successful’, participants decided on ‘optimal aging’, as better representing the process. For them, this term encompassed advocacy, independence, support systems, knowing how to access supports, living within your abilities, being prepared for death, being valued, a sense of connectedness, and contributing to society. The main collective action item that participants decided on was the need for increased communication regarding where to find community resources. While such deliberative ‘outputs’ are often taken at face value, I performed additional analyses to identify the thematic concerns and rhetorical features of their discussion that cut across the different phases of the deliberation. Such analyses can foreground both content and processes that do not make it into the collectively agreed upon deliberative outputs. The thematic analysis highlights older adults’ struggles to be recognized, visible, and accommodated in society, as well as their struggle of meeting or resisting societal expectations. An ideological dilemma analysis reveals some of the tensions involved in trying to transcend existing representations of aging. A key dilemma here stems from the sometimes conflicting desire to be seen both as able, valued, and productive members of society like other adults, while also advocating for societal accommodations for age-specific needs. The last analysis chapter is a reflection on the use of PD as a research tool, where I reflect on my experience and provide
recommendations for future use of PD in research contexts. I conclude by discussing implications for how aging is conceptualized in gerontology, policy, and practice.
DEDICATION

Dedicated to my two grandmothers, Cristina Ionescu and Alfonsina Vaccarino

To Cristina, Bu, you are a true inspiration and trailblazer! Throughout your life you have shown grit and a love for life and celebration, despite what life has thrown at you. I am grateful to have learnt those qualities from you. Thank you for being such a source of strength and support throughout my life, and particularly throughout my Ph.D. Tu m’as constamment encouragée de poursuivre mes rêves et mon éducation. Je t’adore et je suis tellement impressionnée par ta dévotion à l’éducation, à la pensée, aux droits humains, et à la justice. Depuis que tu étais une petite fille, tu voulais améliorer le monde pour tous; tu t’es dédiée aux causes importantes et tu as continué à faire de grandes avances durant toute ta vie. Tu m’inspire à essayer de faire le même!

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LIST OF SYMBOLS, ABBREVIATIONS OR NOMENCLATURE

GWSA – Guelph-Wellington Seniors Association

PD – Public Deliberation

PDF – Public Deliberative Forum

WHO – World Health Organization
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Appendix A: University of Guelph Ethics Approval Certificate

Appendix B: Research Poster

Appendix C: Summary Report of Public Deliberation Provided to Participants, GWSA, and Age-Friendly Leadership Team Guelph

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Chapter 1: Introduction

The growth of the aging population and its implications is a topic of great importance globally. The proportion of older adults is growing worldwide and will continue to grow at a faster rate in the coming years. The global population of older adults (over 60 years old) is projected to increase from approximately 600 million in 2000 to over 2 billion in 2050 (International Network for the Prevention of Elder Abuse, 2010). In 2017, for the first time in Canada, the population of older adults (aged 65 and over) surpassed the population of children (aged 14 and under), with 5.9 million older adults compared to 5.8 million children. Since 2011, the older adult population has increased by 20 percent, compared to the 5 percent increase in the Canadian population as a whole. Statistics Canada estimates that by 2061, the older adult population will reach about 12 million compared to a projected population of 8 million children in Canada (Statistics Canada, 2017).

As people enter older adulthood and continue to age, they need sufficient financial and income support, opportunities to engage in employment or other activities if desired, and access to health and social services. Policies and practices are needed to support older adults and to recognize the important role they play and have played in society (World Health Organization, 2015b). Policy formulation is often shaped by dominant societal representations of aging, and understanding how these may or may not align with the experiences of older adults is therefore crucial to policy development.

In order to contribute to such an understanding, a primary focus of this dissertation is making sense of the concept of ‘successful aging’. As it is used in the academic literature, the term defines older adults’ success in aging as based on their ability to meet certain researcher-defined criteria (Depp & Jeste, 2006; Hodge, English, Giles, & Flicker, 2013). These researcher-based understandings influence policy and practice related to aging and older adults, but it is not clear that these adequately reflect the ways that older adults themselves think about their own aging. Thus the aim of this study is to have older adults’ voices and experiences inform our understanding of successful aging.
Successful Aging, Policy Implications, and the Need for Older Adult Perspectives

The concept of successful aging has been central to the work of aging researchers, and was formalized by gerontologists Rowe and Kahn (1998), who defined successful aging as the avoidance of disease and disability, high physical and cognitive functioning, and sustained engagement in social and productive activities (Rowe & Kahn, 1998; Whitley, Popham, & Benzeval, 2016). Successful aging is measured based on whether older adults are able to meet all of these criteria (Depp & Jeste, 2006; Reichstadt, Depp, Palinkas, & Jeste, 2007). I provide a more detailed critique of this concept and its operationalization below, but it is enough to note here that ‘success’ is assumed to be a property of individuals, measured in isolation from the groups and communities that enable such success.

While such criteria might seem reasonable, older adults in different contexts vary in their capacity to control the life conditions that support such functioning. As the World Health Organization (WHO) notes, individuals may not have control over their physical and social environments, or personal characteristics (e.g. gender), which can all influence one’s health. These influences, which are often beyond an individual’s control, can lead to inequities in health (World Health Organization, 2015b).

It is thus important for policymakers to consider the influence of the diversity of older adults and social inequities in older age. As the WHO explains, policymakers need to be aware of and take into consideration that people with the greatest needs at any one time may also be those with the fewest resources to address these needs. As such, the World Health Organization has called for a new framework of aging on this basis (World Health Organization, 2015b).

Moreover, research has found that existing approaches to support the aging population have not been effective. This lack of effectiveness has been shown in research which explores health inequities across the diverse population of older adults (Chatterji, Byles, Cutler, Seeman, & Verdes, 2015; Crimmins & Beltrán-Sánchez, 2011) as well as structural and environmental barriers that contribute to these health inequities and prevent community participation (Beard & Petitot, 2011; World Health Organization, 2015a, 2015b). The World Health Organization states that there is a need for a new framework for aging and older adults, which encompasses the diversity of older adults including the inequities that exist, and calls for a major shift in how we conceptualize aging (World Health Organization, 2015b). In this context, understanding older
adults’ perspectives and what they view as important as they age will be key to understanding the types of programs and policies that can support their vision.

The present thesis aims to contribute to this ‘major shift’ in how we understand aging by engaging a group of older adults in the re-conceptualization of ‘successful aging’ and its practical implications. This study gives older adults a voice in this regard, and the understandings gained from this research can inform theoretical frameworks of aging and successful aging. It is important to examine these frameworks from the perspective of older adults because these dominant frameworks influence policy and practice globally. Ultimately, this research aims to influence understandings of aging, and local programs and policies, particularly at the Guelph-Wellington Seniors Association (GWSA), the Age-Friendly Leadership Committee, and in the Guelph-Wellington region more generally.

Thesis Structure and Chapter Breakdown

Chapter 2 reviews the literature in three sections. The first provides a broad overview of Rowe and Kahn’s (1998) model of successful aging, and critiques of this model, and then delves into research focusing on older adults’ understandings of successful aging, highlighting the divergence between these perspectives and Rowe and Kahn’s model. The subsequent section focuses on how aging is represented in scholarly literature and in the media, highlighting the importance of language and representations, the emergent context of representations of successful aging, and dominant representations of aging in the literature. The third section of the literature review focuses on the theoretical context of this study, public deliberation, and explores its origins, how it is used in practice, and the unique use of PD in this research study. Particularly, this section underlines the importance of incorporating lay perspectives into policy and practice-related decisions. The end of this chapter outlines this study’s rationale and research questions.

The third chapter describes the participants in this study, the procedure and design, and the data analysis process.

The subsequent four chapters (chapters 4-7) are analytic chapters that outline the empirical findings from this thesis. Each of these chapters builds on the previous one. The first analysis chapter presents older adults’ agreed-upon understandings of successful aging and the practical implications these understandings have in their communities. The next chapter is a thematic analysis of participants’ desires and concerns related to aging, where findings underline
their desire for recognition and visibility in society. The third chapter is an analysis of ideological dilemmas that participants are faced with, based on representations and discourses available to them, which shows that participants use various rhetorical strategies to manage these dilemmas. In the fourth and final analysis chapter, I reflect on my experiences as a PD practitioner and the use of PD in the context of this research, in the hopes of providing insight to those looking to use PD as a research tool in the future, particularly in social psychology settings.

In chapter 8, the final chapter of this dissertation, I discuss the findings, limitations, and unique contributions of this research.
Chapter 2: Literature Review

Overview

The purpose of this literature review is to lay the foundation for the present research, highlighting strengths, gaps, and limitations of the existing literature. In this review, I hope to demonstrate that there are serious limitations to the current ways of thinking about successful aging that are rooted in Rowe and Kahn’s model, and that there are significant gaps in the literature in terms of understanding what aging means in older adults’ own words.

Section 1: Successful Aging – Rowe and Kahn’s Model, Critiques, and Older Adults’ Perspectives

This section aims to shed light on the problematic assumptions surrounding the successful aging model and their impact on older adults. The findings in this section highlight significant differences in the conceptualization of successful aging between older adults and the Rowe and Kahn model.

Rowe and Kahn’s Model of Successful Aging

In the 1960s and prior to the emergence of Rowe and Kahn’s successful aging model, gerontology was focused on two contrasting theories that emerged at the same time: disengagement theory (Cummings & Henry, 1961) and activity theory (Havinghurst, 1961). Disengagement theory assumed that aging naturally meant a gradual withdrawal or disengagement from society and activity, and that this was a mutual withdrawal where society also disengages from the aging individual (Bülow & Söderqvist, 2014; Cummings & Henry, 1961; Martin et al., 2015). In contrast, activity theory stated that in order to adapt to aging one should maintain activities and attitudes from middle age into older age and replace any lost activities, recognizing that activities can change with age (Havinghurst, 1961). Although these two theories were widely used at the time, by the mid-1980s the gerontological community
agreed that there was a need for new conceptualizations of aging (Martin et al., 2015; Rowe & Kahn, 1997).

Rowe and Kahn’s (1998) model of successful aging emerged with the rise in medical and political concern in North America about the growing aging population and the ‘burden’ this growth could have on the healthcare and economic systems (Bülow & Söderqvist, 2014; Dillaway & Byrnes, 2009; Laliberte Rudman, 2006; Martinson & Minkler, 2006). Publications from the mid-1980s emphasized the need to manage aging bodies and populations, and encouraged older adults to take individual responsibility for their well-being in order to reduce their risk of ill-health and disease (Bülow & Söderqvist, 2014). Rowe and Kahn’s (1998) criteria evoked images of successful individuals, capable of taking control of their own well-being. For example, in attempt to respond to such criticisms of their model, Kahn stated that their intention was to “encourage people to make lifestyle choices that would maximize their own likelihood of aging well.” (Kahn, 2002, p. 726).

Rowe and Kahn’s description of successful aging first appeared in 1987, when they differentiated successful aging from usual aging; they did so in order to counteract what they saw as a dichotomous division in gerontology between those with disease or disability, and those without (Bülow & Söderqvist, 2014; Rowe & Kahn, 1997, 1998; Rowe & Kahn, 1987). Successful and usual aging described those without disease, but with lower or higher risk of morbidity, respectively. Based on this distinction, Rowe and Kahn later developed their model of successful aging and defined it in three dimensions. These dimensions are an absence or low probability of disease or disability (focusing on absence or presence of disease and risk factors for disease); maintenance of high cognitive and physical functioning; and sustained engagement with social activities, including both interpersonal activities (i.e. contacts and transactions with others, information exchange, assistance, emotional support) and productive activities (i.e. of value to society, whether or not it is paid) (Depp & Jeste, 2006; Rowe & Kahn, 1997, 1998). According to Rowe and Kahn, all three dimensions (absence of disease/disability, good physical/cognitive functioning, and good interpersonal/productive social engagement) must be present for older adults to be regarded as aging successfully (Rowe & Kahn, 1997, 1998). If older adults do not have a combination of all three dimensions, then they would not be aging successfully. This model remains one of the most widely used and highly cited models of
successful aging to date and has contributed to research in the areas of aging and successful aging.

While older adulthood is often characterized by illness and dependency, Rowe and Kahn’s (1998) model has played an important role in documenting wellness, by introducing the idea of ‘successful aging’, and by stressing that older adults could potentially avoid functional declines by maintaining their health through lifestyle habits (Angus & Reeve, 2006; Bülow & Söderqvist, 2014; Ferri, James, & Pruchno, 2009; Whitley et al., 2016). Rowe and Kahn’s model has also served as the theoretical underpinning for various researchers’ operational definitions of successful aging, to assess the extent to which older adults are aging ‘successfully’ and to assess the utility of their operational definitions (Cosco, Prina, Perales, Stephan, & Brayne, 2013; Depp & Jeste, 2006). However, there have also been various critiques of the model, which will be discussed below.

Critiques of Successful Aging

Although Rowe and Kahn’s model has been widely used and cited, it is important to consider the misalignment between how older adults view successful aging and how Rowe and Kahn’s model conceptualizes it. By exploring this misalignment, one can gain insight into what older adults prioritize in old age and this understanding can inform what should be considered a priority in ‘successful aging’, both from a research and a practical perspective. Below I outline the misalignments addressed in existing research.

Although Rowe and Kahn’s research-based model has provided society with a different view of older adulthood by emphasizing the possibility of aging ‘successfully’, various studies have highlighted that many older adults who consider themselves to be aging well or successfully do not meet Rowe and Kahn’s criteria (Cernin, Lysack, & Lichtenberg, 2011; McLaughlin, Jette, & Connell, 2012; Montross et al., 2006; Reichstadt et al., 2007; Reichstadt, Sengupta, Depp, Palinkas, & Jeste, 2010; Strawbridge, Wallhagen, & Cohen, 2002; Tate, Swift, & Bayomi, 2013; von Faber et al., 2001; Whitley et al., 2016; Young, Frick, & Phelan, 2009). Criticisms of Rowe and Kahn (1998) have focused both on their distinction between ‘usual’ and ‘successful’ aging, as well as their stringent criteria for success. Firstly, the notion of ‘success’ casts aging as something at which one can fail, and the criteria for success have the potential to
set unrealistic expectations for aging, given that so few people meet them (Strawbridge, et al., 2002).

For example, a study that used Rowe and Kahn’s model to estimate the prevalence of successful aging in the United States indicated that only eleven percent of older adults are aging successfully (McLaughlin, Connell, Heeringa, Li, & Roberts, 2010). In this vein, two systematic reviews found that older adults could simultaneously categorize themselves as successful according to their own definitions of successful aging, yet would be considered unsuccessful according to Rowe and Kahn’s biomedical criteria, often due to disease or disability (Cosco, Matthew Prina, Perales, Stephan, & Brayne, 2014; Martinson & Berridge, 2015). A similar survey-based study showed that while only ten percent of older adult participants meet Rowe and Kahn’s criteria for successful aging (having optimal scores for physical, social, and psycho-cognitive functioning), all participants involved in the interview portion of the study viewed themselves as aging successfully (von Faber et al., 2001). As well, older adults with disability or disease have been found to view themselves as aging successfully, which is not in accordance with Rowe and Kahn’s model (Montross et al., 2006). Similarly, a recent population-based cohort study found that while only four percent of participants met all of Rowe and Kahn’s dimensions for successful aging, seventy six percent of participants (many living with disease or disability) self-rated their health highly for their age and eighty-nine percent were satisfied with both their health and life in general (Whitley et al., 2016). Importantly, although older participants (aged around 76 years old) in this study reported less favourable health than the younger participants (aged around 58 years old), there was no difference between groups in their self-rated health for their age and their health- and life-satisfaction. These findings suggest that Rowe and Kahn’s model does not align with older adults’ views of aging well and that older adults’ views of aging well may change with age.

It is not uncommon, and often for good reason, for ‘expert’ views on a phenomenon to differ from those of laypeople. However, a major misalignment between the dominant academic/policy perspective on aging, and that of many older adults themselves, could have significant policy implications. The notion of successful aging, particularly as it is defined in Rowe and Kahn, prioritizes biomedical, rather than psychosocial dimensions of aging, and thus policy has focused on preventing and reversing functional losses associated with usual aging, without consideration for the different social and personal meanings of age-related losses.
Furthermore, the unrealistic ideals of ‘success’ in aging could lead many to have low expectations of old age and thus avoid seeking healthcare (Sarkisian, Hays, & Mangione, 2002). A mismatch between academically informed policy goals and the meanings of aging for older adults themselves is therefore not inconsequential. Indeed, as I will argue below, engaging lay publics to understand their values and how they make sense of an issue can lead to more legitimate, feasible and inclusive social policies (Solomon & Abelson, 2012). It is my goal in this thesis, therefore, to contribute to the redefinition of successful aging based on older adults’ perspectives.

As I have already mentioned, Rowe and Kahn have been widely criticized for emphasizing functional losses associated with aging (Minkler & Fadem, 2002; Whitley et al., 2016). A focus on functional loss is ableist in nature, and those who have lived with or acquired functional limitations earlier in life due to disability, disease, or accident would never be viewed as aging ‘successfully’ (Freid, Bernstein, & Bush, 2012; Molton & Yorkston, 2017). Furthermore, some studies have shown that older adults’ views of successful aging were not predicted by the absence of disability or chronic physical illness; instead they viewed themselves as successful despite the presence of disease or disability (Martinson & Berridge, 2015; Montross et al., 2006; Romo et al., 2013; Strawbridge et al., 2002). In another study, adults aged forty-five to eighty years old living with early-acquired physical disabilities described successful aging as encompassing resilience, adaptation, autonomy, social connectedness, and physical health (including access to healthcare) (Molton & Yorkston, 2017).

A focus on functional loss in aging is not inevitable. Other definitions exist in the academic literature that emphasize an individual’s ability to adapt to age-related changes, avoiding morbidity for as long as possible (Depp & Jeste, 2006), and focus on the importance of existential variables (e.g. purpose in life) in promoting successful aging (Reker, 2001). There are still others that emphasize multidimensional constructs including health, social functioning, engagement, and life satisfaction (Martinson & Berridge, 2015; Ng, Broekman, Niti, Gwee, & Kua, 2009). Researchers have also proposed definitions of successful aging that include the use of physical and social adaptive strategies in order to achieve high self-assessed well-being, quality of life, and personal fulfillment in the context of illness and disability (Young et al., 2009).
Another critique of the notion of successful aging is that it tends to be defined in an overly individualistic manner (Angus & Reeve, 2006; Calasanti, 2004; Holstein & Minkler, 2003; Martinson & Berridge, 2015). Recall that Rowe and Kahn (1998) themselves meant their model to be used to encourage positive ‘lifestyle changes’. Such a formulation implies that many such changes are under the control of individuals, and ignores the broader social, economic, and cultural context that enables or constrains the capacity for agency (Clarke & Griffin, 2008b; Dillaway & Byrnes, 2009; Leibing, 2005; Martinson & Berridge, 2015). This focus on individual responsibility and control tends to exclude marginalized and less privileged groups because these groups often have less control over lifestyle ‘choices’, such as exercising regularly and eating healthy. For example, some less privileged groups may not be able to afford transportation to attend a medical appointment or afford to buy more nutritious food. The inability to make such lifestyle ‘choices’ can impact one’s health and make it impossible to achieve ‘success’ in older age (Dillaway & Byrnes, 2009; Holstein & Minkler, 2003; Martinson & Berridge, 2015). Furthermore, the cultural meanings of aging, and the social structures within which older adults live, powerfully shape the ways in which they experience aging (Angus & Reeve, 2006; Dillaway & Byrnes, 2009). This broader context, particularly the influence of discourses and representations, will be explored in section two of the literature review.

Overall, various studies highlight that Rowe and Kahn’s model of successful aging is exclusionary, and can only speak to privileged older adults’ experiences of aging, if any at all (Angus & Reeve, 2006; Dillaway & Byrnes, 2009; Holstein & Minkler, 2003; Kahana, Kahana, & Kercher, 2003; Kaufman, Shim, & Russ, 2004; Laliberte Rudman, 2006; Martinson & Minkler, 2006; Morell, 2003; Scheidt et al., 1999). Rowe and Kahn themselves also underlined that their conceptualization could limit the number of older adults who would be considered ‘successful’, and they outlined findings from their initial studies that showed that older adults that met their criteria for successful aging tended to be male, white, affluent, educated, and healthier compared to those that did not meet the criteria (Rowe & Kahn, 1998). As well, research has suggested that while Rowe and Kahn’s (1998) model of successful aging may fit with younger older adults (particularly those younger than 65 years of age), older adults who are over the age of 75 are mostly unable to meet the criteria for successful aging (Baltes & Smith, 2003).
Exploring Older Adults’ Perspectives of Successful Aging

In the previous section I outlined what has become the dominant perspective on aging well in the academic literature, and identified a number of issues and criticisms of this approach. I also pointed out how gerontological notions of successful aging were out of step with the ways in which older adults themselves understood their own aging. In this subsection, I review research that explicitly focuses on older adults’ perspectives of aging. In doing so I highlight how such a focus allows for more nuanced, and at times divergent, understandings of ‘successful aging’.

Older adults understand the concept of successful aging more broadly than it is defined in Rowe and Kahn’s model (Cosco, Matthew Prina, Perales, Stephan, & Brayne, 2014; Phelan et al., 2004; Tate et al., 2013; Whitley et al., 2016). For example, in Scotland, older adults appear to emphasize existential concerns, such as purpose in life (Whitley et al., 2016), while in the United States, they described it as encompassing activity and exercise, physical health, social relationships, and psychological health (Ferri et al., 2009). Similarly, a cohort of older adult Canadian males defined successful aging most often as based on health, satisfaction, happiness, and general activity (Tate, Lah, & Cuddy, 2003). Such findings suggest that older adults tend to define the concept in a more multi-faceted and inclusive way.

As has been well documented, quantitative methods often reproduce the assumptions of existing dominant models (e.g., Cosgrove, Wheeler, & Kosterina, 2015). Qualitative methods, in contrast, can allow for unexpected, divergent, and often marginalized views and experiences to emerge. In Western societies where ageism is prevalent, qualitative research on aging could be especially important in highlighting the values and experiences of older adults (Bowling & Dieppe, 2005; Montross et al., 2006; Phelan et al., 2004; Strawbridge et al., 2002; von Faber et al., 2001; Martinson & Berridge, 2015; Reichstadt et al., 2010; von Faber et al., 2001). Research studies that have incorporated both quantitative and qualitative methods illustrate how discrepancies between lay and expert views might correspond with their respective methodologies. For example, one study showed that quantitative and qualitative conceptualizations of successful aging differed significantly; in the qualitative component, a substantially higher proportion of older adults considered themselves as aging successfully, even though they did not meet criteria for successful aging as pre-defined in the quantitative conceptualization (von Faber et al., 2001). By exploring this difference more closely, the authors
showed that in their qualitative responses older adults (aged 85 and above) based successful aging not on losses and limitations, but rather on the way these losses and limitations are incorporated into one’s attitude about old age (von Faber et al., 2001). In other words, these participants viewed successful aging as a process of adaptation. Additionally, in an interview-based study in the United States, the majority of participants, who were ethnically diverse and had late-life disability, rated themselves as aging successfully despite disability and emphasized the need for adaptation, coping, and accepting one’s new reality in older age as key to successful aging (Romo et al., 2013). Similarly, a systematic review of such qualitative studies highlighted that while most researcher-based definitions of successful aging focus on longevity, absence of disease and disability, and good functioning, older adults tend to view successful aging as a process rather than an outcome, and prioritize social engagement, well-being, and personal resources (independence and acceptance) (Cosco, Prina, Perales, Stephan, & Brayne, 2014). A qualitative focus group study with older adults in the United States found that they valued a positive attitude, a realistic perspective, continued learning, and an ability to adapt to change, emphasizing their focus on process rather than outcomes (Reichstadt et al., 2007). The above qualitative findings demonstrate that older adults view successful aging as a process of acceptance and adaptation rather than a set of outcomes as commonly portrayed in the successful aging literature.

To date, few studies have sought to understand older adults’ views of the practical implications associated with their conceptualizations of successful aging. Building on their previous study, Reichstadt and colleagues (2010) conducted interviews with older adults, aged 64 and above, at various locations in a California community in the U.S.A. (including retirement communities, low-income senior housing, and continued learning courses) to understand their conceptualization of successful aging. Findings from these interviews underline self-acceptance and contentment (including being realistic with oneself and focusing on the present) as well as engagement with life and personal growth (including giving to others, having a positive attitude, social interactions, pursuing new things) as significant. Importantly, these participants discussed the need for interventions that focus on the support systems available in the community and the need to be aware of and receive personalized information to help in their decision-making (Reichstadt et al., 2010).
These divergences from the prevailing assumptions of the successful aging literature, derived from qualitative research, provide further data on how older adults might make sense of their aging differently from researchers and policy makers. However, while such studies help to reveal alternative ways of understanding successful aging, very few tie the process of inquiry to consultative or policy processes that could result in tangible change.

**Participatory Research with Older Adults**

While qualitative studies have allowed older adults to articulate their experience more fully, they do not in themselves guarantee that any meaningful change will result. One of the key issues is that research and policy continue to be developed *for*, rather than *with* older adults. Attempts to engage older adults more equally in research are evident in community-based participatory research projects focused on the development of age-friendly communities (e.g., Murray & Crummett, 2010). Such projects typically involve close collaboration between a variety of local stakeholders, including city councils, social services, community residents, and academic researchers in iterative cycles of research and action. Older adults are engaged from the start in designing and carrying out the research project. In such projects, not only are the results or findings important, but also the social networks and processes that are developed in the act of conducting the research (Buffel, Phillipson, & Scharf, 2012).

Forming networks of partnerships between local decision-makers, service providers, public health professionals, architects, and older adults, is key to building age-friendly environments (Buffel & Phillipson, 2016). In this vein, partnerships between multiple stakeholders, including older adults themselves, have helped to improve communities for older adults, making them more age-friendly (Buffel, Garry, & Dury, 2014; Buffel & Phillipson, 2016; Steels, 2015). For instance, a study comparing age-friendly models, in Brussels and Manchester, underlined the importance of these partnerships and the importance of having older adults as actors in agenda-setting (Buffel et al., 2014). In New York, older adults, local decision-makers, police, and community organizations worked together to decide on where improvements in the quality of people’s daily lives could be made in the community, and this partnership increased older adults’ engagement with their community (Steels, 2015). Overall, such projects demonstrate the importance of involving older adults in discussions and decisions for age-friendly communities to ensure that their priorities are reflected in planning and policy decisions.
(Buffel et al., 2014; Buffel & Phillipson, 2016; Menec, Means, Keating, Parkhurst, & Eales, 2011; Steels, 2015).

While more modest in scope, the project reported in this dissertation has been guided by similar objectives. It aims to respond to limitations in how aging is understood in the academic community due to the “success” of the successful aging perspective, while also engaging older adults in a process of reflection and deliberation on the material conditions of their lives in the City of Guelph. Thus, the present research aims to involve older adults in both the re-conceptualization of ‘successful aging’ and discuss the practical implications associated with this re-conceptualization for themselves and their communities. In later parts of this review I will outline how I have attempted to address these issues through my chosen theoretical/methodological approach. I will now turn to literature that analyzes representations of aging. This is an important area of study that helps to reveal the social meanings of aging, which as I have mentioned, shape both how aging is experienced, and also how it is understood by researchers and the lay public.

**Section 2 – Representations of Aging**

The purpose of this section is to review research on representations of aging, discuss how such representations can contribute to ageist practices, how the media and the gerontological study of older adults can reproduce these unhelpful representations, and how such representations can impact policy and practice. This section highlights important work in critical gerontology that questions the discourse surrounding successful aging and the need to consider the broader contexts (such as environmental and social structures, and the sociopolitical context) when conceptualizing aging.

**The Importance of Language and Representations**

Before reviewing particular representations of successful aging in the literature, a brief commentary on the concept of representations and their relationship to language is warranted. From a constructionist perspective, representations of objects and events are not cognitive phenomena, but considered to be constructed through language, and therefore, inherently social (Willig, 2013). Different uses of language therefore lead to diverse ways of understanding or
representing, for instance, successful aging. The variety of ways in which a phenomenon can be represented is not limitless; social, historical, and practical contexts constrain the range of possible meanings. These representations uphold one’s perspective of the world and inform social action and practices in everyday life (Phelan, 2011; Stephens & Breheny, 2018). Representations of aging, therefore, have a direct impact on how one feels about growing older, how one makes sense of, and manages the physical, mental and social changes that accompany older age.

The importance of language and representations is highlighted in Billig’s work on ideological dilemmas. For Billig (1988) our common sense is framed by sets of contradictory, and therefore irresolvable, values or imperatives, which are often embodied in common sense idioms or maxims, for example, ‘look before you leap’, and ‘he who hesitates is lost’ (Billig et al., 1988). In this way, an individual would not necessarily notice these contradictions because they are part of common sense understandings in society. There are different ways of representing or interpreting the ‘same’ social object or event and these representations can develop into conflicting concepts in language and society. As such, dilemmas emerge out of competing definitions of the same thing, for instance in the case of this thesis, they emerge out of competing values and meanings associated with aging. Generally, these dilemmas are not meant to be resolved, and the tensions surrounding them instead structure society and sustain current practices (Hepburn, 2003). Billig (1988) explains that there are limited ways to view and make sense of an issue, and thus people are constrained by these limited ways of understanding an issue when they speak. For instance, with respect to successful aging, older adults can either be viewed as productive (successful) or dependent (unsuccessful), but cannot be viewed as both given the way these conflicting representations are understood. Dilemmas are ideologically based as they relate to broader societal concerns. For example, contrasting representations of successful older adults can be seen to derive from ideologically opposed meanings of old age: on the one hand, older adults are said to have ‘paid their dues’ and should thus be rewarded for their hard work; on the other, old age is said to be a time to ‘pay back’ their obligations to society. Such opposing meanings are inherently dilemmatic. Billig (1988) describes the parallels between representations and ideological dilemmas; while representations are formed from the passage of scientific concepts to socially shared (and lay) representations or common sense, ideological dilemmas are formed from the passage of formal philosophy to everyday thinking or common
sense. Ideological dilemmas are a core element of the present thesis and will be further explained and analyzed in both chapters 3 and 6.

