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# **Reading Film with Age through Collaborative Autoethnography: Old Age and Care, Encounters with *Amour* (Haneke, 2012), *Chronic* (Franco, 2015) and *A Woman's Tale* (Cox, 1991)**

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**Abstract:** This paper is primarily a study in research methods, reflecting on the application of an autoethnographic method as means to engage with a co-created intergenerational research project that focussed on reading films about older age and end of life care. Methodologically rich and complex, this paper outlines the research process through which six women at different stages of the lifecourse (Katz 2015) came together to critically analyse *Amour* (Haneke 2012), *Chronic* (Franco 2015) and *A Woman's Tale* (Cox 1991). The autoethnographic approach privileges the voices of older women who use their own life stories and experiences to produce nuanced readings of care and old age as they are represented on screen. From this innovative approach to film through autoethnographic reflection, new concepts of 'reading with care', and 'reading with age' emerge as important to our understandings of what it means to care and be cared for.

**Keywords:** Autoethnography; ageing; film; care; research methods

## **1. Introduction**

This is a research methods paper that explores the use of autoethnography as a means to facilitate and capture the complexity and richness of a co-created process of intergenerational research. The paper presents a collaborative study of three films that focus on older people and experiences of caring (both caring for and caring about). The paper is, however, about much more than just the chosen films and the readings that are produced, although these elements are still of importance. Above all, it uses the self-reflexivity of autoethnography, to think with age (Jennings and Gardner 2012) about film and, by extension, about being/becoming an old woman. The idea of 'thinking with age' is methodologically pivotal to the study as a whole because it is integral to its autoethnographic method. It forms the interpretative framework for the self-reflexive research process by saturating the autoethnographic process with life course experiences. Age in this study is therefore more than a set of chronological markers from birth to death; age is a repository to think with and with which to read texts.

The aim of the paper is therefore to critically explore the Older Women in Film Group's (OWFG) desire to work with each other to comment on the films *Amour* (Haneke 2012), *Chronic* (Franco 2015) and *A Woman's Tale* (Cox 1991) from their perspectives as older women. This paper reflects on the process and outcome that emerged when two ageing studies scholars based in the Centre for Women, Ageing and Media (WAM) were invited into the mix, bringing with them autoethnography as a new approach to the project.

The project that is outlined in this paper is political and polemic in nature and presents a collective engagement between the members of the OWFG that changed in both content and process over time but never in its intent to offer readings about age, care, and film that are rarely heard; readings by older women. What follows is a co-constructed and intergenerational account of a research process. It draws together autographically inflected readings of three films set in three different locations: France (*Amour*), United States (*Chronic*), and Australia (*A Woman's Tale*), but analysed by an intergenerational, nationally diverse group of older

women (US, European and Middle Eastern origin) in London, who were nonetheless mindful of their white Western privileges and gendered reading positions from the outset.

The provenance of the project is lengthy and grounded in grassroots experiential and feminist research on older women and film. Jane Grant, Rita Ferris-Taylor, Rina Rosselson and Sylvia Wiseman were, at the time of writing, members of the Brent University of the Third Age (U3A) OWFG and Hannah Grist and Ros Jennings are members of WAM at the University of Gloucestershire, where Hannah is an Early Career Researcher and Lecturer in Media, and Ros is Professor of Ageing, Culture and Media.

OWFG has an influential history in terms of the study of the representation of older women in film; including contributing data and materials that brought about a British Film Institute (BFI) Study Day (2006), a guide to *Older Women in Feature Films* (2006), and a paper presented by a former member of the OWFG at the *Ageing Femininities: Representation, Identities, Feminism* conference at the University of the West of England (2007). In addition, Rina established her *Ageing, Ageism and Feature Films* film blog and has also written for the feminist blog *The F Word*. The significance of this contribution lies not just in her reading of the films but in her drive to counter a statement once directed at her when she asked to be supervised for a PhD – ‘Who is interested in old women?’

## 2. Structure of the Article

To try and do justice to the complexity of this process, this paper is unconventionally constructed. It is much longer than most academic journal articles because it presents autoethnographic reflections on the three films, by all four of the OWFG members. These reflections are followed by autoethnographic reflections on their involvement in the project written by the two academics. The next section comprises an analysis by the two academics of the themes that emerged in the autoethnographic readings, focusing on the emergent concepts of ‘reading with age’, ‘reading with care’, and ‘boundaries of care’. The conclusion consists of an account of the group’s discussion of the themes that were then shared and of the group’s final reflections on the use of collaborative autoethnography as a research method.

The structure of this research, as outlined above, corresponds to Julie Stephens’ (2010) experiences of doing feminist autoethnography and is an example of memory work that is ‘messy’ (Denzin 1997). Certainly, it has been a challenge to adequately capture all the complexities of this collaboration for academic dissemination whilst attempting to remain ethically aware and respectful (Ellis 2007, 2009; Roth 2009) of the relationships and interactions that are manifest in it. The following section, written as a collaborative autoethnography by Jane and Rina, outlines the research process undertaken for this project, which evolved through face to face discussions and email exchanges with the other group members over several months.

## 3. Research Process (Rina Rosselson & Jane Grant)

*Two of us, Rina and Jane, were passionate about film and, increasingly, about the representation of ageing in films. In early 2016 the OWFG had viewed and discussed Amour (2013) and later analysed Chronic (2015), as both films dealt with the subjects of ‘caring’ and ‘end of life’. Soon after this, we decided to include A Woman’s Tale (1991) which dealt with the same subjects.*

*Several weeks later we asked two other members of the group (Sylvia and Rita) to join us in the project, as each of them had a great deal of experience in caring. When they both expressed concern that they did not know enough about film criticism, they were reassured that what was important was their knowledge of caring.*

*The films were each viewed at home and then everyone met up to discuss them several weeks later. To facilitate the group's thinking, Jane and Rina drew up some initial questions to guide our thinking as we watched the films individually. We then met together, and Jane recorded and transcribed the discussions that took place. We had two discussions about the films, with an eight-week gap between discussions. Our meetings usually lasted approximately two hours. We shared transcripts of the recordings over email and another meeting was arranged to discuss where we were going with the project.*

*We chose to view the films at home separately because it enabled us to focus fully on the films and our gut reactions to them. We could make our own notes, using the guided questions, and reflect fully. This enabled our individual views to be articulated more clearly before meeting to discuss and debate our differing reactions. The four of us had very different experiences of seeing these three films. Rina had already seen all three films in a variety of settings, Amour several times, and had written about them. Jane had seen two, and Sylvia and Rita had not seen any of them previously. In addition, it was hard enough setting times that the four of us could meet for the discussions – let alone viewing three films as well.*

*In November/December 2016 there was an air of deep discouragement. The results of our discussions were very disappointing. We found that we had different understandings and major disagreements about how to frame our views. Were we to isolate the representation of caring in the light of our experience, ignoring its function in the film, or apply our experience to explore the role of caring in the film as a whole? This led to chaotic disagreements, often reacting to each other in ways that barred any real discussion about our respective views. How did each of us understand our intentions and aims in the project? Revisiting the transcripts, what were the main themes, agreements and disagreements? We asked: What can we do with anything we produce – who might be interested? Did we have different assumptions about this?*

*Over this period, Jane and Rina attended the conference 'Discourses of Care' in Glasgow in September 2016, where they met Hannah and Ros, who were interested in our project. Rina kept in touch with them about our progress, and when it was clear that we had reached a stand-still they offered to meet up to discuss the possibility of our taking an autoethnographic approach to the subject. Hannah and Ros joined our project in December 2016, and our first meeting took place in February 2017.*

*At our first meeting with Ros and Hannah we explained the history of the project and our ambitions for it, and Hannah and Ros in turn explained how we might use autoethnography to produce a paper for publication in an academic journal. Once we had decided an autoethnographic approach would help us to move the project forward, Hannah and Ros set an April 2017 deadline to complete a draft of our autoethnographies. We then shared discussions via email about our work and agreed that Ros and Hannah would explore our autoethnographies for themes and create a draft structure for this paper. In the following weeks we each wrote back with comments and corrections via email. In November 2017 we met in person and discussed the need to shorten our autoethnographies in order to submit to a journal, and decided to allow Ros and Hannah to edit as necessary. We shared drafts via email and*

*agreed corrections and suggested changes. In December 2017, sixteen months after beginning the project, our paper was complete and submitted to the editors for their consideration.*

#### **4. Using Ageing, Feminism and Autoethnography as an Exploratory Framework**

The arrival of cultural gerontology in the last decade has signalled a shift in the way ageing is studied and conceptualised. Where research on older age was once dominated by biomedical models which grouped ageing bodies into categories of ‘success’ or ‘decline’ (Dolan and Tincknell 2012), cultural gerontologists and ageing studies scholars recognise that ‘people don’t line up neatly with either positive ageing or biodecline – although the assaults certainly do make life nastier and, sometimes, shorter’ (Gullette 2017, xvi).

