# Audio file

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# Transcript

NJ

Welcome everybody to the latest Researcher in Focus Podcast from the Faculty of Humanities. and Social Sciences here at the University of Liverpool. My name is Nick Jones, part of the research and impact team here at the faculty and today I'm joined by Professor Susan Pickard, Professor of Sociology and Head of Department of Sociology, Social Policy and Criminology. Today we'll be hearing all about Susan's work, which explores ideas around health, age, and gender. So first of all, thank you very much for joining us. Susan, nice to see you.

SP

Thank you for inviting me, Nick.

NJ

It's an absolute pleasure to have you here, so I wonder if, by way of a quick introduction. If you could just give us a quick rundown of your academic background, your career, so far and what brought you to the University of Liverpool?

SP

OK, it's I'll try not to be too convoluted, but I want to talk just a little bit about my slightly chaotic or perhaps better word is uncertain entry into academia because some of your listeners may relate to some of this, and it doesn't always get spoken about. So I came from a, well, what would be called? A deprived area today where there were, you know, very few people went on to higher education. We were all in school, free school meals and and that kind of thing. My dad didn't work. He was actually a very brilliant man. But he had developed multiple sclerosis at a very young age and in those days it was, it was fine for employers to discriminate against disabled people, so he he wasn't. He wasn't in work. So I had no role models as far as either at higher education was concerned or indeed work. I had no no idea of of how you behaved in employment so. So I was very lucky to get into university. I had a headmaster that believed in me but that was the kind of pinnacle of my ambitions to get there. I I worked as hard as I could. I did as well as I could, and then I had no idea what to do next. And so I. I I I was. I I was. A little bit sort of in a post college drifting space for a while anyway. Eventually I found myself, I was lucky enough to to be invited onto a a part-time PhD programme that that was paid for by my employer. So I was a research assistant. That that was that was good because I didn't have a lot of confidence in myself. I often see my students embarking on, you know, ambitious research questions and following paths of curiosity and I I think I would never have been able to do that at that point. It was really important for me to work in a team, in other words. So after that, after that I I completed my doctoral studies, I I went into working in other teams and I worked in research institutes and eventually arriving at a fairly prestigious well, very prestigious Research Institute at Manchester University and this institute was focused on health and a lot of work was on ageing and that was great because these were my interests, but I, you know, I was being directed by someone else, if you like and it took me quite a while to to build up that confidence to and to feel that I was ready to embark on a career move where I I took direction for my own research and that I pursued the avenues of of of interest that that were mine and mine alone, in in that sense. And that's when I made the move to Liverpool so that was a a wonderful open opportunity for me. The horizons opened. It was. It was, it's very challenging as well as very exciting, but at that point you know that sort of confidence issue was sort of secondary to my my curiosity in the subject that I was was looking at and the the themes I wanted to pursue were greater than than my lack of confidence, so that's how I arrived at Liverpool, if you like. Yeah, I think that's probably all I should say there and I I'll go on for a long time otherwise.

NJ

No. Well, well, I mean, it's fascinating. You know, Liverpool is indeed the land of open horizons. So coming here for many people, kind of say to get the chance to expand their research interests, really focusing on things that they want to do here. So yes, they're great. Yes, I mean, interesting. You talk about in Manchester, in Manchester, it's where you kind of began to focus on the areas that were of health age., and those kind of things? Were there any particular influences that that drew you to that to any academics or projects or real-life experiences that have brought you to to that?