Representations of Successful Aging and their Emergent Context

As mentioned, the emergence of the term successful aging occurred within a specific historical context. An increase in gerontological research occurred as the baby-boomers in the United States were entering mid-adulthood and looking towards their retirement years. The increased interest and prominence of gerontology research was often put in the context of the burden this will have on the systems in place (such as the healthcare system) and on the rest of the population (Dillaway & Byrnes, 2009; Estes, 2001). Rowe and Kahn (1998) suggested that healthcare costs will increase with the increase in the population of older adults and, as such, policymakers will need to figure out how to increase older adults’ energy and motivation to be self-sufficient and engaged in society. With this shift to an individually-focused conceptualization of successful aging, society would no longer be responsible for providing support to older adults and this would address some concerns regarding the impact of the increase in the older adult population on the healthcare system (Dillaway & Byrnes, 2009; Laliberte Rudman, 2006; Martinson & Minkler, 2006; Scheidt et al., 1999). The start of successful aging discourse coincided with a new representation of older adults, who went from being seen as unable to work and as deserving of supports from the system, to a more negative conceptualization, where older adults were seen as unwilling to work and as unfairly taking from the system (Dillaway & Byrnes, 2009). Overall, this representation shifted how older adults were viewed by others, and out of this context, the idea of successful aging and personal responsibility for one’s own aging process emerged (Dillaway & Byrnes, 2009; Laliberte Rudman, 2006).

During the emergence of the term successful aging, several similar discourses and terms emerged that focused on positive aging, such as productive aging, resourceful aging, healthy aging, active aging, independent aging, and positive aging (Angus & Reeve, 2006; Dillaway & Byrnes, 2009; Estes, 2001; Laliberte Rudman, 2006). Chief among those was successful aging because researchers suggested it might have the most impact on academic gerontology and policy (Angus & Reeve, 2006; Dillaway & Byrnes, 2009; Scheidt et al., 1999). Researchers have stated that terms such as ‘successful aging’ may increase negative conceptualizations of aging and reduce society’s responsibility for older adults as they focus on self-sufficiency and
individual responsibility, which in turn increases ageism and anti-aging values (Cardona, 2008; Dillaway & Byrnes, 2009; Stephens & Breheny, 2018). Researchers have also suggested that older adults’ sense of identity is shaped based on existing dominant discourses and personal experiences of aging, thus the existing discourses around aging will impact older adults’ understanding of their place in society (Cardona, 2008; Gilbert & Powell, 2005).

Older adults may be considered a disadvantaged population as the choices available to this group are often constrained by society. There are various ways of representing aging in modern society that reinforce ageism, defined as prejudice or discrimination on the basis of a person’s age. Some examples of representations identified in the literature include the invisibility of older adults (Fullmer, Shenk, & Eastland, 2008; Stephens & Breheny, 2018; Ward & Holland, 2011), the homogenization of older adults (Martens, Goldenberg, & Greenberg, 2005; Stephens, Breheny, & Mansvelt, 2015; Ward & Holland, 2011), the individual responsibility placed on older adults for their accomplishments and limitations (Angus & Reeve, 2006; Holstein & Minkler, 2003; Stephens & Breheny, 2018; Ylänne-McEwen, 2000), the dependency and infantilization of older adults (Angus & Reeve, 2006; Martens et al., 2005; Ylänne-McEwen, 2000), and discrimination based on physical appearance (Ainsworth, 2002; Ward & Holland, 2011). These representations, amongst others, and their potential implications will be discussed in the sections below.

In the aging literature, the definition of successful aging includes assumptions of self-reliance, productivity, and effectiveness, which work to uphold current power relations and contribute to ageism in society (Angus & Reeve, 2006; Martens et al., 2005; Stephens & Breheny, 2018). For instance, images of how to age successfully by remaining active and avoiding or reversing the aging process itself are commonplace images of aging in our society, which can reinforce these power relations and contribute to potentially unrealistic expectations of older adults in the community. By ascribing to or not questioning these common sense views of aging, people participate in and contribute to ageism in society (Dillaway & Byrnes, 2009). This framing of successful aging, based on assumptions of self-reliance and productivity, defines success as an outcome rather than a process, and is akin to a competitive sport that can be won or lost where older adults are compared with each other (Dillaway & Byrnes, 2009; Katz & Calasanti, 2015; Rozanova, 2010). As Angus and Reeve (2006) state, this is a short-sighted
Various researchers have questioned the term ‘successful aging’ and other similar terms (Dillaway & Byrnes, 2009; Estes, 2001; Holstein & Minkler, 2003; Laliberte Rudman, 2006; Martinson & Minkler, 2006). Researchers have further questioned whether the discourse surrounding successful aging is representative of how people think, and helpful for those working with aging issues (Dillaway & Byrnes, 2009; Stephens & Breheny, 2018). In addition, Dillaway and Byrnes (2009) have sought to understand the role of the socio-political context in shaping successful aging discourse. These researchers have done this work with the goal of contributing to a broader understanding of successful aging and how these understandings impact older adults’ lives.

As discussed, various critiques of the successful aging paradigm exist (Angus & Reeve, 2006; Depp & Jeste, 2006; Martinson & Berridge, 2015; Minkler & Fadem, 2002); however more time should be spent on re-conceptualizing the concept of successful aging in order to influence the field of gerontology and policy (Dillaway & Byrnes, 2009). As such, researchers have suggested that social scientists and practitioners: reflect on whether and how they use the term successful aging in research; work to create new models and perspectives of successful aging that speak to various older adults’ experiences and social locations; and consider the impact of discourses and representations in doing so (Dillaway & Byrnes, 2009; Ferraro, 2006; Martinson & Minkler, 2006; Stephens & Breheny, 2018).

In the following sections, I discuss representations of aging and older adults identified in the literature: personal responsibility and individual agency in successful aging; successful aging as being active and productive, and unsuccessful aging as being dependent and vulnerable; aging as a decline and the denial of aging; and aging as a lifelong process. I explore elements of each of these representations as discussed in the literature and the media.

**Personal Responsibility and Individual Agency**

Various researchers have highlighted that one of the most prominent representations of successful aging is that it is the result of personal choice (Angus & Reeve, 2006; Calasanti, 2016; Lamb, 2014; Martinson & Minkler, 2006; Rozanova, 2010). As others have suggested, many recent policies place responsibility on the individual to manage their own aging process as they
aim to be successful (Kemp & Denton, 2003; Pond, Stephens, & Alpass, 2010; Stephens et al., 2015). As such, these policies assume that older adults are able to exercise considerable agency over their lives, and ignore the ways economic and social conditions constrain people’s prospects (Breheny & Stephens, 2010; Rozanova, 2010; Stephens et al., 2015). Below is a discussion of two aspects of this representation: aging as a process that one can and should manage, and maintaining health.

**Aging as a Process that one can and should manage**

Overall, a dominant representation of successful aging is that it is fully under the control of the individual (Katz & Calasanti, 2015; Lamb, 2014), particularly as it relates to being healthy and productive (Dillaway & Byrnes, 2009). In representations of successful aging, people are either succeeding or failing at aging, and one’s success or failure is based on how one manages one’s own aging process (Dillaway & Byrnes, 2009; Katz & Calasanti, 2015). Through this representation of aging, people who are considered to be aging successfully are used as examples to show others that everyone is able to be healthy and productive in older age if they manage their responsibility to age successfully (Dillaway & Byrnes, 2009; Rowe & Kahn, 1997). In addition, based on the findings explored below, this representation is used to suggest that society does not need to provide for individuals, as the responsibility is on the individual (Dillaway & Byrnes, 2009; Rozanova, 2010).

Various studies have examined the representation of successful aging as a process that individuals need to manage. Rozanova (2010) analyzed representations of successful aging in the *Globe & Mail* (one of Canada’s most widely read newspapers) from 2004-2006. The primary theme identified was an individual’s personal responsibility to ensure their own success in aging through their lifestyle choices (Rozanova, 2010). In other words, the newspaper articles positioned those who are not aging successfully as personally responsible for their failure. These articles imply that successful aging is within everyone’s reach, if they make the right lifestyle choices, and that unsuccessful aging was due to personal failings, or an unwillingness to stay active (Rozanova, 2010). This analysis also found that the representation of personal responsibility for one’s successful aging is put in the context of the problems this would create for the systems in society (i.e. social, economic, health) (Rozanova, 2010). Similarly, Breheny and Stephens (2017) interviewed older adults and analyzed the way they spoke about spending leisure time in later life. Their analysis revealed that participants spoke about leisure in terms of
using their time productively. Older adults spoke about how they use their leisure time to maintain their health and their identity as active aging citizens, and focus on continually improving themselves, in order to avoid physical and functional decline (Breheny & Stephens, 2017). Together, these findings highlight how society and older adults view aging as a process that one needs to manage responsibly.

**Maintaining Health**

In relation to personal responsibility, there is also a strong emphasis on the maintenance of physical health and the avoidance of decline in the successful aging literature (Lamb, 2014; Rozanova, 2010). Within the successful aging literature, biomedical representations of successful aging assume that success occurs when one is able to increase one’s life expectancy by working to decrease the rate of mental and physical decline (Bowling, 2007). Successful aging is said to be structured hierarchically where working to maintain one’s health and remaining disease and disability-free, is at the base of being able to achieve any other outcome related to successful aging (Dillaway & Byrnes, 2009; Rowe & Kahn, 1997).

The imperative to maintain one’s health also influences how older adults view successful aging. When interviewing older adults in the United States, Lamb (2014) found that they were very eager to meet the criteria of maintaining health through lifestyle choices in order to fit within the dominant representations of successful aging. Another study found that older adults emphasized health promotion messages when speaking about their health, mentioning diet and exercise (lifestyle choices) as a means of maintaining and increasing their health (Pond et al., 2010). Although these participants acknowledged the impact of factors outside their control, such as luck, genes, and aging, they focused much more on the role of diet and exercise, and their personal responsibility in maintaining their health (Pond et al., 2010). Overall, older adults in this study tended to position themselves and others as responsible or irresponsible, depending on their health status and whether they made lifestyle choices to improve their health (Pond et al., 2010).

In a more recent study, interviews with middle-aged adults about successful aging revealed a focus on personal responsibility; participants believed they can and should age successfully, by making appropriate lifestyle choices (Calasanti, 2016). Participants did acknowledge that the ability to age successfully can be outside their control, however, they placed responsibility and blame on anyone who does not age successfully (including themselves).
(Calasanti, 2016). This focus on personal responsibility for one’s success in aging can push people to turn to biotechnological and anti-aging interventions and products, as a way to be successful and responsible in maintaining their health (Cardona, 2008). Consumers of anti-aging products have stated that the use of these products allows them to be in control of their lives, and to continue to participate in social and economic life (Cardona, 2008). Society has represented the aging body as something that needs to be maintained, in order to avoid exclusion (Cardona, 2008).

**Staying Active and Productive vs. Being Dependent and Vulnerable**

Representations of successful aging highlight the need to remain both physically and socially active, and to continue to engage in productive activities (Katz, 2000; Liang & Luo, 2012; Rozanova, 2010). These images of activity and productivity are often contrasted with images of being dependent and vulnerable, which are associated with unsuccessful aging (Breheny & Stephens, 2017; Laliberte Rudman, 2006; McHugh, 2003; Pulkki & Tynkkynen, 2016). These representations have implications for all older adults, and particularly negative consequences for those who are unable to maintain physical, social, and productive activities as they are excluded from being considered successful. Below is a discussion of the aspects of this representation, specifically aspects of staying active and productive, the dependent and vulnerable older adult, the contrast between the active and productive versus dependent and vulnerable older adult, and the deserving older adult.

**Staying Active and Productive**

The importance of remaining active in order to age successfully in later life is a prominent representation of aging (Breheny & Stephens, 2017; Laliberte Rudman, 2006; Rozanova, 2010) and connections between activity and well-being in older age have become popular in research and society (Katz, 2000; Rozanova, 2010). Through her analysis of newspaper articles, Rozanova (2010) found that successful aging is portrayed as staying engaged in society and continuing to work in order to remain fulfilled. This increase in ‘positive’ images of aging, in the media and society, represent aging as a time to be active, productive, and independent, in contrast to previous images of aging as a time to be passive and dependent (Cardona, 2008; Katz, 2000). This representation tends to overlook the effects of poverty,
disability, and inequality (Cardona, 2008; Holstein & Minkler, 2003; Katz, 2000). As well, what is considered a productive and acceptable activity is heavily influenced by social and cultural norms, and researchers have highlighted the ‘busy ethic’ as a key part of the successful aging approach (Liang & Luo, 2012; McHugh, 2003). When guided by this approach, researchers and individuals focus on the quantity of activities an older adult engages in, rather than the quality and meaning of these activities and experiences (Liang & Luo, 2012).

Researchers have argued that to age successfully it is not enough to be active, one must also be productive. By analyzing the representation of older adult workers in Canadian newspapers from 2006, researchers found that productive aging was defined as continuing to work past the traditional retirement age and framed as a societal obligation, given economic and social circumstances (Laliberte Rudman & Molke, 2009). In a related study, Canadian newspapers from 1999 and 2000 were also analyzed to understand the representation of modern retirees (Laliberte Rudman, 2006). This analysis revealed that retirees are represented as ‘producers’ who should use their time productively to minimize age-related risks, and are positioned as active and contributing members of society (Laliberte Rudman, 2006). Another study examined how advertisements for retirees in the United States positioned older adults as needing to be involved in many productive activities in their new ‘free time’ that aim for self-growth (McHugh, 2003). Overall, these findings highlight the pervasiveness of the representation of older adulthood as a time to be active and productive.

**The Dependent and Vulnerable Older Adult**

In contrast to the portrayals of older adults as active and productive, older adults are also represented as disengaged, vulnerable, and dependent (Laliberte Rudman, 2006; Pulkki & Tynkkynen, 2016; Ylänne-McEwen, 2000). Researchers have highlighted that older adults are often represented as dependent and a burden on society, and this dependency is framed as problematic (Breheny & Stephens, 2017; Cardona, 2008; Ylänne-McEwen, 2000).

Another common way in which old age is represented is as a time of vulnerability and dependence. For instance, a discourse analysis of vacation packages for older adults in the United Kingdom revealed that all packages are pre-prepared so that vacationers are not burdened with decisions (Ylänne-McEwen, 2000). Packages state that ‘hosts’ will manage all the details and planning. The authors argue that the language used in these travel brochures positions older adults as less capable of planning their own travel, and therefore more dependent and in need of
care (Ylänne-McEwen, 2000). Another study, examining the representations of modern retirees in Canadian newspapers, highlighted that the identity of the ‘vulnerable senior’ as common, representing older adults as powerless in society and reliant on the system for supports (Laliberte Rudman, 2006). A further discourse analytic study of successful aging, done through interviews with middle-aged adults in the United States, revealed that participants described feeling stressed over becoming vulnerable and losing control of certain aspects of their lives. They discussed how they should have control over these aspects of their lives for successful aging (Calasanti, 2016). These participants, approaching older adulthood, also spoke about the process of aging as a process where older adults become increasingly marginalized and feel a loss of power within society (Calasanti, 2016). Other researchers analyzed how older adults are represented in parliamentary discussions in Finland (Pulkki & Tynkkynen, 2016). The most prominent representation of aging identified in their analysis was the inevitable dependency of the older adult population, and the burden that this dependency and need for support will place on the ‘system’ (Pulkki & Tynkkynen, 2016). These findings highlight the prominence of the problematic representation of older adults as dependent, vulnerable, and a burden on society.

**Contrasting the Active and Productive Older Adult with the Dependent and Vulnerable Older Adult**

Within the successful aging literature, older adults who are active and productive are often contrasted with undesirable representations of older adults as disengaged and vulnerable (Bassett, Bourbonnais, & McDowell, 2007; Breheny & Stephens, 2017; McHugh, 2003; Rozanova, 2010). Various studies, based on interviews with older adults as well as analyses of brochures and newspapers, have discussed the use of these representations together. For instance, in an interview-based study about aging well, Canadian older adults viewed the image of ill health and decline in old age negatively, and focused on the need to maintain youthfulness by staying active and engaged (Bassett et al., 2007). Through an analysis of advertisements for retirees in the United States, researchers found that images of retired living depicted successful aging as staying young by remaining active, and left out undesirable images of aging that depict disengaged retirees; this selective representation of the ideal active retiree implied the existence and undesirability of the disengaged and inactive retiree (McHugh, 2003). In another study, older adults in New Zealand were interviewed to understand how leisure time in later life is represented (Breheny & Stephens, 2017). When participants spoke about leisure time, they spoke
about using their time productively, to position themselves desirably as active and contributing members of society and to resist being positioned negatively (Breheny & Stephens, 2017). Anti-aging products are another means that older adults use to resist the representation of being vulnerable. In a further study, researchers found that participants who use anti-aging products do so in order to treat ‘aging’ itself, as aging is equated with being dependent, vulnerable, and a burden on others. Participants were interviewed and saw anti-aging products as a means to take control of their aging process, and to age successfully by remaining youthful (Cardona, 2008).

Such representations are stigmatizing for older adults, as they create a false dichotomy between two extreme images of aging and suggest that one’s productivity and activity level is coupled with success while one’s inactivity is coupled with failure. Therein lies the dilemma: older adults can either be successful by being active and productive, or unsuccessful by being dependent and vulnerable, and there is no possibility of being both. One representation is always described in relation to its counter representation (Billig et al., 1988). Older adults are aware of these representations and their meanings and, as such, they aim to avoid being depicted as vulnerable and dependent.

**The Deserving Older Adult**

Another representation is the notion of the ‘deserving older adult’, which has also been discussed in the literature. In contrast to the above representations and the focus of older adults as a burden on society, this representation of the deserving older adult underlines the view that all older adults deserve support due to their lifetime contributions to society (Fealy, McNamara, Treacy, & Lyons, 2012; Pulkki & Tynkkynen, 2016). This representation has been discussed in a few studies. One such study examines daily newspapers in Ireland to identify identities and representations available to older adults. This study finds that older adults are portrayed in newspapers as deserving of government supports due to their contributions to society during their productive working lives (Fealy et al., 2012). Another study examining how older adults are represented in parliamentary discussions in Finland, found that older adults are often represented as deserving of society’s support and services (Pulkki & Tynkkynen, 2016). This representation focused on older adults’ lifelong contributions, emphasizing that they have built today’s society, and described how these efforts should be compensated. At other times, this representation focused on older adults as deserving simply because they are old (Pulkki & Tynkkynen, 2016). In a discourse analysis study of vacation brochures for retirees in the United Kingdom, these
brochures were also found to emphasize that retirees deserve a break after years of working (Ylänne-McEwen, 2000). Overall, these studies show that, at times, older adults are also represented as deserving of supports in the media and public domain.

**Aging as a Decline and the Denial of Aging**

Representations of aging often depict aging as a process of decline by highlighting physical appearance and decreasing abilities (Cardona, 2008; Laliberté Rudman, 2006; Ward & Holland, 2011). These representations focus on attaining an ageless self, position aging as undesirable and preventable, and represent older adults as a homogenous group (Dillaway & Byrnes, 2009; Liang & Luo, 2012; Ward & Holland, 2011). Critiques of representations of successful aging highlight its inherent ageism, through its promotion of the ageless ideal, which is often unattainable and fails to acknowledge the uniqueness and diversity of old age (Liang & Luo, 2012; Ward & Holland, 2011).

Below is a discussion of the representations of aging as a decline and problem, and older adults as a homogenous group.

**Aging and its Physical Consequences as a Problem**

Aging is often represented as a problem to be dealt with in society and one that older adults should resist. This problem is often framed in relation to physical appearance. Older adults can be discriminated against based on physical appearance, where that appearance can play an important role in determining whether or not they are considered to be aging successfully (Cardona, 2008; Twigg & Martin, 2015; Ward & Holland, 2011). As such, there is an imperative for older adults to remain looking young in order to be considered as successfully aging (Cardona, 2008; Laliberté Rudman, 2006). In their qualitative research on the social symbolism of hair, Ward and Holland (2011) show how older adult women must actively work to look more youthful to be seen, heard, or noticed (Ward & Holland, 2011). Thus, older adult women are not meant to look like they are aging. Findings also showed that when older adult women attempted to look more youthful, they were mocked for trying to look an age that they are not. Either way these women are caught in a dilemma and are marginalized due to their age and the physical appearance that comes with that age (Ward & Holland, 2011). The dilemma, as Billig (1988) describes, is not easily resolved. Related to this, based on interviews with adults who use anti-
aging products, Cardona (2008) found that participants’ consumption of these products was grounded in the need to improve their aging bodies and further delay the appearance of aging (Cardona, 2008). In this way, the use of anti-aging products was not focused on improving health in old age but focused instead on avoiding aging itself, where aging is positioned as the problem (Cardona, 2008). These findings show that successful aging is often represented as an avoidance of aging, and that aging itself along with the physical signs that come with it are represented as a problem to be managed.

The above findings also highlight the representation of successful aging as engaging in activities to personally resist the process of aging (Cardona, 2008; Laliberte Rudman, 2006). An analysis of representations of aging in Canadian newspaper articles identified a consumer based representation of older adults, where successful aging is seen as the product of engaging in the appropriate consumer choices in order to maximize life satisfaction in older age (Laliberte Rudman, 2006). Older adults are said to be able to reduce age-related declines in functioning if they buy into age-defying products (Laliberte Rudman, 2006). As well, Cardona (2008) found that anti-aging products and medicine were used as a way to avoid and cure aging (where aging is represented as illness) and to reduce age-associated risks, such as loss of function and dependency.

Invisibility and Homogenization of Older Adults

Aging is also represented as a decline and a process that one should deny, which relates to the invisibility and homogenization of older adults compared to other groups (Angus & Reeve, 2006; Dillaway & Byrnes, 2009; Martens et al., 2005; Pulkki & Tynkkynen, 2016; Ward & Holland, 2011; Zhang, 2006). In their analysis of the social symbolism of hair in later life, Ward and Holland (2011) highlighted invisibility as a meta-narrative for older adults, particularly for older women as they describe their social experiences. Similarly, in a study of aging and beauty work, Canadian older women reported feeling invisible when they had not changed some aspect of their appearance to look more youthful. One participant aptly described this feeling of invisibility, “I noticed when I had grey hair that when I’d be walking down the street, I became invisible. I’d be walking down the sidewalk and just kind of automatically, when someone was coming in the opposite direction, I’d move to the side. But I noticed other people didn’t move. They would just walk right over me” (Clarke & Griffin, 2008a, p.664). In an analysis of the representation of older adults in advertising in the United States, invisibility was also described
as the underrepresentation of older adults (particularly women) in these advertisements. When older adults were represented, they were often in minor and background roles (Zhang, 2006). Overall, these studies show that older adults experience invisibility in society.

In addition, older adults are also homogenized and ‘othered’ in discussion, and are positioned as outside the mainstream population (Pulkki & Tynkkynen, 2016; Ward & Holland, 2011). For instance, in parliamentary discussions, politicians positioned older adults as others by discussing that when older people cannot manage on their own ‘they need support from our service system’ (Pulkki & Tynkkynen, 2016). In Ward & Holland’s (2011) study, they underlined that hair is also a way in which older adults are homogenized. Older women participants mentioned that hairdressers would give all older women the same haircut and were reluctant to change it upon request (Ward & Holland, 2011). Taken together, these findings highlight the lack of attention paid to older adults’ multiple social locations and diversity, and perhaps to older adults more generally (Angus & Reeve, 2006; Calasanti, Slevin, & King, 2006; Dillaway & Byrnes, 2009; Minkler & Fadem, 2002).

**Aging as a Lifelong Process**

While the representation discussed above focuses on the denial of aging and aging as a decline, this representation focuses on the way researchers and older adults understand aging as a lifelong process. These representations have focused on opportunities for growth and adaptation to challenges and adversities throughout life (Pruchno, Heid, & Genderson, 2015). Researchers have also represented successful aging as the optimization of development across the lifespan, and have underlined the need to consider a person’s success in relation to the broader context (Schulz & Heckhausen, 1996). Two models in particular are focused on aging as a lifelong process and the need to consider the sociohistorical context in defining aging. The life course theoretical model calls for research that considers the context (both historical and social) as central to people’s experiences and highlights the desire for stories to be told from the vantage point of ordinary people (Hutchison, 2010). In other words, this theory focuses on how historical time, social location, and culture affect people’s experiences at various life stages (Hutchison, 2010). In the context of successful aging, the life course theoretical model highlights the need to redefine successful aging from the social location of older adults. Similarly, the lifespan development perspective proposed by Aldwin, Spiro and Park (2006) suggests decreasing the
focus on maintaining typical midlife activities and the avoidance of decline, and increasing the focus on shifts in the valuation of life, its meaning, and gains in aging. These authors define aging as a lifelong process, and multidimensional, where gains and losses occur through development and aging is constrained by sociohistorical context (Aldwin, Spiro, & Park, 2006). On the whole, this representation, found in the scholarly literature, focuses on aging as a lifelong process by emphasizing adaptation, continuity, and life satisfaction (Bowling, 2007). Similarly, older adults themselves have highlighted the need to accept what life brings and to adapt to changes, paralleling a life course perspective (Bassett et al., 2007; Reichstadt et al., 2007). The life course perspective views aging as lifelong, and unlike Rowe and Kahn’s dominant successful aging model, it aims to take the broader context into consideration rather than placing its focus solely on the individual.

**Resilience as an Alternative Discourse for Aging**

More recently, resilience has been suggested as an alternative discourse for aging (Gattuso, 2003; Harris, 2008; Stephens et al., 2015; Wiles, Wild, Kerse, & Allen, 2012), one that can focus on incorporating vulnerabilities and strengths rather than focusing on success and failure (Harris, 2008; Wiles et al., 2012). Researchers suggested that aging is a lifelong process, where people adapt to challenges and adversities, allowing for opportunities for resilience (Pruchno et al., 2015). Resilience can be understood as a more inclusive concept, one that is achievable by all and aims to conceptualize the diverse experiences of aging that exist (Pruchno et al., 2015; Stephens et al., 2015; Wiles et al., 2012). The representation of resilient aging has the ability to focus on aspects of aging that older adults value, and allow older adults experiencing functional limitations, disease, and challenging social or environmental circumstances to be considered to be aging successfully (Gattuso, 2003; Stephens et al., 2015; Wiles et al., 2012). As Stephens and colleagues (2015) stated, “resilience can be defined as ‘flourishing despite adversity’ when ‘adversity’ is understood in terms of the increased chances of personal loss, exacerbated inequalities, physical disability and general physical health challenges of ageing.” (p.717)

Some researchers have cautioned against using resilience as an alternative discourse because this concept can also be individualized and used to place responsibility on the individual who is not aging resiliently (Wiles et al., 2012). As such, Stephens and colleagues (2015) conceptualized resilience in the context of the Sen’s (1987) Capability Approach. The Capability
Approach is an alternative way of conceptualizing well-being, which emphasizes the role of social and environmental supports in helping people live a life they consider valuable, rather than focusing on individual responsibility for maintaining or achieving health (Stephens & Breheny, 2018). Using the Capability Approach, aging well is thus seen as people’s capability to function in ways that they value, where there is no one correct understanding of aging well. This approach allows resilience to be thought of as it relates to the social environment and context, and to focus on older adults’ values regarding aging (Stephens et al., 2015). Through the Capability Approach, the focus turns to each person’s capability, based on the capabilities they value, and how they are able to function within the context of their own values (Anand & van Hees, 2006; Stephens et al., 2015). In addition, it allows resilience to be understood in the context of the social and physical environment such as organizations, policies, and social structures. For instance, health inequalities can be explained by inequalities in capability and the impact of social structures on people’s ability to reach their valued lives, rather than individual ability (Alkire, 2005; Stephens et al., 2015).

Few studies to date have sought to understand aging from a resilience perspective and the ones that have are described below. Wiles and colleagues (2012) aimed to define resilience in aging from the perspective of older adults through focus groups and interviews. Findings showed that resilience was viewed as embedded within social and physical contexts, and was defined as multidimensional, based on both internal and external resources (Wiles et al., 2012). Internal resources included having a positive attitude; recognizing the good things one has in life; having a realistic view of illness and the importance of contributing to society; having a sense of purpose, keeping busy and interacting with others; and being motivated through opportunities in the environment and by oneself (Wiles et al., 2012). External resources included social resources and support from family, friends, and neighbours; the ability to accept help; having a sense of home and attachment to place; and the role of neighbourhoods, community, and structural resources (Wiles et al., 2012). A recent study built on Wiles and colleagues’ (2012) study on resilience in older adults, and focused on valued functionings based on Sen’s (1987) capability approach (Stephens et al., 2015). This study focused on understanding desired living standards for older adults, from their perspective, through interviews (Stephens et al., 2015). Using a thematic analysis, six valued functionings were identified: physical comfort (everyday basic goods), social integration (engaging with family and friends, attending social activities and
special occasions, feeling part of everyday life), contribution (to society and to others), security (financial and personal safety), autonomy (making decisions for oneself and being self-sufficient, the importance of economic freedom, mobility, and transportation accessibility), and enjoyment (of activities in daily life) (Stephens et al., 2015). Overall, these findings highlight that older adults’ perspectives on aging diverge from the Rowe and Kahn’s narrow conceptualizations of successful aging by describing it as a process of adaptation and considering the role of the social and physical context, and that resilience may be a useful representation for conceptualizing aging.

