



DEPARTMENT of PSYCHOLOGY

Untold Stories; A phenomenological enquiry into why Six Swedish seniors wish not to tell their stories.

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Abstract

Emphasis is being placed on how life narratives can be incorporated into caring for the elderly based on the assumption that aged health care should be grounded on narrative perspectives in order to reduce ageist behaviours. The success of this however depends on the willingness of the elderly to share their stories. The aim of this study was to explore the reasons why Swedish elders decline to share their life stories. Using semi-structured interviews, data was collected from six participants and analysed using interpretative phenomenological analysis. Findings suggest that Swedish elders' refusal to share their life stories or excerpts of it reflects their need for privacy. The elders seemed to be naturally motivated to reflect and talk about their past, but their personal and interpersonal experiences have caused them to feel less inclined to share. Understanding the reasons why Swedish elders decline to share their stories may help families, and health practitioners to provide a supportive environment for sharing. This may contribute to a better psychological health and provide the opportunity for them to share their stories and enhance transmitting their knowledge and experiences to the younger generation.

Keywords: narrative gerontology, life stories, elderly care, not sharing, privacy

Introduction

Right from childhood, children make up and share stories about life by plotting the structure of the setting, characters and scenes into a cohesive story. Through adolescence and adulthood, recollected episodes of memories from the past are connected into autobiographies (McAdams, 2008). Narrative gerontology, an emerging field in the study of aging conceptualizes human lives as *storied* and human beings, as *the makers of meaning* (Blix, 2016; Rendall & Kenyon, 2004). It refers to the processes involved when an elderly person tells the history of his or her life (Pecorini & Duplaa, 2017). The concept may be considered differently in several disciplines. In sociology, it is measured a function of identity construction while in psychology, emphasis is often on how personal narratives influence coping with aging (Guillemot & Urien, 2010). Another aspect of life stories is that it provides the grounds for which ideas, characters, happenings, and other elements of life which were previously conceptualized in isolation from each other may be integrated into a piece (McAdams, 2008). For example, an individual's life story may encompass different aspects such as self-ascribed traits, goals, roles and recollected episodic memories which are coordinated into a plot that expresses how the individual with so many different components is at the same time one person (ibid).

According to Guillemot & Urien (2010), there are six generic motivations for which old adults choose to tell their stories. Firstly, to flatter the ego; stories may be told to accentuate successes and achievements, to mend the ego; to disprove wrongful accusations, to be remembered, for the purpose of sharing; to communicate and bond with readers or listeners, for transmitting information or knowledge across generations, and finally to bear witness; that is, relating events witnessed to others.

Caring for the aged as a single group can promote ageist and stereotypical attitudes among care givers. This may cause care givers to neglect people's individual and social identities by annihilating their life stories and sense of self (Clarke, 2000). Exploring old peoples' life stories helps uncover their past lives, allows for exploration of their present and project plans for the future. It is also assumed that one can learn about older people's personal experiences during old age as well as the social nature of aging from the stories they tell. When individuals tell their stories, it affords them the opportunities to talk about their life experiences, families, friends, beliefs, expectations and fears which can help those who care for them to understand their actions, priorities, needs and aspirations in order to enhance person-centred practice by providing the appropriate assistance they require (ibid).

A lot of focus is being tuned to how personal narratives have been or could be incorporated into care practices within aged care institutions (Brendork et al., 2017). Currently, the practical application of narrative gerontology is being discovered and advocated for, based on the assumption that health care should, to some extent, be grounded on narrative perspectives on both human development and health in later life (Ubels, 2015). Incorporating personal narratives in caring for older adults reduces not only the tendency to generalize about older age but helps reveal the rich diversity of people's lives and provide better understanding of older people's individual needs and eliminates the stigma associated with aging (Clarke, 2000).

Life Story Work (LSW), is the approach to working with a person by collecting their biographical information and using the information as a guide to the level of care and assistance given (McKeown, Ryan, Ingleton & Clarke, 2015) and may be described as the practical application of narrative gerontology. LSW is used in a number of countries within the field of health and social care in groups such as older people, people with learning disabilities and older people with dementia. The use of LSW continues to increase and has

been found to facilitate relationships between care staff and old adults, to help understand the person's identity and improve communication between care staff and old adults (Chan & Lai, 2015).

It is an undeniable fact that the population of old adults is increasing in Sweden. Thus, the provision of quality medical and psychosocial support using personal narratives to provide person centred care is a necessity. In narrative gerontological research, old adults are usually invited to tell their stories within the context of research interviews or through writing. Thus, the success of empirical investigations in narrative gerontology are fundamentally dependent on the narrative willingness (Blix, 2016) of the person being studied. Although narrative care is implemented in some institutions and there is increasing advocacy for the practice, coupled with the noted benefits of this approach, there appears to be the issue where some old adults refuse to tell their life stories. Available literature on the phenomenon of LSW largely focuses on how old adults engage in autobiographical memory, the types of memory they are able to recall and narratives in relation to wellbeing. Notwithstanding the increased demand for the use of narrative approaches in aged care, and the evidence of its benefits in therapeutic settings, there is inadequate knowledge about the experienced meanings of older adults not telling their stories (Chan & Lai, 2015).

