Ageing and Society **20**, 2000, 467–483. Printed in the United Kingdom

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Ageing in an autobiographical context

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ABSTRACT
A cohort study was carried out in 1990 in Jyväskylä, central Finland among 80-year-old residents as part of the Evergreen project. A total of 262 people born in 1910 were interviewed. In addition to epidemiological data, tape-recorded narrative stories focusing on the ageing experience were collected from a subsample of 20 people (10 men and 10 women). A five-year follow-up was carried out with the same cohort in 1995. Out of the 20 people in the original subsample, 17 (8 women and 9 men) were still alive to describe their ageing experience at 85. The analysis proceeded along the hermeneutic circle in the form of dialogue, first with the elderly narrators and then with the tape-recorded material. Unlike five years previously, most of the narrators said they had now crossed the line into old age. These findings are considered in light of the concepts of ageing, bodiliness and temporality.

KEY WORDS – Narrative, ageing, autobiography, bodiliness, temporality.

Introduction

It is only quite recently that researchers concerned with questions of ageing have begun to take a more serious interest in the ways that older people, and 'old-old' people in particular, encounter and experience life and the ageing process itself. In this article, my aim is to make explicit the lived experience of the ageing phenomenon and to shed light on the experienced process of ageing, by searching for a narrative of ageing. At the same time the intention is to uncover some of the meanings that are attached to ageing (Heikkinen 1996). Experiences of ageing find expression in the set of positive and negative meanings that individuals attach and ascribe to the process. This set is founded on the basis of each individual's unique life history. Ageing experiences develop and unfold in interaction with the environment and are therefore closely interwoven with the system of values prevailing in the culture of their community and society. Cultural values provide the context for how the processes of ageing and growing old are viewed (Becker 1998).

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https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

Meanings and values are constantly readjusted and reorganised with ageing (Dittman-Kohli 1990). A good example is provided by health. When we do not feel well in later life, we will value health more than we used to. We will begin to look at it as a resource which is crucially important to maintaining independence in an older age. The difficulties one has experienced in earlier life, for example, may be reinterpreted so that they possibly take on a positive meaning. It also seems that, with increasing age, people can develop a clearer understanding of life itself.

This article is based on a study which is grounded in phenomenological premises, which broadly means that, in the interview situation, the individual is approached within the experiential frame. As the analysis has advanced, the goal has been to penetrate people's layered notions and conceptions and to uncover genuine experiences of ageing and its meanings and, ultimately, to develop a more theoretical understanding at the level of meaning formation.

Empirical reflections on the ageing experience at 80 years of age

In 1990, as part of the Evergreen project, we began a cohort study based on 262 residents of the city of Jyväskylä in central Finland, who were born in the year 1910. During the early part of the 20th century the school system in Finland was still poorly developed, and most of our interviewees had had no formal education beyond primary school. Many of them came from large families; 10 children in the same family was no exception. There was also a great deal of poverty and, for many, early adulthood was a very difficult period of life. All of them lived through the First World War and, when the 'Winter War' started in Finland in 1939, they were aged 29. For periods of time, the Second World War disrupted life for many of them.

The survey data produced a fairly accurate picture of the respondents' objective situation at the age of 80 (Heikkinen and Suutama 1991). In order to shed further light on how they felt about growing old, tape-recorded narrative stories were collected at that time from a sub-sample of 20 persons (10 women and 10 men). This sub-sample was selected from amongst those who were able to take part in laboratory examinations, *i.e.* who were in reasonably good health at the time. In this study, the narrative unfolded in a conversational interaction in which the focus was on the ageing experience. The researcher adopted an 'it's a pleasure to listen' attitude, trying to listen and understand rather than asking questions.

https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

The narrative approach provides privileged information about a dimension of human reality that other approaches cannot reach. One key reason for this is that the narrative form makes it possible to incorporate feeling and knowing (Barthes 1984). A narrative is a personal story, an expression of personal experience. The narrative method is a process of running through the past, the present and the future. Telling one's story is a re-presentation of experience. Expressed experiences allow the listener and the reader to share, and to understand, the story of ageing.

In this kind of qualitative research, data collection and the processing of data are closely interwoven. It is essential that the researcher is keenly aware of his or her relationship both to the subjects of the study and to the data. In the interview situation the relationship to the material is immediate and experiential but, at the stage of reading the transcripts, it becomes more mediated and conceptual. These factors influence the stories of experienced ageing and provide direction for interpretation. The conceptual tools emerging from the content of the stories make it possible 'to find a findable'.

