Title

A sense of dignity in later life: a qualitative study on the views of older women migrants from minoritised backgrounds

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Abstract

Purpose: Research evidence indicates the need for studies that explore the salience of dignity from the perspective of older people from a range of ethno-linguistic and cultural backgrounds. Drawing findings from a mixed-methods study on social-care expectations of community-dwelling older women from Black and minority-ethnic backgrounds, this paper explores the interrelationships between life-course events (such as migration) and the roles adopted by the women throughout their lives, which shaped their understanding of dignity.

Design/methodology/approach: Face-to-face, semi-structured interviews with 32 older women in Wales were conducted in the participants' first languages. The interview schedule was developed, piloted and peer-reviewed; it covered the themes of migration, perceptions of dignity, dignity in later life, perceptions of care, and care with dignity. Transcripts were analysed using thematic analysis. This paper focuses on what dignity meant to older women and how a sense of dignity was fostered in later life.

Findings: For the participants, a sense of dignity in later life was shaped by migration to the UK, and their shifting, transnational understanding of growing old in the UK and of the perceived worth and value of the roles they played. Although some women also saw other platforms (such as work and their status as professionals) as being of importance, a sense of purpose fostered in their roles as wives, mothers and grandmothers, and as mentors and guardians of cultural knowledge, underpinned their understanding of dignity, and reinforced their sense of acknowledgement and worth. Fostered from an early age through interactions with the family and close community (religious, cultural or ethnic), respect for older people was revealed to remain a key element of the participants' personal and cultural value systems, as were the ways in which respect should be both earned and manifested. The sense of heightened vulnerability, because of advancing age, and the impact of cumulative negative encounters and racialised micro-aggressions, were real and pressing.

Originality/value: This paper adds to our understanding of (1) dignity from a transnational, multi-ethnic perspective, (2) the potential impact of multiple social positions (being old, being a woman, being a migrant and being from a minority-ethnic group) on the perception of being treated and regarded as important and

valuable, and (3) the need to raise awareness among policy-makers and practitioners of the importance of dignity from a range of perspectives, providing first-hand accounts that bring these to life and that can be used to help develop effective social-care interventions.

Article classification: research paper

Introduction

Over the last decade, there has been a social policy shift in the UK away from high-level need to prevention and facilitating independence in older people – and, more recently, an increasing focus on the broader notions of dignity, quality of life and well-being for older people. Dignity, a multi-faceted concept that alludes to a person's sense of identity, autonomy and human rights (Anderberg et al., 2007, Gallagher et al., 2008, Tadd et al., 2011), is now considered an essential element of the care of vulnerable individuals, including older people (for example, Stone, 2011, Galloway, 2011). As a result, dignity is now embedded in many professional codes of conduct for health and social care (Baillie and Matiti, 2013).

Dignity has been conceptualised in many different ways – and, over the last decade, many components underpinning dignity have been revisited and explored, and types (or forms) of dignity developed (Fenton and Mitchell, 2002, Jacelon et al., 2004, Nordenfelt, 2004, Coventry, 2006, Anderberg et al., 2007, Tadd, 2006, Gallagher et al., 2008, Clark, 2010). For example, Jacelon et al.'s (2004) concept analysis of dignity for older people revealed key defining attributes: dignity is an inherent characteristic of being human, may be subjectively felt as an attribute of the self, and is made manifest through behaviour demonstrating respect for self and others. Also of importance is Jacobson's work on social dignity (2007, 2009) and her development of a taxonomy of dignity rooted in a conceptualisation that recognising a person's worth or social grouping is often linked to wider social factors and social inequalities. Other research includes explorations of the salience of dignity to older people in various care settings (Woolhead et al., 2004, Bayer et al., 2005, Calnan et al., 2006, Franklin et al., 2006), and to professionals (Calnan et al., 2005, Ariño-Blasco et al., 2005). Drawing from the research evidence, in this paper, dignity is

conceptualised as a human right, subjectively experienced, rooted in perceptions of being treated and regarded as important and valuable in relation to others, and, moreover, shaped by the wider social and cultural contexts in which care-related interaction takes place (Saltus and Folkes, 2013).

