MODULE 2

AGEING PROCESS AND DESIGN

UNIT 4

EMBODIMENT AND THE MATERIALITY OF OLD AGE

Soňa G. Lutherová • Ľubica Voľanská

DESIRE

DESIGN FOR ALL METHODS TO CREATE AGE-FRIENDLY HOUSING

DESIRE is a European project funded by the Erasmus+ programme.
Project number 2020-1-SK01-KA202-078245.

ISBN 978-80-227-5271-8

DESIRE will provide professionals in the building industry and home furnishings sector with the tools and skills to apply Design4All methods as an integral part of the design process, with the aim to create or adapt age friendly housing as a solution for the wellbeing, comfort and autonomy of the older adults or dependents at home.

The DESIRE training platform consists of six modules and 21 units.

Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Education and Culture Executive Agency (EACEA). Neither the European Union nor EACEA can be held responsible for them.

PUBLISHED BY:
© DESIRE, 2023, www.projectdesire.eu
Slovak University of Technology in Bratislava by Publishing house SPECTRUM STU, Bratislava 2023

AUTHORS:
Miguel Ángel Silvestre Botella
Zuzana Čerešňová
Carina Dantas
Natália Filová
Juan Carlos Bañón Guillén
Miroslava Hlinčíková
Michal Kacej
Veronika Kotradyová
Dean Lipovac
Nastja Podrekar Loredan
Juliana Louceiro
Soňa G. Lutherová
María Sánchez Melero
Marta Martínez Navarro
Lea Rollová
Matic Sašek
Mária Šimková
Helena Tužinská
Ľubica Voľanská

ILLUSTRATIONS:
Zuzana Čerešňová
Natália Filová
Michal Kacej
Veronika Kotradyová
Markéta Kučerová
Lea Rollová
Lenka Suláková
Barbora Valábeková

GRAPHIC DESIGN:
Mária Šimková

TABLE OF CONTENTS

UNIT 4 – EMBODIMENT AND THE MATERIALITY OF OLD AGE

4.1 INTRODUCTION

In this unit, ageing and living environment will be considered from the perspective of embodiment and the materiality of old age.

With embodiment we understand what is known as the process of perception, however, not a process of mapping sensory stimuli to an inner model of the world, but rather a sensorimotor coordination that always occurs in the overall concept of an acting being. With other words, the cognition is body based, abstract cognitive processes are often based on the simulation of sensorimotor processes. Thus, the body and the environment play a role in cognitive activities (for various examples see Lynott – Connell & Holler, 2013).

On the other side, ageing is often perceived through the body, and although ageing of the body is an inevitable fact in the contemporary society, the society usually determines how the body will be viewed (Buženková, 2022, Fung, 2013, Uhrín, 2017). Often, when older adults become involved with the biomedical health care system, it's the first time they feel old. Moreover, they often run into the risk of being reduced to ageing and most of the time unhealthy body, not a whole being with their own perspectives and habits.

At the same time, the body is an important part of the definition of the activity (Katz 2000:136), so often associated with the well-being in old age. It is the "neoliberal antiwelfarist agendas that attempt to restructure dependency through the uncritical promotion of positive activity, they also problematize older bodies and lives as dependency prone and "at risk."" (Katz 2000:147).

Precisely because of the closeness of the themes of sexuality and sensuality connected with bodily experience, the common denominator of this part is also the body or embodiment, which helps to co-create aging and old age as a natural part of the cycle of human life, but on the other hand it is standardized by the cultural and social context.

4.2 EMBODIMENT AND AGEING BODY

IN A NUTSHELL

The perception of the ageing body as deficient or pathological can lead to an ageist approach in health care. This includes misdiagnosing due to the stereotypical perspectives on ageing and overall lower quality of health care. As Stephen Katz remarks, in Western society, the perspective on ageing is framed around biological decline. He suggests the materiality of embodied ageing that approaches "the ageing body as both creator and product of the experiences configured by our material worlds, such as the spaces we live in and environments in which we move" (Katz, 2011).