The most important conceptual 'building block' to emerge in this analysis of the 1990 interviews was termed 'the boundary conditions' for the ageing experience (Heikkinen 1993, 1996). Deteriorating health, deteriorating sense perception (particularly eyesight and hearing), frailty, pain, impaired memory, mobility problems and loss of human relations (particularly the loss of spouse through death), were the vulnerability factors that, either on their own or together, formed the boundary conditions for experienced ageing:

> Yes, well, you do feel that you're getting older don't you, when you start to lose your hearing and then you're afraid what will happen if you lose your eyesight as well, because after that there wouldn't be much point in living, would there?

The content of the narratives relating to the core theme of the study indicated that, even though these people were 80 years old, they did not seem to be living 'an old age existence': they seemed to be living their lives just as anybody else. If they were not experiencing problems in everyday life, if they were not suffering from 'vulnerability factors', they did not feel they were living the stage of life called 'old age' (Heikkinen 1993; Kaufman 1986; Kenyon and Randall 1997):

> No, not really, I wouldn't say I've noticed that I am old yet. I still look after myself and arrange all my errands for myself. I was in hospital some time ago and they came from the social welfare office and said that I can go over for meals at the service centre if I want to. But I have managed all on my own.

https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

I've even gone over to mind my grandchildren when they're all at work, and go over to pick them up from school and so, I mean I can't say that I'm feeling old really. I feel perfectly well and healthy. If I compare myself with other people I know and who are still much younger than I am, they are in a much worse shape, they are. (laughter)

Most of the narrators at the age of 80 said they did not feel old. Also, those narrators who had best succeeded in balancing their Janus-faced life, who felt that the gains and losses in life had cancelled each other out, and who did not suffer from vulnerability factors, seemed to be most satisfied with their age. In the analysis, the model of boundary conditions was followed by a conceptual model of experiential ageing, with a particular frame of reference: tradition and culture (see Heikkinen 1993).

Reflecting on the ageing experience at 85 years of age

Five years later, in 1995, a follow-up study of the Evergreen cohort was carried out. Of the 20 persons in the original sub-sample, 17 (eight women and nine men) were still alive, and I had the opportunity to meet them all (in one case, only over the phone). The purpose was to use a narrative approach again to hear them, now aged 85, talk about their experiences of ageing and being older.

Narrative method

In this follow-up study they again recounted their experiences of ageing in the form of narratives (Polkinghorne 1996). I wanted to record the profound nature of ageing in their own voices. It needs to be borne in mind however that, even though language gives us access to the world of experience, this is possible only insofar as experience is brought into language (Becker 1998).

The purpose of the narrative method is to identify a story (Randall 1995) that can help us understand and interpret people and the processes that are important to them (Heikkinen 1996; Polkinghorne 1996; Kenyon and Randall 1997). Narratives and stories are modes of meaning construction that display various experiences with time. Narrative is also a way of expressing development over time (Becker 1998); that is why it is so well suited to shedding light on experienced ageing.

In the words of Ricoeur (1981), the coherently shaped narrative places us 'at the crossing point of temporality and narrativity'.

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Narrativity is a type of discourse with which temporal existence, temporality in existence, is transformed into a linguistic form. The narrative is not simply 'there' waiting to be uncovered; on the contrary the narrative only comes into being in research through reciprocal 'work'. Stories are told for purposes, to establish claims on the listener's attention, an appeal to hearing, which is also an appeal to complexity, perhaps to judgement, and inevitably to interpretation and construction (see Bowie 1993). In this study, the narrators were asked to say how they experienced their own ageing and, in this sense, to argue about their present by reference to their past (see Beer 1989).

The past will never be recollected except insofar as it insists on continuing to have meaning for, to repeat, its charge of affect in the present (Bowie 1993). In the course of their stories of ageing, my narrators every now and then referred to life events from the past. It was quite astonishing to hear some accounts of key events that had been given five years previously repeated almost word for word. These accounts, typically, were about events and things that continued to have a major influence in their present life. They also revealed cultural meanings for ageing (Baars 1997).