Despite the growing body of evidence on the importance of dignity in health and social care, debates about its meaning, usefulness and constituent parts are far from over (Fenton and Mitchell, 2002). Even though personal and social identity have been raised as important components of dignity, there has to date been very limited empirical research on how dignity is shaped and impacted on by variables such as minority ethnicity, gender and migration. A growing body of research exists on the experiences and views of older people from Black and minority-ethnic (BME) backgrounds that explores barriers and challenges to care provision, views on the quality of local health- and social-care provision, and care needs and expectations (see, for example, Sin, 2006, Loeb, 2006, Manthorpe et al., 2009, Cattan and Giuntoli, 2010, Bowes et al., 2011, Bowes et al., 2012). However, there is very little empirical research on what dignity means to older people from minoritised backgrounds. Moreover, given the shifting demographics of older population groups, exploring the lives of older women is timely and important, especially for community-dwelling older people on whose opinions and experiences very limited knowledge exists.

Overall aims of the study

The overall study aims were two-fold: (i) to collect qualitative data on the perceptions of dignity, and of the social-care expectations of older, community-dwelling women, and (ii) to capture the views of service providers on their care practices, and to identify the resources available to them. A multi-phase, multi-method design (discussion groups, interviews, questionnaire and digital storytelling) was chosen to produce quantitative and qualitative data. These have been analysed separately in the first instance in order to address the overall study aims. In addressing the second aim, a survey design was used. This paper focuses on the first aim and presents findings drawn from the data collected through interviewing older women.

Theoretical framework

The study is underpinned by the life-course approach and grounded within an intersectionality perspective. Both frameworks acknowledge the multiple conflicting and dynamic influences on individual human existence through the roles and identities adopted throughout life, and the interplay between the micro- and macro-level realms of social life. The life-course approach conceptualises individuals as reciprocally connected on several levels across generations. The focus is on how life transitions and significant life events may shape perceptions, attitudes and health in old age (Maddox and Campbell, 1985, Elder et al., 2003, Hutchison, 2011), and on how historical time, social location and culture affect the individual experience of each life stage. Intersectionality is rooted in an explicit normative assumption of differentiation, multiplicity and fluidity. A second focus is on power dynamics and relationships. Who we are has individual dimensions but can also be understood as being essentially relational, emerging out of our differences from and similarities to others (Phinney, 1996, Rosenfield et al., 2006, Hankivsky and Christoffersen, 2008, Chaney, 2011). These social relations are situated within interrelated systems of power relationships relating to ascribed notions of race, class and gender, which produce an inequitable distribution of resources to groups in society, thus creating dominant and subordinate groups (Björnsdóttir, 2010). Our theoretical preoccupation sought to take account of multiple interrelated dimensions of personal and social identity, and significant events and changes in the course of life (such as migration and motherhood), and to draw out their significance in shaping beliefs and attitudes towards the meaning and expression of dignity in old age.

Methods

Qualitative methods were chosen as most appropriate to explore the ambiguous and multi-layered concept of dignity, and its meaning for older women. Face-to-face, semi-structured interviews were conducted in order to ensure that the key topics of interest to the study were raised and discussed with all participants. An interview schedule was developed, peer-reviewed and piloted. This drew on relevant research

and policy literature, and from the summaries of the four discussion groups with older women from the target groups (conducted during the early stages of the study). The discussion groups were facilitated to promote the study to potential participants, explore with them the best way to present the suggested themes for the interview schedule, and determine how best to develop the recruitment strategy.

The topics covered in the schedule included moving to/growing up in the UK, growing old, what dignity 'looked and felt like', dignity in later life, perceptions of care, potential care pathways, and social-care expectations. Approval was granted by the Ethics Committee of the Faculty of Health, Sport and Science, University of Glamorgan, in July 2011.

