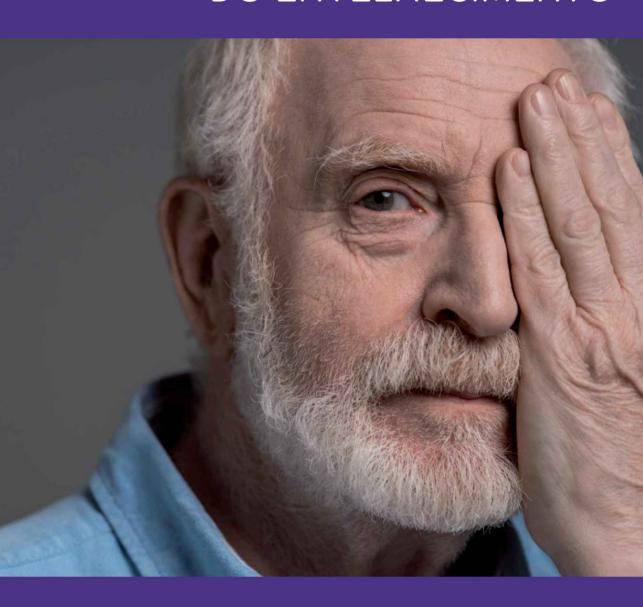
NOVOS PARADIGMAS DO ENVELHECIMENTO





Ricardo Pocinho Cristovão Margarido Rui Santos, Liliana Marques Bruno Trindade Sílvia Silva, Sara Gordo Título: Novos Paradigmas do Envelhecimento

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Listening to the voice – and the fears – of the elderly. Good practices supported by creative social research methodologies

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Abstract: This paper showcases the exploratory results of a pedagogical exercise developed with people aged 65 and over, aiming to understand their fears and its impact in the experience of the everyday life. The exercise was carried in the spring semester 2021, by students enrolled in the Sociology course at the University of Évora, Portugal. Against the background of a major project with the aim of studying fear in contemporary society, the students developed data collection procedures based on creative social research methodologies. The results show that putting creativity in social research methodologies allow us to listen more attentively to older people's voices, while adding depth compared to more traditional social research instruments. Ultimately, the article intends to share good practices of listening to elderly voices capable of informing sustainably both scientific and social intervention projects.

Keywords: Ageing; Creative methodologies; Fear; Qualitative methods; Sociology.

1. Introduction

Despite a continuous reconceptualization of what we mean by ageing in today's societies (Fernandes, 1997), the voices of the elderly are not always heard. Hearing their voices and, additionally, hearing them properly is a standing challenge for both the science and social intervention (Capucha, 2014; Ribeirinho, 2012). This article presents the exploratory results of a pedagogical exercise which proved to be interestingly as a creative way of listening to the elderly' voices, specifically their fears. Ultimately, the paper aims to share good practices among social scientists and practitioners that allow listening carefully and fairly to the voices of the elderly and taking them into account when defining related policies.

This paper draws on an exercise carried in the spring semester 2021, by undergraduate students enrolled in the Sociology course at the University of Évora, Portugal. Having as a backdrop a major project aiming to study the experience fear in contemporary society, students were asked to use sociological imagination (Mills, 1959) to propose creative social research methodologies aimed at specific categories of people. The paper describes in detail a set of three small exercises developed by three of 12 groups of students, which specifically dedicated to inquiring the elderly. Moving towards a close inquiry of the elderly is always a challenging research decision and this one was no exception, as the epidemiological situation back in May 2021 was particularly sensitive regarding higher risk groups, where elderly is included. Without any pretense of generalization, not least because these are small studies, exploratory and pedagogical in nature, data show that qualitative social creative research methodologies allow to listen more attentively the voices of the elderly, while adding depth comparing to more traditional social research instruments.

Context

The exercises detailed hereafter were developed in the framework of a course titled "Qualitative Analysis Laboratory' [SOC2413L], taught to sociology undergraduate students at the University of Évora (Portugal) in the ac-

ademic year 2020/21. This is a mandatory course in the sociology undergraduate curriculum, aiming to introduce students in the craft of the qualitative research (Clesne, 1999; Denzin & Lincoln, 2018; Mason, 2002; Patton, 2015). Its main goal is to provide students with advanced and in-depth knowledge involving the theoretical, methodological, and epistemological foundations that underpin the systematic collection, processing, analysis, and interpretation of qualitative data in the view of a sustained empirical understanding of social reality. In a complementary and transversal way, the course aims the deepening of the basic methodological competences allowing to discuss the principles underlying the design of a qualitative research that effectively addresses the research problem, sampling strategies, field access policies and ethics.