SP

Yes. Well, first of all, Nick, I'd like to say that I I would say that my, my main focus of research interest is age, but with an intersection, you know sort of interfaces with health and gender and ethnicity. So that the the consistent focus is age through that. And and my interest in age predominantly it was a very personal. It was the fact that I spent a lot of time with my grandmother when I was a child. And and and I was an only child and my parents were, well, had a lot of problems in their lives at the time. So you know, we spent a lot of time together and I realised that we were, both of us had a lot in common I was a very young child, we’re talking 4 and 5 and and she was approaching 80 years old and in in some ways we were marginalised from the sort of mainstream of sort of adults proper adult life. But but I also noticed that we both had a degree of freedom to be ourselves, that people in the middle, the sort of great, big, amorphous group of adults didn't have. They were so busy chasing, you know, chasing goals and and and keeping up with each other and and and and fulfilling the sort of expectations that society had on them or not fulfilling them. So I also realised that we were, particularly my grandmother, but we were both the other in some ways, according to mainstream society. In the case of my grandmother, that was that was benevolent in some ways it was because of people's sense of care that people had towards it. But there was also a sort of sense of dread, you know, you know, this this white-haired old woman is is what I will become and I don't really want to think about it so. You know that the mythology of ageing seems so great that people couldn't really see her and. It's that the good and the bad elements of her life in the way that that, that I I spending so much time with her. Could could see because they were. Very good things about being outside of that, that, that great adult competitive pool, if you like. I wasn't sociologically aware as a small child, but I also realised that whilst there were there were two elements to her experience, this sort of existential, if you like, and the sociological. So there were things timeless things shared by everybody. Universal themes like you know, what is the meaning of my life, which sort of comes to a head in old age for many people. And then there were other things that that were very particular and divided people, things related to poverty and social inequality. Which which meant. Which I could. See in a sort of shadowy form, meant that people had very different old ages, so some some people's old age was completely spoilt by ill health. I would say spoiled. That's from my perspective as a as a as a younger person at the time, because I think there's there's great meaning to be had even in those circumstances, meaning to be found anyway. But. So there's the the social dimensions of inequality, but also the timeless existential things. Of the the fullness, the, the, the age, fullness of having lived through all the stages of the life course and arriving at this stage and and and being able to. Have an overview of. It and those two, those sort of twin themes have continued to fascinate me to the present day. So that's how I came to age and health. Which is a sort of secondary but close second focus. Well, my experience of being a young I was a young carer for my, for my dad and the experience of seeing. How his identity had been factored by illness and how he was trying to create a sense of continuity all the time with the person he had been. I saw this and only later I discovered that this was a important branch of sociological thinking. Sociologic health and illness. It's sort of the idea of narratives, biographical narratives that are so important that they can make the difference between. Surviving, or indeed researching in conditions of chronic illness and and and basically fading away the idea that you create and recreate stories to make sense of your life. So I came to this Mike Berry’s work, Gareth Williams, who I had the privilege to work with at a very early stage of my career in the research team. These were huge influences on my life, so yes, in terms of ageing work. Rich narrative accounts of older people's lives quite similar to this work on on illness narratives by people like Barbara Myerhoff, the anthropologist who wrote ‘Number my days’, and Ronnie Blythe, who wrote ‘The views from winter’. These were deeply inspirational to me at a very crucial point in my career, I'd say.

NJ

OK, fabulous. So really. You could talk about that for hours and hours, but it's really interesting that you know, you come a lot of it comes from your personal situation, especially our relationship to our grandparents, which can be so influential on on us in so many ways. And I think that leads us on to the next question that ageing is something that if people think about it we tend to think about it in a very kind of personal or familial way, you know, in terms of I'm going to get old. Or my parents are getting old. That's the whole thing. You as an academic studying the topic of ageing. Obviously you take a much, much broader view, you know across societies and sociological theories. What other main broadbrush kind of themes and theories that occupy you and your research?