As we age, our body is conditioned to various forms of deteriorating processes. This process is natural and, in this sense, inevitable. However, the individual forms of ageing are diversified and might be completely different from one case to the other. Not only the health care providers but also designers and architects designing living environments for older people should be informed about bodily changes and typical health problems that are connected to ageing. But at the same time, they should pay critical attention to the way they approach their older clients, as generalization often leads to ageism. The idea that certain health conditions are simply related to age and do not need to be dealt with in any way can be a very effective way of functioning health facilities as an institution. Sometimes, doctors and other health care providers have to make decisions hastily. Under time pressure, it might be easier and faster to base their decision on stereotypical notions, leading to (albeit often unwanted or unconscious) discrimination. The refusal or minimization of the satisfaction of patients' requests regarding their health status is also a manifestation of ageism. For example, it can strengthen the belief of older people that back pain is directly related to old age or that the staff has no other means to help them. Consequently, they might no longer ask for help in the future.

There are various ways the perception of the ageing body as deficient and pathological might lead to ageist approach in health care. For example, older people have to acquire adequate health care by themselves. At the same time, they are endangered by taking too many drugs (polypharmacy) as they are subdued to inappropriate prescribing. Patients also run the risk of being provided a cheaper version of care, less strenuous, less demanding, etc., or not providing any form of care at all. Likewise, in the field of mental care, the treatment of mental illnesses is often influenced by ageism. It can be affected by psychologists' feelings and attitudes regarding clients' age. Due to the stigma of ageing, mental illness is often mistaken for ageing symptoms and vice versa. This misguided perspective on ageing and old age often prevents quality treatment for older adults with mental disabilities. Dementia sometimes coincides with old age and is an excellent example of ageism's pervasive and debilitating presence in the healthcare system.

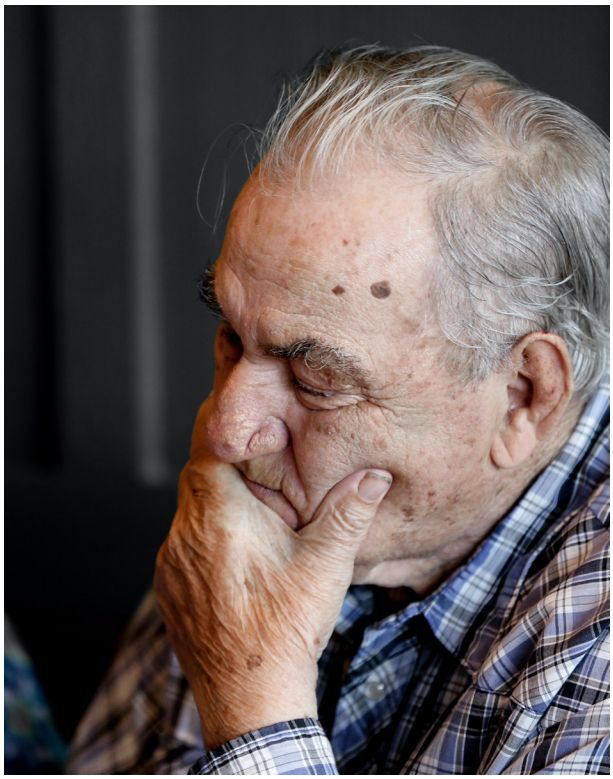

Figure 2.4.1 (Doerfler, 2018)

DO YOU WANT TO KNOW MORE ABOUT...

THE MEDICALIZATION OF OLD AGE

In general, the image of retirement, old age or older age is largely influenced by terms or categories of medicine. The medicalization of old age has been developing since the 19th century hand in hand with other processes of modernization. The modern welfare state has brought a new approach – through geriatrics and gerontology, older people have moved from the margins to the center of attention of the healthcare system. According to several authors (Conrad 1999; Laslett 1995; Tschirge; Grüber-Hrćan 1999) , it is the medicalization and professionalization of old age that is responsible for its stigmatization or for the fact that the attitude towards older adults was mostly uniform and rather negative. The description of old age as a disease was probably related to the dissection of the dead bodies of older adults, which became widespread especially in the 19th and 20th centuries. Autopsies have convinced doctors that the aging process causes irreversible pathologies that result in a range of incurable diseases. All symptoms that occurred after the so-called major climacteric and reached the final stage, they used to be described as firstly weak, but later inevitably worsening manifestations of senile dementia. According to Peter Laslett, who quotes and paraphrases the British geriatrician J. Grimley Evans, calling senile dementia Alzheimer's disease marked a significant shift in science. Had dementia not been classified as a normal condition in old age for many years, research on old age could have developed much more rapidly (Laslett, 1995, 51).