The deepening of the students' methodological skills related to the contexts and procedures of data collection and analysis is done through the invitation to develop an original empirical work. Each year, students are asked to join in small groups and to explore a different topic. Strongly influenced by the COVID-19 pandemic during the Spring 2021, the topic chosen for indepth analysis in the academic year 2020/21 was "Fears, phobias and dreads. A sociological analysis".

The study of fear from a sociological perspective is not new, having been extensively explored. Among other, the work of Zygmunt Bauman on fear in contemporary society is particularly well known, even among non-sociologists, as therein this author interestingly relates such experiences to the risk society, individualism and consumption of spaces and emotions (Bauman, 2008). In the broader context of the COVID-19 pandemic, the main goal of the exercise proposed to the class was to understand, from a sociological point of view, the daily experience of people affected by fear. Specific objectives aimed to identify and describe the many expressions of fear and their impacts on the daily lives of affected people, to characterize the strategies used by people affected by fear in the everyday life, and to understand the role of fear in the complex process of identity-construction.

For the purpose of participating in the "Ageing Congress 2021", three small exercises were selected for a presentation and detailed description.

The work of Group B1, B2 and B6 were selected as these aimed specifically to investigate the topic under study in a particular category of people: the elderly.

2. Methods

In a first stage of the semester, students organized in small groups (up to four elements) conducted individual semi-structured interviews. These were interesting as allowed students to grasp a broad understanding on the concept of fear, its consequences in the daily life on individuals and the strategies used to cope with it. In a second phase, students were invited to deepen knowledge regarding the experience of fear within different categories of people. In this phase, students were challenged to develop observation exercises by thinking creatively about method (Mason & Dale, 2011).

It is difficult – if not impossible – to provide a definitive account of creative research methods. According to Helen Kara (2015), "the field is growing and changing so fast that no book could capture its entirety" (Kara, 2015: 5). Following the developments in qualitative research methods over the last 20 years, "[t]he early 21st century is a dynamic and exciting time for research methods." (Kara, 2015: 3). According to this author, creative research methods can be conceptualized into four key areas: 1. arts-based research, 2. research using technology, 3. mixed-methods research, and 4. transformative research frameworks (such as participatory, feminist, and decolonising methodologies). Such areas are not mutually exclusive. As said:

"Creative solutions to research problems do not usually imply really wacky, left-field, off-the-wall ideas. Formal research is a complex undertaking with a great deal of history, and it helps to know about the workings and rationale for tried-and-tested methods. This will enable you to build on existing knowledge and experience, rather than, as the cliché has it, reinventing the wheel. Where creativity enters into the picture is in knowing about various methods but not being bound by that knowledge, such that, if the need arises, you can manipulate and develop theories

and methods, within the constraints of good practice, to help you answer your research questions (Mumford et al 2010: 3)." (Kara, 2015: 21-22).

Thus defined, creative methodologies seem particularly suited to be used when researching the elderly, as these often are poorly literate, eventually physically impaired, as expectably affected by illnesses and more prone to fatigue, showing difficulty in retaining attention for longer periods of time. The factors put together may seriously compromise the efficiency of classic research instruments, such as questionnaires and interviews.

In view of the proposed topic of study, the students started to frame research questions, and then identified the methods which seem most likely to lead to a useful answer. Accordingly, their prepared detailed observation plans. Amid the pandemic crisis, the objective of the exercise was to privilege direct observation, with "real" people, preferably face-to-face. Considering the restrictions on entry into nursing and retirement homes, all observations were carried out in the homes of the persons observed, having into consideration the recommendations of the health authorities in view of the current epidemiological situation, namely using surgical masks and adopting other safety precautions.