SP

I have to say that I'm interested in all of them. I think scientists listen to this or think that's extraordinary because you know, the theme of of of concentrating an a very narrow area is is very much the way people do things in other disciplines, but we're very eclectic. The sociology of ageing and and social gerontology. So and and many of us sort of dip in and out of all sorts of things and theories. So if. I could if I if I was to think of certain key issues that are framing debates now, and I'm involved in them all of them I think I would, I would suggest the following and I'm probably missing out other important ones, I've no doubt but I'd say that the 1st the 1st overarching kind of debate is a a debate about perspective, so there is critical gerontology if you like. And then there's cultural gerontology. So critical gerontology is concerned with the need to highlight structural issues in society that disadvantage or that place older people in a particular relationship to other age groups. So it's, you know, as the name implies it is critical and it it has a critical focus on structures like retirement policy, pensions, healthcare, that kind of thing, as well as intersectional disadvantages relating to ethnicity, gender and so on, and the difference in those policies, the different impacts on these groups, cultural gerontology sort of turns the focus onto the voices of older people themselves. So it's about meaning and the search for meaning and its identity and it's and it's the view from inside. If you like, anthropologists would describe those in terms of the etic versus the emic. So the outsiders view often a youthful perspective. You know, social workers, doctors, academics who are younger seeing this from the outside and trying to help, and the cultural gerontology view is, let's let's listen to older people themselves. I think, you know, both are very important and they're they're very intertwined. But in this field we have had. For several decades. Maybe too much of an emphasis on the negatives of age, which the critical gerontology highlights, and then it's it becomes almost at all of the tragedy of ageing perspective. So. So there's the need to balance that with a more positive perspective that you nearly always get when you talk to older people themselves. So that that's. One major sort of framing debate that's fascinating, and it has many permutations. So one of though the sort of if I say sort of sub themes within within that broader theme is ageism, what is age? Yes, that's the current sort of quite controversial but but intriguing viewpoint, suggesting that we can't just call ageism everything that picks up negative aspects of old age, because there are negative aspects of old age. It's, you know, it's an existential condition. With its goods and it's bad. So you. Know there are undoubtedly, and and this is also linked with disadvantage, so it's not something that can be purely a cultural understanding, but you know there are, there is illness, there is frailty, there is orderly decline and you know there's been a tendency in the sociology of ageing and gerontology to almost be aghast at the at those kinds of narratives. Because because you know the aim is to I suppose present the positive side more, but this this particular controversy says, you know, discrimination and disadvantage are one thing, but we also have to understand that age has its shadow side like, you know, like most life stage is actually that we have to, we have to recognise those and have a balanced picture of old age. And another debate within that field is about successful ageing. Now the term successful ageing was probably coined in in the early 60s, there may have been an earlier mention of this, but it became notable. Yeah, psychologist called Robert Havighurst coined this phrase. But it became very, very popular in the 80s. And it there was a succession of articles written about what. It was and it involved the need for super good health, productivity and sort of active engagement with the community. And so the debate on that is still very current. And you know, there's debates as to whether it's useful at all. Is this just a neoliberal idea? You know, what is what, what is this idea of success? Has how has this managed to take the place of ageing well or narratives where you can understand there is meaning and value in age despite, you know, great ill health in some circumstances so so this this the very use of the term success has been questioned. Some people say it should be thrown out altogether. Some people say it's got its uses. But we need to be more aware of the context in which people age, so this is a very individualised. Idea. What about the disadvantages that people have, meaning that they can't age successfully because they've had a lifetime of of of disadvantage to contend with? So you know that's that's something that's that's raging. And I I'm quite, quite keen at the moment I'm writing a paper on this at the moment where I I talk about the value of failure. And and and because failure again makes us come up against the deeper existential questions such as are the limits of our control. You know the the role of contingency in all our good fortunes and just of and our dependency on others more generally, which is not just a fact of old age. It's a fact of life, you know, for everyone. And and the final thing I'll mention quickly is the difference between health and illness in old age, that's a a. big debate because it's complex and there's there's a theme in biogerontology. These are the people that are, they're more extreme end are the scientists that are trying to find a way of ending ageing altogether, this is people like Aubrey de Grey and the Silicon Valley people that are trying to say let's defeat age. Let's make it not happen anymore. And there's a there's a more mainstream medical approach that says that the changes related to ageing are basically synonymous with illness. They're the same kinds of changes.

But then of course as cultural gerontologists we do know that there that there is a a great difference between ordinary ageing and illness. So it's how to sort of how to how to inject our perspective into that debate, how to counter the the sort of medical and scientific view and on the basis of that in my in my view is to to go back to understanding quite clearly the difference in embodiment in old age, there's, you know, embodiment in old age is not the same as embodiment in youth and really understanding that. And we can bring all sorts of theoretical perspectives from sociology and from thermology to understand that. So you can't understand health and illness in old age. If you if you. Make an assumption that the embodiment is the same as a youthful embodiment. It's not, so it's understanding that. As the basis. I could go on, but I think I probably shouldn't here, Nick.