In health facilities, older adults are often a bit “lost” or “invisible” from the doctors' perspective, especially in hospitals that also deal with acute health issues. This issue becomes even more pressing when their stays are prolonged due to the lack of space in the specific institutions designed for long-term care. Older patients are often considered a burden on the healthcare system and might be referred to as “social cases” or “bed takers” in these cases.

Another problem, which is not only a problem of the facility staff, is the way care is organized in the institutional wards. For practical reasons, they often tend to be run like a “treadmill” – with a strictly assigned program and schedule. Older patients, whose lives are dominated by this well-established rhythm of care, are submitted to the requirements of the care plan and cannot express and fulfil their individual needs and habits.

Figure 2.4.2 (Kaiyv, 2020)

DO YOU WANT TO KNOW MORE ABOUT...

AGEISM IN FACILITIES

In her research, Tova Band-Winterstein (2015) defined ageism as the neglect of daily routine care, where the client becomes invisible and forgotten. Older patients are not perceived as whole human beings but rather as "objects of treatment" in an automated way. As such, they do not receive a sufficiently accurate medical diagnosis, and the staff uses ageistic language and cheaper material compared to younger years.

Several examples of ageism in long-term care facilities for the older adults could be named. For example, this relates to a specific physical environment and surroundings (e.g., not fixing the bathroom that is closer to the rooms due to budget constraints); not using the social space in an inclusive way (e.g., leaving all the older clients alone together in one room and no one attends to them); the use of nicknames (often derogatory) to describe different types of residents; using multilevel settings (such as exaggerating differences between relatively autonomous clients and older people who are more dependent); lack of independence (e.g., discouraging older people from carrying out certain tasks); lack of respect (e.g., not valuing clients who may feel like prisoners); not providing enough privacy (constant surveillance). In conclusion, the situation would improve by the provision of such care, which would not place the most significant emphasis on the decline of older people's standard of living and their increasing dependence.

If you want to know more about ageism, read Module 1, Unit 2, Part 2.3.

4.3 A FUNCTIONING BODY AS THE KEY TO "SUCCESSFUL AGEING"

IN A NUTSHELL

At times it is necessary to also pay critical attention to some of the conclusions and research in the field of gerontology. To give an example, let's focus on the concepts of "successful aging" or "productive aging". They might be perceived as problematic, as they put older adults in a precarious position. Because of this, from both a psychological and a social perspective, some researchers reject them entirely (Katz, S., & Calasanti, T. 2015) The concepts contain a normative perspective (Holstein, 1999) based on specific values associated with economic success in capitalist economies (Voľanská, 2018). Therefore, we would instead suggest using the terms "quality aging" or "quality old age". This perspective acknowledges that ageing does not always have to be active or productive as old age is diversified and has many faces.

It may seem like a lot of attention is focused on the body related to the medical view of old age, but we should take into consideration how powerful and influential medicine has been and still is in this regard. In all matters related to old age and aging, governments, legislators, cities, public authorities as those who determine the time span and amount of social security, but also the heads of businesses and companies, usually unconditionally accept the medical knowledge. Equally important is the realization that older adults' self-perception, their abilities, and their value can be primarily influenced by what they learn in a doctor's waiting room or in his office or hospital. An unplanned consequence of medicalization has become the problematization of certain life phases or situations in older age. This also sheds light on such concepts as "successful aging" or "productive aging". In this sense, they might be understood as related to particular – production-oriented – culture, valuing productivity of its members (Holstein, 1999).

As opposed to this, the theme of embodiment forms the basis of concepts of aging based on the distinction between the external, physical/ bodily aspects of aging and the internal aspects of individuals. From such a theoretical point of view, people remain their continuously young "I", while their bodies are marked by signs of aging or old age – i. e., "masks" or "traps", a moment of alienation of body and psyche occurs (Gunreben & Mahr, 2014). As the individual ages, the "resilient self" tries to maintain the status of a full-fledged adult. The theme of creating one's own self is as important in old age as during other phases of a person's life, as described by Andreas Kruse (2013). Ethnologist Harm-Peer Zimmermann's thoughts also go in this direction, specifically his thoughts on Alters-Coolness: "It's about maintaining distance, distance inward and outward: distance from one's own problems and distance from hectic and alarming public opinion " (Zimmermann, 2013, 114).