“All human beings have three lives:

public, private and secret,”

—Marquez (as cited in Martin, 2008)

Privacy Regulation Theory and Self-disclosure in Narrative Gerontology

Privacy regulation theory (Altman, 1997) provides the conceptual framework for this study. Altman (1975), defines privacy as “the selective control of access to oneself, involving dialectic optimization, and multimodal processes”. According to this theory, privacy is a

dynamic process which changes over time and across various situations. The ideal level of openness or closeness to contact with other people may be a function of time, person, and situation. Thus, privacy may be described as personal space and territorial control processes, involving behaviours where individuals sometimes open and make themselves reachable to people and other times cut themselves from contact with others (ibid). According to this theory, privacy may serve three basic functions (i) to help individuals manage social interactions (ii) to enable individuals develop and establish plans and strategies for interacting with others and (iii) to provide a means for individuals to develop and maintain their self-identity. In developing and maintaining self-identity, how open or closed an individual is in relating to others around them provides them with a sense of personal autonomy, identity and self-esteem (ibid).

Relating this to narrative gerontology, an individual's need for privacy may determine their willingness or unwillingness to tell their life stories, the amount of information they are comfortable with sharing, the people they choose to tell it to, and the circumstances under which these stories may be shared. Older adults may decline to share life stories in order to maintain a sense of self, identity, or personal autonomy. In achieving this, they might share different aspects of their lives with different people and in different situations. In this view, privacy represents personal control over the amount of contact and interaction one chooses to maintain with others (Derlega & Chaikin, 1977) and the level of self-disclosure one chooses to engage. This implies that the content of an individual's life story is chosen for a purpose, for an audience, and in specific contexts (Blix, 2016).

The most common way of regulating privacy – interactions with others, is through verbal communication. Self-disclosure could be defined the process of telling or sharing information about oneself to other people. As a form of privacy regulation, control over self-disclosure insures the individual's private information from spilling off to an unintended

audience; this boundary sets the precondition for self-disclosure (ibid). When individuals are in control of their interaction with others and can successfully regulate the information communicated to others about themselves, they are likely to develop a greater sense of competence and self-worth than a person who often fails to control the contacts with others (Altman, 1977). Evidently, the dynamic nature of privacy regulation may be influenced by varying levels of ideal self-disclosure, social relationships and personality traits (Derlega & Chaikin, 1977).

Personality Traits and Narrative Gerontology

Some personality traits such as self-concealment and perfectionist self-presentation may be associated with the unwillingness of old adults to tell their life stories. Self-concealment refers to an individual's disposition to actively conceal negative personal information from others (D'Agata & Holden, 2018). People mask their intentions, plans and life stories from others in order to prevent negative information from being revealed to individuals around them. Secondly, Perfectionist self-presentation may serve as reason why old adults refuse to tell their life stories. This refers to an individual's tendency towards presenting a flawless, perfect image about themselves to others (ibid). Such people will refuse to disclose their life stories in order to maintain that "immaculate" image.

Related studies

A few studies investigating the reasons why older people would tell their life stories have been conducted over years. McKee et al (2003) in their study to investigate the impact of reminiscence on the quality of life of older people, found that some older people were enthusiastic about sharing their life stories as it helped build relationships. They also found that, talking about the past presented several benefits such as preserving family histories, which offers a sense of significance and identity to older people and their families. Talking

about one's life story also gives them a feeling of being valued. On the contrary, some older adults have difficulties talking about their pasts as it can be distressing. Some older adults preferred not to talk about or share memories from the past because they found it sensitive and upsetting. Also, some older adults choose not to focus on the past but rather talk about the present.

In another study by Chan and Lai (2015) exploring reasons why older Chinese people refuse to tell their life stories, the results showed that older people did not want to share their life stories because they had had negative experiences and hardships in the past, so they did not want to talk about such memories. They preferred to 'let go' of the past and 'move on'. Another reason older Chinese people refrained from sharing their stories was due to the attitudes of their family. The study found that when younger family members such as children or grandchildren do not show appreciation of the elders' life stories, the participants refused to talk about their past. However, they wished to have a safe avenue where they could share their stories in privacy (Chan & Lai, 2015).

Blix (2016) in an essay reflecting on why some older people are unwilling to share their personal narratives, he came out with these conclusions. At least one of these is the reason people refuse to share their life stories. The fear of losing one's personal power, the fear of reprisal, the fear of hurting others, lack of listening, lack of experiences, lack of vocabulary and voice and lack of plot lines

Only a few studies have sought to explore why older adults decline to tell their life stories hence, very little literature exists on the phenomenon. The few research evidences regarding why older adults refuse or decline to share their personal stories come from studies outside Sweden thus, this study seeks to explore this phenomenon in Swedish older adults. Story telling has been used to pass on cultural identities for hundreds of years and this varies

across cultures. For example, collectivists cultures place a value on story telling by putting emphasis on family (Chan & Lai, 2015). Findings from other parts of the world can therefore not be generalised to the Swedish context primarily because of cultural differences. Thus, it is necessary that Swedish older people are studied to better understand the phenomenon of narrative gerontology from the Swedish perspective.