NJ

I'm I'm tempted to just let you because again, again, really so fascinating and. I think the thing that's really coming across there for me. Is is the interest in taking, you know, a realistic, pragmatic and rational view of ageing? You know, accepting the fact that there is a a negative side as well as a positive side to be told about it. You know, accepting the reality of our of the, of of our you know, lived reality, you know how it really is for people in that, yes, there's challenges. But there are also advantages as well.

SP

Exactly. And sometimes they're mixed. So by facing challenges, you grow, you know you can. There's a sort of psychological idea that development only takes part place during the first half of the life course, but in fact. You know, ethnographic evidence shows that people have huge experiences of learning about themselves, understanding the world better when they're in the most difficult and challenging part of their lives with. With that, possibly even dying. So that growth takes place and can take place. Right up to the the very end of life.

NJ

Just imagine how, how terrible it would be if it didn't.

SP

Yeah. And I was going to say that people are told different things though by dominant sort of narratives and discourses, and they need to, you know, one of the the things that I feel it's really important is to share these counter narratives. And these counter discourses and say, look, you know, your doctor may feel this or you're, you know the the sort of stuff you read in the paper may say this, but actual other older people say something very different and and and sharing that is very empowering and and for older people and and just gives a greater sense of possibility.

NJ

Yeah, absolutely. I totally agree, you know. Needing to understand that change is possible opens up so many other avenues of living and thinking and behaving, doesn't it? Absolutely.

SP

Yes, yes. Yes, but also change is inevitable. So the idea of of ageing successfully is also people have said and it's absolutely right, is actually not ageing at all. So you have to basically stay as you were as a middle in the prime of life adults for as long as possible. So that's the whole emphasis in societies on remaining youthful and in a sense not going along with the changes of later life, so embracing change is crucial, but our society doesn't really do that very well, I don't think.

NJ

Which is irrational and unrealistic, you know? So I mean, that's a really great overview of the kind of work that you do and I imagine all of these ideas are fed into the work that happens at the Centre for Ageing and Life course, of which you're the Director here at university. So this is a relatively new centre at the University. Well, could you tell us a little bit more about it and the work that goes on there.

SP

OK, so the first admission is that it's very, very new. It's launching in May of this year. We've got a date of May the 16th. So we're we're busy making the sort of preparations for that. It's gonna be a great day with with some great speakers that are coming from a range of different disciplinary. Perspectives including sociology, literary gerontology, someone is speaking from China on the the on the the condition post COVID there in terms of older people's experiences. And and a clinician, a very, very exciting clinician with a very well developed sociological imagination is also going to be speaking so, so. So that's the first point is that it's it's on, it's it's being developed as I speak and. It's being launched in May, so we have plans and we're still making plans to go forward. And and I should say that the really the ethos of the centre is to bring together. Some great work that's going on across the university, from interdisciplinary work to have a focal point on ageing and the life course so that we can and and externally many, many contacts externally are also going to be involved. The situation of age scholars or people focusing on anything to do with ageing is often a lonely one. There aren't many in any department across the country and so you know it it one of the purposes is to to create an intellectual home for people who are often lone scholars and to mentor younger generations coming up, I must say this is partly based on my experience of not having been mentored and therefore being somewhat adrift as many of us felt I I I think 20 years ago in in academia so. It's really important that we, we do something about this and make sure this doesn't happen again. And so, you know, there'll be reading groups, there'll be regular seminars, there'll be annual lectures, and there'll be groups of people that talk to each other regularly. So we're well placed when big grant calls come out to go for them so that we can, you know, it's a real team. It's not something that's put together at the last minute, which is so often the case so it's binding space for that and time for that because we obviously we all have so little of time in our lives. But yeah, it's it's having that that community more than anything, is its focus.