One of the forms of dealing with the situation can be the acceptance of bodily weakening or decline, but persistent insistence on the continuity of a healthy intellect.

Figure 2.4.3 (Pauliniová, 2022)

DO YOU WANT TO KNOW MORE ABOUT...

SEXUALITY AND OLD AGE

Sexuality is a particular area where the idea of a functioning body plays an important role (Sandberg, 2015). At an individual level, older adults' sexual behaviour is shaped by their expectations and beliefs. However, individuals do not live in isolation, detached from the public perspectives and ideas of the people around them. Instead, their experiences, expectations, and behaviour are largely influenced by media portrayals and the opinions of medical professionals, long-term care providers, and – last but not least – their family members.

Understanding sexuality as something non-existent and invisible in old age or perceiving it as a purely biological "issue" often contributes to older people feeling ashamed or completely excluding sexuality from their lives (see more in Gewirtz-Meydan & Ayalon, 2022). The diversity of experiences, desires, and opinions about sexuality among older adults is usually not given space at all (Sedláková & Ševčíková, 2020).

In addition, if we talk about sexuality in connection with institutional care, Jolana Novotná suggests using the term "heteronormative blindness" (Novotná, 2019). In this context, we can also see a connection with "blindness" towards individualism or the needs of the individuals living in different care institutions such as retirement homes or treatment centers for long-term sick people. Again, this is a structural setting, and its change would bring a better life to all residents of institutions.

On the other side, there exists a narrative about staying sexually active, which might also cause pressure on those older adults who do not seem to fulfil this kind of expectation (Baumeister et al., 2001, Potts & Tiefer, 2006, Bell et al., 2016).

The way out from this dichotomy of attributing asexuality to older adults or stressing the norm of sexual activity is to find a whole new perspective shifting meaning from being to becoming, from fixedness to fluidity. In addition to masculinity and femininity, sexuality and its manifestations also become fluid. In the work of Linn Sandberg (2011), based on her interviews with older men, the central idea of the narratives is an improvement, during which men stop being selfish and oblivious to women's sexual pleasures and become more attentive, gentle, and sexually capable partners. In the narratives, old age is depicted as a period in which touch and intimacy acquire great importance. Paraphrasing the words of one of the respondents in Linn Sandberg's research: It wasn't about intercourse; it was about physical warmth, which can be hugely important. Moreover, talking (in addition to touching) can bring about a much more intense intimate experience, whether sexual or not.

Figure 2.4.4 (Matos, 2019)

Finally, it is important to be aware how important is the language we use to describe the situation. The words we choose can hurt, but at the same time they can sometimes make light of the situation and, by offering different nuances, change our attitude towards problematic and difficult experiences. If the body is a non-binary system, it means that we do not have a clear boundary between the material and the language. In other words, as bodies change, these changes reshape the practices and ways in which that body can be represented. However, the available representations and available language concerning bodies also "determine" what bodies can do and how their subjectivity is formed.

4.4 MATERIALITY: PLACE AND SPACE IN THE LIVES OF OLDER ADULTS

IN A NUTSHELL

The research shows that the relationship between people, their living environment, and things are not straightforward and is far more complicated than one would imagine. Not only are the people creating their material environment, but their identities are also recreated in this process.

The environment of our homes is an indisputably essential factor in the overall quality of living. Indeed, this is also true for older adults, who often have to remake their homes because of their changing needs and the new obstacles in their lives. Some even have to move closer to their relatives or into a care home facility. However, with a careful, inclusive design, designers and architects can significantly influence their wellbeing and increase their feelings of privacy, independence, and security. All of these are essential parts of feeling at home (Lutherová, 2009).

The number of studies focused on the significance of places and environments in the lives of seniors is growing (Lawton 1985, 1989; Douglas 1991; Gieryn 2000). This provides a more profound understanding of the importance of materiality in the ageing society. The design process, which includes this kind of research, should consequently provide a better quality of places for older adults.