Aims of the Study

- To explore healthy Swedish older adults lived experiences of not sharing their life stories.
- To examine how not sharing their life stories influence the self-image and subjective well-being of participants.
- To find out the circumstances that will facilitate sharing of life stories.

Significance of the Study

Narrative care may inform assessment, planning and evaluation of older people as the needs of the individual are not simply social or medical but are particular to their biography and current circumstances. Thus, findings of this study will help practitioners understanding the reasons why Swedish older people may/ do not tell their stories, may give psychologists and health professionals ideas of how to explore their perceptions of personal narratives, values, and relations, in the process of caring for their clients and family members. Additionally, understanding some of the reasons and meanings behind the decision of older persons to not tell their life stories, will be of vital importance to psychologists and health professionals by providing a supportive environment to promote cross-generational education when they do choose to tell their stories.

This study will be the first explore this concept in Swedish seniors with its significance lying in the psychosocial focus on understanding the reasons why they decline to

tell their stories. It also has international application as the psychosocial health of the global ageing population, addressed through the issue of whether or not they will tell their life stories might be a reflection of how other older people experience their social world.

Research Questions

1. Why do Swedish older people decline to tell/ share their life stories?
2. How does not sharing their life stories influence the self-image and subjective well-being of participants?
3. What conditions will make it appropriate for older people to share their life stories?

Methodology

Participants

Data was collected from six older adults (4 men and 2 women, $M_{age} = 76.1$, age range: 63 – 84years). The participants were purposively sampled from two Språk Café venues in Lund. The essential selection criterion was that each participant was (1) aged 60 years or older; (2) able to understand and communicate clearly in English (3) Swedish and lived in Lund. All participants were retired. Educational levels of the participants ranged from Bachelor's degree to Associate Professor.

Design

The design for the research is qualitative, the study uses interpretative phenomenological approach which allows for the exploration of issues where it may be unclear the critical variables in advance. Phenomenology refers to the actual descriptions of experiences that individuals have experienced or been subject to (Giorgi, 2010). This method was most ideal for this study because it saved participants from having any knowledge on why or how narrative gerontology works but afforded them the opportunity to as vividly as

possible describe their experiences with narrating their life stories, that might have shaped their actions and thoughts. This method thus, eliminated any expectations the part of the researcher which could reduce the validity of findings.

Materials

All of the interviews were audio-taped; a tape recorder was used to capture the individual interviews conducted. A semi-structured interview guide was constructed containing the types of questions to be asked (see appendix). Semi-structured interviews were used in order to provide participants with a personal and intimate atmosphere in which open, direct, and verbal questions are used to elicit detailed narratives and personal experiences (Aleandri & Russo, 2015). Semi-structured interviews also allow participants to disclose thoughts and feelings which are private (ibid); the essential goal of this study. The interview guide was structured into the following sections;

- Demographics
- Willingness to share life stories
- Experience with sharing life stories
- Appropriate conditions necessary for sharing life stories

A notebook was also used to take key notes and observations from informal conversations and comments before and after the interviews to serve as supplementary and complementary information to the recorded interviews

Procedure/Data Collection

With the help of my supervisor, posts were made on social media seeking for participants for the study. The researcher also visited two Språk Café venues in Lund for recruitment. After participants agreed to partake in the study, dates were selected, and times

scheduled for the individual interviews at venues selected by the participants according to their convenience. The data collection took place between 8th and 18th March 2018. On the day of the interviews, participants were given consent forms to read; explaining the purpose of the study, their rights as participants, and appended their signatures consenting to participate in the study. Afterwards, each participant was given a copy of the signed form for their personal keeping. The interviews ranged in duration from 50 minutes to 1 hour and 20 minutes. Participants were compensated with a 50kr ICA gift card for their participation.

Transcription and Data Analysis

Audio recordings of the interviews conducted were transcribed using [transcribe.wreally.com](https://www.transcribe.wreally.com), word-for-word. Interpretive phenomenological analysis (IPA) was used to analyse the all data collected. IPA requires researchers to collect detailed, reflective, first-person accounts from participants in a research and allows for analysis of participant's cognitive, linguistic, affective and physical being by connecting the associations between people's words, thoughts and emotional states (Smith & Osborne, 2008).

Each transcript was critically and systematically analysed to identify themes. The transcripts were read and thought through to identified trends, patterns, and key words, and read through again to allow themes to emerge from the data naturally. The left margin was used to note interesting and significant information the participants gave, and right margin was used to document emerging theme titles. An initial list of themes was made and clustered under superordinate themes based on the connections between them. The themes were then collated in a table, ordered coherently with identifiers to indicate where in the original transcript the theme can be found. Following this stage, findings were interpreted in the light of theory and literature.

Reliability and Validity

The concept of reliability is defined as the extent to which the results of a study are consistent over a period of time and are an accurate representation of the total population while using a similar methodology in a different context (Joppe as cited in Golafshani, 2003). It concerns the exact replicability of procedures and the results; that is whether participants would give the same responses to the same interview items involving different interviewers. According to Kvale and Brinkmann (as cited in Quarshie, 2011) the reliability of interview findings is required in order to offset haphazard subjectivity however, a strong emphasis on reliability may restrict creative innovations and variability. In qualitative research, a margin of variability of results can be tolerated provided the methodology and procedure consistently and reliably yield data that are ontologically similar but differ in richness, depth and ambience within similar dimensions (Leung, 2015). In this study, the procedures employed were adequately documented to enable reliability, precision, analysis, and replicability of the findings.