Recently, researchers have aimed to conceptualize aging while also considering the broader context, and have sought to understand how the successful aging and resilience models fit together, through a life course approach. For instance, a study identified the various community aging-friendly initiatives that exist in the United States (Scharlach, 2012). This paper highlighted the lack of community preparedness for dealing with an increase in the older adult population and older adults’ desire for living in place. Scharlach (2012) related this to American values of individualism and independence, and that aging is seen by society as an individual problem. Based on lifespan developmental psychology, Scharlach (2012) suggested five components important in aging and age-friendliness: continuity (being able to maintain preferences), compensation (receiving support from the physical environment), connection (having meaningful social interactions), contribution (continued need to positively impact the environment), and challenge (having opportunities for stimulation). Stephens and colleagues (2015) explained that these components fit well with older adults’ perspectives in their study and underlined two additional components based on their findings. These additional components are autonomy (being able to make one’s own decisions) and security (having access to physical and financial security) (Stephens et al., 2015). Further research aimed to align the constructs of successful aging and resilience using a life-course approach (Pruchno et al., 2015). These researchers conceptualized successful aging as “a pattern of resiliency across the lifespan” and suggested that successful aging should take adversity over the lifespan into account (Pruchno et al., 2015). Using this conceptualization of aging, all older adults can be considered to be aging successfully (Pruchno et al., 2015). The possibility that all older adults could be considered aging successfully shows the potential implications of using resilience as an alternative and inclusive way of conceptualizing aging.
Section 3: Public Deliberation – Theoretical Context

While the studies discussed in the previous sections have helped to provide alternatives to notions of successful aging in older adults’ own words, these studies have not allowed older adults to identify as a group where commonalities exist between their views and the potential practical implications of their views. Most qualitative research on ‘successful aging’ is based on older adults sharing their views on aging, either with an interviewer or in a focus group, without the goal of collective negotiation amongst participants. In the studies reviewed, the researcher plays the role of negotiating and integrating a variety of perspectives to understand which aspects of aging are important to older adults. Although this research is important because it includes older adults’ voices and captures the diversity of their views, it does not go far enough. Specifically, this research has not captured older adults’ group perspectives on how their views fit together, where their common ground exists, and what the practical implications of their views are. What is needed is a more consultative and engaged approach, with older adults as a group, to better capture how older adults themselves understand where the common ground exists between their diverse views of successful aging and its associated practical implications. The present research aims to address this gap by engaging a group of older adults in a public discussion where participants can agree, disagree, and build on each other’s ideas to come to collective understandings of aging. By using this approach, participants themselves — rather than researchers — play the key role of integrating their perspectives to come to a collective and agreed-upon understanding of ‘successful aging’ and its practical implications.

The present section of the literature review explores the theoretical context of this approach, called public deliberation (PD), and its novel use in the current thesis. Overall, the current review of PD suggests that this methodology will work to position older adults as experts and to prioritize their collective understanding of ‘successful aging’ and its implications for policy and practice in the community.

Deliberative Democracy as the Basis for Public Deliberation

Deliberative democracy originally began with Aristotle in the fifth century, when he suggested that ordinary citizens engaged in debate and collective decision-making could make better recommendations than experts (Gutmann & Thompson, 2004). However, deliberative democracy and deliberation took many centuries to become what it is today. Many view
Habermas as the person who brought deliberative democracy into its current form, in which it focuses on how to incorporate citizens into collective decision-making processes (Gutmann & Thompson, 2004; Steiner, 2012). Deliberative democracy can be described as a process based on reason-giving and group decision-making, which is accessible, binding, and dynamic (Gutmann & Thompson, 2004; Gutmann & Thompson, 2000). Deliberative democracy suggests ways to improve democracy; and those who use or study deliberative democracy believe it to be a more fair and democratic means of addressing pluralism compared to other models of democracy, such as aggregative ones (Chambers, 2003). Instead of focusing on individualist conceptualizations of democracy, it is rooted in accountability and discussion, and is considered an expansion of representative democracy (where elected officials represent a group of people) (Chambers, 2003).

Deliberative democracy focuses on processes of communication of opinion (Chambers, 2003; Gutmann & Thompson, 2008). Accountability is a core tenet of deliberative democracy, meaning one should be able to articulate and justify the decision made. Although there is debate on definitions of deliberation, Chambers (2003) states, “generally speaking, we can say that deliberation is debate and discussion aimed at producing reasonable, well-informed opinions in which participants are willing to revise preferences in light of discussion, new information, and claims made by fellow participants.” (p. 309). As such, deliberative democracy focuses on processes of negotiation and discussion of opinions, which is done with mutual respect and a search for common ground between participants (Gutmann & Thompson, 2004).

Theorists in deliberative democracy aim to answer questions related to empowering the marginalized, mediating differences, and integrating ideas, which could produce reasonable opinion and policy, and could lead to consensus (Chambers, 2003). The focus of deliberative democracy is on the quality, substance, and logicality of reasoning. Deliberative democracy looks to the context and conditions needed for good deliberation, including considering the social, political, and historical context, as well as people’s attitudes and beliefs (Chambers, 2003). As well, researchers state that involving citizens in decision-making can increase transparency and trustworthiness in the processes and decisions made, and that citizens could bring new perspectives that can help improve or inform policy outcomes (Steiner, 2012). This approach allows us to look to this broader context and gain a more complete perspective of older adults’ experiences as they relate to successful aging.
Public Deliberation in Practice

Building on the concepts of deliberative democracy, public deliberations are a means for collective negotiation of various topics that aim to have practical and policy implications, using public discussion as a means to come to collective solutions for complex social issues (Blacksher, Diebel, Forest, Goold, & Abelson, 2012). The use of the term ‘public’ refers to the focus on all people, including those whose voices are often marginalized, placing citizens as participants in civic decision-making (Blacksher et al., 2012). The use of the term ‘deliberation’ highlights that the discussion should be informed and value-based (Blacksher et al., 2012). Overall, public deliberation focuses on negotiating that collective perspective.

PD is a process where citizens are able to learn about a topic, discuss and debate different perspectives, and come to a collective view around the practical and policy implications (O’Doherty, 2012). Gastil and Black (2008) state “when people deliberate, they carefully examine a problem and arrive at a well-reasoned solution after a period of inclusive, respectful consideration of diverse points of view” (p.2). The components of a successful deliberative discussion are considering all relevant information and perspectives on an issue; having respectful and inclusive discussion, including being able to identify disagreement; committing to work towards acceptable and actionable solutions on a societal level; and having the product of deliberations represent the collective statement and perspective of the participants (O’Doherty, Ibrahim, Hawkins, Burgess, & Watson, 2012; Solomon & Abelson, 2012). As discussed, one of the goals of PD is for participants to feel comfortable expressing their views and respecting others’ views. As deliberation progresses, participants should increasingly take others’ perspectives into account (O’Doherty, 2012). Overall, PD and its discourse can be described as a process of convergence of perspectives, coming not necessarily to agreement but to a mutual understanding (O’Doherty, 2012). Thus, deliberative collective opinions formed through successful deliberation are more than a collection of individual opinions; deliberative collective opinions represent opinions and decisions that the group agreed to through the exchange of thoughts and perspectives (O’Doherty, 2012). Various components make up a successful PD, and ultimately, the product of deliberation should represent the collective perspective of participants and highlight actionable items.
Empirical Research using Public Deliberation

Policy-makers in various sectors have used public deliberation as a means of informing the development of controversial policies on diverse issues such as health reform and resource allocation, amongst others (Blacksher et al., 2012). For instance, Public Deliberative Forums (PDFs) have been used to understand social and ethical implications of biomedical research (Burgess, O’Doherty, & Secko, 2008; O’Doherty & Burgess, 2009; O’Doherty, Hawkins, & Burgess, 2012; Secko, Preto, Niemeyer, & Burgess, 2009; Walmsley, 2011). In each of these contexts, researchers have brought citizens together to gain an understanding of their views on specific topics and to come to collective decisions that inform policy. Researchers have also sought to gain insights into the process of PD. Below are examples of PD’s use in research, its ability to help participants come to collective understandings, and its utility in sharing these collective understandings with decision-makers.

In a recent study, collective responses gathered through PD helped to inform local policy changes in the British Columbia BioLibrary, and provided input for institutional practice (O’Doherty, Hawkins, & Burgess, 2012). This four-day deliberation had 25 participants, who were meant to be representative of the province of British Columbia. Prior to the deliberation, participants received information booklets on key issues and perspectives regarding biobanking (O’Doherty, Hawkins, & Burgess, 2012). At the beginning of the four days, experts and stakeholders also presented diverse perspectives on the topic. Day 1 was meant as a day of learning information about biobanking governance and PD. Days 2 and 3 were focused on public deliberation itself and collectively coming to decisions about the five questions at hand. Deliberation started in small groups, and then moved to full group of participants. The last day focused on presenting the collective decisions to decision-makers in biobanking, for which they sought input. In the end, participants came to decisions on five key questions and collectively came up with recommendations regarding biobanking governance, and were able to share those with decision-makers (O’Doherty et al., 2012).

Another study focused on using PD in British Columbia to address the possible use of transgenic salmon as food for people (Nep & O’Doherty, 2013). A diverse sample of 25 participants was recruited. Participants were provided with information on the topic, through multiple means including a booklet and presentations, representative of various perspectives (Nep & O’Doherty, 2013). The deliberation took place over four days (two weekends); the first
day focused on giving participants information on the topic and on deliberation, and the other
days focused on the deliberation itself (Nep & O’Doherty, 2013). Through the deliberation
participants accomplished two tasks (one for each weekend), first they listed their hopes and
concerns on the topic, and next they deliberated about whether the salmon genome should be
sequenced and took time to explain their reasoning (Nep & O’Doherty, 2013). Ultimately, these
collective understandings were shared with decision-makers.

PDFs have given experts insight into citizen perspectives and have been used in a variety
of research settings such as the Citizens’ Reference Panel on Health Services in Ontario
regarding issues about the health care system, Public Agenda (a national organization in New
York dealing with specific community issues), and the Institut du Nouveau Monde in Quebec,
amongst others (O’Doherty, Gauvin, Grogan, & Friedman, 2012). As well, a PDF focused on
recommendations for colorectal cancer screening in Ontario took place, and findings highlighted
that participants brought real-world knowledge and broader concerns from the public’s
perspective that experts had not considered (Solomon & Abelson, 2012). In this vein, researchers
have highlighted the importance of incorporating people’s knowledge and context-specific
experiences in PDFs, as this collective knowledge can provide novel perspectives that experts
may not have taken into account, and can help inform practice and policy (Solomon & Abelson,
2012).

PDFs have been used as a way for social scientists to operationalize the negotiation of
different values, the collective understanding of an issue, and the process by which people may
arrive at a convergence of opinions. Overall, within these studies researchers have aimed to find
out what people have to say about a specific social or health issue and the practical implications
associated with their understandings. Within these studies, researchers have also studied the
processes of PD themselves. The use of PD in the context of the current research will be
discussed in the following section as well as in Chapter 3.

Use of Public Deliberation in the Current Research

PD can be described as a process of free discussion of public issues, which aims to
inform programs and policies (Blacksher et al., 2012). Goals of PD include helping to
incorporate voices of those who are often excluded from decision-making processes (Barnes,
Knops, Newman, & Sullivan, 2004; Blacksher et al., 2012), increasing the quality of opinions
and decisions through informed debate, increasing legitimacy of discussion through participation, arriving at solutions and views concerning practical and policy implications (Chambers, 2003), and finding common themes and perspectives between participants (Blacksher et al., 2012). The goals of PD are closely aligned with the aims of the present thesis research, for the following reasons:

- both aim to incorporate the voices of those excluded from decision-making, in this case older adults, into the collective decision-making process
- both aim to engage people in a way that allows some sort of negotiation between different values and perspectives
- both emphasize the importance of the process of arriving at a convergence of opinions between participants in order to inform programs and policies; as a first step towards program and policy impact, the results of the present thesis can inform programs and policy within the Guelph-Wellington Seniors Association,
- both aim to have a diverse and representative group of participants

In the present thesis, PD is used as a means to bring together older adults’ voices, as they collectively negotiate the meaning of ‘successful aging’, and position them as experts on their own experiences. Many PDs involve providing expert and research-based information to participants who may be uninformed or unaware of a certain topic, often one with relevance to a specific policy or issue (Solomon & Abelson, 2012). The present thesis takes a different approach, by having older adults inform both themselves and each other about their experiences surrounding successful aging, and thereby have the results of their own collective deliberation and their conceptualization of successful aging, represent the expert information that informs the second day of deliberation. The details of this process are discussed in the methods section.

The present focus of PD aims to shift away from the individual level of analysis, which is widely represented in the existing literature, and move towards the group and community level by focusing on understandings of aging based on older adults’ collective negotiation of this concept (Blacksher et al., 2012; Solomon & Abelson, 2012). In the present thesis, PD is used as a means to negotiate various perspectives and come to collective understandings of successful aging and its practical implications.
Recent research has also underlined the importance of using PD as a research tool in the context of Applied Social Psychology, as well as the lack of research in this area (O’Doherty & Stroud, 2019). As O’Doherty and Stroud (2019) conceptualize it, PD can be described as producing deliberative public opinion, which is socially and historically situated and has democratic legitimacy. Beyond the deliberative outputs themselves, O’Doherty and Burgess have emphasized the importance of qualitative analysis of PDs and its value in research contexts (O’Doherty & Burgess, 2009; O’Doherty, 2013). O’Doherty and Stroud’s more recent research specifically suggests that discursive analyses can be valuable in understanding processes of PD and that little work has been done to date in this area (O’Doherty & Stroud, 2019).

For the above reasons, the use of PD in this context is novel. Overall, the present thesis uses PD in order to include older adults in the decision-making process, to position them as experts on their experiences, and to negotiate a collective understanding of successful aging and its implications for policy and practice in the community, which can then be transmitted to decision-makers. This research also uses qualitative analyses, including a thematic and a discourse-informed analysis, to further understand the nuances and tensions related to aging discussed by participants.

**Rationale and Research Questions**

The above literature review highlights gaps and limitations in the current research by exploring the following: the exclusionary and individualistic nature of Rowe and Kahn’s (1998) notion of successful aging and the dominant representations of aging; the divergence of perspectives between the concept of successful aging and older adults’ views on aging; and the lack of older adults’ collective negotiation of successful aging (both the concept and the term itself) and the implications of this concept for their everyday lives. Research in critical gerontology proposes that concepts of successful aging and related dominant representations of aging in society constrain older adults’ conceptualizations of aging (Stephens & Breheny, 2018). This further points to a need to have older adults conceptualize their experiences and perspectives on aging in a way that is liberated from those constraints, in order to facilitate the emergence of alternative models for aging.

The present thesis aims to address these gaps and limitations by including a group of older adults in a collective negotiation of the meaning of successful aging, questioning the term
‘successful aging’ itself, discussing its potential practical implications, and exploring how these ideas fit with broader representations and discourses of aging. This thesis aims to understand which aspects are important in defining this concept, how this conceptualization fits into older adults’ lives and communities, and what implications it may have in that regard. Using a deliberative approach to qualitative methods, without providing ‘expert’ opinions on the topic, older adults are positioned as experts and can re-conceptualize successful aging from their own perspectives.

More specifically, this study addresses the following research questions:

• What is participants’ collective conceptualization of ‘successful aging’ and is there a more fitting term? Based on their conceptualization, what do participants outline as important practical implications for themselves and their community?

• What are the desires and concerns of aging discussed by participants? What are participants’ perceptions of how these desires and concerns affect older adults’ ability to age ‘successfully’ in the community?

• How do older adults’ conceptualizations of ‘successful aging’ compare to existing representations explored in the literature review? How do existing representations and discourses constrain the way older adults can speak about aging?

• Was public deliberation a useful method for having older adults collectively define ‘successful aging’? Upon reflection, what can we learn about the process of public deliberation in this context, specifically what gets included and not included in deliberative outputs, and what gets uncritically accepted by participants and facilitators?
Chapter 3: Methods

Participants

Twenty-nine participants aged sixty-five to ninety-five years old participated in this research. The average age of participants was 74 years old. There were 23 females and 6 male in the study. Twenty-four participants (83%) in this study self-reported being White/European, 4 participants (14%) reported being Southeast Asian (2 Chinese and 2 Filipino), and 1 participant (3%) reported being Aboriginal/First Nations/Metis. The visible minority population in Guelph is estimated to be about 13.8% (15,800 people), where 1.1% is of Aboriginal identity, 19.4% are Chinese, and 12.3% are Filipino. Ninety seven percent of participants reported being heterosexual, and one participant (3%) reported being celibate. All participants reported being either retired or semi-retired. Nine participants (31%) reported being a caregiver to a family member or friend. In terms of living arrangements, fifteen participants (52%) reported living alone in a private household (1 participant specified that a personal support worker comes over daily, and 2 participants stated they live with their spouses) and 14 participants (48%) reported living with family in a private household (1 participant specified living with their son). Twenty-one of 29 participants responded regarding their annual income level. Of those responses, the average annual income range was between $30,000-40,000/year, and overall participants’ income ranged from $15,000/year to $90,000/year. Approximately 38% of respondents (8 participants) reported making between $15,000-20,000/year, and about 9% (2 participants) reported making between $70,000-90,000/year.

On average, participants rated their health as good, though the ratings varied from very good to bad. In the survey, participants were asked how often they participate in various types of social or community events and the average frequency is reported below. As well, participants reported that on average they attend social events (such as restaurants, sporting events, or activities), do unpaid community or volunteer work, attend groups, and see their relatives or friends several times a month. Participants reported that they go on day trips or overnight trips several times a year. On average, participants also reported attending church or religious services several times a year. Participants were also asked to what extent they agree or disagree with certain statements. Many participants agreed that they have friends or family available to support them when they are in need, while three participants neither agreed nor disagreed with this
statement. Most participants also agreed that they could support themselves or others when in need, although two participants neither agreed nor disagreed with this statement.

**Procedure and Design**

Prior to the start of the research and recruitment, ethics approval for this project was received by the University of Guelph Research Ethics Board (see Appendix A for certificate). The Guelph Wellington Seniors Association (GWSA) and its board also approved this project. It should be noted that the methods used for PD in this research study are largely based on methods used by O’Doherty and colleagues (O’Doherty, 2013; O’Doherty & Burgess, 2009; O’Doherty, Gauvin, Grogan, & Friedman, 2012).

**Recruitment**

The principles that guided recruiting for this study were based on diversity and representativeness of the older adult population in the Guelph-Wellington region. However, the participants were ultimately those who are most interested in the topic and who were connected to the GWSA or other sources from which participants were recruited. Although it is difficult to account for all the different factors that could contribute to diverse experiences of aging such as; current living situation, gender, socioeconomic status, ethnicity and whether or not the participant was born in Canada, every effort was made to reach out to older adults from diverse backgrounds, recruiting from multiple sources.

Participants were recruited for this study through various sources such as the GWSA, Shelldale Community Centre, the MS Society in Guelph, and Immigrant Services Guelph-Wellington. Posters were distributed and posted at the above locations (see Appendix B). Older adults at the GWSA also took recruitment posters to their apartment buildings in the community, and participants were also recruited at those apartments. In order to account for possible attrition rates, approximately 33 participants were recruited at first. In the end, 29 people participated in the PDF and three people participated in the pilot portion of the study.

**Facilitator Training Session**

In order for the facilitators to be trained on how to run a PDF, I (the PDF practitioner) put together a training guide based on past deliberations. This training guide was based on my prior experience as a PDF facilitator and the training I received in this context. As well, an experienced
PDF practitioner (Dr. Kieran O’Doherty) informed this training guide. PDF facilitators reviewed this guide prior to the training session and used this guide to inform their facilitation practice.

Dr. Jeff Yen and I ran a training session with facilitators to speak about group facilitation, practice facilitation, and answer any questions facilitators had. More specifically, this session lasted 4 hours and went over the project and its aims, the schedule and process for the PDF, each person’s role as facilitator, and mock facilitation training including role play, and answering any questions. In addition, a public deliberation schedule and discussion guide was created for and given to facilitators. After facilitators had the time to reflect on the training and review the schedule and discussion guide, we hosted another training session. During this training session, we reviewed the goals of deliberation, the role of the facilitator, answered facilitator questions, and did another mock facilitation session where facilitators were able to provide feedback to each other. There were four facilitators for the small group deliberations, and I was the big group deliberation facilitator. I was also the PDF practitioner, as someone who led and was actively involved in the entire PD process, from the organization and design to the analysis. Other facilitators recruited for this research were undergraduate students who had research assistant roles.

Based on guidelines for implementing public deliberation, facilitators were monitoring conversations in order to strike a balance between keeping on topic and exploring various perspectives of the issue at hand (O’Doherty et al., 2012). Facilitators’ roles are to elicit the thoughts of participants, and to explore whether participants can come to a convergence of opinions.

**Pilot**

In order to verify the validity of the discussion guide and the process for the PDF, a pilot was conducted with three older adults. During this one-hour session, feedback was received regarding the discussion guide. In order to gain this feedback and pilot the questions, participants answered discussion guide questions and spoke about what ‘successful aging’ means to them. Through this discussion and with participants’ help, the discussion guide was reworked to better suit older adults’ needs. A debrief with PD facilitators occurred after the pilot, in order to go over the PDF process and the older adults’ feedback from the pilot. The discussion guide and specific questions within it were modified based on older adults’ feedback, and this modified version formed the discussion guide for the PDF itself.
Procedure

Participants took part in a public deliberative forum hosted at GWSA that was divided into two 3-hour sessions over two consecutive days. In total, the deliberation lasted 6 hours. Overall, participants were told that they were working on a common task of reflecting on the meaning and significance of successful aging, and its potential practical implications. The goals of deliberation were explained, such as the goal of understanding all perspectives, seeking common ground, and maintaining respect towards everyone’s views.

On the first day, there was a 3-hour session, divided into various parts. The first half hour was the informed consent process, including explaining the study and the main question of the deliberation. After completing the informed consent process, participants were asked to complete a brief demographics survey. After the survey, any questions participants had were answered and they were given a 10-15 minute break for refreshments. For the next 45 minutes to an hour, participants were divided into 4 small groups (of 7-8 people) where they discussed what ‘successful aging’ means from their perspectives. For the last hour, everyone returned to the big group to deliberate about the meanings of ‘successful aging’ and aimed to come up with a collective understanding of the concept. At the end of the first day, $10 in compensation was given to each participant.

After the first day of deliberation, facilitators (including myself), Dr. Jeff Yen, and Dr. Kim Wilson came together to debrief about the session, share notes, put together the collective definition of ‘successful aging’, and prepare for the next day’s deliberation. In the present thesis, the results of participants’ PD from day 1 (their conceptualization of ‘successful aging’) represented the expert information that informed the second day of deliberation.

On the second day, there was another 3-hour PDF session where 27 of the 29 participants returned. The session began by going through key aspects of the consent form, purpose of the session, and summarizing the previous day’s PDF. The next hour, participants returned to the same small group discussion groups and facilitator, to discuss what the practical implications of their conceptualization of ‘successful aging’ are for themselves or their community. During the last ten minutes of the small group discussion, participants worked to summarize their main few ideas and conclusions to bring to the big group deliberation. Next, there was a 15-minute break with refreshments. The next hour and a half, participants spent as one group deliberating the various ideas, aiming to come to a convergence of ideas on the practical implications of their conceptualization of ‘successful aging’ for themselves and their community. The last ten minutes of
the session were spent giving $10 compensation to participants and thanking them for their participation.

In June 2016, I shared an executive summary of the deliberative outputs and action items with participants, the GWSA, and the Age-Friendly Guelph Leadership Team (see Appendix C). This information was disseminated to help inform possible programs and policies.

**Discussion Guide**

On the first day, facilitators discussed the purpose of the PDF as a whole, as well as the specific purposes of each day. As well, on each day the small group facilitators re-explained the specific purpose of the session. On day 1, participants were informed that they would be exploring ‘successful aging’, what it means to them, and whether the term is useful for them. On day 2, participants were informed that they would work towards understanding what they can do practically with their collective understanding of ‘successful aging’: such as suggestions to the city, or associations, etc., and understanding if there are practical things that could be done in one’s everyday surroundings that could change. Facilitators were given a discussion guide for each day. See Appendix D for the discussion guides for each day.

**Data analysis**

The PDF was audio-recorded, and transcribed by the research team, who were also small group facilitators during the deliberation. Files were encrypted and password protected. The deliberative discussions were transcribed verbatim into Word documents. Each transcript was verified for accuracy twice (once by research team members and once by me) and we made edits accordingly. Once all discussions were transcribed and verified, the verified transcripts were uploaded into Dedoose software. The excerpts shown in each analysis are from both small group and big group deliberation discussions. The distinction is not made in every instance, and only made when that distinction is relevant to the interpretation of the excerpt. In the excerpts, facilitators are denoted with the word “facilitator” and participants are denoted with either an “F” (for female) or “M” (for male) with a number to distinguish between different participants.

There are four parts of the data analysis process in this thesis, each with different aims that build on each other. The first part is the deliberative outputs (which will have the policy/practical implications), and the other three steps are considered the analytic outputs. Each of these steps is discussed in detail below.
Deliberative Outputs: The first part of the analysis is the deliberative outputs, which presents older adults’ collective ideas that they decided on as a group. These collective ideas and understandings are termed deliberative outputs. As O’Doherty (2013) states, “deliberative output is here defined as an explicit collective statement of deliberants about a position or policy preference. Importantly, deliberative output should be recognizable by deliberants as the result of their deliberations (which is often not the case for complex analyses conducted on qualitative – or quantitative – data). In contrast, the analytical output of a deliberative forum can be conceptualized as any analyses of the deliberative data that follow accepted principles of social scientific inquiry” (p.7). The deliberative outputs are used to examine the PDF in a collective manner, understand if there was any convergence of opinions, take participants’ statements at face value, and help inform policies and programs related to the topic, beginning with presenting this information to the GWSA. In terms of analyses for PDFs, O’Doherty and colleagues (2012) state that they “need to differentiate between individual opinions expressed in discussion, themes emerging from analyses of the entire deliberation, and collective statements ratified by the group” (p. 1607). The collective statements are termed ‘deliberative outputs’ and are important as they represent collective standpoints, which were derived through deliberative forums (O’Doherty & Burgess, 2008; O’Doherty, Hawkins, & Burgess, 2012). Deliberative outputs rely on explicit statements of participants, and aim to take those statements at face value, are not subject to detailed transcript analysis, and reflect language used by participants themselves allowing this form of analysis to be accessible to participants (O’Doherty & Burgess, 2008). In the deliberative outputs chapter, I present the deliberative outputs agreed upon by participants and provide some descriptive context to the deliberative outputs. Participants agreed upon these deliberative outputs and their wording during the PDF itself. After the PDF was complete, I did member checking with participants by sending out an email to all participants, and contacting other participants by phone, to confirm that the way these deliberative outputs were expressed in writing accurately reflected their deliberation. This process helped to build trustworthiness with participants.

Thematic Analysis: Past research in deliberation has outlined the value of further analysis of PD, beyond the deliberative outputs themselves (O’Doherty & Burgess, 2009; O’Doherty, 2013). The following two analyses are considered analytical outputs.

More specifically, the second analysis is a thematic analysis, which aims to explore
themes discussed in the deliberation, beyond the deliberative outputs. It further examines participant statements on a more individual level and to make note of the various themes that develop. Thematic analysis involves the ability to “systematically work through qualitative data in order to identify common threads of meaning, to group these together into categories of meaning and to then cluster these into higher-order themes” (Willig, 2013, p.178). Themes can be defined as recognizable patterns of meaning that co-occur in a systematic way (Willig, 2013).

In this analysis chapter, I used a thematic method of analysis based on the work of Braun and Clarke (2006). The focus of this thematic analysis was on aspects of ‘successful aging’, particularly as they relate to the community and its role in aging. Given this broad focus, this thematic analysis was deductive. This focus was based on the deliberative outputs in the conceptualization of ‘successful aging’ and their emphasis on the community as well as the critique in the literature that much of research on successful aging focuses on the individual and their responsibility (Angus & Reeve, 2006; Martinson & Berridge, 2015). In response to the call for a focus on the constraints that existing discourses and representations place on people, this thematic analysis also focused on the way the themes we identified fit with the representations of aging and older adults explored in the literature review.

After the PD was transcribed, two undergraduate research assistants and I began the analysis process by reading and re-reading the transcripts as part of the analysis process. This allowed us to re-familiarize ourselves with the data. This approach is guided by Braun and Clarke’s (2006) six phases to thematic analysis. This first phase of familiarizing ourselves with the data included recruiting community partners and participants, attending, overseeing, and facilitating the PD discussions. After the first day of the PDF was completed and again after the second day of the PDF, the research team got together to discuss our observations. We also gathered the deliberative outputs from the PDF, which were recorded in front of participants and which they approved. This familiarization also included transcribing the discussions from the PDF, which the research team transcribed using encrypted laptops and password-protected documents, including all filler words, laughter, pauses, and interruptions. These transcripts were verified twice – once by a research team member and once by me.

Next, each of us individually coded these transcripts with a focus on meanings of aging discussed by participants throughout all data. All three of us then systematically worked through one of the transcripts in order to discuss patterns in the participants’ talk and to come up with a
first set of codes. These codes were keyword descriptors and following the advice of Braun and Clark (2006), we coded for as many patterns as possible while keeping the context of each excerpt. Analytic notes were made during both the transcription and coding process as the transcripts were read and reread several times.