Sampling and recruitment

In the study, we identified older people as those aged 50 years and older, as defined by the *Wales National Strategy for Older People* (Welsh Assembly Government, 2007), and the sample comprised community-dwelling women living in Wales who self-identified as being Black Caribbean, Chinese, South East Asian (Chinese) or South Asian (Bangladeshi Muslims or Indian), based on upbringing, birth or acculturation. These groups were targeted because of their (i) comparatively large size within Welsh communities and ageing population structure, as well as similarities of post-war, large-scale entry to the UK (Black Caribbean and Indian), and (ii) comparative levels of deprivation and social exclusion (Bangladeshi Muslims). The Chinese group was targeted because of the comparatively low level of research evidence on the views and experiences of older Chinese people in Wales, and because of their very dispersed settlement and employment patterns. Those lacking mental capacity (as defined by the Mental Capacity Act 2005) and who were unable to give consent were excluded.

The study was promoted to cultural, religious, arts and equality organisations frequented by and important to the target groups. Five part-time community researchers (CRs) were employed from the targeted population groups; they recruited and supported the participants, conducted and (where necessary) translated the interviews, validated transcripts and supported data analysis. The sample was generated using purposive sampling; thereafter, snowball sampling

allowed these people to nominate one other potential participant. There are known limitations to snowballing, which include possible recruitment of people of similar backgrounds, and exclusion of people linked to other social networks. However, this strategy is often used when conducting research with marginalised groups (Atkinson and Flint, 2001). The sampling strategy, together with promotion of the study and the discussion groups held at the start of the study, engendered a level of interest and engagement in the study. The concept of saturation and standard estimates of samples for qualitative studies (above 15 and below 50) guided the sample number (Guest et al., 2006).

The aim was to interview 40 women; in fact, 32 interviews were conducted. The sample comprised six women of Indian heritage, seven of Caribbean heritage, eight of Bangladeshi heritage and 11 of Chinese heritage. The women self-identified with the targeted minority-ethnic groups in a number of ways (Table 1).

Table one about here

Although the sample was initially set at 50 years and above, two participants were under this age. However, they described themselves as being old (perhaps since they were widows and grandmothers) and were included because of this self-identification. This meant that two of the participants were aged 48; 12 were in their 50s; 12 were in their 60s; and five were in their 70s (one participant did not give her age but indicated that she was 65+). One of the participants took part in the study with the support of her carer, who attended the interview to provide practical and emotional support.

Data collection and analysis

All researchers were trained in how to work ethically with vulnerable, consenting adults and, where applicable, their carers and supporters. All interviews took place at a time and location of the participants' choosing (including in their homes, local community centres and churches, and public areas, e.g. cafes) and were conducted in a language of their choosing (16 in English, eight in Sylheti, seven in Cantonese and one in Mandarin). All participants were informed of the study in writing and

verbally, and were encouraged to discuss the information with their family, friends and carers. They were informed that participation was voluntary, and they had the option of withdrawing at any time, without giving a reason. The stories were audio-recorded with participants' permission, and lasted between 18 and 100 minutes (mean 48). All participants received a £10 gift voucher as a token of appreciation. Data collection took place between February and August 2012.

The interviews were anonymised, translated (where necessary) and transcribed verbatim. In the translating and transcribing of the interviews, the CRs kept journal entries of any words that did not easily or completely translate into English. A small number of the transcripts were back-translated and checked for consistency in phraseology, content and meaning, and the few discrepancies were resolved. Thematic analysis (Braun and Clarke, 2006) was used, starting with reading the transcripts, noting salient points and forming categories. In the initial (deductive) phase, the interview data were coded according to a number of a priori categories that corresponded to the core interview questions, with the aim being to explore if the categories were supported in the data. In the subsequent (inductive) phases, data were coded based on emerging themes, and, in so doing, were compared with other passages to ensure that the coding was consistent, to explore the need for new codes, and to capture phenomena as they emerged. Broader themes were then identified. Original transcripts were constantly re-checked to ensure that the themes and thematic patterns accurately reflected the original data. Although one researcher led the analysis, two were involved in testing the acceptability and credibility of the designated categories.