The reconstitution of ageing thesis [A1] suggests that late modernity has fundamentally changed the experience of ageing and that it has become heavily influenced by cultural phenomena (Twigg and Martin 2015, 2). Margaret Morganroth Gullette’s seminal work *Aged by Culture* (2004) argues that, like gender and race, age is a social construct intimately tied to neoliberal narratives of decline, which fuel negative personal narratives and perpetuate ageist discourses (cf. Gullette 2017). To examine how these dominant cultural narratives impact on our understandings of age and ageing, ‘Gullette’s age critical perspective emphasises the power of autobiography and storytelling’ (Jennings and Grist 2017, 196), an approach which fits well with the autoethnographic research method employed in this project. Moreover, cultural gerontological and ageing studies perspectives eschew biomedical approaches which tend to carry out research ‘on’ older people, and instead adopt a collaborative perspective where ‘older people themselves are at the centre of debates to discuss their own identities, their own lives and the policies governing them’ (WAM Manifesto 2012).

As we will outline below in more detail, this research project adopts a collaborative autoethnographic approach (Chang et al. 2013), which is intergenerational in nature, to examine personal responses to cultural products which narrate both older age and care/care giving in later life. The relationship between ageing and care has traditionally been tied to biomedical models of ageing as decline, often mobilising the ‘dementia trope’ in the popular cultural imaginary (Gullette 2017; Chivers 2011; Gravagne 2013). In response, ageing studies approaches have facilitated work which positions dementia as a cultural phenomenon, offering a voice to those affected, challenging banal and harmful depictions and highlighting new representational possibilities (Swinnen and Schweda 2015; Chivers and Kribernegg 2017).

Thinking through the representational possibilities connected to care and care giving, new research (Jennings and Grist, Forthcoming) has shown that the providers of care to those with dementia, those who work within the nursing home space, remain both invisible and hyper-visible (Woodward 1999). The films examined through this project thus represent a few notable exceptions in the representation of carers on screen and therefore highlight the importance of collaborative methodological approaches informed by ageing studies concepts.

Autoethnography is an approach to writing and research that ‘foregrounds the researcher’s personal experience (*auto*) as it is embedded within, and informed by, cultural identities and contexts (*ethno*) and as it is expressed through writing, performance, or other creative means (*graphy*)’ (Manning and Adams 2015, 188-189). Both process and product, autoethnography connects the personal to the cultural and ‘allows us to examine how the private troubles of

individuals are connected to public issues and to public responses to these troubles' (Denzin 1997, 5-6).

Approaches to autoethnography are commonly divided between two camps: evocative autoethnography and analytic autoethnography (Denshire 2013). The evocative approach focuses on producing 'research grounded in personal experience' to 'sensitise readers to issues of identity politics, to experiences shrouded in silence, and to forms of representation that deepen our capacity to empathise with people who are different from us' (Ellis and Bochner, 2000, online), which repositions 'readers and subjects as coparticipants in dialogue' (Ellis 1999, 669). The analytic approach focuses on using empirical data, including and beyond the self, to theorise a set of broader social phenomena, an approach that is consistent with qualitative inquiry rooted in traditional symbolic interactionism (Anderson 2006).

A third approach has emerged as a way through the seemingly oppositional construction of evocative versus analytic approaches to autoethnography. Whilst autoethnography usually has a focus on the self (*auto*), the method has also evolved to include community, co-constructed and collaborative autoethnographies (Chang et al. 2013). These approaches view experiences and relationships as 'jointly-authored, incomplete, and historically situated affairs' (Bochner and Ellis 2000, online) and focus on 'the personal experience of researchers-in-collaboration' to explore broader social phenomena (Bochner and Ellis 2000, online). These kinds of layered autoethnographies bring together multiple voices to reflect on the 'emergent experience' of doing and writing research (Ronai 1992, 123, cited in Bochner and Ellis 2000, online).

This research project offers readings of films about older people which are rarely heard; readings by older women themselves. A feminist project from its inception, this research utilises the power of collaborative feminist autoethnography (Ettore 2017). Feminist autoethnography is 'a method of being, knowing and doing that combines two concerns: telling the stories of those who are marginalized and making good use of our experience' (Allen and Piercy 2005, 156). In this project, 'our experience' straddles both academic and non-academic approaches to the films and to autoethnography as a method. Leni Marshall (2006) notes: 'As feminists and scholars, we write what we know—what we learn from our lives, the lives of those around us, and the texts we encounter' (xii). This project represents a process of feminist collaboration, drawing upon our individual experiences and our reactions to the texts, using autoethnography as process and product to 'say something' as women about the representation of ageing and care on screen.

Autoethnography has a complex history and multiple applications. Jimmie Manning and Tony E. Adams (2015) draw attention to the ways in which autoethnography is increasingly drawn upon by scholars in multiple disciplines to explore questions of race, ethnicity, and gender (see Boylorn 2013; Pelias 2014), and to examine personal and interpersonal understandings of popular culture (see Herrmann 2012; Bochner 2012; Leavy 2013; Drew 2001). Like those who brought autoethnography to popular cultural studies, this paper adopts the method of feminist collaborative autoethnography (Chang et al. 2013) to bring together the voices of four older women and two academics reflecting on films about older age and care. As Manning and Adams (2015) assert, 'popular culture texts can bring us together, make us reflect on our own lives, and encourage us to think about the values we hold dear' (198).

With our shared motivation to work against endemic cultural ageism and to challenge representations of older age and care, the following sections present four autoethnographies

which explore each member of the OWFG's reading of the three films. All the autoethnographic elements have been italicised, though the style of each autoethnography is unique to its writer – for example, some of the autoethnographies are titled and contain subtitles; others contain bullet points, the use of bold, and one contains academic references. These differences in approach to the autoethnographic writing and differences in style have been retained for this article as evidence of 'aesthetic and evocative thick descriptions of personal and interpersonal experience' (Ellis, Adams, and Bochner 2011), which is characteristic of co-constructed autoethnographic narratives (Bochner and Ellis 1995).