Once we had our list of initial codes, we discussed how these initial codes could be grouped into higher-order codes. After putting together the codes, we discussed and decided on a way to group the codes into higher-order codes. During this step, we regularly returned to the initial codes and performed checks to make sure we did not miss any phenomena and that we had appropriately coded the data. The following step involved sorting the higher-order codes into broader themes, related to our focus on the aspects of meanings of successful aging, and based on the identification of initial codes related to the community, we also focused on the link between successful aging and the community’s role in this process. It was at this point that we began analyzing and identifying the relationship of these themes to representations of aging and older adults explored in the literature review. Afterwards, I worked with those preliminary themes to refine them and build upon them. This was a cyclical process, where I continued to collapse and organize codes. I then returned to my research team, including my advisor, to decide on the themes. We then reviewed the themes, reading through each transcript again and reviewing excerpts to ensure their fit with the data set and each theme.

We then discussed the themes as a group (research assistants and my advisor), defining and refining them further, identifying subthemes, and outlining their relationships. Through this process, it became clear that the focus of these themes was on participants’ desires and concerns about aging, and their views of how these impact older adults’ capabilities to age ‘successfully’ as part of the community. At this point, we were able to define and name themes. We identified three themes, and four subthemes. These themes are: the obligation to give back to society, invisibility of older adults and their needs, and resistance to others’ views of older adults. Within the theme of invisibility of older adults and their needs, we identified the subthemes of needing to ‘have a say’ and be heard, and the lack of accessibility and age-friendliness. Within the third theme, resistance to others’ views of older adults, we identified subthemes of a loss of autonomy and desire to be valued, and being worthy of recognition. As well, this process allowed us to articulate that the last subtheme (being worthy of recognition) brings together elements of previous themes, as many can be described as means of being recognized by the community. In
reflecting on these themes, and discussing them with my advisor, the common thread of a lack of recognition and the multiple ways that participants perceive this lack became evident.

**Ideological Dilemma Analysis:** Based on the coding of the transcripts, and the themes identified in the thematic analysis, the third analysis focuses on ideological dilemmas, as defined by Billig (1988) and as outlined in the literature review. While the thematic analysis identified common themes shared by participants, this analysis of ideological dilemmas aims to capture the potential contradictions and different parts of those themes. Ideological dilemmas are a central part of critical discursive psychology, which focuses on understanding the relationship between individuals and discourse (Wetherell, Taylor, & Yates, 2001). In critical discursive psychology, discourse is viewed as a production of historical and societal contexts (Wetherell et al., 2001). As such, the ideological dilemma analysis is a discourse-informed analysis.

Billig (1988) argues that common sense contains contrary themes, and it is these contrary themes, which enable the emergence of ideological dilemmas. These contrary themes allow people to discuss and reflect on their everyday life (Billig et al., 1988). Ideological dilemmas, in turn, are viewed as representative of the current society and products of social conditions (Billig et al., 1988). During this analysis, both concordant and discordant perspectives in the various dilemmas are explored. I began this analysis by reviewing the existing codes and themes to gain an understanding of the potential ideological dilemmas and contradictions in the transcripts. I also returned to the transcripts themselves to re-familiarize myself with them, given this new focus. In doing so, I was able to identify three re-occurring ideological dilemmas from the PDF. The themes and counter themes appear throughout the deliberation, often at different times. The third dilemma, for instance, was formed based on the thematic analysis where I observed the contrast between the first and last theme. It is by doing the thematic analysis and by re-visiting both the codes and transcripts themselves, that the ideological dilemmas became apparent. Their existence throughout the deliberation is representative of the prominence of these dilemmas in these older adults’ lives.

Both the development of themes in the thematic analysis and of ideological dilemmas was done with the help of the research team. As discussed in the thematic analysis method, when I developed themes (based on the codes developed with the research team), the research team reviewed these themes. These themes were refined through group discussions where we spoke about the validity and significance of each theme, and further developed these themes. This
process was similar for the development of ideological dilemmas, which built off of the thematic analysis and took place afterwards.

**Reflection:** The fourth section is a reflection on the process of PD in this research and the ideas expressed throughout the PDF, beyond the deliberative outputs. In the PD, there will be nuances and tensions lost, as the main focus is on coming to collective agreement. This reflection builds on the previous analyses by further exploring and giving context to deliberative outputs, and by understanding the value of exploring the tensions underlying themes (as was done in the analysis of ideological dilemmas) and ambiguity surrounding deliberative outputs. Specifically, I re-read each of the three previous analyses as well as all the transcripts to gain an understanding of what is not included in deliberative outputs and what kind of use this information could have, particularly in research contexts where the aim is not to impact one specific policy decision. In reviewing the findings from each of the previous analyses, and in reviewing the transcripts themselves, what is not included in the deliberative outputs is highlighted. I also reflect on my role as a PDF practitioner and the impact that the facilitators and the unique design of this PDF could have on the process and outputs.
Introduction to Analysis Chapters

The four analysis chapters in this section aim to add to our understanding of issues in aging. These analyses will explore meanings of aging from the perspective of older adults as well as situate these meanings within the broader socio-historical context. More specifically, the deliberative output analysis (Chapter 4) allows us to gain an understanding of what older adults in the community see as important for aging, both conceptually and practically, and within the current societal structure. The thematic analysis (Chapter 5) as well as the ideological dilemma analysis (Chapter 6) further aim to shed light on the broader context in which the PD is situated, specifically considering the present community and societal context. The thematic analysis examines the important role society and the community can play in supporting and including older adults as they age, shifting away from the current dominant focus on the individual and productivity. The ideological dilemma analysis builds on the thematic analysis by examining the societal constraints that exist, given the dominant discourses and representations, and the implications these constraints have on participants. The final section (Chapter 7) is a reflection on the nuances that are not included in deliberative outputs, and the value of these nuances in enhancing our understanding of optimal aging.
Chapter 4: Deliberative Outputs

This chapter describes the deliberative outputs generated in the PDF. As discussed above, on day 1, participants were given the task of defining ‘successful aging’. On day 2, participants focused on what the practical implications of their conceptualization would be for themselves and their community. In this section, my aim is to present the collective understandings of participants, in a way that best reflects their intended meanings. In this particular participatory form of deliberative forum, the older adults who participated were considered the experts, rather than the facilitators. Therefore, in the list below, deliberative outputs are presented verbatim, as agreed upon with participants. This approach is in line with the deliberative framework. In particular, collective positions formed through successful deliberation are more than a collection of individual opinions; they represent decisions collectively endorsed by the group via the exchange of thoughts and perspectives (O’Doherty, 2012). Thus, ultimately, the product of deliberation (the deliberative outputs) represents the collective perspective of participants and highlights actionable items.

I present these outputs here, as well as some descriptive context, so that the reader can see what positions were agreed on by participants, related to the PD tasks and to provide a basis for evaluating PD as a method in this context.

Day 1: What is ‘Successful Aging’?

As a group, participants immediately took issue with the term ‘successful aging’ although they were not immediately able to come up with a more fitting term. In the end, they decided on the term ‘optimal aging’. Part of their decision to use the term optimal aging, rather than successful aging, was based on participants’ decision that everyone can define the meaning of optimal for themselves rather than having one standard for everyone’s aging. In this way, they recognized older adults’ need to work within and optimize their own abilities (which may be different for everyone). Participants were in strong agreement regarding the term ‘optimal aging’, after having felt that successful aging did not fit their conceptualization. Prior to the decision of adopting the term optimal aging, the idea of ‘contented living’ came up as there was continued discussion about whether older adulthood is part of a lifelong continuum of aging or whether it is a distinct age category. At the end of day 1, “contented aging” and “contented
living” were left as possibilities. It was at the beginning of day 2 that participants initiated the conversation on which term would best suit their conceptualization. One participant said the following, in offering ‘optimal aging’ as an option:

F: I'm not sure if you were planning to get to it later but we started out with: did we like the idea of successful aging, or would contented aging or something suit us better. I didn't know if you were gonna get to it later. I would, I would not agree with the contented aging because I think as long as we have concerns, and are restless, and have advocacy needs, to be content almost seems like you just sit back and take care of yourself. But to steal a line from the McMaster—they have a website and I think that is a good description and they call their website optimal aging. And I think optimal aging is, no matter where you're at, you’re the best you can be from where you are, and so it’s not success but it’s optimal for you.

As described in the excerpt above, the conceptualization of optimal aging was seen as focusing on everyone’s individual needs, rather than having one standard for everyone. This conceptualization allows older adults to arrive at their own optimal view of aging, regardless of their current social location or initial starting point. Immediately, there was strong agreement and the group concluded that the term ‘optimal aging’ would best capture their collective conceptualization. Their conceptualization of optimal aging included the following elements (deliberative outputs):

- Having independence, control, and choice in one’s life
- Advocacy
  - Advocating for oneself and other older adults
- Coping with one’s daily life
  - Living within your capabilities
- Having support and support systems: social, healthcare, financial
  - The need for accessibility in the community
  - Knowing how to access supports and resources
- Being valued and respected by others
- Having a sense of connectedness
- Having a sense of purpose and hope in one’s life
  - Continued learning as part of this
- Contributing to society
- Being prepared for death
The deliberative outputs outlined throughout this chapter are reflective of participants’ views, and are not meant to be analytical outputs. As such, they are presented as worded by participants in the PDF. These outputs and their various meanings will be further explored in subsequent chapters.

Based on the experience facilitating this session, and in examining the aforementioned components of optimal aging and the overall conceptualization of this term, I have divided these components into four categories to give further context to these deliberative outputs. First, there is the category of choice and control in one’s life. This would include the three deliberative outputs of: having independence, control and choice; advocacy; and coping with one’s daily life. While advocating for one’s and other older adults’ needs refers to choice and control in public domain decisions for older adults, coping and living within one’s capabilities refers to an individual level of control and independence.

Secondly, there is the category of society and supports. This category would include having support and support systems (including the need for general accessibility, and knowing how to access supports and resources); being valued and respected by others; and having a sense of connectedness. Having support and support systems, including general accessibility and knowledge about accessing supports, refers to society’s and the community’s role in providing supports to meet older adults’ needs as a key part of optimal aging. Being valued and respected by others also refers to the broader community and society, underlining their role in supporting older adults through value and respect. Lastly, having a sense of connectedness is also outwardly focused in that connectedness requires others and is not something an older adult can achieve alone to age optimally.

Thirdly, there is the category of having a sense of hope and purpose. This would include the deliberative outputs of having a sense of purpose and hope in one’s life, including continued learning, and contributing to society. These components underline different means of achieving a continued sense of hope and purpose in life, as an older adult.

Lastly, and perhaps most unique, is the category of being prepared for death. Although research on successful aging does not generally address the topic of death, participants in this PDF collectively decided that being prepared for death should be part of their conceptualization of optimal aging. Participants agreed that being prepared for death encompassed having one’s
affairs in order for others in advance and making that decision for oneself, as a key component of optimal aging. The discussion of this component began when a participant addressed end of life, specifically being prepared for death and accepting that end of life would come, and also making decisions based on that understanding. Multiple participants agreed, while others were uncomfortable with the discussion of accepting that the end of life would come. In the end, there was consensus about the importance of being prepared for death in a logistical sense and this became part of the collective conceptualization of optimal aging.

Many of the components agreed upon by participants are captured in the literature when it comes to aging well or successful aging. For instance, a sense of connectedness and contributing to society are in line with Rowe and Kahn’s (1998) model, which underlines the importance of sustained engagement with social activities, both interpersonal and productive (Depp & Jeste, 2006; Rowe & Kahn, 1998). As well, in past research, older adults themselves have highlighted the importance of independence, coping within one’s capabilities, and adapting to change (Phelan et al., 2004; Reichstadt et al., 2007; Romo et al., 2013; von Faber et al., 2001). A systematic review of qualitative studies on older adults’ views of aging found that older adults tend to emphasize social engagement, connectedness, independence, and acceptance of one’s situation (Cosco et al., 2013). Giving back to others and having a sense of purpose was also underlined as important for successful aging in qualitative research with older adults (Reichstadt et al., 2007, 2010). Overall, participants’ conceptualization of optimal aging (rather than successful), with its focus on individual standards and each older adult working to the best of their capabilities within their own context, diverges from that of Rowe and Kahn, and instead is similar to Baltes and Baltes’ (1990) model of Selective Optimization with Compensation. This model also emphasizes the importance of the process, rather than the outcome, and the importance of each individual working to the best of their own capabilities, in response to everyday tasks and declines as an older adult (Baltes & Carstensen, 1996; Baltes & Baltes, 1990).

There are some significant differences between the participants’ conceptualizations of successful aging and those in the existent literature. Firstly, many of the existing conceptualizations in the literature focus on the individual and their role in aging rather than defining it in relation to social context (Angus & Reeve, 2006; Dillaway & Byrnes, 2009; Holstein & Minkler, 2003; Martinson & Berridge, 2015; Stephens & Breheny, 2018). However,
in the present research, participants naturally spent a lot of time considering the social context and discussing the need for societal supports on the first day of deliberation, without prompting through research questions. Particularly, participants outlined the need for improved accessibility in the built environment and to services and supports, and a better understanding of how to access resources and supports. As well, participants focused on being valued and respected by others, as part of optimal aging, once again going beyond the role of the individual in aging.

Secondly, the focus on preparedness for death as part of successful aging is unique. Much of the literature on successful aging does not address the topic of death or dying, and it was not included in older adults’ conceptualizations of successful aging in past studies. The participants in this research spent time discussing preparedness for death as it relates to their understanding of optimal aging and agreed that it should be included in their conceptualization. They described being prepared for death, particularly having one’s documents in order for end of life, as being crucial for optimal aging.

**Day 2: Practical Implications and Community Recommendations Based on the Collective Conceptualization of ‘Optimal Aging’**

On the second day of deliberation, participants were reminded of their collective conceptualization of ‘optimal aging.’ Based on this conceptualization, participants then deliberated about what that meant practically for themselves or their communities, and were asked to focus on actionable items. They were informed that their collective recommendations would be shared with and taken into consideration by local groups, including the Evergreen Centre (the community centre for older adults in Guelph, which houses the GWSA) and the Age-Friendly Guelph Leadership Team (formed as part of the City of Guelph’s Older Adult Strategy). By focusing on the practical implications for participants and their community based on their own view of optimal aging, this research is aligned with the capabilities framework, which shifts the focus of research questions towards social and material provisions that support older adults’ views of aging (Stephens & Breheny, 2018). Below are the deliberative outputs from day 2, which are descriptions of the actionable items upon which the group agreed as being important to older adults in the community. Many of these action items relate to supports in the community that would be needed in order to allow older adults to reach their conceptualization of optimal
aging. Below are the recommendations that were agreed upon by the group, as well as the overarching category to which these recommendations belong that the group decided on.

**Communication**

The main and most important action item, according to the group, was the need for increased organized communication regarding where to find a list of community resources (including online and paper versions). This list should be widely disseminated to older adults in the community. More specifically, the group discussed their need to have volunteers or staff members available at libraries or the Evergreen Centre, to help older adults navigate the different resources available (particularly on online databases), to see which ones are best suited to their needs. Participants discussed how this would be done one-on-one, as each individual needs to access specific services, programs, and resources. This would also include better communication and dissemination of existing resources, such as the 2-1-1 number (a phone number you can call that offers 24 hours/7 days a week referrals to over 56,000 social services in Ontario in over 100 languages), the community information database (an online database, phone line, and in-person office that provides community information and referrals to services and programs in Guelph and Wellington), and a brochure of existing services in Guelph available in various languages at the Evergreen Centre.

Under the umbrella of communication, the group also agreed that generally, older adults’ ideas should be communicated to decision-makers such that the needs of the community are made known. As an example, participants cited previously having taken part in research where findings remained in the research community and were not disseminated to the general community or decision-makers. As such, participants emphasized that their ideas need to be shared with others who have decision-making ability in the community. Local decision-makers, such as a city councillor, could be included in events where older adults are discussing their needs and experiences in the community, to allow for more direct communication.

**Accessibility**

Participants agreed that the community should increase general accessibility to buildings, trails, and sidewalks. This would include (but is not limited to) adding more ramps, fixing sidewalk unevenness, and making the Speed River trails more accessible. An action item

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1 The Evergreen Centre is the community centre where the GWSA is based and is also where this PDF was hosted. As such, this building is important to older adults in the Guelph-Wellington community, as the Seniors Association
surrounding transit accessibility was having increased shelters and seats at bus stops in Guelph, particularly at locations that many older adults frequent. Participants agreed that having a sidewalk clearing service for older adults in the community would increase accessibility. One of the recommendations made by the group was to increase the number of public restrooms in the Guelph community and/or increase the number of stores that designate (using signs on their doors) their restrooms as being available to the public. Participants outlined that this is an important action item since they find it difficult to walk around their community with the current lack of available restrooms. In addition, older adults agreed that creating a service with “volunteer drivers/companions” for older adults going to medical procedures would be beneficial, particularly for procedures that one cannot attend alone.

Specific to the Evergreen Centre, participants suggested having more parking spots available in the lot closer to the building entrance. This would help make the building more accessible for older adults who drive, as they would not have to park down the hill in the additional parking. As well, having increased shelter and seats at the bus stop near the Evergreen Centre was mentioned as something that would be very valuable to older adults in the community.

**Advocacy**

Based on their definition of optimal aging, which included advocating for oneself and other older adults, participants suggested creating a committee for advocacy for older adults (either through the GWSA or another community centre). This committee could discuss important issues affecting older adults in the community and would create a space for older adults themselves to voice their thoughts. Related to this, the group suggested having older adults as part of various existing committees in Guelph (such as the Poverty Task Force), would be beneficial. Participants stated that various committees exist, but many do not have older adults as members.

**Connectedness**

Participants also highlighted the importance of a sense of connectedness. An agreed upon action item related to connectedness was to have an “eating together program” during which older adults could cook and eat together, with the aim of having healthy and affordable meals with others. As well, participants suggested having older adult walking groups in each community within Guelph.
**Systems-level Deliberative Outputs**

Although the focus of the deliberation on day 2 was to agree on locally actionable items for the community, many participants outlined the importance of increased funding for in-home care for older adults. They also highlighted the current perceived low quality of care in nursing homes, which they perceived to be often under-resourced and under-staffed. Issues pertaining to housing and care as they continue to age were topics of high importance for the participants in this deliberation.

**Deliberative Outputs Summary and Discussion**

This chapter helps us to understand participants’ collective conceptualization of ‘optimal aging’ and what it encompasses. Using PD, without other “expert” opinions on the topic, older adults are the experts and re-conceptualize optimal aging from their own perspective. As well, this chapter outlines what this collective conceptualization of ‘optimal aging’ means for their needs in the community, focusing on actionable items. These deliberative outputs were shared with the GWSA and the Age-Friendly Guelph Leadership Team in the form of an executive summary (see Appendix C) in the hopes of informing their local programs and policies.

This chapter characterizes the positions of the present group of older adult participants, and has important practical implications for the older adult community in Guelph. These positions could be relevant for other older adult communities, particularly those in Ontario and Canada. For instance, the collective conceptualization of ‘optimal aging’ and its component parts could be important for physicians and healthcare practitioners to take into consideration. This conceptualization may allow such practitioners to gain insight into older adults and their priorities, and be useful to consider when speaking with older adults as patients. Specifically, practitioners could consider asking older adult patients about these facets of their lives during appointments to assess how they are doing, as well as well as ask if they consider other aspects of aging especially important in their lives. It is also important to note the particularly unique components of this conceptualization, including the focus on preparedness for death and the emphasis on societal supports (particularly as they relate to accessibility and knowing how to access supports and resources). In this regard, the accessibility-related deliberative outputs described in this chapter are very much aligned, and in some cases are exact matches, with concepts of age-friendly cities. As outlined by the World Health Organization, an age-friendly
city adapts its structures and services to be accessible to older adults and thus is inclusive for all older adults (World Health Organization, 2015a). Specifically, the Age-Friendly Cities Guide outlines general accessibility in the built environment, having somewhere to rest (including seating areas in public spaces), age-friendly pavements, walkways and cycle paths, adequate public restrooms, and age-friendly buildings as part of age-friendly outdoor spaces and buildings (World Health Organization, 2015a). This guide also outlined the importance of accessible transportation, including accessible transport stops and stations, seating and shelter at transportation stops, parking in close proximity to buildings, and community transport (including volunteer drivers and shuttle services) (World Health Organization, 2015a).

The main actionable item that participants decided on was having an organized effort at providing volunteers or staff at libraries or community centres, to help older adults navigate through existing resources. This actionable item is also aligned with the World Health Organization’s Age-Friendly Cities Guide because it emphasizes the importance of accessible, age-friendly communication and dissemination of information and the need for individual assistance when using computers (World Health Organization, 2015a). This item is important for consideration by professionals in Information Science. Specifically, it emphasizes the role that libraries (and librarians) and community centres could take on, both to help older adults navigate complex systems and to understand which existing resources and supports may best suit their needs. Libraries and community centres could consider programs or resources focused on navigating systems and existing resources, as the older adult participants in this PDF believe this to be of high importance for their community.

This chapter also contributes to an understanding of the components of ‘successful aging’ that are important to this group of older adults, as well as bringing into question the term ‘successful aging’ itself. In this context, older adults decided the term ‘optimal aging’ was a better fit as it focuses on each older adult’s individual needs and goals, and does not set one standard for aging (which the group perceived to be implied by the term ‘successful aging’). This chapter also contributes to understanding how this conceptualization fits into older adults’ lives and communities. Overall, participants’ collective conceptualization of optimal aging and the practical implications of this conceptualization are very aligned with the World Health Organization’s conceptualization of age-friendly cities.
The above information is valuable in understanding and prioritizing participants’ collective decision, though there are certain questions that remain when taking this information solely at face value. For instance, questions remain as to how these components of successful aging fit with representations of older adults and aging, and the constraints these representations might place on older adults’ ways of speaking about aging. Specifically, one should note that PDFs do not take place in a vacuum. In this regard, critical aging research has highlighted that most research on older adults’ perspectives of aging has neglected to consider the successful aging discourse itself and how this discourse positions participants (Stephens & Breheny, 2018). In line with critical aging research, I expect societally prevalent discourses and representations of aging to both enable and constrain what can be said in a PDF. As such, in the following analysis chapters, I aim to understand what these deliberative outputs and the discussion leading to these outputs mean for aging through a thematic analysis and ideological dilemma analysis. These analyses will consider how older adults’ conceptualizations of ‘successful aging’ fit within representations and discourses of aging, and how these representations and discourses of aging can constrain the way older adults speak about aging.
Chapter 5: Thematic Analysis

As discussed in the literature review, most research on successful aging is based on Rowe and Kahn’s model, which focuses on the individual and their role in aging well (Angus & Reeve, 2006; Holstein & Minkler, 2003; Martinson & Berridge, 2015), particularly the expectation that older adults should control and be responsible for their aging process (Angus & Reeve, 2006; Calasanti, 2016; Lamb, 2014; Martinson & Minkler, 2006; Rozanova, 2010). In response to this individualized focus, this PD had participants conceptualize successful aging, question the term, decide if there is a more suitable term, as well as outline the practical implications for themselves and their communities. While Rowe and Kahn discuss what individuals can do to age successfully in their model, which includes engaging in productive activities in the community, participants in this deliberation shifted their focus away from the individual and their role. Instead, participants focused their conceptualization on the barriers to their contribution in the community and the community’s role in supporting older adults to age optimally. The purpose of this analysis is to examine this shift in the roles and responsibility in aging ‘successfully’ and how participants view this concept. As such, I have focused this analysis on participants’ desires and concerns about aging, and their perceptions of how these contribute to older adults’ capability to age ‘successfully’ as part of the community.

While much of the aging literature assumes that older adults are able to clearly express their needs and desires, critical aging research has indicated that older adults’ descriptions of successful aging are limited because they are constructed within the constraints of existing discourses and representations, based on current societal and political values (Stenner, McFarquhar, & Bowling, 2011; Stephens & Breheny, 2018). Research focusing on older adults’ perspectives does not generally consider these constraints themselves, and thus does not evaluate how such constraints position participants (Stephens & Breheny, 2018). In response, this analysis explores the relationship between meanings of aging as expressed by participants and the broader societal discourses and representations of aging that constrain them, as discussed in the literature review. By considering this broader discursive context, this analysis provides insight into why participants describe aging and related issues in particular ways.

2 In the following analysis sections, I continue to use the language of ‘successful aging’ to reflect the current status of the literature and to reflect the language people were using throughout the process of the PD, rather than reflecting the output of the PD.
The themes I present below are reflective of participants’ wide-ranging discussions on aging in the community that took place as participants tried to reach agreement on the questions posed to them. While there may be some similarities between the content of these themes and the deliberative outputs, these themes provide a richer and more nuanced expression of older adults’ discussions. These themes speak to participants’ perceptions of the barriers to participating in and contributing to the community, and the role the community should play to support older adults to age ‘successfully’. On a broad level, the following themes address older adults’ struggles for recognition, visibility, and accommodation, and the ambivalence of meeting or resisting societal expectations and obligations. More specifically, these themes have in common that they address the different ways participants perceive both a lack of recognition in the community and various ways the community could play a role in recognizing older adults.

The themes and their subthemes are:

1. The obligation to give back to society
2. Invisibility of older adults and their needs
   - Needing to ‘have a say’ and be heard
   - Lack of accessibility and age-friendliness
3. Resistance to others’ views of older adults
   - Loss of autonomy and desire to be valued
   - Being worthy of recognition

Below are descriptions of each of these themes, followed by pertinent excerpts to exemplify the themes.

**The Obligation to Give Back to Society**
A theme that came up consistently in all discussions was that older adults felt an obligation to give back to society. Participants described various ways of giving back including volunteering, being active, joining organizations and committees, and being involved in their family’s lives. Participants discussed how the individual is expected to play a role in successful
aging by giving back to the community, similar to dominant understandings of successful aging.

However, in this study, participants framed giving back as an obligation and expectation that other people have of them rather than something they do because they enjoy it. This perspective differs from dominant understandings of successful aging by framing giving back as an obligation, adding complexity and ambivalence around giving back. This obligation was an unquestioned and common understanding amongst participants because their contributions to the community act as a sign of their ‘successful aging’. What is implicit in these discussions, and reflective of representations of aging in the literature, is that older adults who are not in some way productive (according to a certain set of criteria) are not aging successfully. Participants saw ‘giving back’ not only as integral to being a ‘good’ older adult, but also as essential to warding off declines in functioning and connectedness, and avoiding significant social sanction. Participants associated ‘not giving back’ with being viewed as a burden on the rest of society. Taken together, these multilayered reasons for ‘giving back’ suggest that participants were somewhat ambivalent about this obligation, in spite of its acceptance as received wisdom.

Below is an example in which participants frame giving back as both something they view as important for aging as well as an obligation imposed upon them by others. This excerpt comes from a discussion of the meaning of successful aging where F6 is responding to people’s common understanding, also found in dominant understandings of successful aging, that being physically healthy is a prerequisite to aging successfully.

Excerpt 1:

F6: Because, because I don’t know if I’m successfully aging because I’ve got just a whole list of things that are physically wrong with me. But at the same time, I get out and I get out regularly and I’m involved with, uh, the … task force. I’m involved with the … advisory committee. Uh, I participate in things like this and through the volunteer center I am involved in a lot of things as well. And I think that involvement is something that is crucial to, um, successful aging. I had a—I had someone ask me the other day because they’re going to be retiring soon and they said, “well… what makes—what should you do when you retire?” and I said, “continue to be active.” Um, because when I—I mean I lost my job through health—I had to retire early for that, um, and I remember thinking, ‘well, what am I gunna do?”, and so I went to the volunteer centre and I’ve been there now te—over ten years.

M1: Mmm. Yeah.

F6: And—

M1: You’re a great example of someone that has some challenges but you’re still involved and you’re mentally involved—

F6: And, and I feel I have to be. I feel I also have to give back to the community.
At the beginning of this excerpt, F6 speaks about the notion of giving back as part of aging successfully, which does not depend on a lack of disease and disability. In this sense, she offers the act of ‘being involved’ as a repudiation of a definition of successful aging that requires freedom from disability. M1 does not question F6’s assertion of the importance of giving back to society. This way of speaking about aging implies that one is obliged to be involved in society to be considered a productive and successful older adult. M1 describes F6 as a “great example” of being involved despite challenges. To this point, F6 states: “I feel I have to be. I feel I also have to give back to the community”, framing giving back as an obligation. As well, she frames being involved and contributing to the community as especially important when one is no longer productive and contributing in the workforce. As such, contributing to the community as an older adult is a means to continue to be recognized by others as active and productive.

While participants described giving back to society as something they want to do because they see it as personally important for successful aging, they also described it as something they are obliged and expected to do by society. Taken together, I argue that there is a sense of ambivalence relating to participants’ reasons for giving back to society. I will demonstrate how participants manage this ambivalence in the following analysis chapter, when I explore the dilemma older adults face when they describe meeting the societal obligation of giving back and being productive, while at the same time describing that older adults are worthy of recognition due to their past contributions.

The excerpt below illustrates the many times that participants described being involved in the community as an unquestioned obligation, not just for oneself but also for all older adults. During these moments, participants described successful aging as tied to being engaged, productive, and contributing to the community, similar to common conceptualizations of successful aging in the literature that place an emphasis on the individual’s role in successful aging. Although participants focused largely on the community’s role in successful aging, when they discussed giving back to society, they noted here that giving back as an individual would allow them to be recognized by others as productive and successful.