Observational data were collected using the apps available in the student's smartphones, thus combining textual annotations with audio, photo, and video recording facilities (Costa, 2019). Often, students took advantage of WhatsApp, as this multi-platform app is becoming increasingly used in qualitative research (Suárez Gómez & Costa, 2021). Data were collected and organized for each one of the participants (P) and explored through qualitative data analysis procedures, notably intra and inter-cases qualitative content analysis (Bardin, 1977, Krippendorff, 2019, Miles, Huberman, & Saldaña, 2014). Research followed broader guidelines (ISA, 2001), specifically the ones from the Portuguese Sociological Association (APS, 1992) regarding the importance of guaranteeing that the right authorization was conveniently asked and obtained previously to data collection and the protection of the respondents' personal information. Accordingly, declarations of informed consent were prepared and signed in advance. Audio records were transcribed *verbatim*. In the text that follows, quotation marks refer to the speech of the partic-

ipants, even if anonymized through the attribution of a numerical identifier, sequentially assigned within each of the groups (e.g. GB1_P1 stands for Participant number One; data collected by Group B1).

3. Hearing the voices and listening to the fears of the elderly

3.1. Putting a message in a bottle

What was the most impactful fear experienced during the life course, and how does it affect the current life of the elderly? This was the motto question for the exercise developed by Group B1. Five individuals aged 65 and over were selected amongst the personal network of the students. Individuals were presented with an empty 1.5-liter water bottle. Therein, individuals should point (with a marker pen, a post-it or tape) and rank the fears their experienced throughout life. By the end, at the top of the bottle – metaphorically meaning the greatest volume of water and, therefore, the greatest importance – should stand the greatest fear of all, ever felt. Figure 8 and figure 9 show examples of data collection through this exercise.



Figure 8. The greatest fear of all [from top to bottom]: Death, War, Hunger [GB1_P1]



Figure 9. The greatest fear of all [from top to bottom]: Death, Earthquakes, Stroke [GB1_P2]

After, students engaged in a small interview with the participants, aiming to deepen the meanings related with the contexts of fear, strategies to handle with and specific places that heighten fear.

The data collected allow us to conclude that in the studied group, the feeling of fear is often associated with death and disease related contexts. The following quotes summarize the answers given to the guiding question:

"I consider that the most impactful fear throughout my life has always been the fear of death, it's something that terrifies me a lot since I can remember". [GB1_P1] "My biggest fear, I think is the death of my children, grandchildren or someone I have a lot of affection for". [GB1_P2]

"The most striking fear of my life trajectory came after my father's death and my concrete fear was that I would not be able to be the basis of my family as he was, because whenever I needed of something, even the simplest thing, he was always there to, and when he died, I had no one else with his qualities because I had already lost the other elements of the closest family (parents and grandparents)". [GB1_P3]

"Of all the moments I have experienced in my life and I felt fear, such as when I lived in Luanda during the war period, when I feared for the safety and life of my children and my husband, or when my two children had hepatitis, the biggest fear and which consequently had the most impact on my life trajectory was undoubtedly when my youngest child had a stroke. I was very scared, and I was very scared to think that I could lose him, especially in the first 72 hours because he was at risk of life and the stroke could be repeated". [GB1_P4]

"Throughout my life, I have been experiencing various fears. What seems to me to be the greatest is without a doubt the fear of diseases in general, but above all disabling ones and those that cause great suffering." [GB1_P5]

While participants 3 and 4 refer to specific moments in time, which were particularly difficult and scary, namely the period after the death of the father and the stroke of the son, participants 1, 2 and 5 accuse a generalized feeling of fear, often caused by the fear of death, namely the death of close relatives or significant people, and the fear of diseases in general. For such cases, it is interesting to further investigate the contexts of fear. In this regard, participant 2 refers that:

"As I got older, I started to think more about the lives of my children and grandchildren, and that is why I sometimes get more depressed about this issue [death]". [GB1_P2]

Additionally, the strategies referred to handle with such fears also deserve special attention. The three participants point to avoiding strategies, eventually complemented with other, such as medication, praying or simply "to think about other matters", as shown in the following excerpts:

"Trying not to think about the fear in question, which usually becomes quite difficult as I am of a certain age and have several health problems". [GB1_P1]

"When I start to think about the subject [death], I try as much as possible to avoid doing it, not thinking about it so as not to be afraid, sometimes I take a Xanax or pray to relieve myself a little" [GB1_P2]

"The way I found to deal with this fear is, without a doubt, to try to live a regulated and healthy life, in general. When affected by a disease, to follow the medical prescriptions and try not to give an exaggerated importance to prevent it from affecting me psychologically". [GB1_P5]