#### **4.1. Autoethnography - Writing Project re. End of Life Films/Films Portraying Older People (Rita Ferris-Taylor)**

*With all 3 films, I felt hesitant about viewing them, knowing the content may be upsetting or grim and having been forewarned of this by other members of the group.*

*It's not because I can't face such subject matter, but due to multiple illness and bereavement in my own family, I have to be feeling strong to do so and sometimes need instead to watch something completely vacuous!! I am a 60-year old woman, and although in some groups of older people that I attend, I am regarded as a 'younger' older woman, many recent deaths of family members and friends, sometimes at a relatively young age, have made me acutely aware of my own mortality and never knowing what is around the corner. I'm not so much fearful about death as worried about what the process of getting there may be like! I have experience of supporting family members and friends in hospices and care homes. I have worked variously as a day and residential worker, a speech and language therapist, an adult and further education teacher with disabled adults and on health and social care courses.*

***All three films were unflinching and graphic in their unusual portrayal of the physicality of caring and ageing, e.g. very prolonged intimate care scenes in Chronic, with the camera lingering long enough in some scenes to hint that in this unusual relationship, there can hang some sensuality in the air even if there is no actual wrongdoing. By contrast, in A Woman's Tale, Martha bathes herself - her body is bold, unadorned, gaunt and still beautiful in her old age. However, she is shown later on starting to struggle, e.g. tripping on the stairwell, leaving things on the stove, being in pain. Throughout the film there is the caged bird image of Jesus, her pet, linking to how she herself is gradually being caged in and having fewer choices.***

*In Amour, the successive indignities are portrayed, i.e. the incontinence and the infantilising tendencies of the nurse, who is helpful and knowledgeable but still calls the pads 'diapers' or 'nappies'.*

***How older people can become seen as less of a person, e.g. increasing dependency may mean the older person cannot take on the same role in the family anymore / are almost absent/overlooked in what is happening to them. In A Woman's Tale, Martha shows her horror at the thought of being in a home or going on an outing with other older people. At one point, she talks angrily about not wanting to be one of the 'prisoners' like those in the old people's home. A horror I share too!! In Amour, Anne's spiritedness is portrayed at the beginning, as well as throughout her successive strokes. She is still clearly her same self, however, in one scene, her daughter becomes upset that Anne is now 'talking gibberish' although, if she had listened more carefully, she may have been able to catch what her mother was saying. In***

*Chronic, which focuses more on the paid carer's experience, Dave tries to relate to the people he is caring for, but the tasks can make things seem like a conveyor belt.*

***The sadness and tedium of caring and being cared for is well portrayed.*** *In Chronic, static clips gave the sense of the repetitiveness of caring. These clips are interspersed by scenes of Dave running on a treadmill, which made me feel that this is what his caring role is like.*

*In Amour, I think the changes, as Anne's strokes progressed, were portrayed realistically and unsentimentally. It conveyed the time consuming-ness of doing everyday things, e.g. the slow movements as Georges tries to physically care for Anne, holding each other a bit like a shuffling dance, to get to the loo. This film shows the changing roles as Georges becomes 'the carer' while Anne becomes the 'cared for'.*

*I have personally hated it when people refer to me as a relation's 'carer' or indeed my husband's 'carer' (he is blind, and I am his wife, not his carer) – I feel this distorts what the relationship essentially is. It doesn't mean that defines the whole of the relationship – it just sounds like government speak for ways of offloading responsibilities onto families and saying certain needs are taken care of. I think it is important to preserve the original relationship as far as possible.*

***Dilemmas about how paid carers and family members relate*** *e.g. in Chronic, Dave is shown as a professional nurse who knows what he is doing, completing caring tasks more easily and calmly than the family members. Initially, they are glad someone else can do the tasks they cannot cope with. Marta's family are portrayed as only too glad when they don't need to come over. Dave is expected to dutifully do the donkey work yet at the same time, due to the intimacy of it, he establishes close relationships with his patients, which the families come to resent or just don't recognise. He is expected to be anonymous and dispensable, despite such an intimate role. However, the shots near the beginning of the film which show Dave in an ambiguous, potentially stalkerish, and over-identified manner with his clients, highlight the potential risks that we take when having a paid carer in our home – we don't really know who they are and what motivations they have.*

*Thinking of my own experiences, I never felt I wanted to care in a personal way for my father, as it would have been an intimacy that challenged/transgressed my relationship as his daughter (fortunately it did not become necessary). I was more easily able to provide intimate care for a male neighbour when needed, in unexpected ways. However, I found that when paid carers care for your relations and friends they can sometimes very quickly establish a close relationship, which could make me feel usurped as a family member. Or, feeling that they are not caring in a sufficient or competent enough way, or that they are doing things that are undignified or potentially abusive, and then feeling the need to be vigilant. All of which came out in the films, e.g. Chronic, where Dave was probably falsely accused; Amour, where Georges challenges the sadistic female carer who brushes his wife's hair in such a humiliating way. A Woman's Tale had a different take when the paid carer, Anna, is groped by Martha's male neighbour. This scene felt all too realistic, as did Martha, asking Anna why she didn't let him do it, as he didn't have long to live!! I felt appalled by this, as it mirrors some situations I have been involved with in everyday life, where groping by an older and/or disabled man is felt to be somehow less serious (perhaps because due to age or disability, he is seen as being less of a man/not a threat). It's often seen as something to be expected/something the carer should put up with and not complain about. Martha suggests it can be seen as life affirming,*



*but also condones his actions in a way that my feminist principles would not accept for any carer.*

*What is and isn't 'appropriate'? Things can be over professional and cold/over boundaried, rather than genuine and warm but where do the dividing lines lie? Some of what was shown in the physical and emotional closeness of the relationship would be frowned upon now and probably a cause for disciplinary action, as paid caring is now a much more professionalised activity with national occupational standards, stressing boundaries. But should it be such a professionalised, impersonal relationship, or more close and genuine, as portrayed in A Woman's Tale?*

**All three films highlight the need to re-think ways to approach end of life.** *The need for better, high quality care and more options, sadly difficult in these straightened financial times, where there is a lot of government rhetoric about choice in social care but maybe the reality sadly lacking, e.g. many old people end up in care homes against their will/choice.*

*In Chronic, the scene with Martha dying was very unsentimental, functional, calm and felt slow, like real time, with no dramatic deathbed revelations.*

*In Amour, although Anne wishes to stay out of hospital when she realises the significance of her illness, to end it early on, there is no straightforward legal way to accomplish this. Later, at the end, maybe Georges would have acceded to her request early on if he had really known what lay in wait!!*

*Martha gets her wish to be at home and die there through Anna's support, but I found this final scene a bit hackneyed, i.e. that her dying words are about life being beautiful rather than, as often in my own experience, something fairly mundane, or to do with pain or discomfort.*

#### **4.2. Autoethnography (Jane Grant):**

*I'm 73 and came to the UK from the States to study film when I was 20. I was involved in political activism and film in the 60s and woke up to feminism in 1970.*

*I joined the Old Women's Film Group (OWFG) when I was 61-62. I had a year off work following an accident and went to the group because I love films, felt the representation of old women was important, and had the time. I didn't particularly see myself as old – although the accident certainly made me feel I'd been kicked into old age prematurely. It didn't take long to realise that I was getting old and that acknowledging this was a good thing as well as an act of solidarity. My own experiences of disability have taught me that life can change in a second and that there is a difficult (if healthy) tension between stretching myself and accepting limiting changes and adapting.*

*I retired from part time work as a midwife researcher in 2013 when my daughter went back to work and needed help with childcare. I do a lot to stay as fit as I can and to prevent respiratory infections I'm prone to get. I love films and see a lot of them, being with friends, and reading.*

#### **Caring**

*I've been a midwife most of my working life and before that I was an ambulance driver and so my perspective on caring is very much influenced by my experience and identity in these jobs.*

*I haven't had much experience with end of life care apart from spending a lot of time with one friend in her last year of chemo. During that period, I was able to observe a professional carer, and that made big impressions on me.*

*My own experience of being cared for has also influenced my ideas about caring. After losing my leg in a motorbike accident I learned a lot about what I liked and what worked for me in terms of care, and how to discuss this with professionals.*

*I have always been fascinated by illness narratives and introduced the medical humanities into my midwifery teaching – using literature, poetry and films. I think my exposure to this body of work helped me in recovering from the acute trauma of my accident.*

### **Amour**

*I thought it was a very cerebral and cold film and if I had to say one sentence about Amour I would say 'It's a cautionary tale on how not to care or provide care for a loved one'. I kept thinking, 'I wouldn't like this', or 'I wouldn't like that', 'that's not right', 'that's not fair'. I felt angry with Georges for failing to help Anne die when she wanted and for slapping her. I felt manipulated by the director in making me care more about the fate of a pigeon than any of the people.*