NJ

Brilliant and thank you very much for staging nicely into my next question there about funding wins because you've got a relatively biggish project, which I believe is underway now at £1.1 million ASRC fubded project looking at the experience of frailty amongst diverse ethnic. Groups, I believe. Frailty and ethnicity, the social dimensions of frailty and alterity. Is what I've got. Here explain that for us a bit.

SP

So it sort of picks up some of, several of the themes I've I've already sort of mentioned in passing to you before Nick. It's looking at the impact of health inequalities in old age with a focus on ethnicity, but also we'll we'll be looking at sociodemographics and class differences between and within those groups. It's looking at older peoples’s experience of frailty and of resilience from their own perspective. But also we have doctor sorry, the team. Is there's 10 of us on the team, and from a variety of disciplines, all of whom will bring their particular disciplinary kind of interests. We have 3 clinicians we have, who are the sociologists, apart from myself, we have a philosopher and we also have two research associates that we've just appointed 2 brilliant pople from the communities that we're researching, so that bring their own expertise, which isn't necessarily the same as an academic experience of this issue. So I mean the main I guess the the main premise of this work is that frailty is not a unitary experience in the way that medicine often approaches it. So. I mean, this is one example among among many. There are other examples of health conditions that are based that are understood and and that are based on research with white people in the global north and actually when you spread your your, your you sort of, change the sort of aperture of your lens you realise people have entirely different experiences, and so, for example, there may be sources of resilience and people, some diverse ethnic communities, but that white people don't have based on, for example particular structures of their community, particular faith, importance of faith, particular intergenerational relationships. There may be different sources of meaning in life that need to be supported because we've known from the outset that frailty, although it is often presented as a physical, logical syndrome, or a series of physiological deficits, has a very, very important existential dimension, so it's about feeling that you have continuity of identity. It's about feeling that you live in an environment where that's supported, that that you are able to continue to to enjoy the things of value. So there's that, that psychosocial dimension, that existential dimension, that is inseparable from the lived experience of frailty. And so we have the aim of understanding this, helping clinicians to develop their cultural competence when they look at this condition so that they'll be able to support older people better and put into practise put into place things that they may not have thought of in terms of giving them that support and and stopping older people declining because the wonderful thing about frailty is that it is amenable to to change with the right support. It's not a, it's not, it's not something that that you're condemned to. You can become very healthy again. It's so it's a fluid condition in that way. So that's what it's about. Sorry, that was a big a big sort of ramble through it. It’s three-year project, there's lots to talk about, but there there's some of our key things.

NJ

 What do you find to be the particular challenges and rewards of working in such a way Of bringing together people from different backgrounds?

SP

I must say that most of the experiences are rewards rather than challenges, I should say, we also have partners, third sector partners, so that's Age UK based in Leicester and because the the field work is taking place in Leicester, which is the most ethnically diverse city outside of London, so a perfect site for looking at in-depth ethnographic work with our different our six different ethnic groups. And and we also have The Race Equality Centre in Leicester and the wonderful experience of working with 10 colleagues from a variety of disciplines and with our partners and with experiential knowledge that is outside of academia, is that it's a bit like the kinds concept of emergence in sociology. You know it's we all come with our individual ideas and then the group discussion sort of changes this into something entirely different and. You know, it's the IT you know. We we we end up reaching conclusions and arriving at places that none of us could separately have got to. So it's that that that creation of a separate almost entity outside of ourselves. A with a with a with a A really integrated perspective on what we're doing and and it's, you know, the sort of dialectic within it leads to this process of emergence. So you know it's it's very stimulating. It can be very challenging. I I love the fact that our partners and our research associates often challenging challenge us on our assumptions and get us to explain ourselves in simple language and sometimes explaining ourselves in simple language reveals that the thought hasn't been well executed. So back to the drawing board. So yeah, it's it's an incredibly sort of febrile creative environment and keeps on reminding us that our aim is to. Produce knowledge that is of relevance and interest to older people themselves so we don't get too abstract about anything and too theoretical about anything.