Validity in qualitative research refers to the appropriateness of the materials, procedures and the data (ibid). For the results to be valid, the methodology employed must be able to answer the research questions and detect findings in the appropriate context, the design needs to be appropriate and the results and conclusion also need to reflect the sample and context. A main limitation to the validity of this study is, the sample consisted of retired highly educated Swedish seniors, mostly in the field of education (two university lecturers, one teacher one principal, one finance manager and one speech and language pathologist) who had had successful careers and professional lives. Thus, findings of this study may not well reflect the views of the general elderly Swedish population however, this study provides a great start for further research into the use of life narratives in elderly care for Swedish older adults.

Ethical Considerations

Along every stage of the research process – from the designing stage, to recruitment, data collection and analysis to report writing, the researcher was very aware of the relevant ethical issues especially because an elderly group who are part of vulnerable populations – referring to groups of people who have, are on the verge of having, or are likely to have health problems that make it difficult for them to function or provide for themselves physically or financially (Hirsch, 1994), was being used. In view of this, the interview schedule for the study was designed to minimise the risk of giving or obtaining sensitive information. The researcher was clear with participants not to share their actual untold stories but only tell why they declined to share their stories. Before the data collection, participants signed a consent form (see appendix) and each participant was given a copy for their personal keeping. Confidentiality of the participants was safeguarded by ensuring anonymity. The researcher made sure not to ask questions requiring personal data (e.g. name, residential address etc). In order to assess transcripts and its contents for the purpose of data analysis, each participant was referred to using alpha-numeric designations (e.g. P1, P2, ... for participant 1 and participant 2). The recorded interviews were secured and not made public neither were the content of their interviews discussed outside the academic context. Each audio file and transcription were marked with the same alpha-numeric designations indicated earlier and stored on a personal computer accessible by only the researcher. The identity information of participants was not included in the report or of the study.

Again, participants were aware of their rights of participation. They were reminded of their right to opt out or withdraw from the study at any time; before, during or after the interview. They were also assured of their rights to not answer any question if they felt uncomfortable with it. Finally, participants were assured of their rights to ask questions and report concerns before, during or after the interviews due to the sensitivity of the research

questions. Contact information of the main researcher and the supervisor was given to them to contact if they had any further questions after the interview. As much as possible, during the transcription and analysis, the researcher tried to ensure an accurate representation of the accounts of the participants.

Results

After analysing the interviews, the following six themes emerged: (1) Willingness vrs unwillingness to share; (2) Uninterested audience; (3) Negative and positive effects of sharing; (4) Purpose and benefits of sharing; (5) Situational factors; (6) Previous experience with sharing.

Willingness vrs Unwillingness to share

This theme covers the discourses of participants expressing the desire to share or not to share life stories. Almost all the participants had a general willingness to share their stories although a couple did not have the need to share their life stories. About four of the participants had acknowledge that they had not been formally asked by anyone to tell their life stories, but they felt the need to share their life stories even if they had not been asked to because they realise the importance of passing on such information.

“...I have not been asked by any of my friends or family to share my life story. My children have not asked me, I couldn't say they do... But I have written my life story because I think it would be good for my kids and grandkids. Because I don't know much about my parents and how their childhood was. It's a pity because there was no time to talk about somethings like this. So, I think it is much better to transfer all the experience you got to the next generation” (Participant 1)

“My friends and family have not asked of my life story in an organised basis and no, I have not taken part in any research about life stories. But I do talk about my life story

and talk about the past because I think it's very important to have a historical perspective, to appreciate how things have changed over the years and also be grateful for what we have, take care of what we have now and also give back to society” (Participant 4)

Participant 2 explains the desire to have a deeper conversation with her children and is concerned about not being able to pass on to the younger generation.

“I much prefer sitting back with my children and talking, deep talking... because I think that is more important. My son does that, and I appreciate that. I have had a thought and I'm still having it, to buy a little notebook where I have decided to write down reflections – how I became the person I am and what happened in my youth and what influence and so on... so if they don't discover it before my death, they would discover it later that they can take part and get the answers to some of the questions. The questions almost arise after one's parent's death”.

Two participants responded that their willingness to share their life stories or excerpts of it come from the fact that they are satisfied and are proud of their accomplishments in life.

“... I think I am satisfied with my life... and its interesting how things become and also when you were young, perhaps you had an idea about how your life should be but it turns out not to be like that when you're old so yeah, I have no problem talking about my life”. (Participant 5)

“... I am quite proud to be part of this enormous development... I got a lot of opportunities and my parents always urged us on to study hard and work hard and go to the university and I have been able to do well in life and also give back to society...” (Participant 4)

Some of the respondents also indicated they were unwilling to share their life stories or parts of it because they were ashamed or embarrassed of certain instances and did not want that information out or because they felt they had not led interesting or special lives. Participants chose to not tell their stories or excerpts of it to protect themselves from reliving a negative past combined with the perception that their life stories would not be interesting to others. One participant responded that personality traits such as not liking to be the centre of attention influenced his unwillingness to share his life story. Another participant also revealed not being comfortable with sharing excerpts of their life story due to generational differences.