Excerpt 2:

M4: …this is how we more or less got involved we came, years back, we came to the Centre here we weren't members or anything we just heard about his uh education conference that was going on and we thought we'd come down here check it out, and uh it was most fascinating, interesting and that's where we decided to become involved and um we've been involved with several groups that are um involved with uh seniors healthcare, educating the young, and um being parts of focus groups to uh help
young people understand what it’s like to be an old person. So get more old people out there to volunteer, participate, and just do it, just do it for the sake of helping out, keeps you active too.

In excerpt 2, during a conversation about how people can age optimally, M4 speaks about how it is important to be involved. He outlines how he and his wife (“we”) are very involved in the community. M4 ends this excerpt by saying that more older adults should be involved in the community, stating “get more old people out there to volunteer, participate, ... just do it for the sake of helping out, keeps you active too”.

Participants continued to describe giving back as an integral part of successful aging, yet this ambivalence as to whether that was due to unquestioned societal obligations, one’s own desire, or both, remained throughout the deliberation. Ultimately, I argue that participants would like society to consider them successful and express that meeting the obligation of giving back is a means to achieve this recognition. This recognition is particularly important for older adults as they are often retired and thus perceived by others as not economically contributing. Participants understand that people who are not economically contributing are often viewed as a burden on others. These findings raise the question of how communities can create opportunities for older adults to give back in ways that they would like, without making them feel that they must do so in order to be recognized as valuable members of society. While the above theme explores older adults’ perceived struggle to achieve recognition, the following theme explores the ways in which participants perceive a lack of recognition of their needs and opinions. Older adults may also strive for that recognition through giving back in part because they are made to feel invisible.

Invisibility of Older Adults and their Needs

This theme reflects participants’ perceptions that older adults and their needs are invisible in the community, as shown by the lack of attention paid to older adults’ perspectives and opinions. Specifically, the subthemes below explore the lack of opportunities to be heard in the public domain and a lack of accessibility in the built environment. Participants described their views of older adults’ invisibility by outlining the lack of the following: events where older adults can communicate with decision-makers, voices advocating for older adults in the public domain, community planning based on older adults’ needs, and subsidized social services for older adults. Participants described not being thought of or taken into consideration. They also
discussed how this lack of recognition of their needs acts as a barrier for older adults to contribute to and participate in their communities. Particularly, this theme underlines older adults’ sense of invisibility in the community, and their perception that the community should support and recognize older adults and their needs, in order for older adults to be able to age ‘successfully’ as part of the community.

**Needing to ‘Have a Say’ and Be Heard**

This subtheme captures the need expressed by many participants to have a voice and be heard by others in the public domain and the lack of such opportunities. In broad terms, participants conveyed their desire to be acknowledged or validated by the rest of society while, in concrete terms, they wished to have their needs and perspectives understood by decision-makers and politicians. Participants outlined a variety of ways in which their voices could be part of the public domain and their desires realized. This desire to be heard was captured in the deliberative outputs where participants both expressed this need and provided solutions to address it. In the excerpts below, participants recommended solutions to include older adults in decision-making processes in society. For instance, some participants suggested that older adults connect with decision-makers, and other participants recommended that older adults personally advocate for themselves and for other older adults.

During many instances in the deliberation, participants emphasized their need for formal opportunities to participate in the public domain (which is perhaps not surprising given that this participant group chose to take part in a PDF), and they described the lack of opportunities for older adults in this regard. They discussed how decision-makers might be unaware of the issues that face older adults and that they should be made aware. This desire to be engaged with decision-makers and to have their voices included in decision-making demonstrates participants’ desire for older adults to become more visible in society. In excerpt 3, participants were discussing whether ‘advocacy’ should be considered a part of what it means to age optimally.

**Excerpt 3:**

*M2: Well one big beef I have, I don't think anyone's listening, but um how is how is change made. Well the change is made by the government and who's in the government: politicians. So you gotta get the politician's ear somehow and at a lot of these, um uh senior meetings, uh health conferences, there's never a politician there. There should be a politician invited, doesn't matter what level of government, should be invited to some of these gatherings so they're made aware of what is happening with the populace, and in Guelph here there's no poli- there was no politician invited I believe*
Facilitator: Yeah we could have invited one to this group

M2: Right could have maybe invited a councilor to come to, to this get together um maybe the mayor someone from the mayor’s office um your local MPP or an MP, now these people are busy they have schedules to meet but once again I think an effort should be made to invite a politician to come out here ... it’s-it’s like a chain you gotta keep it all connected. If there’s uh if there’s a link missing, like a politician in this situation, the chain is broken and therefore it’s gunna end there at the break, it’s not going to continue on.

When the topic of advocacy was raised, M2 responded by considering different ways to support and promote older adults and their needs in the public domain. M2 suggests that decision-makers should be aware of older adults’ views and experiences. He expresses disappointment at the absence of decision-makers at organized events and describes how this could be an avenue for decision-makers to hear older adults’ views.

In the absence of formalized opportunities to connect with decision-makers, participants suggested that in order to be heard older adults need to advocate for themselves and other older adults. They discussed how this type of advocacy was required in order to be represented in the public domain and effect societal level change. As well, participants described advocating for oneself and other older adults as a means to have others understand their experiences and perspectives. The following excerpt is an example of such moments throughout the PDF.

Excerpt 4:

F4: And, and you have to have an advocate. 
[Strong agreement]

F4: We spoke about that yesterday again, I think that’s, that’s the bottom line. And, and—

F3: I ditto that.

F4: —if you aren’t able to speak up for yourself, then you have to socialize. To—

F6: That’s where we get information from other people—

M1: A general advocate but also a personal advocate.

F2: So maybe we need to advocate for, um, specific health dollars because I guess, you know, to M1’s point, even if we’re willing to pay more to support that kind of thing [an advocate], we need to know that that money’s going into healthcare and not into a general fund.

M1: Yes.

F2: So we need to advocate for some of—some things we think we really want.
F4: And, and we need more than CARP, Susan Eng to be— [Susan Eng was executive VP at CARP, which is Canada’s largest advocacy association for older Canadians]

F2: She can’t do everything.

F4: She can’t do everything [laughs] at, uh, Parliament Hill.

As with other moments in the PDF, F2, F4, and M1 describe not being represented in the public domain. The conversation shifts from others’ responsibility to advocate for older adults’ needs (“you have to have an advocate”) to the personal responsibility of individual older adults (“we need to advocate”). This shift goes unquestioned and is accepted by these participants. In this excerpt, these participants propose being personally responsible for advocating for one’s own needs and for the collective needs of older adults as a way to create changes at the societal level. In turn, this advocacy could allow society to better understand and support such views and needs.

The above excerpts illustrate participants’ awareness that their voices are not heard and of this lack of representation, as well as their expressed need to increase older adults’ visibility and inclusion in the public domain. In the following subtheme, I discuss how older adults discuss a lack of accessibility in the built environment, and I argue that this deficiency contributes to participants’ understanding that older adults’ needs are invisible in the community.

Lack of Accessibility and Age-Friendliness

The lack of accessibility in the built environment and the lack of age-friendly supports in the community was a pervasive theme throughout the deliberation. During these times, participants often spoke about their desire for improved accessibility and supports. Participants discussed and framed accessibility in many forms, including: public washrooms, snow removal on sidewalks, seats at bus shelters, available transportation to and from medical procedures, and dental care coverage. The excerpts below from day 1 of the deliberation further show that, although participants were not asked to speak about the community context, participants nonetheless highlighted the lack of access to external resources and community supports. In participants’ discussions about this subtheme, they emphasized society’s responsibility to help older adults age successfully by increasing accessibility to the built environment, resources, and supports. It is noteworthy to contrast this observation with the more common view in the literature that successful aging is an individual’s responsibility (Angus & Reeve, 2006; Rowe &
Kahn, 1997). This change in emphasis is particularly important as it shifts the focus from the individual’s body to the environment. This differs from the ableism in Rowe and Kahn’s model, which focuses on the individual’s body and functioning, and instead, participants frame the inaccessibility in the community as what is preventing older adults from aging ‘successfully’.

The ways that participants spoke about accessibility indicate their understanding of a lack of recognition for older adults’ needs in the community. Participants expressed a sense of being invisible because of daily reminders in the community, such as the absence of supports to meet their mobility needs that are required for their independence. Excerpts 5 and 6 below illustrate this subtheme.

Excerpt 5:

F6: I think another thing that I have found, and it’s not just because I’m in a wheelchair, although that certainly hasn’t helped but people that do planning for the city don’t always take into account what seniors need. Um, for instance when that new bus terminal went in, now, I mean it’s not because I was a senior but...they had the buses stop and the ramp come down and the post right at the end of the ramp. And I turned to the driver and I said, ‘well this is an accident waiting to happen’, and he said, ‘well this is where we were told to park’. Well, it was changed within an hour.

...  
F6: But, but, a senior who doesn’t lift their—seniors as they get older don’t lift their feet as, as much or as far. And the cracks and bumps, I mean, you’re gonna trip over them. And, and the people who do the planning just don’t always think. ... I know they finally did them downtown by the TD bank ‘cause there was one that was so big, the wheel of my chair would have gone into it.

...  
F1: Related to that, but not the city’s planning is, I find that private businesses, even organizations like churches and so on—they don’t shovel their walks. And they don’t clear their parking lots. I like to walk. I like to walk at least a couple miles twice a day.


F1: And in crummy weather, I can’t possibly do that. I can’t get to places that are two or three blocks away ‘cause there’s sheets of ice. And many of them are private businesses.

M1: Yes.

F1: Why wouldn’t you wanna clear the path to your business [laughs]? Why wouldn’t you wanna clear your parking lot? Why put peoples’ life in jeopardy? You know? Um, that’s something that I’ve found the, the worst of all in winter. And I—it just puzzles me. If you’re a business, don’t you want people to come [laughs]? Um, I—in other communities, well Kitchener and Regina, you didn’t clear your walk within a day and a half, you were fined or, uh, various systems. Sometimes it was just, uh, a charge added onto your taxes. Sometimes it was an outright fine. You know?

During the above discussion, participants express a sense of not being thought of or remembered. Participants describe remaining very aware of this invisibility through daily, concrete reminders that directly affect their mobility and ability to be independent.
Excerpt 6 is taken from the beginning of the discussion on day 1 when participants were asked to describe what ‘successful aging’ means to them. In this excerpt, participants describe a lack of access to supports for older adults, specifically an absence of dental benefits for older adults.

Excerpt 6:

F5: My name is [F5] uh 25 years ago we my family immigrated to Canada when coming here we love Canada, Canada people very kind and uh air really clean uh so we really like Canada uh five ... years ago we retired, retire so we got money from the government so we really really happy, really happy I have one son and one grandson. Uh but I have question we uh ask our government why no we get get a retire but uh no dentist no dentist benefits, no benefits for a dentist

F3: None of us have it [laughter]

F2: You get it through work

F5: Like uh call call the city and they say one year have two thousand dollar for benefits

Facilitator: So that's one big challenge?

F5: Yeah we ask uh government uh can give senior uh benefits, benefits uh dentist [laughter]

F1: An activist

F2: So uh successful aging for you would that be getting the dental benefits? [laughter]

F3: It would help

F5: Yeah because right now his bill is six or six hundred uh visa, yeah really expensive

M1: And your oral health is very important

F5: And uh Toronto, Toronto have some uh free uh free office but...

F3: They do in Toronto but not here, I know of one dentist I can find his name who has a free day every few months... yeah he does he has a day that is free for people to come, yeah

In this excerpt, F5 states that older adults who are retired do not receive dental benefits from the government. This perceived absence of supports for older adults acts as a reminder for participants of the invisibility of older adults’ needs in the community. Participants discussed how dental care is expensive and difficult to afford as an older adult, when one is retired. Participants in this excerpt illustrate the desire for a more age-friendly community and better access to resources as part of their vision for optimal aging.
Both excerpts 5 and 6 are illustrative of this subtheme. Participants describe daily experiences of inaccessibility that negatively affect older adults’ mobility and their ability to be independent, which imply a sense of invisibility of older adults’ needs in the community. These experiences of inaccessibility act as barriers to older adults’ participation in the community. In this subtheme, participants identified the concrete ways in which their ability to be safely mobile and independent – which are critical aspects of aging well according to participants – is significantly hindered by the lack of resources, thought, and planning devoted to their specific needs as older adults. In contrast to the representation of successful aging as one’s personal responsibility, participants continued to describe society’s (i.e. private businesses, government, community) responsibility for maintaining accessibility for older adults. By emphasizing societal responsibilities, participants bring into question understandings of aging that emphasize the centrality of the individual’s role. While in my examination of this subtheme I discuss how the lack of accessibility in the built environment and age-friendly supports contributes to older adults’ perceptions that their needs are invisible to the community, my analysis of the following theme addresses older adults’ perceptions that when they are visible they are perceived as a burden on the community.

**Resistance to Others’ Views of Older Adults**

This theme demonstrates participants’ perceptions of the views that older adults are a burden on society and are less valuable than other people, and their lack of acceptance of these views. Participants expressed this lack of acceptance or resistance through a process of articulating how they are cast as dependents and cast as unworthy of healthcare resources, and more generally a process of describing dehumanizing experiences in old age care. Instead, participants expressed their own views that older adults are worthy of recognition given their lifelong contributions. Moreover, they discussed how the community should support ‘successful aging’ by respecting and valuing older adults. At a broader level, this theme demonstrates participants’ resistance to the understanding of ‘successful aging’ as an individual responsibility and highlights older adults’ focus on the community’s role in supporting ‘successful aging’.
Loss of Autonomy and Desire to be Valued

Throughout the PDF, participants discussed older adults’ experiences of a loss of autonomy in their lives and their desire to be as valued as other members of society. Participants spoke about the loss of control and choice in one’s life as an older adult and they also expressed society’s view of older adults as not having a future, both of which contrast starkly with participants’ view of optimal aging. For instance, participants described their perceptions of a loss of control and choice when family members were able to overrule older adults’ healthcare-related decisions. As a result, participants spoke of feeling less human and undeserving of the rights to autonomy normally accorded to younger adults. By bringing attention to this loss of autonomy, participants resisted the common view of older adults as a problem and critiqued the healthcare system for viewing them as such. The second aspect of the subtheme is the assumption that older adults’ remaining years are of lesser value than their younger counterparts. For instance, despite the possibility that they may live another 30 years, older adults describe not being routinely given the same screening tests as other adults. While there may be medical reasons for this practice, older adults experience this as a slight against them because medical professionals are not communicating these reasons to them. Participants often described the assumption that older adults’ remaining years are less valuable than others’ as part of the rest of society’s view of aging as a decline – a view they resisted by describing how they see themselves as having a future.

Throughout the deliberation, participants described being perceived as a burden on the system, particularly the healthcare system. In response and in resistance to such perceptions, participants suggested that older adults should be valued and respected by others. Such ideas are consistent with the deliberative outputs from the day 1 deliberation, when participants decided that “being valued and respected” was a part of ‘optimal aging’. When describing being valued in society, participants spoke about the need for others to understand their diversity and complexity, and resisted common views of older adults; they did not accept the representation of older adults as a homogenous group, and instead they described older adults as diverse and older adulthood as divided into various stages. They also resisted the representation of unsuccessful aging as being a burden on the system, though they felt represented as such in society. At various points in the PDF, participants discussed the ageism that older adults often encounter in the healthcare system. During these times, participants spoke about the responsibility of the
healthcare system to adapt to the increase in the older adult population, and they resisted the view that it is older adults’ responsibility to adapt to the system.

The excerpts below are illustrations of this subtheme. Excerpt 7 is from the beginning of day 2, when much of the deliberation was focused on the healthcare system and housing options, often in the context of ageism and the lack of supports for older adults. This excerpt is reflective of many parts of the deliberation, where the conversation was focused on participants’ perceptions of both a lack of control and choice as an older adult (which participants viewed negatively), and being undervalued and considered a burden on the healthcare system. Excerpt 7 provides examples of what one may view as suboptimal aging or ‘unsuccessful aging’ according to participants.

Excerpt 7:

F7: I think that in, y’know, in every area of government, they’re saying, ‘Woah, we’re getting all of these aged people, we’ve got to do something’, because they’re not prepared, I mean, there’s waiting lists for us, you know, so if you get all of these extra seniors all of the sudden, what are they going to do with them, you know?

F3: I have a feeling that’s where assisted dying came in.

F1: I think so too.

F7: Oh, for sure!

F3: They’re living too long, and now we’ve got to get rid of some of them.

F1: That’s scary.

F3: And that is scary. Very scary.

F7: No, I don’t agree with that, because I have a—I think that we have, uh how would I say—extended the age of people, but we have not improved the life of people because there is way too many elderly people that have been kept alive and they should not be alive.

F1: But keeping them alive is a little bit different than killing them just to get rid of them. A lot different (laughter).

F7: Yes, but you don’t—if you—they say if you—when you are calling for help for instance. If you think you’re having a stroke, you no longer have the choice as to how they keep you alive.

F5: You do, you do.

F7: Not, not if you’re not with it, because you can have a living will, but they are not necessarily lawful. They’re not—they can be overruled—

F3: They can be overruled by your family.
F7: Yes, they can be overruled. So, once you have a stroke, it’s out of your hands, you know. You, you, you just might live another 20 years and not know that you’re alive?

In the exchange above, participants describe older adults’ experiences of ageism in the healthcare system and how they do not feel supported. While F3 refers to “assisted dying” and suggests that society wishes to “get rid of some of them [older adults]” because there are too many older adults, F7 instead discusses how older adults have increased length of life but reduced quality of life (“I think that we have...extended the age of people, but we have not improved the life of people”). To expand on this idea, F7 continues the conversation and focuses on the way that older adults are treated as dependents, where their family can override their decisions. She emphasizes a lack of control over one’s choices as an older adult, particularly concerning the end of life. Decisions are said to be in others’ hands, as F7 points out when she states “you no longer have the choice as to how they keep you alive”, “you can have a living will...they can be overruled” and “so, once you have a stroke, it’s out of your hands”. In the collective conceptualization of ‘optimal aging’, independence, control, and choice were parts of that conceptualization (a deliberative output). This excerpt illustrates what could be considered non-optimal, or unsuccessful aging, by participants where one does not have control over, or choices in, their life.

While there is disagreement between participants of how older adults are treated within the healthcare system, the speakers have in common their criticism of the healthcare system and the treatment of older adults within it. Underlying this tension is a common theme of how older adults lack control over their lives and how they are considered a burden on the healthcare system, and, in this way, are undervalued and ‘othered’ by society. Throughout the PDF, and as a way to resist the characterization of older adults as a burden on the healthcare system, participants emphasized the responsibility of the healthcare system to adapt to the changing demographics. The beginning of excerpt 7 illustrates this point well.

In the following excerpt, participants describe what they view as ageist treatment in the healthcare system, specifically as this relates to medical screening tests that are no longer recommended after a certain age.

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3 It is important to note that while participants’ perceptions may well be valid, their information is not always grounded in the current policy landscape (e.g. advanced directives are used instead of living wills).
Excerpt 8:

F5: If, if, if you still have a few minutes and—I’ll just mention something that’s a little bit different than what we’ve been saying but it’s not just a—it’s an ageism thing—but it is in what is recommended for health screening for people. You know how, for instance, you gentlemen will excuse us, but for the breast screening, that’s supposed to be [age] fifty to seventy-four. But after seventy-four, you can still go in—you’re to talk to your doctor—but they will no longer send you a message. Now they have, uh, fetal—oh, uh, oh called fecal occult—

F3: Right.

F5: —blood tests for cancer so instead of, you know, so and that would be every two years. But again, when you’re, I believe it’s something like seventy, even seventy-two, something like that, they say, ‘We’re not recommending it anymore’. Now it’s not that you’re not gonna get it, your risk is even greater after that age, but th—the belief is, I believe, and, and this is not individual doctors—this is the recommendations of the cancer society. It’s like, I think, and I’m not—and I don’t think I’m wrong—like, ‘you’re over the hill anyway and if you got this and there’s so much else wrong with you, anyway, and you’re already deteriorating so if you get it, you get it’!

M1: You probably, you probably die with it than from it.

F5: —So I’m thinking well that’s seventy-six and seventy-eight and eighty and eighty-two and eighty-four. People are livin’ to be one-hundred but they’re deciding at seventy-two, you don’t need this test anymore. Now they say, ‘talk to your doctor’, and maybe people would or people won’t but it’s like—but it’s like they’ve decided an arbitrary cut-off based on age. Now what could be more ageism than that?

In excerpt 8, F5 describes this lack of recommended routine screening for older adults as unfair, and perceives the healthcare system treating older adults as a burden, and F3 agrees. F5 interprets the screening recommendations to mean that her remaining years do not warrant the use of medical resources. Similar to excerpt 7, there is a focus on the elements of control and choice (“but they’re deciding”, “now what could be more ageism than that”). These participants describe how changing the scheduled nature of these medical tests after a certain age implies that medical professionals believe that older adults are considered to be near the end of their lives. The participants above see this as troubling and resist this view; they express that they do indeed have a future but that society may not recognize or value that future to the same degree as the future of a younger person for whom these tests are scheduled and prioritized.

Similarly, in excerpt 9, the participants below discuss their perception of the decreased value placed on older adults’ remaining years and how older adults are considered an economic burden on the healthcare system.

Excerpt 9:

F4: Not, not giving you the healthcare that you need when you get into our 80’s and 90’s, you know, ‘Well, she’s not got a long time to live, so we won’t spend a lot of time and money on her’. Not consciously. Nobody’s going to see it written down or even spoken.
F1: Even that is different than—Keeping you alive on a support system is different than killing.

F5: But—

F1: Just, just because you’re no longer of any use to society, you’re causing a nuisance. A lot of expense. It’s costing everybody a lot of money to keep you alive. And, but so therefore, goodbye. You’ve had your day. So long.

F3: That’s what assisted living is about.

F5: No. No.

F1: Assisted dying. (laughter)

F3: I know. (laughter)

In the excerpt above, these participants articulate the sentiment of not feeling valued by society as an older adult, as reflected by the treatment of older adults in the healthcare system. F1 refers to her understanding of society’s expectation that older adults should be useful and productive, and the belief that once someone is neither useful nor productive, they become an economic burden on the healthcare system. These participants use dark humour and laughter in the exchange (“that’s what assisted living is about” “no, no, assisted dying”) as a way to denote both the minimal value placed on older adults and the way older adults are described as a burden on the healthcare system.

The above excerpts exemplify participants’ perceptions of their loss of autonomy and the decreased value that societal systems, and the people within them, assign to older adults’ remaining years, which participants resisted. These perceptions are linked to the societal assumption that one’s worth is tied to productivity, that society does not view older adults as productive, and that one must be productive in society to deserve the expenditure of medical resources. In the PDF, participants make this connection and understand this assumption (as is shown in excerpt 9). They grappled with this assumption and its implications for their daily lives and futures. In particular, participants described their understanding that unsuccessful aging is represented in society as being a burden on the healthcare system. In response to this understanding of unsuccessful aging, participants consistently described older adults’ diversity and the healthcare system’s need to adapt to the increasing older adult population, resisting the view of older adults or aging as a problem. These findings imply that older adults may not receive complete explanations as to why certain medical practices are different for older adults. This lack of explanation contributes to participants’ perceptions of a loss of autonomy and the
diminished value of older adults, a view that they consistently resisted. In the following subtheme, I describe how participants understand and respond to the view of older adults as unproductive and the lack of recognition in society for older adults’ lifelong contributions.

**Being Worthy of Recognition**

In contrast to the earlier theme of giving back as an obligation, the present subtheme captures participants’ focus on older adults’ lifelong contributions to society and their worthiness to be recognized for those contributions. This theme encapsulates both participants’ desire for society to recognize their lifelong contributions and their resistance to the lack of consideration of older adults and their needs. In those moments where their contributions are not recognized, participants discussed not being prioritized in society and not receiving the resources and supports they deserve. Participants expressed concern for their future as they become progressively more vulnerable and lose control over their life circumstances, highlighting their opinion that they are worthy of recognition as a group. This theme is similar to certain deliberative outputs, where ‘optimal aging’ encompassed being valued and respected. As discussed in previous themes, participants argued that increasing accessibility in the built environment and supports, as well as augmenting older adults’ visibility in society by listening to them, are means of demonstrating recognition and inclusion. As such, the accessibility-related deliberative outputs discussed above can also be considered a means of recognizing older adults’ lifelong contributions. On the whole, participants expressed the ways they perceive that others do not recognize them in society, and resisted these views by describing how and why older adults should be recognized. Specifically, they discussed that older adults should be recognized by being given access to an age-friendly community given their lifelong contributions to society.

Participants noted that older adults remain invisible to others and are not prioritized in society, and challenged this invisibility. They discussed how an age-friendly community should recognize older adults’ past contributions. Excerpt 10 below is from the end of a small group deliberation on day 2, when participants were deciding on action items to present to the full group. In this excerpt, participants specifically outline their perception that society needs to recognize older adults for their lifelong contributions to the community because they are worthy of being recognized.
Excerpt 10:

F4: If we went back to the beginning, we, we talked about recognition, being—not being a sort of anonymous group, that we need to be promoted more, more recognition within the community.

F5: I think that’s a priority. That they need to recognize us. We…we collectively have built this country.

Facilitator: So recognition in terms of, like, making a city even more kind of age-friendly, I guess.

F4: Yes, yes.

Facilitator: The city does have the tag of age-friendly, but that must be extended and promoted. Not just in the Council Chamber, but in the community.

F7: I think transportation is one of the things—I take the regular transit bus and it is not senior-friendly. It is just not senior-friendly at all. You stand out in the sun. There’s shelters. There’s nothing to sit on. You just stand there and wait, and it’s, it’s just not uh...

F3: There’s still just lack of money.

F1: Yeah, lack of money. Yeah. ...

F7: But there always seems to be money, for—

F3: Other things.

F7: Yes. There’s always money for other things, so it’s just a matter of—

F3: Priorities.

F7: Yes. Where do they put all of the money, you know? How come there’s never money for the seniors? Never any left.

In the above excerpt, during a conversation about what it means to age successfully, participants describe the importance of having an age-friendly community that recognizes older adults’ lifelong contributions, pointing out that this recognition should be reflected in the culture and the built environment. In particular, these participants state that while resources do exist in the system, those resources are not tailored to their needs, once again they highlight the lack of recognition that these older adults experience. In response to their perceptions of the lack of resources dedicated to older adults, these participants highlight older adults’ worthiness to be recognized by describing how they have contributed throughout their lives. In this way, participants resisted the ways that communities and built environments are designed without older adults in mind.

Participants also spoke about society’s lack of recognition of older adults and how older adults deserve to have their lifelong contributions recognized by others. As well, participants
continued to resist the description of older adults as a burden on others by moving away from a focus on older adults’ individual responsibility for aging well and focusing instead on the accessibility of the built environment and the community’s role in supporting older adults as they age. Excerpt 11 follows one such discussion and is from the full group deliberation on day 2. This exchange occurred in response to the facilitator’s question about specific action items that are of highest importance to the group. This excerpt displays participants’ ongoing emphasis on the idea that older adults are worthy of recognition.

Excerpt 11:

F20: We spoke in our group about nursing homes and how if you have to go into a government nursing home, it sort of puts you down so **you’re almost a second-class citizen**. You have to take what they offer you unless you have money and can afford to do a better thing for yourself. So, this again is recognizing that we are humans and we deserve what we, we expect of life. After all, collectively, we have created this country and we’ve made it what it is. …

F11: You can have an opinion on more things than the health system, but in the nursing homes though, you know, you think you’re on in there to be taken care of and there’s all sorts of—the number of deaths and assaults that go on in a nursing home because you have your very vulnerable frail person in a wheelchair … So we’re talking as well seniors here, but I’m talking about the vulnerable senior, what we’re going to become, and what are their needs and the fact that there’s not enough nursing homes and if you get in one it’s a vulnerable place to live. It’s kind of scary and I think we need to do something about uh beefing up staffing and advocacy in the nursing homes.

In this excerpt, F20 describes older adults as a deserving group that are seen as inferior and excluded by society (i.e., F20 speaks about older adults as second-class citizens in government nursing homes). F20 states, “**this again is recognizing that we are humans and we deserve what we, we expect of life**”, resisting the marginalization of older adults and the view of older adults as a burden on society by describing the dehumanizing experience of old age care. Participants focus on reflecting on the lifelong contributions of older adults to society, framing aging as a lifelong process. In order to switch the focus from older adults being considered a burden to emphasizing their value, F20 reminds the group of the lifelong contributions older adults have made. In the second half of the excerpt, F11 implies that even in their most vulnerable state, all older adults should be supported by society. This excerpt illustrates participants’ concern for their future as they become increasingly vulnerable and may lack control and choice in their life circumstances. Ultimately, it illustrates participants’ expressions of their worthiness as a group to be valued and treated well by society.

The desire to be recognized and the resistance to negative characterizations of older adults points to participants’ acceptance of the representation of the deserving older adult
discussed in the literature review (Fealy et al., 2012; Pulkki & Tynkkynen, 2016; Yläne-McEwen, 2000), where, regardless of an older adult’s involvement or independence, they are deserving of recognition due to their past contributions. These findings also show that participants were critical of the understanding of older adults as either successful or not based on their ability to continue to be active and contribute as older adults. As such, when participants refer to what it means to age successfully, they refer to the community and the need to be recognized within that community. In the ideological dilemma analysis that follows, I will explore how participants speak about older adults as worthy of recognition in society due to their lifelong contributions, while at the same time they describe the need to meet the societal obligation of contributing to the community.