NJ

Fabulous. Yeah. I mean, shift of perspective is also always useful, isn't it, to help clarify our own thinking?

SP

It's always useful, but one of the things I must I must confess to is the initial hesitancy I experienced in revealing my ignorance about certain things that other people knew a lot about so, but I've got over that and I just I I always say to my students because I see this. I see this in in in in in their own approach in seminars and in individual tutorials they. Sometimes don't want to admit to what they don't know. You don't learn that way. Leave your pride outside the door. And and I have to absorb that lesson myself. Sometimes during these meetings, I have to leave my pride outside the door and say I don't know what you're talking about. Could you please explain these these statistical things or whatever it is or these clinical things you've just been talking about because I haven't a clue.

NJ

Absolutely, it's that. Fear of negative judgement and looking ignorant in front of our peers or it's so very powerful. Yes, I. Totally get it. So I mean as well as your departmental work, your centre work on project that you're working on, is it not busy enough, we've also got working on a monograph coming up, which draws on and Simone de Beauvoir's philosophy, especially the ideas around. Femininity as something that is constructed and reconstructed throughout the world, and fascinating and the existentialists are very interesting philosophical movements, I think, from the last century and up to today. I'd like to hear more about that please.

SP

Well, Simone de Beauvoir was my inspiration as a as a child, well, a young woman. I don't know what 12 years old is a sort of child / young woman. I had a poster of her on my on my bedroom wall. And she was the inspiration to me on how to how to how to be, how to be an adult woman, how to be a woman. She's rarely used in sociology, is my first point I wanted to make here, and yet, because she's a philosopher, that some, there's some reason that she has great she can make a great contribution to to sociology and some of the enduring questions of sociology that are of key contemporary relevance as well she can make agreat contribution. I'm not sure why she hasn't been used very much, but I intend to try to address that in this monograph. I mean sociological questions, for example, controversial ones as well, for example, like what's the difference between gender and sex? What's the role of biology? What's the role of culture in understanding embodiment, women's embodiment, the embodiment of older people as well, and then more fundamental questions really that we've again, we've been talking about throughout this, this discussion, the relationship between structure and agency, it's a sort of key sociological question. To what extent are we determined by the kind of structures that society imposes on us, our our sort of described identities, our class, our backgrounds, our gender or ethnicity, our experience of poverty and so on, and and and to what degree do we have some more freedom, which is bound up with the agency question. You'll know about the existentialists state they very much put the emphasis on individual freedom. So, and it's not just an exhilarating thing, it's a terrifying thing because we are responsible for, for every, for, for every choice we make at every moment of our. Right. But but but but s Simone de Beauvoir modified that, tempered that somewhat as compared for example, to Sartre. She recognised constraints. She recognised that the impact of structural inequality. She called it the situation, and that was her, and it's a. It's a very, very intriguing concept. The way she she she dealt with it in her work. So you know, so she and she, but she brings an emphasis on agency within structure that I think is particularly useful to sociology that always tends to be a bit a bit more weighted towards the deterministic side rather than the side of freedom, and I think she she can help contribute to perhaps a bit more balance there. So for me, yes, she has a lot to say about women's lives, but she's got a lot to say about a woman's life course throughout the life course, but I don't think it's appreciated sufficiently in mainstream thought in sociology in particular. So you know, people generally know about the Second Sex, so view that women are the second sex. But what people don't necessarily appreciate is that that is a very time-oriented experience. So you learn to be a second sex person you and that's partly to do with learning femininity so it's around puberty that women learn to become the second sex. And it's a form of oppression. But it's not the usual form of oppression because women play a part, they are, they are, we are complicit in that oppression because there are gains to be achieved under patriarchal conditions in performing the role of of, you know, attractive feminine woman that are quite big in in, in, in a certain portion of our life course, but then as women age, and this is lesser known, they they, so during this time, part of the oppression is that they're both subjects, so they're both, you know, all persons, if you. Like but they're also objects, so part of this second sex is learning to be an object, whilst you're also a subject. So by the time you age when you're ageing, the ability or the the the, the, the the view of you as an object in men's eye, this diminishes or ceases altogether, and you've got one of two responses you can. Either try your best to cling on to your second sex position by attempting to remain useful, and people do this of course, increasingly today with cosmetic surgery, HRT, and all sorts of things like that or you can embrace the opportunity to be a unified subject. To note, to cast off this objecthood and to become something a little different, and I think that this has been completely overlooked, particularly in feminist sociological work and feminist work more generally, where notoriously feminism is focused mostly on younger women's life experiences and it kind of ignores older women's experiences, but actually there's a huge opportunity for freedom and liberation that comes with the life course, if you wish to take it. So that's part of what I'm I'm looking at as well as the the way that both contributes to enduring sociological questions more generally. So I think that's. And trying to be very succinct on that. So I'll probably pause there on on that one.