Finally, regarding the places that heighten fear, participant 1 specifically referred to the dark of the night, while participant 2 addressed the current pandemic context:

"Usually, the dark and the night are what gives me the most this fear of dying". [GB1_P1]

"I have more this fear when I know they [the children, grandchildren] are going on the road, or on planes. Now, with this pandemic I was quite afraid they would be infected". [GB1_P2]

3.2. Drawing ups and downs in the lifeline

Similarly to the first group, Group B2 sought to analyze the major fears experienced during the life course of individuals aged 80 years of age. Having this purpose in mind, four individuals between 80 and 90 years of age were selected from the students' personal networks. Students first asked participants to draw their lifeline, wherein they would represent the trajectory of their life. A line, whether it was a straight line, in a hat or in a circle form, was thought as a metaphor for longevity, starting in the moment individuals were born until today. To turn the task easier for participants, five key stages were previously identified: childhood, adolescence, adulthood, beginning of old age and current phase. After, individuals should mark in that line the five biggest fears they had faced throughout their lives. Figure 10 and figure 11 depict visual examples of data collection through this exercise.

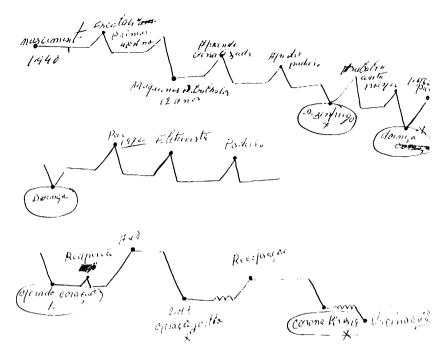


Figure 10. Fears along the life [GB2_P1].

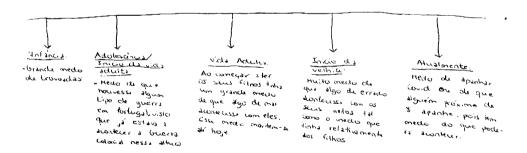


Figure 11. Fears along the life [GB2_P4].

After the collection of the drawn lifelines, students engaged in a conversation with the participants, asking them to better explain these fears. In this specific case, students were interested in understanding what was the stage of life in which each one of these four individuals felt the greatest fear of all, and what were the reasons behind.

The analysis of data collected through this exercise comes to shed light into the different experiences lived by the elderly during their lives, while pointing to some regularities when comparing the stages of life.

During childhood, the fears pointed vary greatly, namely having no memory at all [GB2_P1], fearing weather events, such as thunderstorms [GB2_P3], or fearing dogs, as happening with participant 4, who was bitten by such an animal [G2_P4].

Regarding the adolescence period, the participant 2 recalls that after dropping out of school, at age 12, he went to work in the countryside. He considers this time of life a bad phase because he would have liked to have continued with his studies. However, this sudden passage from childhood to adolescence caused him some fears because he still considered himself too young to start working, more specifically, with thresher machines, as he mentioned. During the adolescence, because the Colonial War was already happening at that time (60s and 70s of the 20th century), participant 3 fear that there was war in Portugal. Participant 4 lived through adolescence in fear of what his parents might do to him when he did not obey them, as he had more siblings who were beaten by this father when they did not obey him.

Entering adulthood marked the experience of new and more common fears amongst the participants: (un)employment, disease related complications and death, either of their own or of their beloved ones, namely parents, children, and grandchildren. Participant 1 narrates that after marrying his wife, he suffered some complications that caused him strong fear, namely the fact that he was unemployed, and his wife got sick at the same time. He referred that it was something that would mark him forever, as he came to seriously doubt life. He was quite afraid of not being able to get a new job and that his wife would not recover. After some years, he had to undergo heart surgery. He admits that he was quite afraid of dying and of leaving his wife and two children alone. However, he recovered well. Nonetheless, he says his life since that day has never been like it was before. He believes that it was one of the phases of life he was most afraid of and that he will always remember with many fears. When participant 3 entered motherhood, she had a great

fear that something bad would happen to them, as children of people close to her had health problems during childhood. She said that this fear persists to this day, as she is very afraid of losing her children. When entering adulthood, participant 4 often experienced the fear of dying, due to the "dangerous work" he was engaged with by that time.