“Yes, I would share my life story but not every detail. Somethings are of cause embarrassing to talk about and I would want to keep that to myself” (Participant 2)

“I don’t like to put myself in focus, because I think people have more interesting lives than myself. Well, that what I think... I think everybody’s life is interesting in one way or the other and yeah... but I don’t think I’m any special. I have my life and others have their lives” (Participant 5)

“I think me sharing or not sharing also depends on other things like different times... generations. My children were born and live in different times and have different cultures and interests. So yes, these reasons would determine whether I would like to share or not to share” (Participant 6)

Lack of listening/ Uninterested audience

Participants shared that their children and in general, the younger generation are unwilling to listen to their life stories and have lost interest in knowing about the past. One of the participants blamed this to be a result of the fast-technological advancement impacting relationships negatively. Other participants explained this to be a result of generational

differences and changes in time – the younger generation do not appreciate their life stories because the conditions in the past are different from now. Another participant blamed this unwillingness to listen on the lack of time on the part of the listener.

“I certainly would share my life story if they might ask me. But they don’t so... I couldn’t say they do”. (Participant 1)

“I am willing to share... yes, if they would want to listen. My children, they are busy with their own lives and do not really have enough time to set aside for deep listening. I don’t think they’re unwilling to know, but they haven’t got the time to do so.”
(Participant 2)

“They don’t usually ask, it’s probably because we see other differences from the same time in our lives. I wished they asked more, it’s something that started from the 80s and 90s that we have lost the sense of history. We have to find the link in the chain, that our lives and the persons we are come from somewhere and somethings happened in the past to make us and influences us, and we would like to see the younger generation discover that” (Participant 2)

Negative and positive effects of sharing

Participants expressed that their willingness or unwillingness to share depended on whether they believed their life stories or excerpts of it could negatively affect them, their families or the others involved. All participants indicated they would not share if they felt the information could reach unintended audiences. They also declared not willing to share if the stories could be used to harm them, their families or others involved in that story. Some participants also indicated if the information they gave out could create an unwanted image about themselves or change people’s perception towards them, raise doubts in people’s minds, or affect relationships and possibly wreck them, then they wouldn’t share that

information. Participants also worried about the reaction of others to their stories, they stressed on not sharing certain details because they feared being misunderstood, taken out of context, being seen as weird or being judged. One participant also indicated not sharing some details in order not to look proud. The following quotations are illustrations.

“It has occurred to me to write my memoirs but I’m not willing to do so because I suppose I will be murdered. I could be killed if I did. Because there are some situations which I feel is lovely, but not lovely for everyone.” (Participant 3)

“I would like to keep some information to myself and I hope everyone else does. I could share some of these details, but I prefer to have a particular relationship with someone so... I would like to keep it to myself. Talking about some of these things could kill that relationship and could start something that I don’t want. It’s not necessarily bad, but somethings, it’s better to keep secret”. (Participant 4)

“I am absolutely willing to share but of course there are details that you consider to be negative where you feel a bit reluctant to share. There are things I feel I should’ve done differently that I feel ashamed to talk about.” (Participant 3)

“There are some details that I would like to keep because communication is a very difficult thing. And what you tell some people maybe understood in a way you don’t see. It could frighten you. Communication is a very complicated thing. I say one thing, but I don’t know how it is taken by the receiver. You might be misunderstood, and people might get a wrong picture or image of you which I wouldn’t like.” (Participant 1)

Aside the effects participants felt sharing their life stories could have, hence, the decision to not share, other participants responded that, not sharing their life stories or excerpts of it, with

others gave them a sense of identity, happiness, security, being in control and a sense of confidence in oneself – self-esteem.

“I feel that it’s part of one’s identity to have private corners where nobody has been. It gives you a kind of feeling in control. I think many people living fairly unhappy lives feel they have lost control of their lives. I think having these private corners, you can have a feeling that you can stand up for yourself, feel secured and you can decide for yourself. It gives me confidence as a whole, I feel confident that I’m in control.”

(Participant 2)

“I don’t have any problem not sharing some parts of my life story because I think that is absolutely the right decision. It makes me feel safe, secure and comfortable that I can control the information I share with others”. (Participant 4)

Purpose and benefits of sharing

Participants expressed a general willingness to share aspects of their life stories if they knew the purpose and benefit of sharing, if it could have a positive impact on themselves or others but an unwillingness to share if they could not see how beneficial sharing their life stories would be. These purposes or benefits need not be directed towards themselves but also to others. Participant 1 reveals how unwilling he is to share his life story sometimes but does so because of the benefit he stands to gain:

“Even if it may be a bit inconvenient to share my life story at times, I think it would make it better for my children for instance to understand my perspective a bit better”

Participant 4 also gives account of the practical reasons for which he would share some parts of his life with his children: In order to ensure peace and order after his death.