NJ

Well, let us know when it comes out because it sounds like it would be really fascinating, fascinating work going on. I like the idea around, you know, the existentially, you know, we're free to choose, not necessarily free from the consequences of those but, on that, there's the layer of we're not always free to choose the circumstances in which those choices arise.SP

Very well put.

NJ

I'm from the research and impact team, so I will be remiss of me not to end our little interview today by asking fom your work and from your research and from the collaborations and the that stuff you out there in the real world, what would you like to see as the most single, most significant change that came about as a result of your work.

SP

Ultimately, Nick, I mean I I suppose. If I had to choose one thing I'd like to see a different appreciation of the life course itself, the understanding that we will all become old one day, which would in turn lead to an end to othering with a capital O old age and old people. But it will it will, it will also change into generational relations, which at the moment are quite, or they can be at least not on a sort of family level, but more on a societal level, I've argued in one paper that they it's taking the place of social class, now, this idea of intergenerational antagonisms that you often find, you know with the the idea of pensions. Why should we pay for pensions, you know? Whilst suffering as a as in our 20s, we never get on the housing market like older people have done. That kind of dialogue. So so appreciating that we'll all become old will make us see that those relationships a bit differently. But it will. Also inject a different kind of meaning to the whole of the life course and. If if for example, there there's, there's a lot of pressure put on on young people to to to enjoy youth. Because this is the golden time and it gets worse, it all goes downhill after here, and that puts a lot of pressure on younger people and it says it's not true. It's a myth, but it's not a very easy myth to live through. So appreciating that, actually things can get better and and many people would say they do get better. Many of the old people I speak to say absolutely my life has got so much better. Some people say, a 90 year old woman I was talking to the other day said this is the best time of my life, so I think a different appreciation of the life course would would change the meaning of all our lives, and I I'm going to quote Simone de Beauvoir here I jotted this down. She puts it better than I can because of course one of the delights of working with her, her material is is being able to read the beautiful, eloquent, lyrical way that she, she writes and and thinks all the time. So she's she's got this. ‘If we do not know what we are going to be, we cannot know what we are. Let us recognise ourselves in this old man or in that old woman. It must be done if we are to take upon ourselves the entirety of our human state’. So she puts it better than me, but. That would be my, my, my hope for a summation of my work, I suppose.

NJ

And I want to thank you so much, thats a really nice thing to end on there. I like the idea that, you know, if you believe the best part of your life is over, that might be help starts to feel, whereas we.

SP

Exactly. Exactly. Exactly.

NJ

Have more we have. More to think about and look forward to.

SP

Thank you, Nick.

NJ

Susan, thank you so much. That's been really fascinating and thank you so much for coming on and joining us this week. It's been pleasure to have you.

SP

It was an absolute privilege, being able to speak like this to you about my work. Thank you so much. For the invitation.

NJ

Oh again, as I say, an absolute pleasure to have you once been so interesting . So everyone out there in podcast land would just like to say thank you very much for listening, and thank you to Professor Susan Picard for joining us. Look out for next month’s researcer in focus podcast coming up in about a month, something like that, we'll be joined by Doctor Sarah Arens from the Department of Languages, Cultures and Film. Thank you very much and goodbye.