The interview data were managed and analysed using QSR NVivo (version 8), with participants identified via unique identification numbers (e.g. P001, P002). Data from the pre-interview questionnaires were collated, and demographic and socio-economic data used to profile the sample. Data analysis took place between May and November 2012. The findings will be presented in narrative form, complete with the use of extracts from the interviews to allow for greater exploration of the participants' responses. In some cases the extracts have been edited to enhance readability.

Findings

The participants

Aside from the two women who were 48 years old, the participants ranged from 52 to 78 years of age (Table 2). The majority of the participants lived in South East Wales (n=24), and the rest in North Wales. Of the 32 participants, 11 were in employment (or were self-employed), 12 were retired and nine had never worked. Eight lived with their children and nine with their husbands. Most had family members living nearby and met them regularly. A significant number of women were engaged in supporting or caring for family members or friends, with five providing one to 19 hours of care per week, three 20 to 49 hours, and four 50 hours or more.

Table 2 about here

Migration and settlement

The participants were asked about their early life in the UK. Two participants were second-generation migrants, having been born in Wales; the remaining participants were first-generation migrants. The sample consisted of a good mix of both long-established residents and more recent settlers.Two participants had arrived in the UK within the last ten years and seven within the last 20 years, 11 had lived in the UK between 30 and 39 years, and nine for over 40 years (length of residency was unknown for one of the participants). At the time of arrival, three of the participants were aged over 50.

The majority of women migrated to the UK following, or to reunite with, their husbands (especially in the case of many women of Bangladeshi, Indian and Chinese heritage) and families (especially in the case of many of the women from the Caribbean, who migrated at an earlier age with families seeking education and employment). For Bangladeshi women, life had revolved predominantly around the home and their role as carers for children, husbands and family members; they had little outside contact other than with those of their own cultural and ethnic background, and spoke limited or no English. Common experiences shared by this

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group of women (all of whom lived in South East Wales) were loneliness and isolation in the early years after their arrival; the efforts and successes of raising large families; and the ameliorating effect of increasing numbers of Bangladeshi families living close by and the subsequent development of a sense of community as the decades passed. Some of the women perceived that the extended-family living arrangements common in Bangladesh, which facilitated the seamless adoption of new roles for women as they approached old age, were not necessarily being replicated in Wales. This meant that the death of husbands and marriage of children was shifting the focus onto how these older women, who had spent much of their lives in the UK within their immediate family unit, were now to be cared for themselves, and the support offered by family and others.

Some of the experiences and anxieties of the women of Bangladeshi heritage were shared by the participants of Chinese heritage. Many had spent their early years raising families, but their lives were also shaped by working long hours in family take-away businesses. Chinese women appeared to have more autonomy and independence outside their homes because of their responsibilities in these businesses. Still, the majority spoke limited English, and appeared to have had little contact with the Welsh community other than through their work, participation in church groups and, for a few, local volunteering.

Although similar themes shaped the early life of women of Indian and Caribbean heritage, there were differences, mainly in their fluent use of the English language and their comparatively higher socio-economic status (in the case of the women of Indian heritage in particular). All the women of Indian heritage had previously been, or were currently, in either part-time or full time careers as professionals and businesswomen. They all were well integrated in their local geographic communities, and maintained cultural and ethnic affiliations, as well as participating in a wider range of volunteering and other social activities than the women of Chinese and Bangladeshi heritage.

Women coming from the Caribbean also made active efforts to grow accustomed to UK life, and to progress in their education and subsequent professions. After arriving in the UK, some of the participants shared houses with other members of their close and extended family. Most also became part of the larger Caribbean groupings and

social networks where they lived, as well as being fully integrated in their geographic locale; like the women of Indian heritage, their social networks extended across a wider social, ethnic and cultural terrain.