*I appreciated the film showing Anne returning to the flat in a chair, followed by a succession of medical equipment to support her in her new ill role. For me, the offer of a wheelchair and handrails was both exciting and welcome as they provided mobility and safety. I'm aware that someone with a chronic and progressive condition might have very different feelings about being offered such 'aids'. I also appreciated the film showing what are usually regarded as the indignities of illness and/or ageing - needing assistance to get up, sit down, walk, eat, to dress and to use the toilet.*

*The representation of professional carers was chilling. The care was infantilising, humiliating, cruel and violent. When I trained as a midwife in the 70s many obstetricians and sometimes midwives behaved like this. Woman or patient centred care was a long way off. There is no interaction between Georges and the carers – apart from a scene in which he angrily dismisses one of them for being uncaring. The professionals offer no support to Georges, much less to his daughter – either practical or emotional.*

*Amour was for me a call to 'be prepared'. It encouraged discussing things that are very important – e.g. illness and decrepitude and the kind of support you'd like and who's best to provide it if and when you need it. I loved Atul Gawande's 'Being Mortal'.*

*After seeing Amour, I told my daughter that I thought it might be a good idea if she watched it and she said: 'What's it about?' I could see the blood draining from her face when I told her. I think if those in our friendship network organised a showing that we didn't attend, but all of our children attended, that could be useful because then they wouldn't feel so isolated and they could share their concerns, gallows humour, and fears about the future.*

*The film really brought home, in its absence, the importance of having both professional and family support in such an acute and terminal situation with negotiated boundaries and effective communication between everyone.*

### **Chronic**

*I found Chronic interesting but unsettling the first time I saw it, so I was pleased we included it in our project about the representation of caring. Suddenly the film became more interesting than unsettling. The film is a portrait of a carer, a man with a mysterious and troubling back-story. Like Amour, I found it cerebral and cold.*

*Initially I thought the shot of David washing Sara's emaciated body was cruel and cold. But I also saw a tenderness in David's slow movements. I imagined he'd had a long carer relationship with Sara in which both felt comfortable. The lingering gaze documented a kind and normal event. Midwife friends and I used to discuss how care in childbirth and at the end of life are similar. Trust between the carer and the cared for is central in both, and I think we are so predisposed to trust in these situations that it takes a lot to 'blow it', making tales of cruelty in childbirth or end of life care so disturbing. In all David's interactions with Sara I recognised this trust.*

*In another scene, David washes a woman's bottom. She's been having chemo and couldn't make it to a toilet. This too seemed normal and kind. Shit has a place in the narrative of childbirth. Telling women what the need to push might feel like, telling them they might pass a bit of poo, and that we might get excited because that meant the baby was coming soon – always seemed to help diffuse worries about 'soiling', 'being unclean' and 'concerns' about what others might think of them. The scene in the film gently documents a common end of life activity.*

*I didn't like that David did almost all his talking with the patient and no talking with the family. It's really important, whatever the caring situation, that you establish some kind of 'how're we going to do this?' with the family and friends. This may be hard to do if the family are difficult, put out by the carer's skill or close relationship with a loved one. But not doing so can lead to wild accusations by the family against the carer, carer burnout, and most importantly the needs of the loved one being ignored.*

*David clearly had little appreciation of boundaries and was very damaged. He helped his son to die. Was he seeking absolution in his work as a carer? Was a woman's request for help to die distressing because he never had wanted to do it again? 'That's the worst thing you could ask me', he said. I found the mystery aspect tedious but thought it was useful to show how carers may be 'wounded' and this needn't make them bad carers. Indeed, if they have insight into their suffering they may be very empathic. Unfortunately, David did not, and he was killed in what I took to be suicide.*

### ***A Woman's Tale***

*In the opening shot a multitude of themes central to A Woman's Tale, are introduced before the opening credits finish: ageing, illness and facing death, isolation, friendship, defiance and love. Her opening lines establish Martha as judgemental about anyone who rolls over, doesn't fight for life. 'I'm still here eyes wide open looking straight at the world. They'll have to drag me out of here'.*

*In contrast to the other two films, the characters are well drawn and developed, especially that of Martha. Where the other films felt cold, this one felt warm. In [A2]Anna, caring is represented as professional, personal and very positive.*

- She develops caring appropriate to each person she's looking after.
- She encourages independence where necessary (Billy).

- She advocates strongly for patients in her care.
- She can assert personal boundaries not to be crossed – Billy groping her.
- She knows when to tell the truth – at the end with Martha.
- She cares **about** not just **for** someone.

Anna crosses boundaries by current criteria in many ways, as David did, but not so weirdly.

- In the way she occasionally spoke to Martha's son.
- Going swimming with Martha.
- Accompanying Martha on a social outing that would be banned on safety grounds.
- Seeing an estate agent with a view to renting a flat she and Martha can share if Martha is locked out of her own.
- Meeting her lover in Martha's flat.
- Speaking about another patient with Martha.

From my own experience, I identified with some of these things (swimming with a woman to encourage her contractions) and got in trouble for working longer than my shift or coming in on days off. I identified with Anna advocating more for the patient, when it came to it, than supporting her <sup>[A3]</sup>son. I also worried that she was going to burn out.

Martha is represented as carer in a number of ways:

- In her support for her ill neighbour and another friend.
- In her support for Anna and Peter.
- As mother to her son and in the haunting memories of her daughters.
- In her attempt to help a suicidal teenager on a phone-in radio show.

There was reciprocity in caring (between the carer and the cared for) to a greater or lesser degree in these instances.

John (Martha's son) as carer:

He does (like Anne and George's daughter) care, but unlike her is at great pains to work out how to best do this. The image of his and Peter's faces staring through the frosted glass of Martha's flat as she lay inside dying in Anna arms is desolate.

I identified with Martha as a patient – attempting to develop reciprocity in my relationships with carers was a way of maintaining my independence, as well as demonstrating respect and sometimes establishing the space for affection.

If I need end of life care, I would want to have a human relationship with my professional carer - to be cared about as well as cared for. Equally, I would want someone who knew what they were doing, knew how to take care of themselves in their professional role, encouraged and supported my autonomy and the informed involvement of friends and family. These films made me think about all this and I imagine would make anyone else do the same. That has to be a good thing.

### **4.3. Autoethnography (Rina Rosselson)**

On my retirement aged 60, fresh from a self-affirming 'Growing Old Disgracefully' residential week, I attended the course 'Ageing and the Media' at the City Literary Institute (1995). We were shown Brief Encounter (1945). I still remember how furious I was. We were offered

*nostalgia instead of a demonstration of the sexism/ageism of the film industry or a screening of a film about ageing characters. I enrolled for an MA course in Film and TV Studies so that I could comment knowledgeably on the representation of old women in films.*

*The responses to my dissertation and further experiences of witnessing the ageism at every stage of the film industry, a certain internalised ageism in women audiences, the lack of research on the subject, determined me to carry on my research (See Rosselson, online). Occasionally a review, an academic paper, or the poor distribution of some interesting film made me so angry that I needed to make ordinary women's voices heard. The Older Women in Film Group gave space for discussion and successful projects.*

*It is Chronic's Cannes award and Anna Harpin's talk about Amour at 'Ageing Embodiment and the Self', a Symposium held at Warwick University (2016), that stimulated me to explore the themes of love and care. Harpin asks: Do questions of authenticity, appropriation, and ethics, for example, apply in related manners to the portrait of physical decline in late life? What are the politics of performing care?*

**Chronic** (2015): *or 'terminal pain but Tim Roth is a pleasure' (Bradshaw 2015)*

*Its strong young male point of view annoyed me intensely. This film is about a professional home carer, Tim Roth as David, who has helped his terminally ill son to die. Its realist style mixed with a thriller keeps the carer's psychology a mystery. The many ambiguities about his behaviour and motivations culminate in his death – accident or suicide? – as shocking as it is gratuitous.*