The researcher who uses the narrative approach should be aware that each utterance is filled with various kinds of responsive reactions to other utterances of the given spheres of speech communication (Bakhtin 1986: 91). Understanding the other is always an ongoing process, it can never be fully achieved (Shotter 1993). The intensity with which this understanding is sought has a decisive impact on the outcome. The researcher's skill is a key factor here. The process of listening to a story or reading a text is essentially constructive, a filling in of gaps, a building of fragments into a coherent whole (Brooks 1994). The researcher's intervention also implies the possibility of false constructions. The only confirmation one can have that the narrative has been correctly constructed and construed lies in the production of more story (Brooks 1994: 57). Forgetting is a habitual activity of human beings, and the multi-plot form of life makes it difficult to remember all that passes by.

Most narrative discourses obtained in this follow-up study were quite coherently and beautifully formed. In developing a narrative on ageing, the narrator attempted to establish a coherent story and coherent connections among life-events and episodes that had taken place. The plot of ageing itself tied all the threads together into a flowing chain. There was only one story that was riddled with gaps, memory lapses, and inexplicable contradictions in chronology.

Upon our reunion in 1995, all the narrators remembered me from

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five years previously and this helped to create an open, warm atmosphere. It also seemed that recollection of our meeting in 1990 helped them to remember their situation at that time, to create a link between telling and told, and to provide a basis for comparisons. I was 'available'; they were the story-tellers searching their own narrative for their own ageing experiences. In his account of psychoanalysis, Lacan (1966) has noted that the analyst, by his or her mere presence and prior to any intervention he or she may make, brings to the analysis and discourse 'the dimension of dialogue'.

The unfolding interpretation was shaped by the purpose of the research, to uncover the ageing experiences of the narrators and, more specifically, to identify possible changes or stability in the ageing process itself. The analysis proceeded along the hermeneutic circle in the form of dialogue, first with the narrators and then with the tape-recorded and transcribed material.

The researcher is a listener, a reader and a writer. In the process of interpretation, in trying to understand and, finally, to write an article or research report, the researcher has to read the texts over and over again with great care and attention. The perceptual present of the narrative on tape, and in transcribed form, allows for fresh participation on each occasion of listening or reading. It is important that researchers respect the 'voices' of the narrators, value their stories, and bear in mind their own underlying assumptions (Kenyon and Randall 1997).

The coming of old age

Unlike the interview at the age of 80, most of the narrators at the age of 85 said they had crossed the line into old age. Although there were a few who still felt young and energetic, for the most part, the new stories were narratives about change and decline. So what had happened? How did the narrators describe this experienced change, this feeling of ageing and getting old? Let us first look at some excerpts in which narrators, even though recognising the arrival of old age, still feel comfortable with their life:

> Well the first thing is the … the memory is the first thing that you notice. I mean you tend to forget people's names. But then when you really take your time, they come back to you: 'That's the name I was looking for! That's the name.' It just comes all by itself. But it's almost like there are blocks there, that you can't really remember. This is something that has come up during the past five years – but I mean it's not that you have to remember everything, is it? But that's about all really. I can still move about all right and – and can still do things with my hands and … that's about it. Oh I do have specs; a good

https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

pair of reading glasses. But I can still see to read the normal size of print without them … I have no distance specs at all. And the doctor said that I don't need them either. Right now I'm working on a big, a big crochet, doing a pelmet for a window in the hall.

The following excerpt is from the account of a male narrator:

There's still a couple of years to go before my driving licence expires. Life is just as it used to be. I'm always going places … I have two choirs at the moment where I go singing, the Carelia choir, I've been with them for 50 years now. Yes, it's a good, it's a good thing you are involved as long as you can. So that you don't just stay in bed.

A sense of continuity is captured in ordinary routines of daily life (see Becker 1998: 4). These activities give structure and meaning to people's lives. They can feel a 'comforting sameness' of repetitive activities (Becker 1998). A sense of continuity is also captured in human relationships. Many couples had lived together for half a century. In the following excerpts, narrators describe the importance of continuity and togetherness, specifically with their spouses.

Well that's the whole thing, that you can go out together and it's … The other one doesn't have to suffer from being alone. Because of course it's difficult if the one just goes out and the other one has to stay at home.

Well, I feel that getting about, during the past five years, that old age has become, walking is a bit more awkward … it's not like it was five years ago, when I could still walk pretty well and … the closeness is no longer there, and I'm an emotional sort of person I am, I really miss – I would really like my wife to come and hug me and give me a kiss and that sort of thing. I've been thinking that, goodness if only I had the good health it would be so nice to watch my own grandchildren, and see what kind of a beginning they make for themselves in life.