For some women, the experience of migration was described in positive terms as a welcome and desired change, leading to new opportunities for education, and new experiences. Others spoke of the culture shock of arriving in a new country. Like the women of Chinese heritage, those of Caribbean heritage shared their views on the impact that racism and discrimination had on their lives; for the latter group, this was mainly conceptualised as linked to their status as 'foreigners' and the fact that they did not speak English; for the former group, it was based largely on the colour of their skin. What was evident was that for some women, their ethnic or linguistic differences became salient once they arrived in the UK. As one participant stated, '*I never knew that I was what they termed Black until I stepped into this country, because everybody made it their business to tell me*' (P015, Kittian Welsh, 54 years of age).

At the time of the study, almost half the participants had entered a new phase in their lives where they either were retired or had adopted the role of 'grandmother' or 'community elder'. It is evident that for many of the participants, the process of settlement was ongoing, varying and context-specific – and that actuality or legacy of migration had shaped in varying degrees their lives in the UK. For some, it was a clear and engaged choice that they embraced, while for others it had proven to be an ongoing struggle of adjustment.

Conceptualising dignity

All participants were asked to offer words that they felt best captured what dignity meant to them. For English-speaking women, dignity was defined as 'respect', 'self-respect' and 'support'. Women of Bangladeshi heritage used words and phrases that, translated into English, meant 'to give respect' and 'self-respect'. Those of Chinese heritage could more easily conceptualise indignity than dignity; they understood this former concept as 'being looked down on' and 'feeling humiliated'.

The participants responded to questions on their understanding of what is meant by the word 'dignity' in several ways, revealing the multi-faceted nature of the concept.

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The large majority of women were of the view that dignity was communicated, and manifested itself, most commonly through acceptable social conduct and appropriate levels of deference: displays of respect. Dignity was, at the same time, understood to mean respect for the other person, shown in acts, tone and deportment: '*(T)o me it's mainly respect, respecting everybody's wishes, lifestyle, choices and identity as well; I think that is all about dignity*' (P029, Asian Welsh, 63). Dignity was also perceived as self-respect: '*(Y)ou know respect for others, treating others with dignity, treating yourself with dignity, self-respect*' (P015, Kittian Welsh, 54).

Another dimension of dignity was understood as being rooted in recognition of worth, and reciprocity: respect had to be firstly shown towards others before one had the right to be respected. Linked to this was being respected by others: '*… an expectation of being respected and feeling good about oneself, having a perception that you are being treated nicely, fairly, caringly, emotionally*' (P020, Asian Welsh, 69). For a few of the participants, dignity was also understood to be a characteristic of their individuality and religiosity. In this context, a sense of self-worth and self-respect was reflected in actions towards others, where reciprocation of respectful behaviour was not the driver but a natural consequence.

A sense of dignity in later life

The participants were aware of the negativity underpinning many dominant perceptions of ageing and older people in the UK. However, for the participants, older people were perceived as deserving respect specifically because of their age, accumulated life experiences and seniority. Some cultural distinctions were apparent, with Bangladeshi women highlighting more consistently the importance of being perceived within their family and community as deserving greater respect specifically because of their status as older women and their role as respected seniors within their family and community (known as a 'murabbi'). A few of the Chinese women expressed feelings of diminished worthiness because of their old age and, for many, because of being unable to contribute to family businesses as they once did, and to contribute as grandmothers because of the distances between their homes and their children's businesses or place of employment.

Even though women differed in their own sense of dignity and self-worth in old age, commonalities existed in their understanding of how older women *should* be viewed and treated. For all the participants, respecting or honouring older people remained a key element of their personal-value systems, as were the ways in which displays of respect should be acted out or manifested. For all the participants, being respectful to others was learned from an early age through interactions with family: '*I don't respect only elders but even my children ... my eldest son and even my daughter…We give respect. They also respect us*' (P008, Bangladeshi, 59)*.*

Another key theme to emerge from the data was the perception that later life had specific meaning within the family and their particular ethno-linguistic or cultural communities. Although a few women also saw other platforms (such as their work and professional status) as important, many linked a sense of dignity in later life to a sense of purpose fostered in their roles as wife, mother and grandmother:

Participant 015_Kittian Welsh, 54 yrs *(I)t is just being there for them when they need something – because, having come through that myself, I know that there were times when I could have done with a little extra support in certain areas or somebody just to say, 'Oh no, don't do that like that, do it this way,' you know. It is just being there to support them and with the children and the grandchildren – things like that – and with your parents it is, you know, helping them with the things that they can't do, things they are not aware of.*

In addition, keeping active and being involved in social activities were roles shared and valued by participants. All participants described 'murabbi' or elder responsibilities, which included acting as mentors, role models and advisers, as well as offering emotional support to the younger members of their family and ethno-linguistic or ethnic community, as well as (for some participants) others much wider afield. Linked to this was their role in preserving the array of accumulated, culturally specific 'ways of knowing', and transmitting these across the generations:

Participant 032, Chinese, 56: *I think to keep the culture as well, so they'll be able to before they start school, they'll be able to speak their own language as well as feeding them the traditional food. Not to lose the culture …*
Interviewer: *So you think for women your age it's a way of sort of …*
Participant: *… contributing.*
Interviewer: *Continuing the culture through the generations?*
Participant: *Yes, I think so.*

Based on their status as older women, mothers, grandmothers and senior members of their ethno-linguistic, cultural and local geographic communities, and based on

their perceived accumulated experiences and knowledge of life, these activities and roles gave them purpose, and added to a sense of dignity in their lives as older women.

The data revealed that family was central in shaping a sense of dignity, and perceptions of dignity-promoting behaviours, as well as being a platform for promoting and maintaining dignity as a person grew older. For women who lived as part of a close family unit, especially in the case of Bangladeshi women, the family was the central space where they could find a sense of self-confirmation, self-respect and self-worth. Of equal importance was the sense of purpose fostered by the recognition of their roles by the wider communities of which they were a part. Their roles within the family were, in part – for some of the women at least – rooted in maintaining a particular standing within their wider family and community networks.

Many participants were equally aware, however, of transformations occurring in the structure of family relationships, and the roles of family members:

P009, Bangladeshi, 48: Children used to come to older people for advice. Now the children don't want to understand the older people and their ways. Some do, but most don't understand. They would say what we suggest are old ways of thinking and now it's different. It is like that.

Some discussed the difficulties in transmitting to younger generations now living in the UK the notions of dignity and respect for older people:

P004, Chinese, 52: Family? My children? They did respect me and I have taught them to respect people too. It's fine, but they can't do what we practised in the traditional culture…those that were born here weren't exactly following what we did… (my children)… just couldn't practise total respect.

Perceptions of the loss of dignity

All women were asked to describe the way they were treated by others and how they maintained their sense of dignity. A few of the participants of Bangladeshi heritage stated that they had never experienced any such mistreatment, mostly because of their limited contact with the world beyond their family and close friends and the fact that they never left the house unaccompanied. For others, any such instances were quickly forgotten: *'if and when that happens, you feel bad for a while but after some*

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time it is OK. I don't keep things in my heart for long'(P026, Bangladeshi, 62). However, many could recollect losses of dignity**.** For some, ageing was thought to bring with it increased loss of dignity, specifically because of the loss of the key ability to look after themselves or, as in the case of some of the women of Chinese heritage, the growing inability to continue to contribute to key family businesses.

A loss of dignity could be also rooted in societal attitudes towards older people. A few of the participants noted the differences in the way older women were perceived by wider society in the UK compared to in the lands of their birth. Although they acknowledged that the roles, expectations and generational patterns of engagement, support and assistance were shifting in their countries of origin, many held the view that older people in the UK were, in general, rejected and put aside. For others, however, living in the UK offered more equality, freeing them (to some extent) from the dignity violation associated with being of a particular socio-economic class, or social position or rank.