Many older adults have to deal with specific dilemmas that often come with the old age. The bodily changes might bring such issues as mental deterioration, problems with mobility or other, that result in the necessity to recreate the housing in accordance to the changing needs and new obstacles in their everyday lives. For some, the solution resides in accommodating and redesigning their current housing. For others, the only solution might be to move to a institutional care facility.

The older adults' need to remain in “their” familiar environment is considered an adaptive feature of ageing (Rowels & Ravdal 2002). Therefore, ageing in place is an essential strategy. Not only is it related to belonging to a specific community, but it is also tied to life stories. Ageing in place thus plays a vital role in maintaining the continuity of the life cycle (Sixsmith et al., 2014, 7). The process of aging in relation to place needs to be understood in regard to previous life stages – places and things must also be studied within the perspective of the life course (Rowels & Ravdal 2002). To learn more about ageing in place from the design perspective read the text on Adjustable housing in Module 3 Unit 3.

Home is a socially and culturally constructed category, that various people inscribe to different things – some approach it as a specific place with distinguished characteristics, others may understand it through the relationships with people they live with (Lutherová, 2009). Home is intrinsically related to the feeling of home or homeliness. The feeling of homeliness is often established through the ability of staying in control. This might be consciously or unconsciously perceived through deciding on the order of things (Lutherová, 2014). The ideal of home is often connected to other notions, such as privacy, intimacy or security. Feeling of homeliness might also be evoked through various sensations, such as, to give an example, particular smells or sounds that are connected to specific memories (Lutherová, 2009). Nevertheless, one needs to keep in mind

that the feeling of home does not necessarily have to be positive, but it might also evoke bad memories, doubts, and vulnerability. To read more about the concept of home from the anthropological perspective read Module 1 Unit 2 – Ageing and environment through the lens of anthropology.

In her work "The Idea of a Home: A Kind of Space", renowned social anthropologist Mary Douglas brought the dimension of time into the research of home. She claims that home is not only space but also has a particular structure in time that is connected to aesthetic and moral dimensions of home (Douglas, 1991, 289). What becomes a home for us can also depend on the individual periods of our lives, on where we are on our life's journey.

At the same time, Douglas problematizes the home's essential functions that we usually encounter. She says that as much as we can talk about the home as a point of stability that deepens and enriches the personality, there are just as many opinions and experiences that claim home cripples and suppresses the personality (Douglas, 1991, 288). Home is a space that can always be located but does not have to be located. It does not need bricks or walls; it can also be a tent or a car. Douglas argues that it doesn't have to be a big space, but it has to be space because (as already stated above), the home is characterized by being a place over which we have control (Douglas, 1991, 289).

When older adults (voluntarily or involuntarily) move to an institutional care facility, the demand for the character of the housing environment becomes particular. It must be designed to ensure the clients' wellbeing and enable them to realize their own perception of creating and establishing a home according to their ideals, needs, and preferences. Indeed, this might not be a simple task, as the environment must be variable and accommodate various people's perspectives.

According to the research of Jaber F. Gubrium (1997), even the interaction of the staff and clients of an institution caring for older adults are determined by the offices, rooms, and floors. The environment influences the possibilities and quality of mutual communication. Gubrium showed there is a relationship between space and the world of meaning of an individual. As shown by other gerontologists, there is a cross-sectional relationship between the architectural and design characteristics of the built environment of care homes, the quality of life of the older adults and the perception and attitude of the staff (Parker et al., 2004).

Figure 2.4.5 (Matos, 2019)

DO YOU WANT TO KNOW MORE ABOUT...

THE ATTACHMENT TO PLACE

The topic of routine behaviour in the sense of more effortless fulfilment of everyday tasks is also linked to the study of attachment to place, which several authors have interpreted differently. Randall Collins connects routine with intimate knowledge of space and an emotional bond to a place (Collins, 1981), Thomas Gieryn connects routine behaviour with subjective security in a given place (Gieryn, 2000), and Anthony Giddens (1998) with the confidence of individuals in the stability of the material and social environment, or in the stability of their own identity.