Most of their future hopes and expectations had to do with maintaining health and functional capacity as well as with the continuity of life and human relations. Overall, however, they did not have many hopes about the future: instead they were very much preoccupied with the present day, living one day at a time, accepting that better spells would inevitably be followed by worse and vice versa (Johnson and Barer 1997):

Well, yes, you do notice things. And then – and then erm – it is a long time, that you don't, you don't … Up until last autumn I felt pretty bright and lively, but after Christmas and during the holidays ehm, ehm – I thought like in January that – that ehm, I've been getting worse. That I'm no longer able to move as quickly and get these jobs done. And, and, but now during the past week or two it seems that I'm returning to normal ageing …

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This comment about 'returning to normal ageing' is very interesting. Becker asks 'what constitutes normalcy', and answers that 'from a phenomenological perspective people themselves generate categories of normalcy although they may later take issue with those categories, when they no longer fit with life-experience' (1998: 15). This is what is happening in the case of ageing as well: 'normal ageing' is something that is happening for everyone.

Bodiliness

Narrative is a means of giving voice to one's bodily experience, to embodied knowledge (Becker 1998: 26). This, I consider, is the key issue in experienced ageing. Narrators who had had to reduce their involvement in social activities and daily routines, were more preoccupied with their bodies and with their ageing than those who could continue to take their bodies 'for granted'. As long as bodily changes are gradual, people can still feel more or less secure with themselves. As new symptoms appear and multiply, however, they have to rethink their lives and impairments in terms of their daily routines (Becker 1998: 95). The altered body becomes an unknown terrain that must be relearned; it becomes shaky ground on which a new order – if there is to be order – must be built.

With advancing age, the experience of a bodily burden is a broader phenomenon than that of illness; it is almost an everyday experience: 'Your feet are heavy, you feel tired, you can't cope with your chores.' However, this seems to be accepted: time and again in their narratives, the narrators stressed that they looked upon ageing as an entirely natural process.

The 'normal' life of the body remains hidden to us; we only perceive incapacity or other experiences produced by illness, such as pain (Heikkinen 1996; Heikkinen and Laine 1997). This kind of experience often seems to generate a nagging sense of insecurity, of not having control over one's life. As Becker says, 'the notion of bodily continuity may be the only enduring continuity that enables people to create a sense of continuity that extends beyond the body' (1998: 193). Our experiential horizons open up the world in front of us in a certain way. Our bodily experience and bodily awareness are part and parcel of our identity. When bodily changes are so profound as to destroy bodily continuity, people's ability to find meaning in life may be thwarted.

Most of the 85-year-old narrators said that they felt they had grown weaker over the five years since we last talked. They had had experiences of increasing slowness, tiredness and sensory decline. There

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had been a change in their accustomed bodily existence. They had experienced a change in their selves and interpreted this to mean the beginning of old age:

I really didn't feel this tiredness coming until at this age. All I have to do is sit around for a couple of hours and chat and I gradually get tired.

The only thing that I can say about myself is that I've gone downhill terribly. I mean really, because I was, I used to do so much outdoor activities. But now I don't really want to go out at all, walking being what it is. And even indoors, I often find myself wobbling. So I mean, I really have been attacked by these symptoms of old age (laughter). But I mean it's hardly any wonder is it. It's five years now. I was in a pretty good shape five years ago.

The following two narrators are interpreting the changes that have happened to them:

Yes, life has changed a lot since then … I've grown old … I've been in hospital several times. And now I share my daughter's flat … I can no longer cope on my own. I have looked in the mirror, and I haven't half become a sight. All that's left is a big nose.

I've burned so many saucepans. I've forgotten them, the water's boiled and the veg has burned … Well you have to cope. That, that you can't, sometimes you get, get this feeling that this sort of life is no use whatsoever. If everything is going this way in any case (laughter), that you are too tired to lead this sort of life you can enjoy and … I can't travel any more now that my legs have gone, I just can't.