All but one of the women of Chinese heritage shared other people's responses to their limited English and migrant histories. For a few, loss of dignity was linked to the accumulation of brief, commonplace indignities – racialised slights, insults and negative behaviours encountered in their long experience of working in family-run take-away businesses. Reflecting on the chronic exposure to negative interactions, one participant stated*: 'Now that I am getting older and have come across so many different incidents, I don't feel [the insult] any more'* (Participant 03, Chinese, 67). For others, growing old as a woman from a minority ethnic background made them more vulnerable to disrespectful or discriminatory behaviours, patterned by an interweaving of their personal and social identities in later life:

Participant 010, British-Indian, 71: (S)omething that happened about six years ago, and I think it was not just because I am an older woman, but because I am of a BME background, and the person gave me a lot of verbal racist abuse, and I think it was mainly because I was, you know, of Indian appearance rather than anything else. I don't think it was necessarily because I was old, but I felt had I been a young Black man, this other person would not have directed racist abuse at me.
Interviewer: So your age made you feel more vulnerable?
Participant: Oh yes, yes definitely, yes.

In two of the interviews, silences and anxieties that exist – from both the participants' and the interviewers' perspectives – were noted when seeking to find ways to talk about the links between the nature and impact of loss, rooted in a number of socially ascribed differences:

Interviewer: Can you share with me an experience when somebody has treated you unfairly because of your age ...?
Participant 015, Caribbean, 54: Unfairly?(Long pause) Not really.
Interviewer: I guess, looking at your expression, you have been treated unfairly but you wouldn't necessarily put it down to age?
Participant 015: To my age, no.

This anxiety was confirmed and discussed further with the participants and the interviewer during the follow-up meeting after the study. Emerging from the data was the sense of heightened vulnerability because of advancing age, ageism and the impact of cumulative negative encounters and racialised micro-aggressions. What was also evident was the indignation that some participants felt in sensing a lack of both personal and collective respect and recognition, and thus a collective loss of dignity.

Discussion

Limitations

The findings need to be discussed in the context of the study's limitations. First, using the term 'dignity' in interviews for a study that seeks to clarify this concept could be considered a limitation. Moreover, as the interviews were conducted in different languages, the words used to convey 'dignity' differed slightly. The interviews used but did not define the term, inviting participants to share their views and offer alternative terms, so arriving at a version of 'dignity' with which they were comfortable. The back-translation of transcripts allowed for a review of key notions of dignity emerging from the dataset. Second, we remain mindful of the specificity of experiences of older women living in rural and semi-rural Wales, and of much more work being needed to develop our knowledge of experiences of those in a range of locales. The sample was diverse in age, mobility, club and group membership, and length of time living in Wales. Third, we targeted women with a history of migration

and of specific ethnic, linguistic and religious groupings. Although the findings are transferable to similar groups of women, we do not wish to stereotype the experiences of individual women.

Contribution

Despite these limitations, the study does make a timely and important contribution. In response to the need for studies that explore the salience of dignity from the perspective of older people from a range of diverse backgrounds (Blasco et al., 2005, Dayé, 2005), the aim was to present the views and perceptions of older women migrants from minoritised backgrounds. Rooted in the life-course approach and grounded within an intersectionality perspective, the study aimed to situate views on the notion of dignity within the wider context of life-course experiences and social identities. The study revealed both the agency and the vulnerability of the women, elements of which were shaped by their migration histories, use of English, position in the labour market, extent of acculturation, and roles played (within the family, social networks and beyond) once settled (or, for the women born in Wales, as they grew up). The study revealed how they adapted to life in the UK, and how the subsequent roles they played across their life course shaped their social identities and, to varying extents, their views on dignity.

Although the term 'dignity' was used actively by only a few of the participants, the claims to worth or value that lie at the root of notions of dignity was most often understood by acts of respect and respectful behaviour by others and self. Although aware of dominant, largely negative perceptions of older people in the UK, participants believed strongly that older people should be respected for their age, life experiences and accumulated wisdom. These notions of dignity chime with findings from other dignity research, most notably that by Nordenfelt (Nordenfelt, 2003, Nordenfelt, 2004, Nordenfelt and Edgar, 2005), who presents four notions of dignity: *dignity of Menschenwiirde*, which (translated from the German) means the worth and value everyone has, simply through being human; *dignity as merit*, given to a person who has a rank or holds an office that carries a set of rights; *dignity of moral stature*, which involves self-respect as a moral human being, and which changes in nature depending on actions; and *dignity of personal identity*, which is tied to the person but connected to identity rather than moral quality.