*For the first 50mins the viewer is presented with a man who may be a stalker, a morose inscrutable man who works as a palliative carer, a man who does not or cannot relate to people. Voyeuristic long takes of a young woman who is dying of AIDS being washed are followed with washing of her dead body. He helps his next patient John to watch porn and excludes other carers and family members from his care. He invents relationships and identities for himself and is finally dismissed, accused of the sexual abuse of his patient. Is his behaviour care or abuse? In both cases, he arranges to be the exclusive carer.*

*Short scenes show him with his ex-wife, his daughter and an old friend. It is then that it is revealed that he helped his terminally ill son to die. The only time he shows any feelings are the few seconds where he seeks his daughter's forgiveness. We are no more informed about his odd behaviour: was he a carer then or did he become a carer as a consequence of this trauma?*

*He is then employed by determined Martha. She knows his background. She wants to be helped to die. Long takes of over a minute show her vomiting, soiling herself. Close-ups of her soiled backside are offensive and dehumanising. Martha is determined to end her life and rejects David's care when he refuses. But his refusal does not last. The fatal injection is deliberately executed and takes 3mins of screen time.*

*There is no doubt that Roth has researched the role of carer. He performs the physical care of patients extremely well. The washing, the carrying, the supporting. But the many scenes of washing equate terminal illness with dirt. The Spartan mise-en-scene and soundtrack, the still camera, the bare interiors convey no warmth, or empathy. In its ambiguities, its suspense style, its voyeuristic shots, the film shows neither sensitivity to nor respect about end of life issues. I*

*see in this film the exploitation of these subjects to show the director's and actor's proficiency to shock the audience.*

***A Woman's Tale* (1991) or 'care and friendship'**

*The film is based on the last days of the actor Sheila Florence, aged 75, a friend of director Cox. He transforms her real personality and experience into a fiction film and uses visual metaphors to express inner-feelings.*

*In a very straight narrative we are presented with two neighbours in a modest block of flats, Martha and Billy, who share a young, energetic, empathetic carer, Anna. The end of life of the two characters contrasts the sad isolation of Billy with Martha's full social life. Martha's naked body is seen in all its deterioration but does not elicit disgust. She is overtly cheerful, optimistic and sometimes acerbic. She expresses that life must be lived and enjoyed. Her inner life and her traumatised past that she cannot share with anybody are expressed in her dreams and when she is on her own. The sound track and images of the nightmare contrast with the daytime zest for life.*

*Anna and Martha develop a friendship and the two roles of friend and carer become merged. Anna understands her friend's needs and is the link between mother and concerned but overprotective son. Anna's care for Billy remains professional and cannot alleviate his isolation. When Martha is diagnosed with terminal cancer she decides, supported by Anna, not to have any more treatment. Anna helps the son to understand his mother's choice. Martha's fall, stay in hospital, her death, follow a trajectory all too familiar. She dies in Anna's arms.*

***Amour* (2012) or 'it does not have to be like that'**

*The film is about a husband caring for his severely handicapped wife at home and fulfilling her wish to die and dies himself.*

*Haneke forces the viewer to consider a loving couple's terminal moments. The decision to have a male carer focuses the attention on the carer's functions. We know nothing about Georges. It is Anne who is the professional person in the household, and the couple are isolated. A role reversal without appropriation. Their relationship seems to be loving but formal. The initiating event is the promise that Anne forces Georges into making: do not send me back to hospital. It is also very early in the film that there is a cut from the daughter's recollection of her parents' love making to a specially adapted bed that separates them. There are other important mise-en-scene and editing details worth examining: the flat with its window open, the front door that is often banged shut and locked against the outside world, the sound track with the music stopping. There are powerful images: the disembodied hand on Georges' mouth in his nightmare, the body of Anne on the floor at the bottom of the open window, the flowers heads cut from the stems. Without any sentimentality, from wellbeing to the death of the couple, we encounter the many facets of an end of life, euthanasia and suicide.*

*We are not spared the details of a carer's functions of cleaning a disabled, incontinent body but they are shown with no loss of dignity of the patient. The numerous issues are dealt with a light touch: the risks and failure of surgical intervention, the deterioration of the body, depression, the inadequacy of care professionals, the physical toll of 24 hours caring, the powerlessness of well-meaning people, the breakup of the family, the different expressions of*

*grief, and the repeated scenes where Anne expresses her wish to die and Georges compliance to this demand.*

*The power of this film has reduced many audiences to prolonged silences. In the words of one woman in the film group: I am awed into quietness, as though having contemplated something holy.*

*I wrote: It does not ask me to identify with the couple. It is a thought experiment. It asks me to consider how I would react, where I stand, how I feel in relation to all these issues.*

*I found in Amour the burden of being the sole carer of a dying loved one, at home.*

*I found in Amour a political film about end of life and care needs.*

*I found in Amour the tragedy of the change from 'love' to 'care'.*

#### **4.4. Autoethnography – Thoughts on Three Films (Sylvia Wiseman)**

*Perhaps this is the wrong name; perhaps it should be reactions to these three films: Amour, Chronic and A Woman's Tale because I reacted more than rationally thought. My reactions were those of a woman of 84 years old, probably entering the last decade of my life and feeling vulnerable about possible needs for care.*

*My background is of a social worker who mainly worked with people with disabilities. I was a medical Social Worker in a hospital department, later a Chief Officer for a Disability agency, then a Carers Counsellor for a project at the Kings Fund. In my private life, I was carer for my mother, who was elderly and partially sighted, and then for my husband, who had cancer and cardiac disease.*

*I was very pleased to be invited to join Rina's Older Women in Film group and to write about these 3 films. I am learning how to analyse films. Previously my experience was with art and books. My thoughts are still more emotional than analytical but I am eager to learn.*

*Death and dying are inevitable parts of life but it is unusual to view three films, in rapid succession, that treat these taboos in such depth: a challenging time for an elderly viewer.*

*Amour tells the story of Anne and Georges living a comfortable, well ordered life within a loving relationship but there is a sense of foreboding, something bad is going to disrupt this. Anne has a series of strokes that gradually transforms their lives. She is partially paralyzed in a wheelchair. She loses her dignity, is dependent on Georges and wishes to die.*

*Their only daughter pays a fleeting visit from abroad and offers unwanted advice to Georges that he should put Anne in a home, but he has promised Anne previously that he would never do that. Georges shows his fear and frustration by hitting Anne when she refuses to eat. The film illustrates how both carer and cared for suffer in their own way, isolated from others.*

*Chronic shows a very different pattern of caring. What seems to be the perfect professional care, David is a highly competent, compassionate home carer of the terminally ill, excellent at his job. In an early scene, he is shown bathing very carefully the body of a young woman, very sick and silent. Is she alive or is he preparing her dead body for her last rites? I found this*

*scene very uncomfortable, rather creepy. The Director seemed obsessed with this helpless, female body. I felt it was close to soft porn.*

*David makes very close friends of his patients to the extent that they turn to him for everything, both physical and companionable. This affects the family members, first delighted with such care but later feeling isolated, left out from any relationship with the patient. Many carers express this struggle between relief at having good care offered, to feeling helpless to be close to their relative in the last days or weeks of their life. It is hard to accept David's stretching the boundaries of professional behaviour – or does he? This is very subtly played.*

*A Woman's Tale is about Martha, a 78-year-old woman living out her final weeks with great vitality. Her carer is a young nurse, Anna. Their relationship is that of close friends to the extent that Martha encourages Ann to use her bed for romantic trysts with her married lover. This is clearly beyond the boundaries of professional working life but neither of them are concerned about this. Martha says, 'I am going to die in this bed. You are going to love in it'. Now, in my old age, I understand that she wants life to be more important than convention or professional ethics. What would I have thought as a young professional woman? Rather differently I expect.*

*Another scene in which I felt differently as an older woman was when Anna visits Martha's senile and lonely neighbour Billy. Billy fondles Anna's breast and she allows him. I understand this as an act of kindness on her part. As a young woman, I would probably have found it sleazy and abusive. I found this film the most touching and challenging of the three. I identified with Martha's defiant wish to retain her independence. She prefers to focus on helping others, Anna, Billy, an older friend and a young suicidal girl on the telephone, rather than thinking about her own vulnerability.*