**Thematic Analysis Summary and Discussion**

The purpose of this thematic analysis was to explore participants’ focus on the barriers to their participation in the community, and their perceptions of the community’s role to support older adults to be able to age ‘successfully’ in the community. These findings highlight that participants view that older adults and their needs deserve to be recognized in and by the community, and shifts the understanding of ‘successful aging’ away from the individual. This thematic analysis also examined the relationship between participants’ ways of speaking and existing representations of aging and older adults. Exploring this relationship is important since there are limited representations available to older adults to draw on as they discuss the topic of aging. These representations, explored in the literature review, shape what can be said about aging and older adults and how it can be said. In my thematic analysis, I developed 3 themes based on the data: the obligation to give back to society, invisibility of older adults and their needs, and resistance to others’ views of older adults.

Most commonly, these themes underlined participants’ views that older adults and their needs are invisible in society, which participants framed as a problem to be addressed. Generally, older adults expressed being under-recognized and not understood in society, as exhibited through the lack of having a say and being heard in the public domain, the lack of accessibility in the community, the lack of control and choice in one’s life circumstances, and being viewed as a burden on the healthcare system. The above findings, which highlight participants’ perceptions
of older adults as under-recognized, support past findings that emphasize the lack of attention paid to older adults’ multiple social locations and diversity, and perhaps to older adults more generally (Angus & Reeve, 2006; Calasanti & Slevin, 2006; Dillaway & Byrnes, 2009; Minkler & Fadem, 2002). These findings also contribute to the literature by underlining older adults’ views of the barriers to their participation in the community and ability to age ‘successfully’ as part of the community.

In contrast to the focus of past research on the individual’s responsibility for their aging process, participants in this study consistently focused on society and the community’s role in aging. This difference could have occurred because of the use of PD and its emphasis on collective negotiation, and because participants were informed in advance that the second day of the PD focused on the practical implications of their conceptualization for themselves or their community. Participants were aware of and critical of the societal representation of older adults as a homogenous group, a representation explored in the literature review. Participants did not support the characterization of older adults as a homogenous group. Instead, they emphasized the need to consider each older adult individually and the impact of their context on their aging process. Participants’ focus on the need to consider each older adult’s social location contrasts with Rowe and Kahn’s view of successful aging and, instead, is consistent with the alternative discourse for aging of resilience (Stephens et al., 2015). This alternative discourse of resilience is conceptualized in the context of Sen’s (1987) Capability Approach and explored in the literature review. As Stephens and Breheny (2018) describe it, the Capability Approach is an inclusive framework that allows all older adults to be able to achieve optimal aging (Stephens & Breheny, 2018). The Capability Approach allows older adults to function in the context of their own values and to determine what constitutes well-being from each individual’s perspective. As well, this approach focuses on older adults’ perspectives and needs, and how these needs can be met. Ultimately, as Stephens and Breheny (2018) state, “the Capability Approach shifts our constructions of ageing from a focus on individual responsibility for well-being with its moral implications, to one which includes the social and environmental context of ageing and well-being” (p.28). The meanings of aging that participants expressed in this research lends support to the Capability Approach, which allows for a more inclusive way of defining aging.

The themes identified in this analysis and throughout the deliberations point to a common thread that links these themes together, which is the absence of recognition of older adults.
Throughout this analysis, participants described multiple ways that they experienced and perceived this absence. These ways include the obligation to give back to society as older adults despite their lifelong contributions; the need to have a say and be heard in the public domain and the lack of such opportunities; the lack of accessibility of the built environment; and the desire to be as valued as others. When participants did describe being visible in the community, they spoke about how others perceived them as a burden on society. Participants resisted this characterization of older adults. Instead, they underlined the role that the community should play in supporting older adults to age ‘successfully’ and recognizing older adults for their lifelong contributions. This analysis provides context to the deliberative outputs by outlining some of the descriptions and themes that led to the deliberative outputs.

This analysis underlines tensions that exist between the different ways that participants speak about ‘successful aging’, such as the tension between their view of giving back as an obligation and their resistance to this understanding when they underline how older adults deserve to be recognized for their lifelong contributions. In the following analysis chapter, I demonstrate how some of these ways of speaking about old age or aging create dilemmas for older adults advocating for themselves, such as advocating for more services or less ageism in society.
Chapter 6: Ideological Dilemma Analysis

This analysis section focuses on ideological dilemmas, and builds on both the deliberative outputs as well as the thematic analysis. While the thematic analysis identified common themes shared across participants, this analysis of ideological dilemmas aims to capture the tensions underlying these themes. The present analysis explores how limited ways of speaking about older adults or aging, based on existing representations and discourses (Billig et al., 1988), can create dilemmas for participants. These dilemmas, which participants are faced with, will be explained below.

Older adults make sense of their own lives and build their identities by drawing on constructions and dominant discourses available to them in their social world (Matthews & Stephens, 2017; Stephens & Breheny, 2018). These discourses shape people’s lives and identities in very concrete ways (Matthews & Stephens, 2017). For instance, they can shape later life housing decisions – as older adulthood is commonly viewed as a time of decline, older adults may make decisions to live in a nursing home environment and experience a reduction in their autonomy on the basis of this commonly held view (Matthews & Stephens, 2017). Such common-sense views, as Billig (1988) argues, contain contrary themes that reflect ideological dilemmas. In each dilemma, these socially shared representations and values can conflict, and this conflict produces the complexity of the dilemma (Billig et al., 1988). For example, when debating who should benefit from limited medical resources, arguments can be mobilized for both the good of the individual, on the one hand, and for the collective, on the other, that are ultimately irresolvable. Thus, when older adults reflect on their own experiences, desires and concerns about aging, they draw on and are constrained by these dilemmas. As they find ways of speaking about aging based on these socially shared representations, participants question the language used to describe older adults, yet also draw on that same shared language when describing themselves and their experiences.

According to Billig (1988), there are limited ways to make sense of an issue, and when participants speak they can only draw on these limited ways, leading them to impasses. Throughout the PDF, participants made use of different strategies that attempted to move beyond the existing discourse and representations. As I demonstrate, older adults are often caught between the various representations of aging available to them in society; in order to avoid adopting one representation of aging, older adults must often reinforce a different representation.
Consequently, as a group, older adults remain in a dilemma where there is no perfect solution. Emphasizing one side of the dilemma, necessarily counters the other side of the dilemma, and each side has both positive and negative implications.

The dilemmas I identified in this analysis center around what aging means to older adults, how these meanings impact older adults’ lives, and their implications for advocacy. As Billig (1988) argues, people manage ideological dilemmas through rhetorical means. In this analysis I demonstrate that participants often did so by distancing themselves from older adults as a group and emphasizing their individuality. In particular, the participants rejected what they saw as ageist societal standards for aging (i.e., for older adults in general), yet positioned themselves—as individuals—as aging successfully precisely according to these societal standards. Participants also used other strategies demonstrated in the analysis, including switching the emphasis from older adults’ needs for accommodations in the community to everyone’s right to accessibility in the community; describing the need for equal consideration between groups by highlighting that other groups (even those that are not economically productive) are recognized as diverse and deserving of supports in society, and stating that older adults deserve the same consideration; and discussing how older adults have already met the societal obligation to be productive, and are now free from societal obligations and standards. On the whole, this analysis shows that no matter how participants speak, there is no clear way out of these dilemmas, and each way of speaking has implications for older adults’ lives. Broadly, this analysis indicates the struggles that older adults face with recognition and accommodation as both a group and as individuals. The following 3 dilemmas were identified:

1. Successful aging as idiosyncratically or stereotypically defined
2. Older adults as needing equal consideration or increased support
3. Older adulthood – a time to give back or kick back?

Below is a discussion of each of the dilemmas, along with excerpts to illustrate them in the deliberation.

**Dilemma 1: Successful Aging as Idiosyncratically or Stereotypically Defined**

I argue that there was a constant tension throughout the deliberation between the participants portraying themselves as meeting standards for successful aging which older adults
perceive as being imposed by society (e.g. being active, engaged, productive), and simultaneously questioning such standards. This tension was evident when participants argued that what it means to age successfully is idiosyncratic and should be individually defined, yet when speaking about themselves and their experiences, participants positioned themselves as ‘successful’ according to the very standards they sought to criticize. Participants would often present themselves as active, engaged, and productive (and typically successful), and avoid admitting to being disengaged or vulnerable. In this way, participants tried to distance themselves from the social category of older adults, as stereotypically defined. They underlined that the need for individualized standards for aging is not for them (they present themselves as personally successful), but for others. In presenting themselves as typically successful, participants unintentionally undermined their view of optimal aging as individually defined.

In the section below, I describe three different aspects of this dilemma, along with excerpts illustrating each of these aspects. Firstly, I focus on participants’ view that successful aging is idiosyncratic and should be individually based. The second aspect I describe builds on this by showing the moments of tension between defining success for oneself, individually, while also positioning oneself as meeting standardized understandings of successful aging. Thirdly, I illustrate how, as a strategy to manage this dilemma, participants distance themselves from the typical older adult to show that they are individually successful and not in need of supports. Yet, in these instances, they also speak about older adults’ group needs for services and supports. Taken together, these aspects of the dilemma exemplify the tension between participants’ desire to portray themselves as meeting standards for successful aging, and simultaneously questioning such standards.

**Successful aging should be defined by individual standards**

Throughout the deliberation, participants struggled to define successful aging, articulating that many things can influence how successful aging can be defined. Participants also challenged the possibility that successful aging could be defined the same way for everyone, describing it as differing between people. During these instances, participants emphasized that successful aging should be defined based on each older adult’s context and social location, and that no one definition could suit all older adults. The excerpt below is an illustration of these moments.
Excerpt 1:

Facilitator: Alright so I have another question for you guys it just how do you guys feel about the term successful aging, do you think that term fits you? Do you not like the term?

F2: Well I don't exactly think of aging as being successful or not because I don't mind the term, I don't mind it and you're trying to get across an idea but the thing is your gunna age one way or another so if you just attain a certain age is that success? It depends how you define it but the question I would have of you really is what are you trying to get at what are you trying to

F1: What's your ultimate goal

F2: You know the discussion, what is the discussion about?

Facilitator: Yeah we're trying to define that, trying to find what it means

F4: But it's different for everybody

F2: Yeah

F4: There's no two people that will define it the same way

Facilitator: Yeah so successful to one person may not be successful to another

F2: Well that seems to be very true because particularly people who have been ill it seems like with serious illness because you feel good just because you've survived

F3: Because you're alive

F2: Yeah

F3: I think also it would be different, this is a group that is likely social, socially economically pretty much okay and so just being alive and having the health and the wealth and even if the wealth and even if the wealth is you know well none of us I suppose are millionaires but we are comfortable, what we say will be quite different um than if you go to a housing project or people who are on social assistance you know I think um aging is going to, what we consider aging and how we deal with it is going to be very different. So I think you have to take into consideration the situation of the people that you're talking to, you know you might go elsewhere and get quite different answers than from what you're going to get from this group here.

F2: That's a very good point

In the excerpt above, participants express that successful aging should be defined based on a person’s social location and context. Throughout this discussion, participants position older adults as a diverse group of people with different social locations, and use socioeconomic status as one example of older adults’ diversity.

Throughout the PDF, participants also describe other features as examples of older adults’ diversity, such as culture and life stage. Participants discuss how these features, amongst others, impact their own understandings of optimal aging. This is a departure from the many
moments during the deliberation where participants portrayed themselves as active and engaged, emphasizing standardized understandings of successful aging.

**Negotiating success for oneself**

There were many instances throughout the PDF where participants struggled to negotiate success for themselves as individuals, while also describing themselves as meeting common understandings of success. These instances illustrate the dilemma between meeting existing societal standards for successful aging and defining standards for oneself. The excerpt below illustrates this dilemma and is from the big group deliberation on day 1, during which the group was discussing how to conceptualize ‘successful aging’. At this specific point, the group discusses whether or not ‘successful aging’ is a useful term.

**Excerpt 2:**

*F15: I know, I thought just this past week, ‘should I really be coming to this’, because, I mean, my health is quite bad and, you know, there’s, there’s other things…but when I look at it, I’m still aging successfully because I’m very involved in the community and, and various aspects of the community. Um, and yes I have financial difficulties because I do live below the poverty line, um, and that’s not easy but it’s also not easy for a lot of seniors because, um, not everyone has dental care. Not everyone has, uhm, you know, gets glasses covered or anything like that. Um, and so in order for me to get those things I just have to save a little longer. But I still don’t think that means I have aged unsuccessfully.*

F15 asserts that certain standardized understandings of successful aging exist, such as being physically healthy, and she describes herself as not fitting this standard. However, she also discusses other existing societal standards of successful aging that she is meeting, including being engaged and active in the community. Overall, she compares herself to existing standards, describing herself as meeting some and not meeting others. In the end, she concludes that she can decide on her own individual standards for success. She builds an account of herself that manages the variety of ways one could be considered ‘successful’, emphasizing that by meeting parts of the existing societal standards (being active and engaged) she can still be considered ‘successful’. In this way, she is negotiating the meaning of success for herself individually while also meeting society’s standards of success.

**Not a typical older adult**

In the first two examples, we have seen how participants struggled to both understand how a standardized definition of successful aging could suit all older adults, and negotiate success for themselves while meeting society’s standards for success. In the excerpt below, two
participants directly, though jokingly, disidentify with being old. This is a common occurrence throughout the PDF as participants describe the needs of typical older adults, while at the same time contrasting themselves with this group of older adults. In these cases, participants present themselves as atypical older adults, who are active and engaged. In excerpt 3, participants are resistant to being considered older adults and being represented as ‘vulnerable’, yet they also highlight a need for senior-specific services particularly for other older adults.

**Excerpt 3:**

F6: In Guelph they've gotta make it confusing so they have the community bus and the mobility bus and they're totally different

F2: Oh I didn't know that

F1: They look the same and people get confused

M1: Yeah

F6: And they and they have a different heading on the front, or unless one breaks down sometimes they switch them and they don't switch the title so it's totally like

F2: No kidding

F1: And there is a program that's really good for seniors

F6: I would refuse to go on it because I wasn't going, I thought it was just for old people [laughter] Isn't that funny, it is funny I know it is I have these uh little corners of my mind that I

F2: Don't we all have them

F6: That I decked out well

F2: What do ya mean I'm old that's the other guy, you know you just you do have those moments

F6: I'm doing workouts that I couldn't do in my 30s and 40s so there

F2: Yeah, good for you, good for you

F6: So I uh I just sort of tell myself like I don't I'm not buying it, like I say I'm in denial and I'm staying there

F2: Good girl, good girl

Throughout this excerpt, participants poke fun at the ‘stereotypical’ older adult, who is dependent and vulnerable, and distinguish themselves from other older adults by highlighting that these senior-specific services (the mobility bus for older adults in this case) are not meant for them. F1 emphasizes the value of these senior-specific programs for other older adults, by saying “there is a program that’s really good for seniors” while positioning herself outside of this
Similarly, F6 makes it clear that although she is an older adult, she is different than the typical older adult for whom these services are geared. In this way, F6 is admitting she is a member of the social category of older adults, while simultaneously refuting the membership in this category by positioning herself as distinct from a typical member. Participants in this excerpt position themselves as physically able and active, and not as vulnerable and dependent (typical) older adults. F6 and F2 joke about not being old and encourage each other to resist the category of older adults. Yet what is interesting about excerpt 3 is that F2 and F6’s joking about not being old both underlines that they are “not like most old people”, but also that they share a common experience of age-denial with each other.

Dilemma 1 Concluding Remarks

In the context of this PDF, during which participants were tasked with generating a shared understanding of ‘successful aging’, participants endorsed the idea of individualized standards for all older adults, but differentiated themselves from this category of older adults requiring these standards. This tension between meeting standards for successful aging and defining individualized standards encapsulates divergent representations of successful aging discussed in the literature review. Firstly, there are two opposing representations of aging, specifically being engaged, active and productive (successful aging) as well as being disengaged, inactive, and vulnerable (unsuccessful aging), which are often used in contrast to each other. Conversely, another representation defines successful aging as different for each individual, based on their own capabilities. This tension also raises questions about the value of PD in achieving shared understandings. Particularly, it raises the important question of what these shared understandings signify if participants agree on them as abstract concepts, yet do not see them as relevant to themselves. In the following section, I discuss the dilemma of how the participants position themselves with regard to their perspectives on whether older adults are the same as or different from other adults, and what these descriptions imply for older adults’ lives.

Dilemma 2: Older Adults as Needing Equal Consideration or Increased Support

Participants described older adults in two contrasting ways: either as able adults, capable of self-reliance, or as differently abled adults, in need of accommodation and support. Similarly, the literature also describes older adults in these contrasting ways. On the one hand, the literature
describes older adults as people who are independent and able (e.g. Breheny & Stephens, 2017; Laliberte Rudman, 2006; Rozanova, 2010). On the other hand, the literature describes older adults as dependent, in need of care, and a burden on others and society (e.g. Breheny & Stephens, 2017; Cardona, 2008; Laliberte Rudman, 2006; Pulkki & Tynkkynen, 2016; Ylänne-McEwen, 2000). Representations of older adults that fall between these two extremes are not common in the literature. This tension between the aforementioned representations becomes a dilemma when people try to argue for how they should be treated or accommodated. Given the representations and discourses available to older adults, it is difficult for them to say that they are very capable and simultaneously in need of accommodations. By assuming either of these positions, there are consequences for older adults. Older adults can either advocate for more supports and services (highlighting that they are different from younger adults), or they can advocate for the same treatment and consideration that other adults receive (highlighting that they are able adults). However, older adults cannot easily advocate for both increased supports and equal consideration at the same time. In this study, a reason for this difficulty is that participants’ arguments or rationale behind each of these points are divergent. When arguing for more supports, participants in this study often described that they need these supports because they are dependent and vulnerable, and thus are different and have different needs than other adults. When arguing for the same treatment and consideration as other adults, participants instead highlighted their similarity to other adults. Participants are left to advocate either that older adults are the same as other adults, and should be treated as such, or that they have different and greater needs compared to other adults, and should thus be accommodated and supported by others.

Participants used three main strategies to manage this dilemma during the deliberation. Participants described society’s view of older adults as ‘othered’ and less able than other groups, and they resisted being placed in this undesirable category. Specifically, similar to the previous ideological dilemma, one strategy participants used was to speak about older adults as differentially able than other adults and in need of accommodations, while differentiating themselves from this category of older adults. In doing so, participants positioned themselves as a non-typical, and able member, of the older adult category. Another way participants managed this dilemma was by speaking about accessibility and supports as everyone’s right, regardless of age, rather than an accommodation specific to older adults. In this way, participants avoided
positioning older adults as having distinct needs from other adults, while advocating for more supports and services for everyone. Participants also managed this dilemma by stating that, similar to other groups even those that are economically unproductive, older adults are also deserving of supports. This strategy allowed participants to advocate for supports without being described as a burden on others.

This dilemma highlights the tension that participants are left to grapple with when defining older adults’ group needs, where participants question whether older adults should be considered one distinct group. At various points throughout the deliberation, older adults were positioned as a distinct group with unique needs. The positioning of older adults as a distinct group evokes the representation of older adults as one homogenous group, a group that is often ‘othered’ in society. Participants often expressed older adults’ unique needs when they discussed their desire for increased accessibility to resources and supports. Importantly and in contrast to the description of older adults as a distinct group, participants also described aging as part of a lifelong process, addressing the misconception that people only age as older adults. This description implies that the existing distinction between older adults and other people is arbitrary, and that the diversity of needs remains constant throughout life. This positioning of older adults as having equally diverse needs as others emerged as a counterpoint to the representation of older adults as a homogenous and ‘othered’ group.

Below I describe five different aspects of this dilemma that arose throughout the PDF, and provide excerpts illustrating each of these aspects. Each one illustrates a different side to the dilemma that participants faced and how they managed this dilemma. The first aspect I address exemplifies older adults’ descriptions of their deservingness of supports and the second aspect illustrates participants’ descriptions of accessibility as everyone’s right, not unique to older adults. Although different, both of these strategies that participants used support their view that there is a need for increased community supports. The third aspect demonstrates participants’ descriptions of how, similar to other groups, older adults are diverse, while the fourth aspect illustrates participants’ descriptions of the unique needs of older adults as a group, compared to other groups. Lastly, similar to the strategy participants used in the previous dilemma to distance themselves from other older adults, the fifth aspect of this dilemma demonstrates how participants describe themselves as atypical and abled older adults, while highlighting that typical older adults are not as abled and do need supports.
Deserving of supports and resources, just like others

Participants often described older adults as deserving of supports, similar to other age groups. Yet, they also noted that older adults often receive less resources and supports compared to these other age groups. In the excerpt below, participants began discussing older adults’ need for both computer literacy courses and, more generally, for improved access to education.

Excerpt 4:

M3: Why, why should seniors have to pay to be educated when computer literacy is just as important as having to know how to read and write, you’re you’re willing to do it for the young person but you’re not willing to do it for the older person, why discriminate. That’s age discrimination is that not against the law so but nothing’s going to happen until seniors, older people, rise up and do something about it

F5: Speak up

Facilitator: Yeah

M3: And one way to, one way to get change done, which is government and politicians, is you got to get the ear of the politician and if they won’t do your bidding well you have to replace them with your vote on election day

Facilitator: So let’s pretend say we got, we got the ear of this politician the politician that is able to make this change for us what would you say to him?

M3: Set up an education system in the city, like you do for the young people, schools so you have to have locations they have the locations they I know they have a continuing education centre on Gordon street, I took a computer course there as a senior and I had to pay for it. Why, why can’t educational departments step in and say for seniors once you become 60, 55, 60 whatever if you are interested you are entitled to go there and learn how to operate a computer and be literate on the internet

In the above excerpt, M3 says that both seniors and children need to be computer literate. However, he also says that resources and attention are only given to educating children, whereas seniors have to pay for such services. He cites this difference as being unfair. Having subsidized access to basic education, including computer literacy, is described as a right that everyone should have. M3 frames older adulthood as one part of the aging process, not distinct from others. M3 also frames older adulthood as similar to childhood, a part of the aging process where one is dependent and deserving of supports. M3 uses children and youth as a comparator and, in so doing, is showing that at other times in life, even times when people are economically unproductive, people are deserving of support. In this way, this participant navigates the tension by describing older adults as capable yet also deserving of certain supports, just like other times in life such as childhood.
Accessibility as everyone’s right

Throughout the deliberation, participants spoke about older adults’ accessibility needs and described accessibility in the community as everyone’s right. When participants discussed accessibility as a right, they discussed that although not everyone may exercise that right, everyone should have the option to do so. To manage this dilemma, participants often described how the community could accommodate them while stipulating that these accommodations are not due to older adults having special needs, but rather that everyone deserves these rights. Excerpt 5 below exemplifies these instances. In this excerpt, the participants discuss the availability of public washrooms as everyone’s right.

Excerpt 5:

Facilitator: I know another thing that was brought up is accessible and available public washrooms.

F17: Oh yes.

Facilitator: Is that something that's a priority and important?

F17: That's a definite problem. They lock up in the evening. They're locked up in the evenings so they won't be damaged but we need some public washrooms, not using the restaurants ’cause they don't really like you to do that unless you spend money with them. And I think it’s a right to be able to go to the bathroom. [laughter]

M9: With respect to that um, uh I’ve spent a fair bit of time in the UK and they have even a higher percentage of the population that are aged and um a new thing that's starting to happen is that some of the towns, uh in order to attract tourists or people to come to their town, is that they organize with the local facilities, restaurants, uh anywhere there’s public place they put up a little sign you know, 'welcome to use our washroom'. Don't have to pay anything. Wouldn't that be nice because—

F17: Because it’s strictly for customers only—

M9: Exactly. So—but that you have to organize the community around that and uh there is a senior need for that and uh and that would be great for the community all around.

F17 and M9 spoke about the advantages of increasing accessibility to public washrooms not only for older adults, but also for the entire community. F17 described going to the bathroom as everyone’s right, one that should not be contingent on spending money. This exchange focuses on recognizing older adults’ specific needs for accommodations while framing this need as relevant to the community as a whole. Framing accessibility as everyone’s right functions as a way to avoid the view of older adults as a burden on society, while still advocating for improved accessibility in the community.
Older adults as diverse, not homogenous

At various moments during the PDF, participants described how others perceive older adults as a distinct and homogenous group. These participants opposed this perception, and instead described the diversity within the social category of older adults. This view of older adults as either homogenous or diverse emphasizes that the descriptions available to older adults are polarized. Below is an excerpt that illustrates this view.

Excerpt 6:

Facilitator: … do you think that people misunderstand or don’t really get what aging is about, or what it’s like to be an older adult? Um, and can you tell me about any experiences you’ve had with this? And this could be anyone. It could be younger people, it could be anyone really.

F3: One thing is that, uh, once you turn 55, you’re all lumped together, and I don’t think that’s right. I think the younger seniors who are 55 plus, 60, 65, they, their needs are here, you know, but when you get older, 75, 85, probably 95, you need, you know—they’re different again. You can’t all lump together. If you were to make the analogy with children, you don’t do the same for a three-year-old as you do for a thirteen-year-old. You know, their needs are different too. They have narrower (laughter), but I think that’s something that a lot of people that are not seniors, like you, you think seniors—just one label— but that’s not the case.

Facilitator: So recognizing the diversity within the group.

F6: All my children are seniors, now. As you say, they’re very different from what I have to do.

Older adults’ needs are described as being different from other age groups, albeit also as distinct from others within their own age group. In particular, they are stating that once someone enters the category of older adults, they do not inherently have the same needs as everyone else in that category, particularly since this label of older adults spans many years. Older adults’ needs remain diverse, similar to other age groups’ needs. Older adulthood is thus not a distinct category but rather a continuation of the lifelong process of aging. F3 tries to demonstrate the absurdity of grouping older adults collectively by comparing the idea of grouping all children together (i.e., comparing a three year old to a thirteen year old). Grouping all older adults from ages 55 (in this excerpt) until the end of life into this one category is described here as lacking understanding and recognition of the diversity of older adults and their needs. As F6 states, though age categories are divided more narrowly for children, there is only one label for a 50-year span when it comes to older adults. In this excerpt, participants imply that older adults have unique needs, both compared to other age groups as well as within their own age group (“All my children are seniors, now ... they’re very different from what I have to do”). Participants are opposing the view of older adults as one homogenous group, and in doing so are describing the
need for older adults to be valued and treated with the same respect as other adults. This aspect of the dilemma, in which participants highlight the diversity of older adults, brings into question whether older adults’ unique group needs can be recognized while concurrently understanding aging as a lifelong process.

**Older adults not as able as others and their needs as unique from others**

Although at times participants emphasized that older adults are a diverse group, at other times they focused on their unique group needs. During these instances participants described older adults as less able than others and highlighted that older adults’ needs are unique from others. Participants also described a lack of supports and systems available to address these needs. It should be noted that although participants described this lack of supports as unique to older adults, these barriers could also impact others across the life course. Excerpt 7 illustrates these descriptions of a lack of supports for older adults.

**Excerpt 7:**

F5: A bigger problem I’ve experienced, not going to include all of my personal details, but is in transportation coordination types of things. Uh, for instance, I, I needed, um, some surgeries at the start of January and, um, my doctor couldn’t tell me who might be able to transport me over to Kitchener in the middle of a blizzard to get these things done.

M1: Mmm. Mhm.

F5: Um, other staff said, ‘well maybe the Cancer Society’, and they gave me a general number. I went through about seventeen numbers in the Cancer Society. I could find someone who would take me there but I needed someone to stay there.

M1: Yes, yeah.

F5: All my siblings are all over the world. I—my friends still work, right? N—there was nobody available who would stay there and they wouldn’t do the surgery unless I had somebody there. And then the person who took me would not be the person who took me home.

M1: Mmm.

F5: And I might or might not get a ride within two or three hours, no matter how I was feeling. So there’s this—even where you find the volunteer services, and I have to pay a hundred dollars even to be registered to get this—

M1: Really? really?

F5: —free ride. And on and on and on it went. It ended up that my brother came down from the far north and stepped up and, and helped me on this occasion but that’s asking a lot.

M1: Yeah, yeah.
In excerpt 7, participants described older adults’ needs as unique and spoke about older adults as not as able as other adults, in relation to the need for transportation for attending medical procedures. These participants also described older adults as often lacking financial means or a readily available support system to address these needs. F5 constructs her identity as being dependent on others and on society without framing this dependence negatively. Instead, she frames this dependence as normal, implying that society should provide these services to support older adults’ perceived unique needs. By describing their group (older adults) as differently abled adults in need of support, the tension of viewing aging as part of a lifelong process while, at the same time, expecting that unique needs be recognized, remains a challenge.

Typical older adults need supports, but I’m not a typical older adult

Throughout the deliberation, participants emphasized the importance of services and supports for older adults as a whole, yet personally distanced themselves from the social category of typical older adults and discussed how they do not need these supports themselves. This distancing occurred because, in spite of participants challenging dominant representations of older adults, participants here show that they are also constrained by these same representations. Specifically, similar to dominant representations, participants perceive the typical older adult as someone who is dependent and lacks the capabilities of other adults, which participants view as negative. Instead, participants described themselves as atypical older adults, who are active and able, and successful according to dominant representations. Excerpt 8 is an illustration of this distancing.

Excerpt 8:

Facilitator: So what, ah sorry, do you think people misunderstand or don't really get what aging is about, or what it’s like to be an older adult, and if you've had any experiences with this or any times you can think of where you felt like you were misunderstood, or they misunderstood what it meant to be an older adult?

F3: Some of the comments um and um I'm not I've heard like we all oh you don't look that old

F1: Yeah

F3: Right? Or you don't behave like you're old.

F1: Yes

F3: Um and but I'm not sure what old behaviour is supposed to look like or mean, as well you know. So it’s interesting I wonder if younger people then are, are thinking differently about age than I am, right so, I know I'm old I'm 75 but um am I behaving from their perspective in a way that surprises them? Right that they don’t expect old people do the things I do um, and a lot of it has to do with travel and um walking. I live close to downtown so I can walk everywhere and that, or um or they don't see us as having I think the
courage to do the things that we do "you're still travelling?", you know and you you live on your own and you blah blah drive and whatever whatever, and so um I think that's a uh way that we are misunderstood.