The overwhelming majority of women described their roles as wives, mothers and grandmothers as central to their sense of dignity. Moreover, intergenerational relationships and their roles as guides, mentors and guardians of cultural knowledge were very important, giving them a sense of purpose and meaning in life. There are known benefits of being involved in informal support or caring roles within the community (Moen, 1996, Krause and Shaw, 2000), with such activities linked to the promotion of a sense of control, identity and community (Greenfield and Marks, 2004), as well as improved health and well-being (Mair, 2010). However, the findings revealed that these activities and roles also underpinned the participants' sense of personal dignity. For participants, the roles and relationships developed within their families throughout their lives have an important dignity-enhancing role, allowing them to feel wanted, useful and worthy.

Moreover, attributing respect to – and behaving dutifully towards – specific groups of the community (such as older people) was part of participants' personal-value system, as was seeking to earn and receive respect in older age. The study revealed that how dignity was conceptualised and gained meaning (in acts, deeds and behaviours) was linked to the participants' wider collective identity – not only within their families, but also in their ethno-linguistic community or key social networks. For most (though not all) participants, it was evident that dignity and social roles in this sense extended beyond an individualistic view: women's roles were seen, to varying extents, as representative of the respect and honour accorded to the family, and (on a wider level) to their particular cultural groupings.

For some women in the study, age, diasporic linkages, language use, rank or class, and ethnic-minority status added to the potential loss of dignity. The study highlights the fact that how dignity is experienced, preserved or diminished has a structural – as well as an interpersonal – dimension, both of which are constructed by the act of recognition. Aspects of personal identity and social markers (such as gender, ethnicity and cultural identity) do play a role in shaping a person's understanding of the concept of dignity, just as they can impact on how a person or group may be perceived and 'recognised' by others in their everyday lives.

This dimension of dignity has not been examined extensively in empirical studies. This study adds to the work on social dignity by, for example, Mann (1998), whose

taxonomy of dignity violations (not being seen; being seen but only as part of a group; violations of personal space; and humiliation) draws out group violations faced by marginalised population groups. There are also strong links to be made with Jacobson's work on social dignity (2007, 2009). Social dignity comprises two dimensions: self-respect, which Jacobson calls dignity-of-self (2007); and dignity-in-relation, which refers to the social context in which dignity is articulated, understood and experienced. Jacobson explores dignity as being made manifest through interactions, which are themselves embedded within a broader social order and context, and the need to understand the wider social context in which people and groups of people are recognised and acknowledged as worthy. Her work draws out not only personal violation as experienced by an individual, but also the clustering of dignity violations that can occur – leading, for example, to racism, sexism or ageism directed against individuals and groups (Jacobson, 2009).

Conclusion

The study reported here provides evidence that, for some migrant women with minority-ethnic backgrounds, dignity can be understood as a multidimensional, dynamic construct, existing on different levels but directly linked to notions of individual-, family- and community-level recognition and acknowledgement of worth. Linked to this were fears and anxieties around the status ascribed – and thus recognition and respect given – to older minority-ethnic women in British society. Moreover, the findings are situated and discussed within a theoretical perspective that posits the shifting of roles and identities in later life as variable and varied, rooted in social, cultural and biophysical processes that are, in turn, linked to wider socio-structural systems of oppression and privilege.

Given the changing demographic of the older population throughout Europe and the world, there is a need to raise awareness among policy-makers and practitioners of the importance of dignity from a range of perspectives – providing first-hand accounts that bring these to life, and data that can be used to help develop effective interventions. Much more empirical work on both the perspectives of dignity from

more diverse groups of older people and the socio-structural dimensions of dignity (who is, and which groups are, recognised as more – or less – worthy) is needed.

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