*This causes considerable anxiety and frustration to Martha's busy son who would like to move her to a home where she would have full time care. I have to face how frustrating I may become to my own loving family. This has been a valuable process in using past experience as a carer, and of working with carers.*

## **5. Academic Reflections on sharing the readings**

### **5.1. Ros Jennings**

*When Hannah and I met with the OWFG to discuss autoethnography as a possible method for their project, we were welcomed into their group and made privy to their real frustrations in not being able to come to a unified position on the films. They agreed to explore using autoethnography to produce a piece of research that was collective but individual; to situate their analyses from the perspective of being older women. At the end of that meeting, they agreed to produce their individual analyses that embraced the possibilities of autoethnography.*

*Once the film readings had been produced they were shared amongst the six research participants by email and then Hannah and I visited the authors at Sylvia's house in London. Jane, Rita and Rina had arrived before me and discussions about the individual pieces had already been taking place. Jane related to us that she and Rina had been talking about remembering and misremembering, which was to filter into our discussions when we went on to think through the film readings and the next steps of the project together. In a room where there were three women of the pre-baby boomer generation (born before 1946) and two (one*



*of them being me) firmly in that chronologically demarcated age category (1946-1962), memory and recall was commonly being called into question and an empathetic understanding of this underpinned our interactions. For instance, there was a conversation about A Woman's Tale and how Sylvia had wrongly remembered that Anna had allowed the older man she was caring for to fondle her breast. In the meeting, it was decided that this should be changed in Sylvia's account, but when I came to reflect on it afterwards the discussion that Sylvia produces on the boundaries of intimate care (Twigg et al 2011) adds depth to this as an important theme that emerges across the readings. We therefore put it to the group that it remains as it is, although factually inaccurate.*

*As I have found in my many years of teaching autoethnography as a research method, and equally when supervising students using it for their PhDs, it seems that anyone encountering autoethnography for the first time seems to disbelieve that it is academically valid. After agreeing to explore autoethnography, my feeling was not that there was disbelief amongst the group in its validity, but rather some concern about the extent to which each person was willing, or able, to ground their readings in their personal life experiences. This is a personal decision as, by making the autoethnographic-self public, it is both an act of vulnerability and power for each person to negotiate (Ellis, Adams and Bochner 2011). In Rina's case, her commitment to her practice of textual analysis and talking about films about old women with old women that had been developed over many years, led her to produce a reading that evoked strong critiques of the representations of caring and old age that were portrayed in the films. We discussed the fact that other readings were more personal, and it was clear that the personal perspectives on care that were incorporated in Rita and Sylvia's reflections on the films reinforced Jane and Rina's original idea that it would be beneficial to the project if they were invited to join the group. Perhaps less skilled in the academic methods of reading film, their readings were underpinned by their professional and personal experiences of caring. One of the strengths of autoethnography is that it recognises that emotions are often not only a valid part of the research process (Jewkes 2011; Brannan 2011; Ellis, Adams and Bochner 2011) but they can add to the depth and power to analyses.*

*When I first looked at the film readings, it was Jane's that resonated with me most powerfully. During this meeting at Sylvia's house, the emotional power of the autoethnographic process for Jane was clear, when tears welled up as she recounted how engaging with the process had put her back in touch with what mattered most to her as a midwife – supporting women. Although she continued working as a research midwife, her accident had abruptly ended the role she most cared about and identified with. Quite unexpectedly, this project stimulated an acute sense of loss that she had not previously acknowledged, much less addressed.*

## **5.2. Hannah Grist**

*Born in 1987, I was the youngest member of the group, which structured my thinking and approach to the films and sharing the reflections, and my own process of thinking through this research project. I quickly realised that although the other members of the group were representatives of boomer and pre-boomer generations, as well as being lovers of film, and feminists, we each shared a history of professional and personal/private care-giving, though separated by several decades.*

*I was responsible for mining the autoethnographic reflections produced by the four members of the OWFG for themes and for articulating to the group the structure we felt might work best*

*for this publication. This meant I often adopted an organisational position within the group, outlining a direction for our discussions at meetings, documenting our thought process, coordinating responses, scoping publication possibilities, and structuring the final paper.*

*When I began this project, I brought with me reflections on professional care-giving, having worked as a care assistant and activities coordinator in large residential and nursing homes for several years whilst I completed my master's and doctorate. My experiences of professional care-giving and my knowledge of frameworks which might help unpack some of the disagreements between Jane, Sylvia, Rita, and Rina simmered as I took part in discussions and listened to the women discuss their thoughts on the films, and as I eagerly read through each email and autoethnography as it arrived. That Jane, Sylvia, Rita, and Rina did not, at first, appear to agree on their readings of the films presented an opportunity to adopt a non-traditional approach to autoethnography. Reflecting on each autoethnography and on the conversations we shared at meetings, it seems the OWFG do share many understandings of the films, but it was that their different reading positions and articulations of their readings that caused the most disagreement.*

*Intergenerational thinking and working has been a feature of my academic career. My experience in using autoethnography as a method, my experience of care work and my own thoughts on the films added the voice of a Millennial to this project and furthered the intergenerational composition of the group. In my position as co-director of the Centre for Women, Ageing and Media, and often as the youngest member in research projects we undertake, for me, intergenerationality forms one of the main ways in which scholarship like this might make a political and cultural intervention against endemic cultural ageism. Media representations of what it is to care and be cared for, and what it is to grow older, structure the way older people are viewed and construct for older and younger people alike an expectation of what life should be like, is like, or will soon be like. This project allowed an intergenerational exploration of the meanings of three films which presented three different imaginaries of later life and, through our reflections and co-construction of this paper, offered six different readings of those possibilities.*

## **6. Emergent themes: Older age and representations of caring in the three films**

In the spirit of feminist autoethnography, the process of analysis is more visible than is usual in academic papers and consequently also more open to scrutiny. This, of course, makes all six co-authors vulnerable but collectively we regard this as a strength of the method and the project. It is possible to analyse the contents of the four autoethnographically inflected readings of *Amour*, *Chronic*, and *A Woman's Tale* for many more themes than we choose to highlight, but what follows in this section are the key themes that we feel collectively express our engagement with the films in terms of older people and notions of care and caring.

When examining the film readings altogether, some of the differences produced in the readings which emerged as tensions amongst the group prior to adopting an autoethnographic approach are still there, but we can now see that they amount to matters of interpretation rather than fundamental disagreement. The earlier tensions were in many ways trapped by the method that required consensus about meanings. Once autoethnography was adopted, however, the differences became a collective strength of the process of interpretation, which enriched understandings of the ways that the films engage with representations of older age and care through their differences and their complementarity.

The concept of care in its many dimensions is what is dominant in the themes that are drawn out below. In the interaction between the textual construction of the films and the viewers themselves (Morley 1992), understandings of the ways that end of life and care are represented filmically prompted a range of interpretations. Some of the readings are based closely on filmic textual evidence and some, inspired by their viewings, move away into the realm of personal experience.

### 6.1. Reading with Age

The mining of the intergenerational reflections for themes on the films for this paper results in a grouping of individual experiences into a collective ‘we’, or what Margaret Morganroth Gullette might think of as a ‘utopian solidarity of those who are here and now ageing-beyond youth’ (2017). Indeed, for Jane, recognising her own ageing formed an ‘*an act of solidarity*’. For Gullette, those who are ‘ageing beyond youth’ are also those who are ‘ready to treat the politics of age with defiance’ (2017).