“... for practical reasons... like we have several properties and we should be able to discuss what happens when we die. We need to know the guidelines...”

Participant 5 also states the importance of telling his life story as means to self-reflect:

“I talk about my life story sometimes because it is also good for myself you see, at my age, I like to think about my life why did I do that not that and other things, so it is also a sort of catharsis to talk about the past”.

He further added he would share parts of his life story if it would be beneficial to someone else especially during a difficult time:

“I can share some parts of my life story if it can help someone in their problems. Because everybody has problems in their lives and it’s good to know that it’s a kind of normality to have or perhaps you can get some relief that people have had such problems and they have worked very hard and have managed to solve these problems”.

According to Participant 6, sharing excerpts of her life with the people close to her, serves as a coping mechanism:

“I can talk about some personal issues with friends and maybe family because sometime people were nice and would show some concern and ask how you’re coping with that problem. I could get a practical concern or advice”

Situational factors

Participants also mentioned that there are certain situations or conditions unless present, they would not share their life stories. Some of these factors included trust, confidence in the listener, consent from others involved in the story, level of closeness, level of sharing, the type and number of audience present, and a sense of reciprocity in information

sharing. These conditions participants indicate will influence their decision to share or not to share their life stories.

“I have to have some sort of trust in the person that they wouldn’t use it for some sort of purposes that I wouldn’t like. I must know the person and be comfortable with them”. (Participant 4)

“I don’t see why I should hold back. But of course, that depends on how deep it goes. If we have talks about my career and professional life I could share them but not really sensitive and private details”. (Participant 1)

“I would share with my children, but it also differs. I mean, when I have all my children with me at some place or home, it differs how much I share. But if I have just one person present, we talk in a different way or discuss different subjects. So, the atmosphere there is according to the people that are present”. (Participant 3)

When asked why he wouldn’t share some details of his life, Participant 5 indicated that his story involves other people who have not given him their consent to share such information:

“Because in the story it has other persons who have not given me their permission to tell it to other people. I don’t think they would say no, but I haven’t asked them if they want to be in the stories I tell”.

Previous experience with sharing

One participant recounted an unfavourable response with sharing their life story with a health practitioner which did not serve any benefit. According to the participant, after sharing his life story, he was not fully satisfied with the care received and thus, has a reluctance to share with health practitioners in the future.

“I was completely comfortable with no concerns at all sharing my life story with them, but I’m sorry to say that it didn’t help much. I would’ve liked for it to help me 100% which it didn’t. It was a bit naïve to have thought it would help that way”. (Participant 3)

Discussion

The aim of this study was to explore Swedish older adults’ experiences of not sharing their life stories, how that affected their well-being and conditions under which they would share – using semi structured interviews. Findings from the study indicated the willingness of Swedish elders to share if not all, excerpts of their life stories. From the interviews, this was attributed to the Swedish culture of trust and sharing and individual personality traits of openness. Another theme that was identified was the unwillingness of the younger generation to listen to these stories. The participants expressed their concerns with not being to pass on their life stories as their children and grandchildren did not demonstrate any interest in knowing about their past. Although participants showed a general willingness to tell their life stories, they indicated they would not be willing to share all of their stories but keep back some information to themselves if they felt it could harm them or affect how people perceive them. Again, the willingness to share their life stories according to the participants, was dependent on situational factors such as the number of people present and the relationship to the listener. Participants expressed their unwillingness to share their stories if they felt it could harm them or their family. Finally, participants may be unwilling to share their life stories due to a previous negative experience with sharing.

Maintaining relationships

In line with earlier research, the current study identified that participants were willing to share their stories in order to maintain relationships. A study by McKee et al., 2003

showed that participants were enthusiastic to share their life stories with others because it helped build and maintain relationships. In that study, participants accounted that sharing life stories was a significant part of lowering barriers in order to get to know others. Similarly, findings from this study revealed that participants shared their life stories with potential partners as part of starting a new relationship with them. One participant stressed on the importance of sharing one's life story when they want to start a relationship or marriage with another person.

Reasons Swedish elders choose not to share their stories

Need for privacy

The finding about situational factors influencing the willingness and content of information shared with others, demonstrates the participant's need for privacy. The results from this study show that the participants actively and selectively control the level of contact they have with other people. Privacy may be described as the control one exerts over the amount of interaction they choose to maintain with others (Altman 1975; Derlega & Chaikin, 1977) According to the Privacy regulatory theory (Altman, 1977), individuals engage in certain behaviours in order to maintain a particular level of contact with others as a function of time, person and situation. Behaviours including eye contact, a smile, tone of voice, maintaining a specific physical distance or a touch maybe used to communicate personal information in subtle or indirect ways. However, the most common way of regulating contact with others is through verbal communication, usually referred to as self-disclosure (Derlega & Chaikin, 1977). When one is able to choose the level of contact or interaction to have others voluntarily, privacy is maintained (ibid).