4.4.1 Staying in control as part of quality ageing

People who find themselves in "negotiation" related to the aging process, or those who have already negotiated their place "in old age", try to maintain control over their situation in relation to themselves and others. They consider the conditions and available resources, including (without doubt) also spaces and things (Marshall, 1995).

We perceive the space and environment that a person creates for themselves or in which they appear (willingly or not) as an essential part of human beings, but also one of the factors affecting human experience. The core of this relationship relies on the act of choosing. It makes a difference whether a person chose this space themself or whether they were forced to be in a given space under the influence of circumstances. According to Thomas Gieryn, space with things is constructed in two ways: on the one hand, people produce it; on the other hand, space and things retroactively frame human activity and influence the actions of individuals. At the same time, individuals perceive and interpret space and things/objects, and they thus become part of their identity (Gieryn, 2000, 465–467). The longer people live in a place and accumulate their biographical experience there, the stronger they feel rooted there (Gieryn, 2000, 481). It is necessary to mention the statement of Powell Lawton, who emphasized that "home is a maximized autonomy" (Lawton, 1989, 153) in the sense that an individual may or may not demonstrate his competencies, he may control them as well as give them up. However, the important thing is that it still depends on his decision.

The need to make a decision can also be brought about by changes that accompany the ageing process and life in old age which may lead to the need to change the place of residence of an older adult. This can be associated with psychological and social risks associated with the loss of the intimate environment of an apartment, house, or close neighbourhood. At the same time, it is also associated with the loss of things and objects with which an old person can identify, which define their personality and make life meaningful (Douglas, 1991).

DO YOU WANT TO KNOW MORE ABOUT...

A TYPOLOGY OF MOVING

Based on their fieldwork, Litwak and Longino created a typology of moving. It indicates that the character of moving and its reasons influence how it is experienced. Above all, an involuntary transition to permanent institutional care is problematic, as it fundamentally affects (restricts) independence (Litwak and Longino call this a dependency move). Also, moving to the vicinity of the adult children's place of residence, or even to their own household, might be precarious, as the need for occasional or temporary help might limit their personal independence (independence maintenance move). Fundamentally different from these two types is migration guided by a free decision to improve the conditions of one's living or of life in old age (amenity migration) (Litwak & Longino, 1987) .

Figure 2.4.6 (Pauliniová, 2022)

4.4.2 Materiality: people and things

A place can be defined through the things that are in it. The things that we somehow handle or come into contact with during our lives are not just ordinary tools that help us "survive" or make this "survival" easier and more comfortable. Things "embody" goals, can present capabilities, and shape our identities.

To understand "what people are" and what/who they might become, we should also try to understand what is the relationship between people and things. What does a person put into them – what meanings, emotions, or memories, what things store, and why. At the same time, we should not forget that things are affecting us as well and have, in this sense, also their own agency (Miller, 2001).

It is easier to stay where "we know it intimately" (Collins, 1981, 996) , in a place where we have possessions and things of often sentimental value, and where we are relatively sovereign individuals thanks to these "anchors of identity" (Sýkorová, 2013). According to Csikszentmihalyi and Rochberg-Halton, who deal with the "world of things" of individual family generations, things can generally fulfil three functions: utilitarian and socializing, but they also carry symbolic meaning (they refer to the specific characteristics of individuals' personalities, their social status, or the integrity) and at the same time form the identity of their users (Csikszentmihalyi & Rochberg-Halton, 1981).

Things from home or its immediate neighbourhood are for older adults a reminder of events, personal achievements, or essential ties. In the latter sense, even things like gifts are directly involved in the development of relationships (Komter, 2001b, 73; Komter, 2001a).

Figure 2.4.7 (Pauliniová, 2022)

REFERENCES

Band-Winterstein, T. (2015). Health care provision for older persons: The interplay between ageism and elder neglect. Journal of Applied Gerontology, 34(3), 113-127. https://doi.org/10.1177/0733464812475308

Baumeister, R. F., Catanese, K. R., & Vohs, K. D. (2001). Is there a gender difference in strength of sex drive? Theoretical views, conceptual distinctions, and a review of relevant evidence. Personality and Social Psychology Review, 5(3), 242–273. https://doi.org/10.1207/s15327957osor0503_5

Bell, S., Reissing, E. D., Henry, L. A., & Van Zuylen, H. (2016). Sexual activity after 60: A systematic review of associated factors. Sexual Medicine Reviews, 5(1), 52-80. doi: https://doi.org/10.1016/j.sxmr.2016.03.001

Bužeková, T. (2022). Telo ako priesečník prírody a kultúry [The body as the intersection of nature and culture]. Etnologické rozpravy, 29(1), 8-35.