Temporality

The body itself is a temporary sketch in existence, its key characteristic is variability, the tendency to change. Ageing is a lived experience of this variability. When far is too far away, high up is too high up and down is too far down, and when your memory starts to fail, you begin to feel your relationship to the world is no longer fluent, natural, harmonious. One of my narrators described her condition as follows:

I can't reach things that are high up and I can't look up at all. Everything's down by the ground, on the floor. That's the direction we're heading for. Yes, we all go sooner or later, some of us leave a bit sooner than others. And others are given more time to whiz around. (laughter)

Thoughts of death occurred quite frequently in their narratives. This was a major change to the situation five years previously:

Two of my sisters died this summer … friends and people from the club and many have died … So you start to think about your own departure as well. I

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always look them up in the paper to see which year they were, the people who have gone … And then I think that, well that's how we go. But it's quite natural.

So that's how bad my eyesight's become … my doctor said that you're not going to be blind. So I've got no complaints. I just have to accept this, that this is my fate. This is where I've come to, this point, so I can't complain that I can't see. If this is it that I can be healthy. That I can live at home. I just don't want them to take me anywhere. And this has been going on for years now, my walking's not what it used to be and there are many things from which I can tell. I'd say that well, things have got worse again … It remains to be seen how long this goes on. No, you never know. No it's in the hands of the Almighty. Oh I remember Anna, our neighbour, how she always prayed, how she wanted to sleep in her own bed. And she did. In the morning no one could get in. And then we picked up the key from her son and, she was neatly tucked away in bed, with her nightgown on as always.

As they grew older, my narrators clearly changed their thinking, giving more and more thought to death and dying (Johnson and Barer 1997: 202). They were developing an awareness of finitude. Their fatigue, their tiredness, their troubles with memory, were leading them away from life; they were gradually fading away. Death had entered into the panoramic view of their life, but this was something they took as entirely natural, something that would arrive in due course. They had very strong hopes of life after death; this is what people in this age cohort in Finland have been taught.

How to adapt?

How, then, do we adapt to ageing? Johnson and Barer make a distinction in their model of adaptation between problem-focused, situation-specific coping strategies and a more generalised sense of control: the former is mostly applicable to dealing with activities of daily living, the latter to perceptions about one's capacities to deal with the typical challenges of late life (1997: 127).

All individuals have their own way of organising daily life that is usually consistent with their abilities. At the age of 85, these people found they had to structure their days more and more according to their physical needs, and to replace their earlier interests and hobbies with more simple tasks (Becker 1998). The follow-up narratives shed light on their adaptation, on how they structured their lives and continued to live more or less independently. One offered the following account of her adaptation to old age:

Things have slowed down in many ways during the past five years. I was paralysed in 1992. And since my husband died I've written a whole notebook

https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

of all sorts. And, and whenever you think of something, you have to write something down. Everyday I … On the kitchen table I have my pad and pencil (laughter) and then I write down my notes. And then everything I do nowadays, it's so much slower now nowadays. … And so the days pass by ever so quickly. Well of course there are all sorts of stages in life; there are good times and bad times, but you … you just have to put the bad times behind you and remember the good times. That's how you can move forward. You just couldn't cope otherwise. You can't keep picking at the past. It's all in the past and … It was such a beautiful time we spent together when we retired, and … it means a lot, having good friends.

This excerpt neatly captures this narrator's discourse, her evaluations and accounts of how she has restructured her life to cope with the formidable challenges that life has thrown up (see Johnson and Barer 1997). Like her, many of the narrators felt individual responsibility for their own health and continuity in life (see Becker 1998). In general, they seemed to have coped surprisingly well with the emotional challenges they had encountered with advancing age. Most were doing well, and only three were suffering from depressive symptoms at the time of the study.

Discussion

Öberg (1996) asks what has happened to the ageing body in social gerontological literature; why has it been forgotten? He argues that the ontological dualism between body and soul has permeated Western culture for centuries. The belief that there is a soul which is separable from the body is an integral part of the mythology and religions of many peoples. The distinction appears, for example, in the works of Plato in his Phaidon dialogues. Öberg goes on to consider the meaning of the idea of an ageless self (Kaufman 1986): how, he asks, can the self be ageless when old age is the period of life when the body changes most since childhood (Öberg 1996: 702).