This paper works as an act of defiance, an intervention that we might think of as ‘reading with age’ – a mode of viewing mediated representations of ageing that is both purposeful and political by illuminating ways that culture affects age and ageing. We might define reading with age as an oppositional or counter-hegemonic moment of decoding (Hall 1980) in which the viewer uses their own age as the lens through which to read film, and remains vigilant for instances of ageism within texts. Reading with age is akin to Frank’s (1995; 2001) notion of reading about/with illness and suffering and to feminist approaches to ageing in film studies where issues of spectatorship and representation are central, where binary understandings of ageing as either success or decline (Dolan and Tincknell 2012) are instead replaced with ‘multiple perspectives, identities and possible spectatorships’ (Smelik 2007, 491).

Reading films about care with age, for Sylvia, produced the following reflection: ‘*It is unusual to view three films, in rapid succession, that treat these taboos in such depth: a challenging time for an elderly viewer*’. Whilst this was not a requirement, each writer framed their autoethnography with an opening reference to the writer’s own position within the lifecourse (Katz 2005). Sylvia, at 84, is the oldest autoethnographer, with Rita at 60 being the youngest, and Jane and Rina positioned in-between at 73 and 82 respectively. For Rita, who is sometimes ‘*regarded as a “younger” older woman*’, reading with age has been informed by ‘*many recent deaths of family members and friends, sometimes at a relatively young age, have made me acutely aware of my own mortality*’. Margaret Cruikshank (2009) cautions that whilst ‘some have suggested seeing ageing as part of the lifecourse rather than as a unique time [...] saying “old” is a stage in human development obscures the fact that youth is favoured, while age is not’ (6). In the readings of *Amour*, *Chronic*, and *A Woman’s Tale* and in the adoption of an intergenerational autoethnographic approach, however, the concept of lifecourse is brought to the fore, and mediated constructions of age (and care) are troubled. When reading with age, the results answer Cruikshank’s challenge: ‘to see the politics of ageing and personal/individual ageing simultaneously’ (6).

For Rina, reading with age was undoubtedly informed by her exposure to critical textual analysis methods and film studies concepts through her Master’s in Film and TV Studies. In her autoethnography Rina recalls ‘*how furious*’ she was having been shown ‘*nostalgic*’ representations of ageing in film by the City Literary Institute, an encounter which propelled her to undertake the Master’s. Just as Rina’s academic training is prevalent in her

autoethnography, where she writes knowledgably about cinematic apparatus, so is Rina's age as her reading position, when she writes: *'I found in Amour the burden of being the sole carer of a dying loved one, at home. I found in Amour a political film about end of life and care needs. I found in Amour the tragedy of the change from "love" to "care"'*. Moreover, in a further reflection on the intersections between her academic training and her being 'an old woman' Rina noted: *'My experience is not only textual analysis but my strong feelings as an old woman about filmic representations of women and age. I have, at 82 years, witnessed the dying days of many relatives and friends but have no direct experience of being a carer, of being cared for. My experience of the subject is second-hand accumulated knowledge'*.

## 6.2. Reading with Care

The readings of the films were nuanced by experiential, personal, and cultural understandings of age that were intersectional in nature and reinforced by other experiences and identifications (e.g., as a carer, a social worker, a midwife, a student, a wife). For the participants, autoethnographically inflected film analysis provided a valuable but differentiated engagement with the representations of care in the three films. For Ros, developing her own autoethnographic approaches to film studies has been important to her own scholarship (e.g., see Jennings 2005); using it as a means to make the interpretative practices involved more transparent. This is not, however, the dominant approach in the discipline and Rina's insistence on the importance of separating form from content when analysing a film, is nearer to the traditional view. By engaging with readings of care but not being able to draw on any *'direct experience of being a carer, or being cared for'* she is the exception to the group. In terms of film analysis, however, she nevertheless makes a powerful political bid for the recognition of the older woman's voice in film scholarship. By contrast, Sylvia's analysis is imbued with the emotions and self-reflexivity of caring and the prospect of her changing relationship to caring and being cared for as she considers her future.

Each of the films provoked participants to contemplate their futures and possible care needs (and more specifically how they might plan for them). There is a special poignancy for Sylvia, who was candid about the precarity of her current independence and autonomy as she writes: *'probably entering the last decade of my life and feeling vulnerable about possible needs for care'*. Jane, from the experience of a life changing accident eleven years ago, also reads the films with understanding that *'life can change in a second and that there is a difficult (if healthy) tension between stretching myself and accepting limiting changes and adapting'*. Although what is commonly referred to as the fourth age is understood as the time where the independence and autonomy of the third age transitions to that of dependence on full-time care (Woodward 1999; Gilleard and Higgs 2010), Jane's autoethnographic reflections on her own need for care when she was eleven years younger than she is now does much to disrupt the direct connection of old age with illness, disability and the need for care that is circulated in the media (Kribernegg & Chivers 2017; Cruickshank 2009; Dolan and Tincknell 2012; Gullette 2004).

In her reading of the relationships that home caregiver David develops with his terminally ill patients in *Chronic*, Rita notes that *'Some of what was shown in the physical and emotional closeness of the relationship would be frowned upon now and probably a cause for disciplinary action, as paid caring is now a much more professionalised activity with national occupational standards'*. Rina asks: *'Is his behaviour care or abuse?'* and Sylvia writes: *'It is hard to accept*

*David's stretching the boundaries of professional behaviour - or does he?* Whilst these readings differ slightly on how far David oversteps his position, both readings are framed by ideas of professionalism in paid care. Carers are frequently represented in the UK media as cruel and abusive (see Lawrence 2017), through regular news media coverage of abuse in residential nursing and home-care settings, and through documentary film exposés such as the BBC's *Panorama: Under-cover Elderly Care* (2013). The readings of the films are infused with and informed by a knowledge of these instances of abuse and malpractice and by an understanding (some through direct personal experience) of the caregiving policy frameworks which seek to govern the behaviour of carers.

The carers and care represented in *Chronic*, *Amour* and *A Woman's Tale*, like those who are cared for, are not homogenous. The representation of the isolation and bleakness of giving and receiving long-term care was referenced by Sylvia who writes that *Amour* 'illustrates how both carer and cared for suffer in their own way, isolated from others', which is echoed by Rina, who writes of Anna and Billy's relationship in *Amour*, noting: 'Anna's care for Billy in *A Woman's Tale* remains professional and cannot alleviate his isolation'. Rita notes that in *Chronic*, 'The sadness and tedium of caring and being cared for is well portrayed', which is found also in Rina's reflection on the same film, when she suggests: 'He [David] performs the physical care of patients extremely well'. Where, at times, the readings of the films appear to draw upon dominant cultural anxieties about care as cruelty and the over-stepping of professional boundaries, at other times the films are celebrated for their verisimilitude in representing the realities of care. This is perhaps evidence of the intricacy of what it means to care and be cared for, and that in responding to popular cultural texts on ageing the 'negotiation process is nothing if not complex' (Lövgren 2013, 51).

Questions about the intersections between gender, sexuality, older age, and caring are found nuanced in the films. Care work is traditionally conceived of as 'woman's work' (Innes 2009; Cameron & Moss 2007) which is supported by the fact that 80% of the UK's paid care work force is made up of women (Bowlby et al. 2010, 130). Five of the six women involved in this research project also have experiences of caregiving, both paid and unpaid, and as such their experiences and their gender informed their readings of the film. The groping incident in *A Woman's Tale*, where a female carer was touched inappropriately by an elderly man, was cause for reflection in both Rita and Sylvia's autoethnographies. Rita wrote: 'I felt appalled by this, as it mirrors some situations I have been involved with in everyday life, where groping by an older and/or disabled man is felt to be somehow less serious (perhaps because due to age or disability, he is seen as being less of a man/not a threat)'. Whilst we outlined in Section 5.1. that Sylvia's memory of the groping incident was factually inaccurate, her autoethnographic reflection on this scene inflects a reading position informed by both her age and her gender. Sylvia wrote: 'Billy fondles Anna's breast and she allows him. I understand this as an act of kindness on her part. As a young woman, I would probably have found it sleazy and abusive'. In her reflection Sylvia positions her initial reaction as one informed by her age and her experiences of giving care, though she also suggests that her younger self would have had a different, more negative reaction. Jo Krøjer et al. (2014) estimated that in the Danish care context female care workers are three times more likely than their male counterparts to experience sexual harassment, and that 'the group most at risk is women under 30' (84). Sylvia's suggestion that her younger self would have found the groping incident 'sleazy and abusive' correlates with the experiences of many female care workers; whilst Sylvia's present self, in her current position on the life course, allows her to reflect differently on the same

event. This highlights the instructive possibilities (Jennings and Krainitzki 2015, 182) of non-chronological understandings of time which involve ‘an interrelation of the past, present and future’ (Baars 2012, 151).