Collins, R. (1981). On the Microfoundations of Macrosociology. The American Journal of Sociology 86(5), 984-1014. https://www.jstor.org/stable/2778745

Conrad, Ch. (1999) Rentnerinen und Rentner. In Haupt, H. G., Frevert, U. (eds) Der Mensch des 20. Jahrhunderts. Campus Verlag, 254-277.

Csikszentmihalyi, M., & Rochberg-Halton, E. (1981). The Meaning of Things. Domestic Symbols and the Self. Cambridge University Press.

Douglas, M. (1991). The Idea of a Home: A Kind of Space. Social Research 58(1), 287-307. https://is.muni.cz/el/1423/podzim2011/SAN236/um/27590952/Douglas_Idea_of_Home_A_Kind_of_Space_SR_090301.pdf

Fung, H. H. (2013). Aging in Culture, The Gerontologist, 53(3), 369-377. https://doi.org/10.1093/geront/gnt024

Gewirtz-Meydan, A. & Ayalon, L. (2022). Reasons people refrain from sex in later life, Journal of Sex & Marital Therapy, published online, https://doi.org/10.1080/0092623X.2022.2087811

Giddens, A. (1998). Důsledky modernity. Sociologické nakladatelství.

Gieryn, T. F. (2000). A space for place in sociology. Annual Reviews, 26, 463-496. https://doi.org/10.1146/annurev.soc.26.1.463

G. Lutherová, S. (2014). Sweet Property O'Mine. Home Cultures, 11(1), 79-102. https://doi.org/10.2752/175174214X13807024690828

Gubrium, J. F. (1997). Living and Dying at Murray Manor. University of Virginia Press.

Gunreben, M., Mahr, Ch. (2014). Junges Ich in alter Haut: Vom Topos des fremden Körpers in Alterserzählungen. Querformat 7(1), 57-64. https://doi.org//10.14361/quer-2014-0107

Holstein, M. (1999). Women and productive aging: troubling implications. In Minkler, M., Estes, C.L. (eds) Critical Gerontology. Perspectives from Political and Moral Economy. Baywood Publishing Company, 359–373.

Katz, S. (2000). Busy Bodies: Activity, aging, and the management of everyday life. Journal of Aging Studies, 14(2), 135-152. https://doi.org/10.1016/S0890-4065(00)80008-0

Katz, S. (2011). Hold On! Falling, Embodiment, and the Materiality of Old Age. In M. J. Casper, & P.

Currah (Eds.), Corpus. Palgrave Macmillan, 187-206. https://doi.org/10.1057/9780230119536_12.

Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging: Does it "appeal more than it illuminates"? Gerontologist, 55(1), 26-33. https://doi.org/10.1093/geront/gnu027

Komter, A. E. (2001a). The disguised rationality of solidarity: Gift giving in informal relations. Journal of Mathematical Sociology, 25(4), 385-401. https://doi.org/10.1080/002225 0X.2001.9990261

Komter, A. E. (2001b). Heirlooms, Nikes and Bribes: Towards a Sociology of Things. Sociology, 35(1), 59-75. https://www.jstor.org/stable/42856249

Kruse, A. (2013). Altern und Alter aus einer sozialethischen Perspektive – die gesellschaftliche Mitverantwortung für ältere Menschen, die Mitverantwortung älterer Menschen für die Gesellschaft. Altern in unserer Zeit: Späte Lebensphasen zwischen Vitalität und Endlichkeit, 29-64.

Laslett, P. (1989) A Fresh Map of Life: The Emergence of Third Age. Basingstoke, Hants.

Lawton, M. P. (1985). The elderly in context: Perspectives from Environmental Psychology and Gerontology. Environment and Behavior, 17(4), 501-519. https://doi.org/10.1177/0013916585174005

Lawton, M. P. (1989). Environmental Proactivity and Affect in Older People. In A. Spacapan, & S. Oskamp (Eds.), Social Psychology of Aging. Sage, 135-164.