Cartesian anthropology allows for two ways of thinking that never meet. The naturalist study of the human being starts from the physical body but, unlike Descartes, it does not arrive at another substance; it quite simply fails to see it because its research methods and its research approach are oriented exclusively to the physical. In a similar way, models focused on the human spirit also recognise the physical side of human beings, but they do not consider it relevant (Scheler 1973; Feuerbach 1975; Laine 1993; Heikkinen and Laine 1997). Given the premises of Cartesian philosophy, the ageing body can *only* be studied

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within the naturalistic or natural science framework that has dominated medical thinking. This is also the dominant everyday conception; this is how we have been taught to think during the increasingly medicalised 20th century. The ageing body is approached and examined as a biological organism; the secrets of ageing, for example, have been explored by means of animal experiments. Recent advances in genetic engineering appear to be paving the way for the manipulation of ageing. Natural science definitions of the human body are metaphysical or objective, in the sense that they transcend the boundaries of our experience. They refer to the body as a real existing object: its nature does not depend on how we feel about it and experience it (Laine 1993). The body is thought of in a particular way; it is pre-packed and pre-defined: the fundamental definition is established in advance, and research is grounded in this basic definition.

Phenomenological philosophy (Husserl 1952, 1964; Heidegger 1962, 1994) opens up a radically different approach to the study of the ageing individual. The basic premise is that we hold on to our lived experiences, and we remain within the domain of those experiences. The world and its people exist for us only in and through our experiences. This position may be described as a phenomenological attitude (Laine 1993).

A common criticism by phenomenological research is precisely that we do not experience our bodies as physical objects, as material things in the outside world. We do not 'naturally' look upon ourselves as dualistic creatures, with 'I' representing something mental and spiritual and 'my body' representing something that is completely external to the 'I'. Heidegger's work (1962) however, has inspired a completely new kind of phenomenological model on the relationship between human beings and the world. According to this model there is no spiritual 'I' separable from the world, but a bodily being who lives within the world as a whole. It follows that the study of being human is simultaneously a study of our relationship to the world. Our relationship to the world is essentially a bodily one: my body finds expression in my relationship to things existing in the world, I take a bodily orientation to them (Merleau-Ponty 1962). Sensing, perceiving and moving are examples of its functions (Laine 1993).

In our everyday existence, in our normal orientation to things and in dealing with these things, our body does not appear to us as a separate experience. The body itself always remains in the background, underlying our experiences proper, even though it serves as the 'subject' of our activity. The same applies to our attitude to 'I'; we do not normally pay any special attention to 'I' when we are writing,

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driving a car, speaking, or eating. Merleau-Ponty argues that, in the normal, healthy body, existence in bodiliness is unnoticeable (1962).

Phenomenological analysis also uncovers other kinds of phenomena. Plessner (1983), for example, has referred to the dual relationship of the individual to his or her own body. This may consist in the kind of immediate relationship to the world described above, that is 'I am a body'; but it is also possible for people to take distance to things, to translate them into objects (Laine 1993). In particular, this is possible in relation to one's own body: 'I have a body'. Plügge argues that this kind of dual relationship is an integral part of natural life; our body is an ambivalent phenomenon (Plügge 1970; Heikkinen and Laine 1997). This ambivalence is increasingly conspicuous in the event of illness and with increasing age (Heikkinen 1993, 1995, 1996). We begin to notice that our own body is increasingly turning its attention on itself. *Bodiliness* becomes an explicit issue of concern.

In my analysis of the stories of my narrators the central concept is that of bodiliness, as defined by the French phenomenologist, Merleau-Ponty (1962): our existence in this world is a bodily existence. Our bodily sensuous relationship to the world is an indivisible wholeness. We achieve our bodiliness, 'my body', with life-experience. Even though it is clear that bodily experience must be important to people of any age, there are few studies that have applied the notion of bodiliness to those who are old (Becker 1998).

The concept of bodiliness is broad enough to serve as a thread that ties together many different phenomena: feeling thirsty, hungry or tired, for example. With increasing age we become more and more aware of things that we used to be able to take for granted. Age and illness bring along a whole host of annoying companions that are 'part' of us. What used to be a natural part of 'I' stands out as a new, alien and external experience. This is neatly captured in the term 'objectified body'. In the sense that this objectified body is also an experiential phenomenon, it differs from Descartes' physical body (Heikkinen and Laine 1997). My narrators gave various examples of this: 'Your feet are heavy', 'All that's left is a big nose', 'my legs have gone'.

A phenomenological approach to questions related to the body requires an analysis of human experiences, of their meanings in people's lives, and of the ways in which this bodily experience influences the way we exist in the world. My bodiliness, my world and my way of living, are intricately and inseparably interwoven. The ailments and symptoms that come with increasing age, the objectification of the body (or certain body parts) also changes people's experiences and accordingly their meaning horizon.