Facilitator: Yeah that people have kind of an idea in their mind that they try and box everybody into kind of

F3: Right, right

F1: Yeah exactly, I think you're exactly right, I backpacked Europe last year, so what?

F3: Yeah

F1: You know I hate that. I'm with my only child.

M1: You're only as old as you think

F1: I think so

Instead of describing herself as a typical older adult, F3 constructs a positive account of herself as an able, non-typical member of the older adult category, just like other adults. F1 also constructs a similar positive account of herself, by saying “I backpacked Europe last year, so what?” This strategy of distancing oneself from the typical older adult and describing oneself as an atypical and able older adult is a strategy that participants used throughout the PDF to manage the polarized representations available to them. Participants used this strategy to negotiate all three dilemmas. In the context of the following dilemma, participants discussed the importance of recognizing older adults’ past contributions to society, yet when they spoke about themselves, participants emphasized their present contributions to society.

Dilemma 2 Concluding Remarks

This dilemma above, describing older adults as able and similar to other adults or as needing accommodations and different from other adults, brings into question whether older adults’ accommodation needs could be recognized while still understanding older adults as able and similar to other adults. No matter which way participants defined successful aging, they were caught in this dilemma.

At various points in the PDF, participants spoke about the lack of attention paid to older adults’ diversity compared to other age groups. Although there is a public awareness of the developmental differences in childhood across different age groups (Boivin et al., 2012; Scharf, Scharp, & Stroustrup, 2016), there is not a corresponding public awareness of the diversity among older adults, despite their ages spanning more than thirty years. As shown in the
literature, many people in society instead consider older adults to be one homogenous group (Dillaway & Byrnes, 2009; Ward & Holland, 2011) and participants were aware of this lack of consideration for their diversity. As well, participants’ discussed their view that less resources and attention are dedicated to older adults compared to other age groups. In response to this, they argue that older adults are both capable and deserving of supports. In the following section, I discuss the dilemma of whether older adults are deserving of recognition due to their lifelong contributions or whether they are obliged to continue to be productive and contribute to society.

Dilemma 3: Older adulthood – a time to give back or kick back?

As discussed in Chapter 5, participants spoke about giving back to society as a moral obligation (the first theme), yet also spoke about being worthy of recognition due to their lifetime contributions to society (the last subtheme). Throughout the deliberation, there was a tension between these two descriptions of older adulthood, as either a time to give back or as a time free from those obligations. These conflicting views underline participants’ perception of the societal expectation that everyone should be productive and give back to society, and that if someone is not productive, they are viewed as a burden. Similar to what was shown in the previous dilemma, the positions available to older adults are polarized. On the one hand, older adults can be viewed as entitled to choose what they would like to do, and as people who deserve to enjoy their lives given their lifetime contributions. On the other hand, older adults can be viewed as needing to be productive and give back to others, in order to avoid being viewed as a burden on society. Given the representations available to older adults, it is difficult for them to speak about wanting to rest and enjoy life now that they are older, without being painted as lazy and a burden on society.

Participants used various strategies to both present themselves as meeting the societal obligation of giving back, while at the same time stating that older adults are worthy of recognition due to their past contributions. In particular, within the same conversation, participants often highlighted having earned recognition in society by means of their lifelong contributions, yet were compelled to add to the conversation by asserting that they also continue to contribute to society. Thus, in these cases, contributing has a dual meaning of both past and present contributions to society. At other times, only one meaning is highlighted. In these instances, participants often addressed the need for society to recognize past contributions by speaking to societal systems and their roles. Conversely, when participants spoke about
themselves as individuals, they tended to highlight their present contributions to society, and their desire to be useful to and valued by others. In particular instances, participants described themselves as free from societal obligations of productivity and as deserving of this freedom due to their past contributions. Overall, participants emphasized theirs and other older adults’ past contributions to society to contest the view of older adults as a burden on society or aging as a problem. They also avoided being personally positioned as a burden on society by describing themselves as being engaged and presently contributing to society, reinforcing the view of giving back as a societal obligation. In doing so, participants challenged the importance they placed on recognizing older adults’ past contributions. This tension between the need for society to recognize past contributions and the societal obligation to continue to contribute, remained throughout the discussions.

Below I describe three aspects of this dilemma, and provide excerpts illustrating each of them. Firstly, I describe participants’ discussions of how there is a societal and moral obligation to be productive and contribute to the community as an older adult. There were many moments in the PDF where participants spoke about this societal obligation and described that one’s worth is tied to their productivity, even as an older adult. Secondly, I focus on moments in the PDF where participants describe older adults as worthy of recognition due to their past contributions, while at the same time emphasizing their present contributions to the community. This aspect encapsulates the moments of tension that underlie this dilemma, when participants emphasize both their past and present contributions in the same conversation. In contrast, the third aspect that I describe illustrates participants’ descriptions of older adulthood as a time to relax and be free from societal obligations to give back. In these instances, participants did not speak about the obligation to be productive. Overall, these aspects of the dilemma show the tension that exists between understanding older adulthood as a time to ‘kick back’ or give back.

**Obligation to continue to contribute as an older adult**

Participants in this PDF spoke about giving back and contributing to society (being engaged) as a part of successful aging, framing it as a societal expectation and obligation for older adults. In order to meet this societal expectation and to avoid being considered a burden on society, participants often described their present contributions to the community. Both excerpts 9 and 10 illustrate these moments. In excerpt 9, F21 describes one’s worth as a person being tied to economic productivity in society. She also describes how once you are out of the workforce,
thus not economically productive, you need to be productive and useful in other ways such as doing things for others. F21 regards herself as satisfying that moral obligation and, in doing so, avoids the negative representation of older adults as dependent and a burden on society.

Excerpt 9:

F21: Doing things for others and, and make—feeling useful I think is y’know...And during our working lives, we were—we got a pay cheque that said, ‘yes, you’ve done a good job’. When you—when you’re retired and you’re older, you, you want to have still that sense of worth that you may not get rewarded for, but it still makes you feel good

Similarly, excerpt 10 focuses on the societal obligation to continue to give back to society as an older adult. Excerpt 10 was also shown in the thematic analysis, as part of the obligation to give back to society. Here, this excerpt is used to show how participants reframe what they say to clarify their meanings and intentions. Success in excerpt 10, below, is spoken about as overcoming personal struggles.

Excerpt 10:

F6: Because, because I don’t know if I’m successfully aging because I’ve got just a whole list of things that are physically wrong with me. But at the same time, I get out and I get out regularly and I’m involved with, uh, the poverty task force. I’m involved with the transit advisory committee. Uhm, I participate in things like this and through the volunteer center I am involved in a lot of things as well. And I think that involvement is something that is crucial to, um, successful aging. I had a—I had someone ask me the other day because they’re going to be retiring soon and they said, “well... what makes—what should you do when you retire?” and I said, “continue to be active.” Um, because when I—I mean I lost my job through health—I had to retire early for that, um, and I remember thinking, ‘well, what am I gunna do?’, and so I went to the volunteer centre and I’ve been there now ten years.

M1: Mmm. Yeah.

F6: And—

M1: You’re a great example of someone that has some challenges but you’re still involved and you’re mentally involved—

F6: And, and I feel I have to be. I feel I also have to give back to the community

In excerpt 10, F6 frames success as continuing to be a productive and contributing member of society as an older adult, despite many physical limitations. Others in the conversation reinforce this idea by speaking about what a great example F6 is of someone who overcomes challenges yet continues to give back. In response, F6 re-frames her statement, taking the focus away from the need to contribute for personal gratification and shifting to the idea that giving back is a societal expectation and a sign of success in meeting existing societal standards. This re-framing is in direct contrast to other points in the deliberation when participants highlight
the importance of society recognizing older adults’ past contributions, and underlines the tension that exists between the importance of recognizing past contributions and the societal obligation of continuing to give back as an older adult.

**Managing polarized views: emphasizing past and present contributions**

Throughout the deliberation participants had to manage these opposing and polarized views related to contributing to society. In many cases, participants were only able to speak about their deservedness of recognition for past contributions when they also spoke about how they continue to give back to society (thus avoiding the denigrated representation of older adults as a burden). In excerpt 11, we can see how participants manage the polarized views.

**Excerpt 11:**

F4: I think we should have more, more recognition in the municipal government, more recognition. You know, there’s nearly one third of Guelph is over 50. I think, Probably over 60 by now. Um, there’s far more done for children than there is for seniors, who are a similar, a very similar percentage of the population. I mean, that’s good. They should focus on children for sure. They’re, they’re the future, you know. They’re going to be—they’re gunna be the voters (laughter).

F7: But that is also a political move, because it is much more acceptable for somebody who’s running for politics or whatever, for councillor in town, that they promote something that they’ll do for children. Because then the parents will vote for them.

F4: That’s right. So now we must change that. That’s, that’s, that’s the thing that we need do is change that so that seniors for the have the respect and the proportional representation that they should have.

F5: They’ve earned it. They’ve earned it.

F4: Yes! And I mean they still contribute to the community. Most of us here have said, you know, we do things for the community as volunteers. Helping one individual or, or groups. So without us, you know, you’d be up the creek. So, pay attention (laughter).

In the above excerpt, participants describe the need to be proportionally valued as a group of older adults. F4 states her view that older adults deserve respect and recognition. The response from F5 stating “they’ve earned it” highlights the need for society to recognize and value the lifelong contributions made by older adults. Although they describe older adults as deserving of being rewarded after a lifetime of contributions, these participants also speak about the invaluable contributions older adults are currently making to society (i.e., when F4 responds by stating “they still contribute to the community...”). F4 also specifically refers to the current contributions that participants in this PDF are making to the community. In both these instances of emphasizing past and current contributions during the PDF, participants describe their desire to remain relevant to society, and for others to acknowledge that they exist, despite the fact that
they are no longer in the workforce (as demonstrated in the survey, where most participants reported being retired and the rest reported being semi-retired). These ideas reinforce the present ideological dilemma (older adulthood – a time to give back or kick back) given the representations available to older adults.

**Freedom from societal expectations, and older adults as worthy of recognition**

Although at times participants focused on meeting society’s standards for successful aging through contributing, at other times participants noted that successful aging as an older adult should be focused on defining new standards for oneself. A few times during the PDF, participants also spoke about embracing freedom from the societal obligation to be productive and contribute to society as an older adult. These participants described this freedom as well deserved and as a choice that older adults can make. During these times, participants emphasized that many are not aware of this choice, as older adults generally feel obliged to meet society’s standards. Excerpt 12 illustrates these moments where participants describe older adulthood as a time to relax and be free from societal obligations.

Excerpt 12:

*M7*: I think a lot of older people don’t realize they have a choice. They should stick up for themselves. They don’t feel like doing something, they don’t have to do it. Like one time, the winter driving was very bad, and I chose to stay in the house for five days in a row, because I wanted to be able to say I finally lived long enough, I can just stay in, if I want. I don’t have to go anywhere. I don’t have to go to work. I don’t have to do anything. I thought I was really rich. [laughter] to be able to stay in.

*F2*: That’s the beauty of aging. [laughter]

*M7*: And then I went on a vacation. When my son came to pick me up. [laughter] We went on vacation for the rest of the week.

In excerpt 12, when discussing how successful aging should be defined, M7 refers to older adults’ freedom from the implicit obligation of being “productive” or “going somewhere”. He frames the freedom not to do something as empowering, and describes it as a choice that older adults should be able to make. This focus on choice and a freedom from societal obligations supports the idea that successful aging should be individually defined and as an older adult there is a freedom to make decisions for oneself. M7 also questions the obligation to meet existing societal standards of successful aging, particularly the standard of economically contributing and being productive in society. Unlike during other parts of the PDF where participants describe themselves as meeting societal standards, this participant presents himself
as free from societal standards of activity and productivity as an older adult, and by doing so, avoids the negative representation of being seen as lazy or a burden.

**Dilemma 3 Concluding Remarks**

Throughout the PDF, participants grappled with society’s view that a person has to be productive to be deserving of recognition. The aspects of the above dilemma, older adulthood as a time to give back or ‘kick back’, highlight that participants find multiple ways to portray themselves as valuable and an asset to society, and to ensure that they are not viewed as a burden on society. At times, participants manage this dilemma by portraying older adults as free from societal obligations. At other times, participants express how older adults are worthy of recognition given their lifelong contributions yet also emphasize that older adults still contribute to the community, to reinforce that they are meeting societal obligations of productivity. Participants navigated this tension between recognition and accommodation through these strategies, yet the difficulty in speaking about being deserving to rest and enjoy life as an older adult, without being viewed as a burden on society remained throughout the PDF. This dilemma, and the strategies participants used to navigate it, depicts participants’ struggles for both recognition and accommodation as a group and as individuals.

**Ideological Dilemma Summary and Discussion**

The purpose of this analysis was to explore the ideological dilemmas that I identified in the PDF, how participants managed dilemmas, and the relationship of these dilemmas to representations explored in the literature review. My hope was to gain an understanding of what these dilemmas mean for older adults and their possible roles in society. This analysis generated 3 ideological dilemmas: successful aging as idiosyncratically or stereotypically defined (dilemma 1); older adults as needing equal consideration or increased support (dilemma 2); and older adulthood – a time to give back or kick back? (dilemma 3). Each of these dilemmas bring different issues into play. Dilemma 1 pits standardized expectations of aging against individualized standards for aging. Dilemma 2 focuses on the importance of recognizing older adults as a distinct group, underlining their dependence and need for supports, while also recognizing that older adults are similar to other adults, and are able and independent. Dilemma 3 brings into play the ideology of self-reliance and productivity compared to the desire to relax
and enjoy older adulthood free from those obligations (without being considered a burden on society).

Based on my analysis, I argue that older adults are often caught between the various representations of aging available to them in society; in order to avoid fitting with one representation, they must often reinforce a different one. The representations available to older adults are very polarized and include both denigrated and idealized categories. In this analysis, it is clear that older adults have the difficult task of portraying themselves as part of this ‘successful’ category. To portray themselves in this way, older adults simultaneously acknowledge their membership in the social category of older adults, distance themselves from the negative representations of this category, and build a positive account of themselves. In other words, participants in this PDF often construct themselves as non-typical members of the social category of older adults to present themselves as successful and not a burden on society.

My analysis on ideological dilemmas supports other critical research on aging highlighting that participants are constrained by the different ways of speaking about aging available to them in society (Stephens & Breheny, 2018), and extends critical research by describing how participants manage these dilemmas and the identities available to them. Critical research in aging emphasizes that language can influence both services and identities available to older adults. This is particularly apparent in the area of policy (Stephens & Breheny, 2018). Independence and self-reliance are the focus of many social policies for successful aging, and generally refer to a good quality of life, continuing to contribute to society, and not being an economic burden on social systems (Secker, Hill, Villeneau, & Parkman, 2003; Stephens & Breheny, 2018). As discussed in the literature review, research in aging has described the current policy approaches that promote independence and self-reliance amongst older adults as exclusionary (Breheny & Stephens, 2010, 2017; Laliberte Rudman, 2006; Plath, 2008; Stephens & Breheny, 2018). Older adults might strive to be self-reliant and avoid dependency, but this can come at a cost, particularly for older adults who face challenges in being self-reliant and who could benefit from supports (Stephens & Breheny, 2018). It is important to consider that there are limited identities available to older adults, based on dominant discourses and representations (Stephens & Breheny, 2018). Particularly, as older adults face limitations in physical functioning or increased social isolation, this promotion of independence and self-reliance provides a very limited description of autonomy (Stephens & Breheny, 2018). As such, the language and
frameworks used in policy can influence the representations and identities available to older adults. My research suggests that this shift away from a focus on independence and self-reliance might allow older adults to be considered independent and able by society, while still emphasizing their need for supports and services, or may challenge the negative connotations of dependence altogether.

My analysis also shows that older adults in this research study are using rhetorical strategies to help combat ageism, argue for increased supports, and advocate for greater recognition. Overall, this analysis raises questions about other ways that ‘successful aging’ could be constructed and why the existing representations are dominant.

Moreover, by doing this analysis, I found that there are tensions and nuances in the discussions that are not apparent when examining the deliberative outputs. For instance, when participants were tasked with generating a shared conceptualization of successful aging, they endorsed the need for supports and services for all older adults, while differentiating themselves from that social category and positioning themselves as atypical and abled older adults. This finding was not included in the deliberative outputs. These tensions and nuances became more apparent in the thematic analysis, and were analyzed in this ideological dilemma analysis. The following reflection explores what is not included in deliberative outputs, what role further analysis can play, and what this means for PDFs and what they can accomplish.
Chapter 7: Reflection on the Use of PD as a Research Methodology

The following chapter is a reflection on the use of PD in the unique context of this research, which is largely based on the methods used by O’Doherty and colleagues (O’Doherty, 2013; O’Doherty & Burgess, 2009; O’Doherty, Gauvin, Grogan, & Friedman, 2012). PD can be conceptualized as a research method for gaining public involvement and feedback on specific issues. PD is unique from other methods in that it encourages reflection on a topic, through collective negotiation and discussion, and participants build informed opinions through the course of PD (O’Doherty & Stroud, 2019). Typical public deliberations involve providing expert and research-based information to participants who may be uninformed about a certain topic, often a topic with relevance to a specific policy or issue (Solomon & Abelson, 2012). After receiving this information, participants then discuss and decide on deliberative outputs. In the present thesis, I took a different methodological step by having older adults inform both themselves and each other about their experiences surrounding successful aging on the first day of the PDF, thereby having the results (the deliberative outputs) of their own PD represent the expert information that informed the second day of deliberation. Based on their expertise, and the collective conceptualization of ‘optimal aging’, on the second day participants deliberated and collectively decided on practical implications for themselves and the community. However, when the focus of a PDF is on coming to collective agreement and deciding on deliberative outputs, certain tensions and nuances discussed during the PDF could remain invisible to those not involved in the PDF. For PDFs that are not focused on informing one specific policy decision, capturing these ideas that are not included in the deliberative outputs is particularly important for contextualizing what participants have said within the broader societal context, unpacking the complexity of an issue, and accurately reflecting the needs and desires of the participants. By analyzing the discussions of the PDF in both the thematic and ideological dilemma analyses, I identified nuances, tensions, and themes that are not captured in the deliberative outputs. These ideas, and the differences between them and the deliberative outputs, raise the question of how to use PD as a methodology in research contexts, particularly those that are not aimed at informing one specific policy decision. In this reflection, I explore the use of PDFs in this research and what we can learn from it as a means to inform future use of PDFs in research contexts.
Although PDFs may attempt to unpack dominant discourses, similar to all forms of communication, they are also influenced by these discourses and common sense ideas. Thus, despite older adults’ voices being the experts in this PDF, these dominant discourses and ideas shape what can be said and are reflected in the deliberative outputs. As discussed in past research, deliberative outputs can be a narrow reflection of what goes on in PD, and thus O’Doherty and Burgess have suggested also working on analytical outputs from PDs (O’Doherty & Burgess, 2009; O’Doherty, 2013). Both my thematic and ideological dilemma analysis are examples of analytical outputs of the PD. Through meticulous and careful transcription and analysis of every word that was exchanged I, as the PDF practitioner, was able to consider and search for tensions, nuances, and themes that go beyond collectively agreed upon deliberative outputs, and to capture these in my analyses. These elements of discussion and nuances include those that were mentioned but not agreed upon by participants, as well as those that developed out of my own analysis and in my role as the PDF practitioner, whose job it is to attend to context and nuance. Deliberative outputs play an important role in conveying participants’ collectively agreed upon ideas, in their own words and after much deliberation, which are important for informing specific policy or program decisions. However, for PDs that are not aimed at informing one particular policy decision, considering and reflecting on these analytical outputs is key for understanding the different facets to deliberative outputs and unpacking the complexity of an issue. My reflection also highlights the importance of considering context and these nuances, as well as the analyses and assumptions one is making as a PDF practitioner and facilitator. Particularly, this reflection underlines that, prior to hosting the PDF, a PDF practitioner would benefit from considering the importance of how this context and these assumptions can influence the structure and outcomes of the PDF itself.

This chapter is a reflection on the pervasiveness of common sense ideas, and how both participants and facilitators (myself included) took for granted what we can accept at face value. It is only upon reflection of this PDF and its structure that I, as a facilitator and analyst, am able to explore what gets included and discarded in the deliberative outputs, as well as what gets uncritically accepted by participants and facilitators. Particularly, this reflection highlights the tensions and different sides to an idea, the strategies participants use to navigate these tensions, and the process of participants building on each other’s ideas, which are not included in the deliberative outputs themselves.
In this regard, below is my reflection in relation to selected deliberative outputs.

**Being Prepared for Death**

As mentioned in the deliberative outputs chapter, whereas much of the research in the area of aging and ‘successful aging’ highlights older adults’ avoidance of the topic of death, being prepared for death was nonetheless a topic of discussion in this PDF. In participants’ collective conceptualization of optimal aging, “being prepared for death” was clearly articulated from a pragmatic standpoint (i.e., having all one’s documents in order and decisions made), with the goal of alleviating pressure on their loved ones during a difficult time. However, throughout the deliberation there were moments where participants discussed end of life beyond these pragmatics, focusing on having a good death and having control over one’s death. During these times, there was a clear tension between participants who wanted to discuss being prepared for death beyond the pragmatics versus those who did not. Ultimately in the collective conceptualization, “being prepared for death” was articulated from a pragmatic standpoint, as this was something that the whole group could agree on. Participants highlighted the importance of having one’s documents in order before death, to make sure not to leave that burden or responsibility on others. Thus, what was not included in the deliberative outputs was the discussion around having a good death and having control over one’s death. By recording and transcribing the entire deliberation, and reading through all the transcripts, I, as an analyst, was able to uncover these ideas that were not included in the deliberative outputs.

Below are two excerpts that display participants’ discussion about being prepared for death, illustrating that their discussion covered more than the pragmatic piece that became a deliberative output.

In excerpt 1, participants discussed the topic of death and expressed that it is not often broached.

**Excerpt 1:**

*F4: Somebody mentioned a good death but one thing that when, when we were done with—at our table with our discussion, I said that death was not mentioned and I think what makes us, uh, successfully aging is that we actually prepare for death. That we actually have our papers in order. That we have our wishes in order. Everything done legally or whatever, so that the next generation is not going to be left with all these problems when we pass away—that we actually have if—have told them, not just on paper, but actually have told whoever is, is going to be in charge of things when we die that, um, they know what our wishes are, what we would like, and etcetera.*
M2: Well folks, I hate to disappoint you all but I can sum up the whole discussion this afternoon in two words: cheating death.

F2: ... And the other piece, um, that I think we have to address and, I don’t want to go into it particularly but, and that is dying or death. The end of life is death. We get all hung up on this but it’s what we’re—it’s the objective. The ultimate objective. So what do we need to say about that?

F10: It’s not the objective! [Laughter]

F2: It is, though! It—it’s where we’re going.

M3: It’s the end result.

F10: It’s where I’m going but it’s not my goal.

[Laughter]

Well, I’m thinking—you see now, I’m getting in trouble here ‘cause I was trying to be neutral about this but, maybe, it is. Maybe it is.

M3: Well, it should be our objective to, uh, to have a good death—

F10: Yes! Yes. Yeah.

M3: Right, no. Yeah. My objective is not death.

At the beginning of excerpt 1, F4 describes the need to prepare for death by having one’s papers and wishes in order, to reduce the burden on others. M2 uses humour in his response as he describes all the components of successful aging discussed so far as part of an overarching category of cheating death. In response, another participant (F2) speaks further about death, beyond the pragmatics. Ultimately, multiple participants are involved in the discussion about death and what role it plays in aging.

Being prepared for death, in terms of having arrangements in order, was collectively agreed upon, and thus was a deliberative output. Having a good death as a part of optimal aging was not collectively agreed upon, and as a group participants decided not to include it as a deliberative output. In this way, the remaining tension relating to the role of having a good death in aging, although discussed, is invisible to others as it was not a deliberative output.

In excerpt 2, participants addressed death beyond the pragmatics and framed it as the end-point of life.

Excerpt 2:

F2: Some people do do that, yeah and I don't wanna be morbid or anything but successful aging whenever you talk about successful anything you're looking for an objective and endpoint right? The end-point is the end, okay I want to do it under my own control

F1: Having had a very full life
F2: Having had a very full life, yeah

... F2: I mean I don't even think we can discuss this subject without sort of feeling guilty but we're you know, it's a fact of life, it's a fact of life it's what living is

M1: Well the whole thing is society doesn’t like to talk about death

F2: I know, but why are we so darn serious

M1: Well you know people say he passed away, or he did this or he did that... no he died [laughter]

F4: That's what we need is better education around dying

M1: Yeah yeah

F2: Actually that's a very good point

M1: [better education] On death and dying

In the excerpt above F2 describes having control over one’s death as important to optimal aging. M1 discusses the taboo nature of the topic of death in society, and uses humour as a way to open up the conversation. In response, F4 proposes increasing education on end of life as a solution to this taboo around death and dying, and multiple participants are in agreement. Throughout this excerpt, participants discussed the desire for control over one’s death, yet this was not collectively agreed upon and was left out of the deliberative outputs.

The question remains as to how the ideas and discussions surrounding being prepared for death, an important existential topic for older adults, did not make it into the deliberative outputs. As a PDF practitioner and facilitator, and by analyzing all the deliberative discussions, I recognize that PDFs do not take place in a social vacuum free of preconceptions. In reality, these preconceptions and dominant discourses play a role in this PDF and it is important to try work with and understand this context. Given this deliberative output and reflection on being prepared for death, I have become aware that there is an overarching assumption made by the group (myself included) that there is no room for death once participants decided on the term optimal aging. This idea of optimal aging is underpinned by a focus on functioning and working to the best of one’s abilities. Death is not part of this picture, and does not fit within the discourse of optimal or successful aging.
Contributing to Society

The deliberative output of “contributing to society” is unclear and could hold different meanings for different people. Does this deliberative output refer to past or current contributions? Two themes in the thematic analysis exemplify these potential differences in interpretation: one theme focuses on the obligation to give back to society (current contributions, theme 1), while another focuses on being deserving of recognition for past contributions (theme 5). These themes are also explored in relation to each other in the ideological dilemma analysis (dilemma 3).

In this context, there is unresolved ambiguity and this ambiguity is not shown in the deliberative outputs. In the excerpts explored in dilemma 3, the tension manifests itself. In particular, within the same conversation, participants highlight having earned respect by means of their lifelong contributions, yet are compelled to add to the conversation by asserting that they also continue to contribute to society. Thus, in these cases, contributing has a dual meaning. At other times, only one meaning is highlighted at a time. In these instances, participants often address the need to recognize past contributions by speaking to societal systems and their roles. Conversely, when participants speak about themselves as individuals, they tend to highlight their present contributions to society, and their desire to be useful to and valued by others.

In the examples above, my analysis demonstrates that PDFs are not necessarily a platform meant to resolve tensions. The group’s process does not always clarify the details of the deliberative outputs. Particularly, the deliberative outputs of the group’s conceptualization of optimal aging were not clarified and could hold different meanings, as described in the example above.

Facilitators, myself included, could have addressed this lack of clarity by probing participants further to clarify their intended meaning. The time constraints, and shorter nature, of this PDF could have also affected participants’ and facilitators’ ability to further clarify the details of the deliberative outputs. Reflecting on this tension and lack of clarity, I argue that given the structure of a PDF, including that decisions are often made based on having full agreement and that facilitators must help participants summarize their collective ideas, deliberative outputs in this PDF are not necessarily able to capture these tensions or nuances. Particularly, during instances when the group had to summarize their collective idea and articulate the deliberative output, participants and facilitators brushed over and reinforced the idea that contributing to society is a straightforward expression. Myself and other facilitators
took this expression (as well as other expressions that formed deliberative outputs) for granted, assuming that we can take it at face value. As such, we did not work to unpack this idea. It is only upon reflection, consideration of the impact of dominant discourses and representations, and analysis of all the deliberative discussions that this tension and complexity is evident.

**Having a Support System and Knowing how to Access Supports**

In this thesis, I noticed that there is an ambiguity around the details of various deliberative outputs and how they would be put into practice. For example, there is ambiguity around how support systems and knowledge around accessing supports would be implemented. During day 1, the PDF did not resolve the ambiguity of this deliberative output in the conceptualization of optimal aging. In contrast, during day 2, my analysis found that the deliberative outputs had a clear focus on access to supports and what society can do to facilitate this access. For instance, one of the main action items focuses on the need for increased communication regarding where to find community resources, and having a specific person available at a library or community centre to help navigate these available resources. While the deliberative outputs from day 2 are clear, they do not directly address the deliberative output from day 1 of “having a support system and knowing how to access supports”. As such, I found that this context and unresolved ambiguity was not highlighted in the deliberative outputs, and this PDF did not act as a platform to resolve or highlight this gap. In reflecting on this, I would like to note that all facilitators involved in this event did not have prior experience facilitating a PD, and this could have influenced the process. I had one prior experience facilitating a PD and had received training to learn this facilitation skill. Facilitating PD is a skill and takes practice; one learns and improves with each iteration. Thus, the ambiguity in this PDF process and its outputs could have been influenced by the facilitators’ lack of experience. In addition, this ambiguity could also have been influenced by time constraints. Based on feedback from our community partner about what would be most feasible for older adult participants, this PDF lasted a total of 6 hours, over 2 days, which is a shorter version compared to many PDFs. Having additional time in the PDF could have helped to unpack ideas and address ambiguity.