Participants in this study indicated the willingness to share excerpts of their life stories to people they felt close to such as family and friends but a reluctance to share with

strangers and people they did not trust. They indicated the willingness to be more open to people they had known for years and trusted. When sharing with strangers, neighbours and other distant relatives, participants preferred not to share some details with them as they found it uncomfortable. As a function of time and situation, findings from this study proved that participants were willing to share stories when the event had occurred many years prior to telling and also depending on the number of audience present. According to Blix et al., (2015) the narrative a person tells about themselves is a matter of choice inferring that the story is not fixed. These stories are situational and social constructions that are told to serve a particular purpose and for a particular audience. Thus, the sharing may differ in content depending on the social relationship and characteristics of the listener. Participants' revealed different levels of self-disclosing, as a function of the level of intimacy they share with the person, time, and situation, which the privacy regulation theory explains as voluntary attempt to maintain a certain desired level of privacy.

Privacy could serve as a personal barrier and may be maintained through nondisclosure (Derlega & Chaikin, 1977). According to the privacy regulation theory, maintaining a particular standard of privacy enables individuals to control and manage the kind of relationships and social interactions they keep – such as friendships and relationships with others (Altman, 1977). Findings from this study showed that participants preferred not to share parts of their life stories in order to maintain particular relationships they had with others. Participants felt if the information could harm or change the dynamics of the relationship, then they would be reluctant to share that information.

Maintain self-identity, autonomy, and self-esteem

The development of life stories begins from childhood through adolescence to adulthood and this forms the basis of one's identity. An individuals' decision to disclose this

story or not as a function of privacy, may help develop and maintain their self-identity, autonomy and self-esteem (Derlega & Chaikin, 1977; McAdams, 2008;). Capepelez et al., (2005) in their study found that when people reminisce and share their life stories either positive or negative, contributes significantly to the prediction of life satisfaction and reduced psychiatric distress. Contrary to the benefits associated with sharing one's life stories, not sharing seems to have some benefits as well. Individuals may decide not to tell their stories because sharing makes them feel they have lost their power over it (Blix, 2015). Thus, in order not to lose one's personal power, the older adult may decide not to tell their story. Findings from the current study showed that when participants chose not to share their life stories they felt a sense of happiness, security, feeling in control of their lives and a general sense of confidence in the self.

Uninterested audience and lack of listening

As earlier studies show, older adults may not share their stories if they feel no one is interested. In their study Chan and Lai (2015), found that older adults lacked the opportunities to share their life stories beyond socialisation. Participants reported having the desire to share their life stories but did not have the opportunities that facilitate meaningful sharing while others had no time to listen. Similarly, Randall (2015) notes that the lack of interest in listening to these stories is the reason some stories have remained untold. For most of the elderly used in their research, having the opportunity to talk about their life stories to someone who was interested and willing to listen was a rare but a much-appreciated experience. Findings from this study indicated that, people were not interested in knowing the stories of the participants. Almost all participants recounted not being asked by their children or grandchildren to tell their life stories. Some participants expressed the desire to share and have meaningful conversations with their children especially as they realise their lives are near ending. Participants blamed this uninterest on the busy schedules of their children along

with the changes in time and environment. The increase in industrialisation and waning of traditional values is indeed a factor in the decrease in desire and interest of the younger generation to listen to these stories (Chan & Lai, 2015).

Negative effects of sharing

Another theme identified in this study is the unwillingness to share because they feared being judged, misunderstood, taken out of context, or if the information could change the image they had created of themselves to others. Participants recounted there were some actions and behaviours from the past they regretted or were embarrassed to tell hence, the decision to not share their stories. Personality traits such as self-concealment which refers to the tendency to purposefully hide some negative personal information from others (D'Agata & Holden, 2018), can be used to explain this. As found in the study, participants' refusal to share their life stories is a deliberate attempt to conceal embarrassing and other negative stories from friends, family, and those around them. Also, perfectionist self-representation which is an individual's disposition to present themselves in a flawless perfect image (ibid), could explain participants' unwillingness to share their life stories or excerpts of it. Participants from this study explained that they would prefer to hold back some details from their stories because they feared being misunderstood which could lead to people getting a wrong picture of them and viewing them in a different way than they would prefer. In his essay, Blix (2016) identified the fear of reprisal as the reason people did not share their stories. If they felt the stories could be used against them or other people close to them, then they would not share those stories.

Psychosocial theory of development and narrative gerontology

The psychosocial theory of development could be used to explain the willingness and unwillingness of participants to share their life stories. Findings from the current study

showed that some participants felt their stories were not interesting and so were unwilling to talk about their lives. While others were willing to share because they felt they had achieved a lot in life may. According to this theory, at the last stage of one's life 65 years and above, one reflects on how they lived their lives and contemplate their successes and failures (McLeod, 2013). When an individual feels accomplished, he or she may develop integrity and if one feels dissatisfied with their accomplishments in life, he or she may develop despair which often leads to depression and hopelessness (ibid). When the older adult develops integrity as a result of their accomplishments and successes, they may find it easy to share their life stories while flattering the ego (Guillemot & Urien, 2010). Sharing one's life narrative may satisfy their need for recognition and present them the opportunity to tell others about their careers, successes, skills and achievements (ibid). However, when the individual is discontent with their achievements, they may develop despair. That is, if they view their lives as a disappointing with unachieved goals and targets. When individuals feel they have not achieved much in life and have uninteresting lives may decline any opportunity to share their stories (Blix, 2016).