Where real-life care is dominated by women, *Chronic* offers the perspective of a male care assistant through protagonist David. For Rina, while *Chronic’s* ‘strong young male point of view annoyed [her] intensely’, the decision to have a male carer in *Amour* ‘challenges assumptions about the ‘naturalness’ of femininities and care skills’ (Bowlby et al. 2010, 130). The representation of David is, however, not free of the problematic status attached to male carers, which ‘reflects a wider set of cultural assumptions about masculinity and, in particular, male sexuality that regard it as containing an essentially predatory quality’ (Twigg 2004, 69). When David is accused of sexual abuse for assisting one of his patients to watch pornography, the audience is invited to confront both the gendered discourse surrounding male carers and the taboo of sex and sexuality in later life, something the health care sector is gradually coming to terms with. Thus, the films invite us to question our own understandings of acceptable levels and forms of intimacy between carer and cared for, as well as to pose questions about the perceived transgression of boundaries. When does a caring relationship cease to be beneficial and instead become a ‘stretching of the boundaries’ which might necessitate ‘disciplinary action’?

### **6.3. Boundaries of Care**

The films offer representations of care which take place within three distinct geographic contexts – the USA (*Chronic*), France (*Amour*), and Australia (*A Woman’s Tale*) – each of which has a set of different national standards and quality control measures for the governance of older age care. In France, long-term care for older people (both home care and nursing care) is regulated by the National Inspectorate for Social Affairs (IAGS) and the National Agency for the Assessment of Nursing Home and Home Care Providers (ANSEM). Governed by the ‘Aged Care Act’ (1997), the Aged Care Quality Agency is responsible for ‘managing the accreditation process and for the ongoing monitoring of residential care services’ in Australia (OECD 2013, 3). In the UK, the independent regulator of health and social care provision is the Care Quality Commission (CQC). The CQC states that good care (whether home care or residential nursing care) must be safe, effective, caring, responsive, and well-led. Specifically, the guidelines state that staff must treat the person they care for with ‘dignity and respect’, to spend time developing ‘trusting relationships’ and to demonstrate concern for their wellbeing (CQC 2017). Whilst the CQC guidelines are the benchmark against which all care providers in the UK are measured, individual care homes and care agencies have their own specific policies regarding expectations for quality care.

In the nursing homes in the UK that one of the authors of this paper has worked in as a care assistant, maintaining a level of emotional distance between carer and cared for was embedded in policy and in informal interactions with home management. As Laurie Beed (2013) recalled, in the care home in which his wife spent her final years, staff were discouraged from ‘becoming too attached to family and resident, but since person centred care requires understanding the family background to give good care, feelings and attachment are unavoidable’ (3-4). Paradoxically then, while the ‘family model’, where paid care workers are encouraged to treat those they care for as if they were a member of their own family, is considered the ‘golden’

standard of care (Dodson and Zincavage 2015, 190; Tuominen, 2003), this model also expects carers to maintain distance and professionalism.

Evidence of the complexity surrounding the ‘commodification of intimacy’ (Dodson and Zincavage 2015) can be found in the different representations of care work in *Chronic*, *Amour*, and *A Woman’s Tale*. Rita notes that in *Chronic*, carer David ‘establishes close relationships with his patients, which the families come to resent or just don’t recognise. He is expected to be anonymous and dispensable, despite such an intimate role’. Whilst the films focus on care provided at home for people with a variety of complex needs, Rita’s reflection on the representation of David as dispensable chimes with the findings of Timothy Diamond’s (1992) covert study of a US nursing home. Diamond suggests that ‘the structure of labour creates a revolving door of workers, as though they were replaceable parts, while the interpersonal nature of caregiving gets systematically ignored’ (187).

Depictions of interpersonal relationships and of the family model of care was cause for further reflection, especially in terms of the displacement of ‘real’ family members when carers are brought in to tend to their loved one. Reflecting on *Chronic*, Rita writes: ‘I found that when paid carers care for your relations and friends they can sometimes very quickly establish a close relationship, which could make me feel a usurped as a family member’. Similarly, Sylvia notes of *A Woman’s Tale* that: ‘Many carers express this struggle between relief at having good care offered, to feeling helpless to be close to their relative in the last days or weeks of their life’. Jane suggests that the absence of a positive family model of care represented in *Amour* ‘really brought home the importance of having both professional and family support in such an acute and terminal situation, with negotiated boundaries and effective communication between everyone’.

Where David is deliberately constructed as a morally ambiguous character whose suitability for the care role is questioned by the audience throughout *Chronic*, Rina suggests that the relationship between Anna and Martha takes a very different form in *A Woman’s Tale*. In this film, the carer and cared for are shown developing ‘a friendship and the two roles of friend and carer become merged’. If the Australian Aged Care Quality Agency were to have evaluated Anna’s care practice it is more than likely that concerns would have been raised, especially when Anna is encouraged by Martha to use her bed for sex with her lover. Of this encounter, Sylvia notes: ‘This is clearly beyond the boundaries of professional working life but neither of them are concerned about this’. Arlie Hochschild’s (1983) concept of emotional labour has been applied to care settings and whilst it is frequently connected to burnout in care workers (Rodriguez 2014; James 2008; Smith 2011; Gray 2009), it has also been suggested that the emotional labour of nurses and care assistants can often result in positive outcomes. If the emotional labour of care work involves, at various times, surface acting, deep acting and genuine emotion (Hochschild 1983), then might care work also result in authentic friendships which blur bounded professionalism (da Silva Vilelas and Diogo 2014), as we see in the relationship between Anna and Martha?

## **7. Conclusion**

In using personal experience and storytelling, this paper highlights the possibilities of a collaborative autoethnographic method. At our final meeting, the group reflected on the ways in which the method brought about an unexpected resolution to conflict over the readings of the films and enabled them to move forward. At the outset, the group faced the prospect of

disbanding, as tensions surrounding differing readings of the films and divergent experiences of care giving in group members' personal lives caused deep tensions. Reflecting on the experience at our final meeting, the group suggested that their encounter with autoethnography was productive and worthwhile, reminding us of Tami Spry's (2011) assertion that the 'transformative and efficacious potential for researcher, researched, and reader/audience is a primary goal of effective autoethnography in print and performance' (712). At this final meeting, the group shared that employing autoethnography had reawakened their own experiences of consciousness raising and the need for old feminists to reengage with that activity. The project had transformed an analytic process into action and they continue to meet as a consciousness raising group focused on ageing, called Tricks of the Mind.

Underpinned by the notion of 'thinking with age' this project has, to paraphrase Frank (2000), challenged the methodological 'line of fault' (357) between experiential and academic analyses. It has demonstrated the ways in which intergenerational, co-constructed autoethnographic research can bring together the voices, life stories and perspectives of women of different ages, nationalities and socio-economic backgrounds in order to 'talk back to' filmic constructions and representations of old age and care that do not match our collective experiences or worse, 'espouse harmful messages' (Manning and Adams 2015, 199). In this way, 'thinking with age' provides reinforcement to the OWFG's feminist collaborative desire to produce older women's reading of films. It became the intellectual catalyst to prompt those involved to reflect autoethnographically on understandings and reactions to films; creating textual practices of 'reading with age' and, in relation to the specificities of the three films, textual practices of 'reading with age and care'.

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