As well, the way that participants navigate these tensions and ambiguities are also left out of the deliberative outputs. As shown in the ideological dilemma analysis, participants tend to navigate this tension by expressing that while older adults generally do need supports and
accommodations, they themselves are not typical older adults. These participants construct themselves as people who do not require such accommodations.

As a facilitator of the PDF and an analyst, I observed that throughout the deliberative discussions relating to support systems and access, there was an interactive group effort in arriving at collective decisions and deliberative outputs, where participants systematically built on each other’s ideas. One particular example that stood out to me was the process of arriving at the main deliberative output for day 2, shown in excerpt 3 below.

Excerpt 3:

Facilitator: Okay. So we agree on that one but that's not like the biggest issue perhaps? Would we say one of these issues were the main one?

F4: ... The one that I really think that is doable and is interesting and valuable is the one about publishing information and getting information to seniors maybe in a very regular way, you know? ‘Uh so you’re 65 [slamming noise] so there’s your book and in your book it says here’s where you call for this, this is who you might want to go for a walk with this- you know blah blah blah blah blah’, and it’s there for you and if you want to have a publication in your inbox once a month that updates the services, this is where you subscribe to that, you know? Something like that would be very valuable.

F12: Um I think that maybe today but I don’t there’s a cookie cutter, like it just does not work for everybody and, and I have to make a lot of lifestyle changes myself many years ago and I would read all kinds of information and it was all general and it doesn’t necessarily work. I would be trying to put myself into what they were telling me to do and, and it just got frustrating. So I learned how to adapt, myself. I learned how to adapt what I was learning in books and workshops and all that kind of stuff to what my needs were and in doing that you personalize it and you make it that much more important. That much more doable, and people can maintain it if they've adapted it to themselves so I don't think there’s a cookie cutter.

... M3: I, I agree that you know better communication—it seems like there's a lot of information out there, much of which I didn't know about um. So uh that's sort of the push side of communication make sure it’s out there and accessible. Um, the flip side of it though, I'm thinking, you know, sometimes it’s just overwhelming. There's just so much. How do I choose and you know there's X number of sources to go to. If our local libraries had a program, and I'd be willing to volunteer for this, that you come into the library and you want to learn about accessing some um some facility or some um program, whatever, you have a volunteer there that will sit with you go through it—Internet with you and sort of hold your hand a little bit—wading through all of this information that is available uh that might be a worthwhile program to help individuals get through this stuff. We need the stuff first of all but uh we need to be able to get through it on an individual basis. I also agree with the idea of responsibility and for me that's a, that's a big personal one ... we need some of these programs to help us but it starts with the individual and our individual responsibility.

Facilitator: So then do people like that idea that, kind of someone helping them navigate through the different resources that do exist in the community to see which ones are suitable to them beyond just receiving the info and all the resources which can be a lot of resources and things to read and wade through and that could take time. Is that kind of a group priority that we would agree on?

[Chatter]

F6: The information database is always going to be computerized because there used to be what was called a blue book, which was—it listed all the different agencies in your community and what they did and that sort of thing but the last one that we published um, the day after we published it, the Community Mental
Health Centre changed its name to TRELLIS, the day after. And we—and nobody had notified us so things just couldn’t be kept up to date in, in a hard copy. That’s why it went to online—

Facilitator: So then in this way, this idea of someone helping people navigate through an online system and different online resources could be helpful because online, we can keep more up to date quicker? Does that make sense, then? Or am I saying it correctly? Do others agree or yes?
[Multiple people agree]

After the facilitator asks about what might be the most important action item for the group, F4 proposes the need for increased accessibility to resources and supports for older adults as the most important. She perceives making this information accessible and available to all older adults as society’s responsibility. The next participant (F12) accepts what was said by F4 but qualifies the statement by saying that this may not work for everyone. F12 highlights one’s personal responsibility in meeting one’s own needs, asserting that society cannot cater to individual needs.

The third participant (M3) builds on what was said by acknowledging the importance of what F4 stated, and then by stating a new idea. This new idea addresses the need for someone to help older adults wade through all the information on an individual basis, in an effort to understand what would be valuable for each person individually (acknowledging F12’s point that everyone has unique needs). This participant summarizes the discussion by, again, highlighting the importance of F4’s idea (getting information about existing supports disseminated to older adults on a regular basis), describing it as a first step, and then speaking to the next step whereby someone would help each person wade through the information. In the last part of M3’s statement, he works to affirm F12’s idea of taking personal responsibility for one’s needs. Next, the facilitator, myself, summarizes and reiterates what was said to see if participants agree with it. Rather than agreeing, the next person (F6) highlights another improvement she believes should be mentioned, and builds on this deliberative output. The facilitator then reiterates the idea, with the addendum that the information should be online, once again asking for participant input on whether this reiteration accurately reflects participants’ ideas. Ultimately there is strong agreement from the group on this collectively formed idea and this becomes the main deliberative output from day 2.

As a facilitator and analyst of the PDF, and as captured by this excerpt, I was able to observe the interactive process that led to the deliberative outputs pertaining to support systems and accessing these supports. Although PDFs are a platform for deliberation and collective-
decision making, the process itself often remains invisible to others and is not captured in the deliberative outputs. The structure of PDFs focuses on the agreed upon concept or idea, rather than the process that led to that idea. In the present context, this excerpt shows that PD can play an important role in creating a platform for participants to systematically build on each other’s ideas. My observation of these outputs that were not included as deliberative outputs was particularly important in understanding how older adults discuss and view accessing supports in the community.

**Reflection Summary and Discussion**

In PD the goal is to arrive at convergence. During the process of arriving at convergence, deliberation allows people to agree, disagree, speak further, or build on someone’s idea. The process of PD allows participants to explore what ideas mean to everyone and the different sides of those ideas in coming to convergence and common understandings. However, my analysis underlines that since the deliberative outputs reflect the common understanding and collective decisions, there are various nuances, tensions, and processes leading to deliberative outputs that are not included in the deliberative outputs themselves. In the process of arriving at convergence, ideas are set aside or are not unpacked, and these ideas have a value of their own in understanding what this population is grappling with and what issues currently exist for them. Generally, these nuances, tensions, and discussions leading to the deliberative outputs remain invisible to anyone who was not part of the PDF. Thus when the focus is on deliberative outputs, PDFs can claim to transmit the collectively agreed upon ideas (deliberative outputs) to others, but not necessarily the ideas and context that contributed to the formation of the deliberative outputs. Particularly, my reflection shows that facilitators and participants alike can uncritically accept ideas discussed in this PDF, even when a PDF creates space for people to fully explore their ideas and create their own conceptualizations, because dominant discourses shape the discussion.

My reflection shows that nuances and tensions may not be fully explored when creating a deliberative output, as facilitators and participants focus on summarizing what participants collectively agreed upon in a clear and concise manner, in a given amount of time. In particular, there is an assumption that what participants say, who are the experts on aging in this study, should only be taken at face value. Deliberative outputs and the collectively agreed upon ideas
are important for informing policy decisions, and support the fundamental goals of PD, which focus on respecting people’s insights and opinions as well as involving them in making decisions about things that affect them (Solomon & Abelson, 2012). However, past research has also underlined the added value of analytical outputs for PD (O’Doherty & Burgess, 2009; O’Doherty, 2013). The present analyses, particularly the ideological dilemma analysis, are also aligned with recent research, which has emphasized the value of discursive psychological analyses of PD (O’Doherty & Stroud, 2019). When considering this reflection as well as the thematic and ideological dilemma analysis, it is clear that analytical outputs also have an important role to play in PD, by attending to nuances and tensions, and considering the influence of the social context. Specifically, it is important to reflect on the influence of dominant discourses and representations on what participants say and how they say it, as well as how these constraints can influence facilitators. As a facilitator, this reflection has also highlighted that although in my proposed analyses I outlined the deliberative outputs and the thematic analysis, if I had created a clear and precise outline of all the analyses I planned to do prior to the PDF (e.g. ideological dilemma analysis) and outlined the assumptions that I am making given these analyses, this may have helped me understand how best to structure and facilitate the PDF in advance. This is a significant observation when doing a PDF for research purposes without a specific policy decision being discussed.

By recording, transcribing, and analyzing the entire PDF, I was able to identify elements of the discussion that were not included in the deliberative outputs. In doing so, the nuances, tensions, and processes that contribute to the deliberative outputs were uncovered. These nuances, ideas, and tensions were discussed in the thematic analysis, in the ideological dilemma analysis, and in the present reflection. This particular combination of PD and qualitative methods allowed for a greater understanding of older adults’ perspectives, the various constraints that they face, and the decision-making process itself. Specifically, the ideas and tensions, left out of the deliberative outputs, are described below:

• Being prepared for death was addressed and agreed upon by various participants, beyond the pragmatics, focusing on the need to have a good death and have control over one’s death. However, other participants did not agree on this element as part of ‘optimal aging’, and as such, it was not included in the deliberative outputs.
• The tension of whose responsibility it is (individual versus societal), explored in previous analysis chapters, was related to various deliberative outputs including the topic of having a support system and knowing how to access supports.

• As outlined in ideological dilemma 3, participants discussed “contributing to society” by discussing both the need for societal recognition of past contributions and the societal obligation to continue to contribute.

• As explored in the thematic analysis, participants described that being valued and respected encompasses not being considered a burden on society (particularly the healthcare system) and having a built environment that is more accessible.

• Participants tended to differentiate themselves individually from the typical older adult, as discussed in the ideological dilemma analysis. For instance, they highlighted that others need to consider older adults’ social location in defining successful aging (emphasizing individuality) and described the need for supports for older adults generally. Yet, participants differentiated themselves from this group of typical older adults, describing themselves as being able to achieve success according to societal standards without needing accommodations.

As explored in this reflection, the process of coming to a collective decision and forming a deliberative output is often invisible to those who are not part of the PDF. Through this analysis, and as a facilitator of the PDF, I observed participants build on each other’s ideas, to jointly create the deliberative outputs. For example, the main deliberative output from day 2 was chosen based on this process of building on others’ ideas, to ultimately come to the collectively desired deliberative output. This discussion began with participants’ idea of the community regularly publishing and disseminating information on supports and resources to older adults in the community. This idea evolved into the deliberative output of having volunteers or staff members available at libraries or the Seniors’ Centre to help older adults navigate the different resources available, particularly on online databases, to identify which information and resources were best suited to their needs.

What is also noteworthy as it relates to participants expressing being under-recognized in society is that at the end of the PDF participants each took the time to thank me for organizing this event where they could share their ideas and be heard by others. As well, two participants
made an announcement to the whole group at the end of the PDF to thank me for providing them with this opportunity and described that this was something that was very important to them. Considering this, together with the high level of interest in this study during the recruitment phase, it is clear that older adults appreciate having the opportunity to be recognized by others as valued members of society whose opinions matter. This observation lends support to the idea that PD is transformational for the people who participate (O’Doherty & Stroud, 2019).

PD is democratic and participatory, and is an expression of deliberative democracy that allows people to give input into societal questions and ideas (Solomon & Abelson, 2012). PD is also an important tool that has value in applied social psychological research, as O’Doherty and Stroud (2019) have pointed out, though it has not yet been widely taken up in this field. In the context of applied social psychological research, I have come across a few challenges using a PDF. Based on this reflection, I outlined what I have learnt from this PDF, as a novel PDF practitioner, and hope that this reflection will provide insight to those aiming to use PDFs as a research tool going forward. Particularly, I reflect that in order to take into account this broader social context and its influence, it is important to reflect on the following ideas before hosting a PDF for research purposes. Firstly, it is important to understand one’s own stance and assumptions as a researcher and facilitator prior to hosting a PDF. Secondly, based on one’s stance and assumptions, it would be helpful to have a clear outline and plan for analyses, if there are any besides the deliberative outputs. By having these analyses planned before hosting a PDF, these analyses can then also inform the questions asked and the structure of the PDF. It is also helpful to take into consideration that participants are likely to make assumptions and have preconceptions on the topic, just like facilitators. Given that people make assumptions and have preconceptions, PDF practitioners should consider that ideas are not straightforward and should not necessarily be taken solely at face value. During PDFs, it is important for facilitators to pay attention to tensions and lack of collective agreement. PDFs can be used as a means to highlight tensions surrounding deliberative outputs. Providing additional training to facilitators or involving more experienced facilitators could allow for a stronger focus on tensions and lack of agreement. It may be helpful to have note-takers as well, who can help facilitate by making note of these tensions so they can be discussed and unpacked later on during the PDF. If possible, it may also be helpful to have a longer amount of time for the PDF itself to unpack tensions and ambiguity. Overall, it is important to reflect on the social context surrounding the
topic of the PDF, and how one can consider that context when designing and structuring a PDF, particularly when used as a research tool.
Chapter 8: Discussion

The aim of the present thesis is to contribute to shifts in how we understand aging. By engaging a group of older adults in the re-conceptualization of ‘successful aging’ and its practical implications, and using a research approach derived from public deliberation processes, older adults were able to question and elaborate on what it means for them to age well. These re-conceptualizations of ‘successful aging’, rooted in older adults’ voices, can in turn inform theoretical lenses and frameworks of aging, and help to identify the types of programs and policies that can support the development of more age-friendly communities.

As the World Health Organization states in their aging report, aspects beyond an individual’s control often influence the diversity of needs in older age, such as physical environments, social environments, and personal characteristics (World Health Organization, 2015b). In this thesis, and in line with the World Health Organization’s findings, participants consistently highlighted the importance of understanding older adults, their diversity, and the influence of each person’s social location on their ability to age ‘successfully’. As such, older adults in this study supported a shift towards the term ‘optimal aging’, which focuses on the importance of considering each person’s individual context rather than having one standard of aging for all older adults. In doing so, participants outlined the role of the community in supporting the process of ‘optimal aging’ and noted that many aspects of ‘optimal aging’ are beyond an individual’s control, such as accessibility of physical environments in the community, availability of information, and affordability of social services.

Below, I discuss the limitations of this research, after which I will identify its unique contributions.

Limitations

The claims made in this study should be tempered by consideration of a number of limitations. First, framing the issue for research participants as one of ‘successful aging’ could have unnecessarily limited the scope of their deliberation and discouraged them from thinking outside of the discourse of ‘success’. A broader or more neutral term, or simply asking them to reflect on the meanings of aging, might have resulted in a wider-ranging deliberation.
Second, concerns about participant attrition meant that the deliberative forum used in this study was shorter than is typically the case when PDFs are employed in making policy decisions. The decision to limit the length of our PDF was made at the suggestion of the community partner. There were pros and cons associated with the shorter deliberations. More participants were able to attend, and energy and interest levels remained high throughout the process. On the other hand, having more time could have been helpful in unpacking more fully the ambiguities or nuances of the deliberative outputs.

Third, although the participants were diverse in many ways (e.g. age, socioeconomic status, gender, ethnicity, mobility), in order to participate in this study older adults needed to be able to attend the two 3-hour PDF sessions at the GWSA. Furthermore, in order to participate fully, they needed to be fluent in English. For these reasons, my group likely excluded some of the most vulnerable of the older adult population in the region, whether for reasons of health, mobility, language, or economic means.

Finally, although the objective of this study was in-depth qualitative examination of the notion of successful aging in a local group of older adults, rather than broad generalisability, it is likely that other perspectives would have been obtained with participants in other regions in Ontario, or Canada, for that matter.

**Unique Contributions**

On the whole, this dissertation makes contributions, firstly, to the aging literature and secondly, to methodological considerations in Applied Social Psychology research.

First, the deliberative outputs contribute to an understanding of the aspects of ‘successful aging’ that are important to this group of older adults and bring into question the term ‘successful aging’ itself. In this context, older adults decided the term ‘optimal aging’ was a better fit as it focuses on each older adult’s individual needs and goals, and does not set one standard for aging (which the group perceived to be implied by the term ‘successful aging’). Participants’ conceptualization of optimal aging is more closely aligned with Baltes and Baltes’ (1990) Selective Optimization with Compensation theory. This research also contributes to understanding how this conceptualization fits into older adults’ lives and communities. These practical implications fell under the themes of accessibility, communication, advocacy, and connectedness. The main collective action item was the need for increased communication regarding where to find community resources. More specifically, participants suggested having
volunteers or staff available at libraries or community centres to help older adults navigate available resources, to find those best suited to their needs. These findings have implications for policy and practice, particularly as it relates to understanding older adults’ views of aging and the importance of knowing how to access resources, services, and supports.

The thematic analysis provides insight into older adults’ perspectives, particularly their view of the under-recognition of older adults and their sense of obligation to give back to society as a means to be recognized as active members of society. These themes related most often to the existing representation of older adults as invisible and ‘othered’ in society. Participants also spoke about older adults as a diverse group, and aging as a lifelong and individual process that should take into account diverse social locations. In contrast to the focus of past research on the individual’s role in aging, participants in this study consistently focused on the community’s role in aging. The meanings of aging that participants expressed in this research lend support to the Capability Approach, as discussed by Stephens and Breheny (2018), which allows for a more inclusive way of defining aging. These findings imply that researchers and decision-makers should include the community’s role and take into consideration older adults’ diversity when they conceptualize aging.

My analysis of ideological dilemmas inherent to the social meanings of aging supports other critical research that shows how older adults are constrained by different discourses of aging available to them in society (Stephens & Breheny, 2018). Such constraints make it difficult for aging to be understood outside of the sometimes binary terms with which growing older is viewed in Western society. These findings have implications for research, policy, and practice, and underline the important influence that language can have on older adults and their lives. Researchers, policy-makers, and practitioners should pay particular attention to the language they use in relation to the tensions between productivity and support, to allow older adults to define themselves as able and productive, while also defining themselves as in need of supports.

Methodologically, this dissertation demonstrates the utility of public deliberation as a form of qualitative, participatory research. As O’Doherty and Stroud (2019) have pointed out, PD is an important tool that has value in applied social psychological research though it has not yet been widely taken up in this field. The use of PD in my dissertation aimed to shift inquiry away from the individual level of analysis, which is well represented in the existing literature, and move towards the group and community level by focusing on collectively negotiated
understandings (Blacksher et al., 2012; Solomon & Abelson, 2012). In doing so, the PD methodology allowed older adults to participate in the beginnings of policy development, by engaging them in their own deliberative process. The social science contributions of this thesis lie in the analysis of this deliberative process, to further understand the nuances and tensions related to aging discussed by participants. The use of the ideological dilemma analysis is particularly novel and addresses a gap of discourse-informed analyses of PD (O’Doherty & Stroud, 2019).

As outlined throughout this dissertation, my research makes various contributions to the areas of research, policy and practice, and methodology. By re-conceptualizing ‘successful aging’ the way these participants have and using their preferred language, we can move towards developing communities that support these views and recognize the valuable contributions that older adults make. The findings of this research reinforce the need for a paradigm shift in how we conceptualize aging. Particularly, while most views of population aging focus on the economic costs to society and the strain this puts on social systems, this study helps to articulate an alternative view that focuses on the social and practical meanings of aging. The World Health Organization emphasizes that the greatest costs to society may be the benefits missed if we do not adapt to and invest in age-friendly communities (World Health Organization, 2015a, 2015b). As the World Health Organization states in their report on aging, “the overarching message is optimistic: with the right policies and services in place, population ageing can be viewed as a rich new opportunity for both individuals and societies” (World Health Organization, 2015b, p.vii). In accordance with this view, the present research hopes to contribute to this re-conceptualization of ‘successful aging’ by prioritizing and incorporating older adults’ views.
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APPENDICES

Appendix A: Ethics Approval Certificate

UNIVERSITY OF GUELPH
RESEARCH ETHICS BOARDS
Certification of Ethical Acceptability of Research Involving Human Participants

APPROVAL PERIOD: March 4, 2016
EXPIRY DATE: March 4, 2017
REB: G
REB NUMBER: 16FE024
TYPE OF REVIEW: Delegated Type 1
PRINCIPAL INVESTIGATOR: Yen, Jeffery (jyen@uoguelph.ca)
DEPARTMENT: Psychology
SPONSOR(S): N/A
TITLE OF PROJECT: Re-Conceptualizing Aging "Successfully" from the Older Adults' Vantage Point

CHANGES:

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<th>Version</th>
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<td>28-Apr-16</td>
<td>Application</td>
<td>2</td>
<td>Added 2 members to research team, attached TCPS-2 certificates</td>
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The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human participants in the above-named research project and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement, 2nd Edition.

The REB requires that researchers:
- Adhere to the protocol as last reviewed and approved by the REB.
- Receive approval from the REB for any modifications before they can be implemented.
- Report any change in the source of funding.
- Report unexpected events or incidental findings to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants, and the continuation of the protocol.
- Are responsible for ascertaining and complying with all applicable legal and regulatory requirements with respect to consent and the protection of privacy of participants in the jurisdiction of the research project.

The Principal Investigator must:
- Ensure that the ethical guidelines and approvals of facilities or institutions involved in the research are obtained and filed with the REB prior to the initiation of any research protocols.
- Submit a Status Report to the REB upon completion of the project. If the research is a multi-year project, a status report must be submitted annually prior to the expiry date. Failure to submit an annual status report will lead to your study being suspended and potentially terminated.

The approval for this protocol terminates on the EXPIRY DATE, or the term of your appointment or employment at the University of Guelph whichever comes first.

Signature:Date: April 28, 2016

L. Kuczynski
Chair, Research Ethics Board-General
Appendix B: Research Poster

Are you an Adult Age 65 +?
We want to hear from you!

"Successful Aging"
What Does it Mean to You?

JOIN US FOR A PUBLIC DISCUSSION FORUM
Come out and share your thoughts and experiences with other older adults!
Our goals are to:

• contribute to a better understanding of ‘successful aging’
• inform programs, policies and services for older adults in the Guelph-Wellington region

WHAT THIS ENTAILS:
• Complete a brief questionnaire
• Attend two 3 hour discussion sessions (6 hours total)
• Receive $10 per discussion session attended ($20 total)

When? May __ and __, 0:00-0:00 pm
Where? Guelph Wellington Seniors Association (GWSA)
683 Woolwich St., Guelph

If you are interested in participating, please contact:
Oriana Vaccarino (PhD Student, Applied Social Psychology, University of Guelph)
Phone Number: 416-949-0608
Email address: ovaccarino@uoguelph.ca

Approved by the University of Guelph Research Ethics Board (REB#16FE024)
Appendix C: Executive Summary for Knowledge Dissemination

“Re-Conceptualizing Aging “Successfully” from the Older Adults’ Vantage Point”
Oriana Vaccaro, PhD Student, Applied Social Psychology, University of Guelph
Dr. Jeff Yen, Professor, Applied Social Psychology, University of Guelph
Dr. Kim Wilson, Professor, Family Relations, University of Guelph

What was this project about?
About 30 participants (aged 65+) from the Guelph-Wellington region joined us at the Evergreen centre for a group discussion over 2 days (3 hours each day). The goal of the research was two-fold: first, to explore the meanings of “successful aging” to this group, to explore if there is a better term to use, and to come to an agreed upon definition of the term (DAY 1); secondly, based on this agreed upon definition what are practical implications of this definition in the community and how can this information be used to improve the daily lives of older adults in the community (DAY 2)? The goal of both sessions was to explore the issues at hand and come to some agreed upon ideas, as a group. The discussions began in small groups, and the second half of each session was a large group discussion.

What is Successful Aging?
Better term: “Optimal Aging”
(as decided by the group)

Our definition:
- Advocacy (for self and others)
- Independence, control, and choice
- Having support (system): socially, healthcare, financial
  - Knowing how to access certain supports and resources
- Coping
  - Living within your capabilities
- Being prepared for death
  - Having everything in order for others in advance
- Being valued and respected, a sense of connectedness
- Sense of purpose and hope
  - Continued learning
- Contributing to society
What are the possible practical implications? What can be done in the community?

- As a group, here are the action items that were agreed upon:
  - The main and most important action item, according to the group was:
    - The need for increased communication regarding where to find a list of community resources (including online and paper versions) that needs to be widely disseminated to older adults in the community. More specifically, there needs to be volunteers or staff members available at libraries or the Evergreen centre, to help older adults navigate the different resources available (particularly online databases), to see which ones are best suited for their needs. This would be done 1-on-1, as each individual needs to access specific services.
      - This is referring to programs, services, and resources
      - Includes better communication of existing resources, such as the 2-1-1 number, the community information database, the brochure in various languages available at the Evergreen Centre
  - Increased number of public restrooms in the Guelph community OR stores/restaurants that designate their restrooms as available to the public (using signs on the doors to designate that)
  - Increased shelters and seats at bus stops in Guelph, particularly in front of the Evergreen centre (as a way to make transit more accessible)
  - Increased parking spots at the Evergreen centre, closer to the entrance (not down the hill)
  - Sidewalk clearing service for older adults in the community
  - Increase general accessibility to buildings, trails, and sidewalks: including more ramps
    - Including fixing sidewalk unevenness
    - Speed River (where you go canoeing near the bank) gets very slippery, and it could be made more accessible.
  - Creating a service with “volunteer drivers/companions” for medical procedures for older adults, particularly for procedures where you are not allowed to go alone
  - Creating a committee for advocacy for older adults (either through the GWSA or another community centre) that can discuss important issues affecting older adults in the community
  - Having older adults as part of various committees in Guelph, such as the Poverty Task Force. Committees exist, but many don’t have older adults as part of them.
  - Have an “eating together program”: where you cook together, eat together, and aim to have healthy meals
  - Older adult walking groups in each community in Guelph

- Another important point that the group brought up was that: ideas need to be communicated with decision-makers, to make the older adult’s community needs known. Communication cannot stop at the research stage, and must be shared with others who have decision-making ability in the community.
  - Decision-makers could be included in any discussions or meetings that are held, to allow that communication to be more direct.

More broad and bigger ideas that were brought up in the group were related to:

- Increased funding for in-home care for older adults
- Quality of care in nursing homes, under-resourced and not enough staff
Appendix D: Discussion Guides

Day 1 Discussion Guide:
Explain before breaking into small groups: On the whole, these are our tasks. Day 1 is focused on exploring successful aging and what it means to all of you. Our main goal is to talk about what successful aging means to us, and what this is all about. Day 2 is focused on: what can we do with this info that we gained on Day 1? Our main goal is to discuss what we can do with the insights we’ve gained today. For example, are there suggestions we can make to the city, or our associations, etc.? Are there practical things we could do in your everyday surroundings that we could change based on what we’ve uncovered? Overall, we are seeking common ground. We don’t all have to agree but we’re interested in getting all your perspectives, and we want to maintain respect towards each other’s views.

We’ll be alternating between small groups and big groups, we’ll pose questions in the small group and then we’ll come to the big group to speak about what you’ve discussed.

• **Overarching question:** What does the term ‘successful aging’ mean to you?
  - How do you feel about the term ‘successful aging’? Is it a useful term?

• Describe a time in your life, as an older adult, when you felt like you were experiencing the best parts of aging.
  - What were you doing?
  - Where was it?
  - What made this time special?

• **Overarching question:** Do you think people misunderstand or don’t really get what aging is about or what it’s like to be an older adult? Can you tell me about any experiences you’ve had with this?
  - Anyone, as it could happen with anyone including younger people or other older adults
• What’s a highlight of your daily life? What are your favourite parts of your day? What makes them highlights for you?
  o Why do you consider them highlights?
• What are challenges you experience in your day-to-day life? How do you address these challenges?
• What different aspects or pieces do you think make up aging well?
• What is your ideal vision for aging? What does the term ‘successful aging’ mean to you?
  o Has this been affected by your discussion with others?
• For the last part of our session, what I’d like to do is to speak about what may have been missed.
  o What are some other points of view?

NB: If needed during the small group discussion use: “are there other views?” as a probing question, in general to encourage everyone to speak up if there are members who aren’t speaking, or some who are overly vocal, not leaving room for others.

Big group discussion ending: Exploring collective agreement and coming to a convergence of ideas.
• Ending: Do you feel that anything has been left out of our discussion?

Day 2 Discussion Guide:
Yesterday we tried to get an understanding of what successful aging might mean to you and how your experiences relate to that. Today, we want to think back to our discussion yesterday regarding successful aging and all the different ideas and thoughts that came out of it about your experiences. We want to think about how that information could be used to improve your community or daily lives. What kind of practical implications these ideas will have in your community?
• Overarching question: What would you like to see happen, based on your experiences and our discussion, in your community or daily life?
  o What can we (hand motion to the group) do with what we’ve learned about your experiences to improve your community or daily lives?
• Overarching question: How can ‘successful aging’ be fostered?
Consider the different aspects that you mentioned made up “aging well”

For instance:

- In your own life
- In your family or social groups
- In the Guelph community
- In society’s views of aging

How could programs or policies in Guelph use your ideas to improve what they do?

- Based on that question yesterday about daily highlights, what suggestions would you have for others (to experience successful moments in their daily lives)?
- If you think about yourself, what would you say are your strengths? When you think about older adults you know or the larger community of older adults in Guelph, what would you say are their strengths?
- What messages would you want to share with decision-makers related to your visions of ‘successful aging’?
  - What information would you want to share about your experiences and knowledge on aging?
- Are there programs that you take part in that you find useful? Which ones are those? What do you enjoy about them?
- What term(s) or words would you want to use to describe your ideal vision of aging?
  - Would you replace the term ‘successful aging’?
  - How do you think programs or groups in Guelph could use your ideas of “ideal aging” to improve what they do?
- For the last part of our session, what I’d like to do is to speak about what may have been missed.

- **Spend last 10-15 min in small group session writing their ideas on their flipchart or whiteboard as a group**

**Big group discussion:** Exploring collective agreement and coming to a convergence of ideas. Aiming to bring together all ideas from the small group discussions.

- Ending: Do you feel that anything has been left out of our discussion?