Litwak, E., & Longino, C. F. (1987). Migration patterns among the elderly: A developmental perspective. The Gerontologist 27(3), 266-272.

Lutherová, S. (2009). Význam vlastníctva v procese tvorby domova. [The meaning of ownership in the process of creating home]. Slovak Ethnology/Slovenský národopis, 57(3), 367-385. https://www.ceeol.com/search/viewpdf?id=264151

Lynott, D., Connell, L., & Holler, J. (2013). The role of body and environment in cognition. Frontiers in Psychology, 4, https://doi.org/10.3389/fpsyg.2013.00465

Miller, D. (2001). Behind closed doors. In D. Miller (Ed.), Home Possessions. Berg, 1-22.

Marshall, V. W. (1995). Social Model of Aging. Canadian Journal on Aging, 14(1), 12-34. https://doi.org/10.1017/S071498080001045X

Novotná, J. (2019). Poodhalit a svést. Homointimita v heteronormativních rámcích stárnutí. [To reveal and seduce. Homointimacy in heteronormative frameworks of aging.] Neviditeľná staroba. [Invisible Old Age]. Aspekt, 11-33.

Parker, C., Barnes, S., Mckee, K., Morgan, K., Torrington, J., & Tregenza, P. (2004). Quality of life and building design in residential and nursing homes for older people. Ageing and Society, 24(6), 941–962. https://doi.org/10.1017/S0144686X04002387

Potts, A., & Tiefer, L. (2006). Introduction. Sexualities, 9(3), 267. https://doi.org/10.1177/1363460706071906

Rowles, G. D., & Ravdal, H. (2002). Aging, Place, and Meaning in the Face of Changing Circumstances. In R. S. Weiss, & S. A. Bass (Eds.), Challenges of The Third Age. Meaning and Purpose in Later Life. Oxford University Press, 81-114.

Sandberg, L. J. (2011). Getting Intimate: A Feminist Analysis of Old Age, Masculinity and Sexuality.

Sandberg, L. J. (2015). Sex, Sexuality and Later Life. In J., Twigg & M. Wendy (Eds.), Routledge Handbook of Cultural Gerontology. Routledge, 218-225.

Sedláková, T. & Ševčíková, A. (2020). Patterns and changes of sexual expression in older Czech women, Sexual and Relationship Therapy, https://doi.org/10.1080/14681994.2020.1741541

Sixsmith, J., Sixsmith, A., Fänge, A. M., Naumann, D., Kucsera, C., Tomsone, S., Haak, M., Dahlin-Ivanoff, S., & Woolrych, R. (2014). Healthy ageing and home: The perspectives of very older adults in five European countries. Social Science and Medicine, 106, 1-9. https://doi.org/10.1016/j.socscimed.2014.01.006

Sýkorová, D. (2013). Space and Things in the Context of Old Age. ERIS Web Journal, 4(1), 12-30. https://periodika.osu.cz/eris/dok/2013-01/2-sykorova-old-age.pdf

Tschirge, U., Grüber-Hrćan, A. (1999). Ästhetik des Körpers. Der alte Körper zwischen Jugendlichkeitsideal und Alterswirklichkeit. Kollhammer.

Uhrín, M. (2017). The evolutionary approach in anthropology a study of the body and corporeality. Ethnology for the 21st sy: bases and prospects. Masarykova univerzita, 181-191.

Voľanská, Ľ. (2018). „Starneme pri tom, že stále niečo robíme...“: Dôchodok ako voľný čas? [„We Are Getting Old Whilst Always Doing Something...“: Retirement as Free Time?]. In Národopisná revue, 28(2), 103-118. https://revue.nulk.cz/narodopisna-revue-2-2018/#volanska

Zimmermann, H.-P. (2013). Alters-Coolness – Gefasstheit und Fähigkeit zur Distanzierung. In Rentsch, T., Zimmermann, H.-P., & Kruse, A. Altern in unserer Zeit: Späte Lebensphasen zwischen Vitalität und Endlichkeit. Campus Verlag, 101-124.

LIST OF PICTURES