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Cultural values provide a context for how the process of growing older and the ageing body are viewed. Negative representations of old age affect embodied knowledge in later life (Becker 1998). For example in many societies ageing individuals feel that they deviate from the cultural ideals as they compare their own traits with those of youth and health (see Öberg 1996). Visible markers of functional limitations, such as canes, walkers, and wheelchairs, are associated with uselessness and normal advanced age and may be seen as a 'prelude to the end of life'. They open up a gap between how elderly people see themselves and how others see them (Becker 1998).

People always live at one and the same time in the dual perspective of 'others to me and me to others' (Heikkinen and Laine 1997): this is the basic structure of social, experiential life; this is an anthropological fact. People are, and can only be, aware of themselves through others (for example, my narrators mentioned sisters, grandchildren and the choir). Comprehension of the world and consciousness are only mediated through other people. Being-in-the-world means dealing with the world in the manner of 'performing, effecting and completing but also contemplating, interrogating and determining by way of contemplation and comparison' (Bowie 1993).

This dual relationship is grounded in our bodiliness: to me, another human being can only exist through his or her body, and vice versa. There is no other separate substance such as a soul or spirit that we encounter in this relationship. People live their entire lives in an experiential world; at the level of everyday life there can exist no perspective external to that world. Among all the things existing in that world, another human being is by far the most significant (Dreyfus 1994).

In *Being and Time* (1962), Heidegger assigns to futurity quite exceptional privileges. He presents that-which-is-to-come as the home territoriality of human existence (see Bowie 1993: 14). This assumption, however, is challenged by these 85-year-olds. There is one common thread in the narratives: the *temporality* of human life. They recognised that life does not go on forever, the life-story leads to an end. In talking with people at 85, it is easy to see the fragility of their wishful constructions about the future. The panoramic view of the future holds little promise. What is significant are the horizons upon which entities in the present can make sense and activities can have a point. It is the present rather than that-which-is-to-come that seems to be the home territoriality of their existence. For people of this age the most important dimension of time is the present of past things, the present of present things and the present of future things (see Bowie 1993: 13).

https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

The present of past things is the memory, the present of present things is direct perception, perceived reality, and the present of future things is expectation. We are all time-bound creatures, with powers of retrospection about the internal world of feeling in which these powers are exercised (see Augustine 1961). When memory fails, the past becomes untrustworthy; the loss of memory tends to break the present as well. It seemed that for my narrators, time at the age of 85 had lost its dynamic, preservative meaning. In contrast, at the age of 80 most still looked ahead (Heikkinen 1996).

Experience of life is diverse and, even at 85, we are all different. Nevertheless, at the age of 80, my narrators distanced themselves from their bodies, from symptoms and old age. Their consciousness of their body was 'I have a body'. They objectified symptoms and their bodily problems (including those that they considered to be due to ageing) and associated them with specific parts of the body; eyes, ears or joints, for example. For many of these same people, five years later at the age of 85, *bodiliness* had become an explicit concern. In relation to their own body and to ageing, they were more inclined to feel 'I am my body' ('I often find myself wobbling', for example).

Experiencing this world as 'being with one another' has a distinctive ontological character (Heidegger 1962; Dreyfus 1994). It is predominantly in speaking that being-in-the-world takes place. In speaking with one another, in what one thus spreads around in speaking, there also lies the specific self-interpretation of the present (Heidegger 1994). In having lost their spouses, siblings or friends, many of the narrators had lost many chances to share their lived life and their present day with others. Some no longer knew anyone of their own age, having outlived all their contemporaries. 'Those who survive into late life have a unique status, on the one hand they are near death, but on the other hand, they have a specialness of having lived beyond the normal life-span' (Johnson and Barer 1997). In exploring the ageing experience of 85-year-old narrators, it is also possible to explore life as a project, and perhaps reach something that is essential in life itself. Experiential ageing is a complex process intricately interwoven with the totality of life.

Acknowledgements

The author would like to thank Gary Kenyon for his helpful comments on an earlier draft of this paper. Thanks also to David Kivinen for his help with the English translation of the text.

https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press

NOTE

This article includes excerpts from interviews that have been translated from the original Finnish by an experienced professional translator. They accurately reflect the original words of the narrators.

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Accepted 13 March 2000

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https://doi.org/10.1017/S0144686X99007795 Published online by Cambridge University Press