At the beginning of old age, fears related to the emergence of serious illnesses and death seem to worsen. Participant 1 had knee surgery and was very afraid that he would not be able to recover to 100 percent, as his doctor had not given him any certainty about anything. He even questioned the fact that he would never walk again and would have to depend on a wheelchair forever. However, he has recovered quite well and nowadays goes with his "normal life". As for the participant 3, entering the old age was marked by the fear that something would go wrong with her grandchildren, similarly to what she faced when starting to have children. Participant 4 point to the fear of dying while entering old age, as illnesses began to appear in their closest relatives, more specifically siblings. This made this person very afraid that something would happen to his relatives and that he would also have a disease and die.

At last, strongly influenced by the epidemiological situation experienced at the time of data collection, all participants accused the fear related to the COVID-19 pandemic. Participant 1 was very afraid of being infected by SARS-CoV-2 and the complications that could result from it. In March 2021 he was vaccinated to prevent the virus and admits having felt a lot of fear regarding the vaccination, because after being vaccinated he became very sick. Participant 2 is very afraid of diseases at this stage, as he recently had a heart attack and had to be transported by family members, namely his daughter, and admitted to hospital for some time to be treated. Participant 3 is afraid of getting sick with Covid or that someone close to her will, because as she has relatives with health problems, she is afraid that they will not be able to withstand the virus. Also, participant 4 is afraid of getting infected, as he doesn't know if he would resist it.

3.3. Talking through - with - artifacts

Group B6 also sought to investigate deeply the fears felt by old individuals. For this purpose, students selected from their neighborhood network two people, a man aged 71 and a woman aged 81. Students then asked them to narrate what are their biggest fears and, additionally, to describe the ways in which their daily life is affected by such fears. This exercise come to reveal the importance of specific artifacts in the strategies used by such individuals to deal with the fear in the daily life, specifically religious objects (figure 12 and figure 13).



Figure 12. Sacred Images – S. José (Catholic Faith) [G6_P1].



Figure 13. Sacred Images – N. a S. a de Fátima (Catholic Faith) [G6_P2].

To deal with fear, the participants interviewed by Group B6 reported how they rely on religious beliefs, namely in the Catholic faith. To exemplify, they showed religious figurations that they keep at home, namely in the bedroom, which are the object of devotion to achieve divine protection. To pray, either for them or for the one they love appears as a routine supported by such visible objects present in the everyday life of these individuals.

4. Conclusions

This article is based on the exploratory results of a pedagogical exercise using qualitative creative social research methodologies with people aged 65 and over, with the aim of understanding their fears and its impact on the experience of everyday life. Ultimately, it is expected that it will inspire the work of scientists and practitioners to listen more carefully to the elderly voices, and to take their voices into account when making short-term decisions or in the design of long-term public policy.

Using an empty 1.5-liter water bottle or a drawn line as a metaphor to think about one's life or being attentive to the objects only apparently asleep in the domestic space, allows us to gain a deeper knowledge about the topics under discussion. This is particularly interesting as classic research instruments, such as questionnaires and interviews might fail to achieve the intended goals, as the elderly – at least in Portugal – often are poorly literate, frequently somehow physically impaired, affected by illnesses and more prone to fatigue, showing sometimes difficulty in retaining attention for longer periods of time.

Creative social research methodologies allowed us to gain further insight on the experience of the COVID-19 pandemic by older people. Because the focus of the study was the experience of fear, students end up collecting several descriptions of the current situation as a situation that generates fear, both for the participants themselves and their relatives and significant other. In conclusion, resorting to creative social research methodologies seem to constitute a good practice of listening to the elderly voices, capable of informing sustainably both scientific and social intervention projects.

In line with H. Becker (2007), we do believe there are many ways of telling about society. Undoubtedly, using creative methodologies helps in such an endeavor. May this text be a modest contribution to tell, and a great invitation to listen.

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Endnotes

Group B1 included the students: Madalena Conceição, Mafalda Parreira, Maria Carapinha and Pedro Miranda.

Xanax (Alprazolam, Formula: $C_{17}H_{13}ClN_4$) is a drug subject to prescription, used in anxiety disorders and agoraphobia attacks.

Group B2 included the students: Andreia Silva, Carolina Carneireiro, Margarida Belo and Sara Silva.

Group B6 included the students: Anésia Arlindo and Idalino Sekunangela.

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