Implications of the study

Results from this study have important implications and provide insights into the reasons older adults may refuse to tell their life stories despite the importance of sharing as a means of providing quality person-centred care. In the field of narrative gerontology and LSW, adopting a person-centred approach to the provision of care requires family and health practitioners to work with older people's beliefs, values, wants needs and desires (Wills & Day, 2008). The Socio-emotional selectivity theory (Carstensen, 2006) predicts that when individuals perceive their time as "running out" or their lives as near to death, they focus more on deepening relationships rather than gaining informational rewards such as acquiring new knowledge (Barber et al., 2016). As this social function is significant to the well-being of

older people (Chan & Lai, 2015), it is critical for family and friends to provide a listening ear and for health practitioners to exhibit the characteristics the older adults hope to see in their audience to facilitate sharing.

Limitations and future directions

It is important to identify the perceived value of LSW with different Swedish elders. Participant's decision to not tell their stories or excerpts of it is situated in a cultural context and due to the qualitative nature of the study, the data collected may be subject to different interpretations. As only English-speaking Swedish elders were used, the researcher was aware that the sample was likely to be highly educated seniors and not representative of the population of older adults in Sweden. It is also acknowledged that this was a small study with a section of the population which limits the representability of findings. However, this study is a great start to narrative gerontological research in Sweden and suggests directions for future work in this area. Future studies could include a larger and more diverse group of older adults maybe those not as highly educated as this sample. Also, several studies have showed the importance of sharing life narratives to the well-being of older adults, thus, the reason's behind the family's lack of interest in listening to these stories may be an interesting area to investigate.

Conclusion

This study has corroborated findings of the few previous related studies conducted on LSW that addressed the decline of older people to share their life narratives. Generally, Swedish elders have the willingness to share their life stories or excerpts of it however, there is the lack of listening. On the other hand, the decision of Swedish seniors to not tell their stories is influenced by the effects or consequences that may be associated with sharing, situational factors and previous experiences. The study reflects the dynamic interaction

among intrapersonal variables such as personality and the self; interpersonal such as relationships and family, situational such as time and audience, and the lack of opportunities for meaningful sharing. More important are older adults concern about the approval or consent and the safety of others involved in their stories both of which were highlighted by all participants. Personal reflections from this study shows the need for family and health practitioners to exhibit characteristics which make Swedish seniors feel comfortable and secure to share their life narratives. It is the wish of the participants not to be treated as a whole – taking into account their wishes, needs, beliefs, past and personal experiences. One participant expressed his dissatisfaction with the Swedish health system's lack of continuity with health practitioners and the changing of physicians almost every year. Another participant expressed the need for older adults to be treated as individuals with their subjective needs and desires. In his own words – “We ain't gonna take it no more”.

It is important that health professionals understand the rationale behind the decisions of older persons to not share their life stories in order to show interest in listening, exude the characteristics they wish to see in their audience and provide a supportive environment for when they decide to share their stories. Older people are not a homogenous group and this study as well has many others have proven this. Thus, LSW needs to be practiced more in Sweden and can be developed by the persons themselves, family, caregivers, and health practitioners.

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Appendix

Interview Schedule

Demographics

Age, Gender, Current Occupation, Previous Occupation (if retired), Highest educational Level

Experience with sharing life stories

1. Have you ever been approached to tell of the crucial events that define your life/ give a narration of your life? (by either health practitioners, researchers, friends or family)

Willingness to share life stories

1. How would (or did) you feel when asked to tell of your life story? (by either health practitioners, friends or family)
2. How willing would you be to share your life story if different people asked? (health practitioners, researchers, friends or family) == why do you feel differently about these sets of people?
3. Would you be willing to share everything about yourself?
4. Are there some details you consider secrets?
5. Why do you consider such details as secrets?
6. Why would you not want to tell of these details? How do you think telling these secrets will affect your life or those around you?
7. How does not sharing (or not having the opportunity to share) these details make you feel? (psychologically)
8. How willing would you be to share these secrets if different people asked? (family, friends, health practitioners or researchers)

Appropriate conditions necessary for sharing

1. What conditions will make it appropriate for you to share these secrets?

Description of the Study Procedures

If you agree to be in this study, you will be asked to partake in a recorded interview which will last between 45 minutes to 1 hour. In the interview, you will answer questions *about* life narratives but you are *not going to tell* your own life stories. This interview will be conducted only once; there will be no follow ups.

Risks/ Discomforts of Being in this Study

There are no reasonable foreseeable or expected risks by participating in this study.

Confidentiality

Also, this study is anonymous as we will not be collecting or retaining any information about your identity. The records of this study will be kept strictly confidential. Research records and audio files will be kept in a locked file, and accessible by only the researchers involved. We will not include any information in any report we may publish that would make it possible to identify you.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study or Lund University. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, [Evelyn Osei-Poku] at

oseipokuevelyn@gmail.com or by telephone at 0736892267. A summary of the results of the study can be sent to you upon request.

Payments

By participating in this study, you will receive a 50kr ICA Gift Card as a token of appreciation.

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

Participant's Name:

Participant's Signature:

Date:

Investigator's Signature:

Date:
