From washing boots to motor racing champions: Exploring women’s experiences of sport reminiscence for people affected by dementia

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ABSTRACT

Sport reminiscence involves sharing life stories and experiences that are based around individual or collective memories that are connected to sport. As a group activity, it has been suggested to be beneficial for men living with dementia, and previous research has focussed only on the experiences of men. This rationale is rooted in a particular hegemonic masculinity that is inextricably linked with UK sporting culture. However, community-based groups often include male and female participants. This research is the first to explore the experiences of sport reminiscence for women affected by dementia in community group activities. The research took an ethnographic approach to data generation. Fieldwork was undertaken across four sport reminiscence groups hosted by professional sports clubs over nine months. Data were generated through field observations and conversations with female participants at sport reminiscence group activities. Data generation also included in-depth interviews with seven women affected by dementia. A thematic analysis was undertaken using a critical constructionist approach to explore the experiences of group sport reminiscence activities and the sport-related memories of women involved. Meaning and experience were explored at both semantic and latent levels.

Findings indicated that the promise of social opportunity was more enticing to women than either the content or context of sport in group activities. The evidence questioned the meaningfulness and relevance of sport reminiscence to group activities. Large group numbers (up to 60 people) reflected a social need in both care partners and people living with dementia, rather than reflecting evidence of either successful intervention, or interest in the particular sport reminiscence topic. In the group setting, reminiscence activities were usually centred upon the specific history of the club hosting the group. Women rarely engaged in sport reminiscence activities in this context and opportunities for social interaction could be limited. This was a result of large group size, passive entertainment activities, gendered barriers, and a lack of interest or relevance identified in the themes presented by group facilitators. The style of activities and nature of the groups benefited care partners, but there was evidence that the benefits to care partners could be in conflict with those living with dementia (and vice versa). There was a particular risk that sport reminiscence could provoke negative emotions in female care partners who identified that historical sports participation may have contributed to their partner's dementia condition. Findings demonstrated that the sporting context was highly gendered. This was constructed by assumptions expressed by the women, as well as behaviour, themes and triggers evident in the group environment. Gendered assumptions shaped how women understood, accessed, and engaged with the sport reminiscence group opportunity. However, some women revealed sport-related connections in one-to-one conversations that demonstrated sport could be a meaningful topic, and one which offered scope to challenge gendered assumptions and uphold identity. Insight into the varied, and sometimes hidden, histories of older women in sport was revealed (e.g. participation in motor racing, attending football matches). The topic of sport offered opportunities for women to uphold their identity through sharing past memories, the process of social interaction, or though embodied action and interaction with in-the-moment sport-related activity.

This study broadens understanding of sport reminiscence by adding both female voices, and a critical perspective to the concept. This exploratory, qualitative work provides evidence that develops understanding of the concepts and assumptions that have underpinned sport reminiscence, but which have largely been overlooked by other studies undertaken thus far. As an activity, there is promise that sport reminiscence can be a meaningful activity for some women (and some men), however, the group context in particular remains limited by large-scale, generalised group approaches that propagate a context that is exclusive and narrowly defined in terms of both sociocultural characteristics and dementia. Recasting the values of group interventions to promote choice between and within group settings would be of value. Smaller groups, with increased numbers of facilitators would be more effective in providing specialised support for people affected by dementia. The wider context of sport has the potential to produce positive and negative outcomes, but further questions with regards to the conditions required in order to produce beneficial outcomes will only advance both research and practice.

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GLOSSARY

Alzheimer's disease: A progressive illness that affects multiple areas of brain function. Common symptoms include memory loss, orientation, and other areas of cognitive function.

Care and support: A phrase used to encompass the range of practical, physical, social, financial, and emotional support required by people living with dementia in order to live as well as possible. Including, but not limited to, personal care, one-to-one support, social group opportunities.

Care partners: Individuals who are family members or friends of a person living with dementia. They provide unpaid support, and possibly care for the person. In this study, unless stated otherwise, all care partners are the spouse of the person living with dementia.

Community: Term used to describe a location outside of residential or nursing care.

Dementia: An umbrella term used to describe different illnesses and conditions that affect areas of the brain (e.g. Alzheimer's disease). Symptoms can affect all areas of cognitive, physical, and psychological functioning such that all areas of daily life can be impacted.

Elite professional sport club: A club where the athletes receive payment for their performance. Elite denotes that the club participates in the highest levels of competition.

Facilitator: Members of staff or volunteers who take a role in leading activities in the group situation. In this study, all group facilitators were paid members of staff from the host organisation.

Fandom: Relating to a sports fan, that is, an individual who is interested in, and follows a particular sport, athlete or team, and who invests significant time in the interest, and identifies as part of a wider group who share the common interest.

Football: Otherwise known as association football or soccer.

Host: In this thesis, the host refers to the organisation who administers, runs and provides staff for the sport reminiscence group.

Live well/living well: To live a positive and fulfilling life, participating and enjoying activities, feeling a sense of wellbeing, maximising potential physical, psychological, and social health.

Meaningful activity: An activity that engages and is enjoyed by an individual, that is suited to their particular interests, strengths, and preferences. The specific nature of the activity will vary between individuals.

People affected by dementia: An inclusive term used to describe people living with dementia and care partners.

People living with dementia: The person recognised to have a dementia condition that is affecting their brain functioning.

Rugby: Otherwise known as rugby league. A full-contact sport played by two opposing teams. Commonly played in England, Australia, New Zealand and elsewhere.

Sport: Overarching term to denote all forms of physical activity, including casual and organised participation, family activities, major sporting events, spectatorship, fandom, professional and amateur.

CHAPTER 1: Introduction

1.1 Introduction

Seeking effective ways to support people living with dementia to live well is at the heart of dementia care policy in the United Kingdom, and across the world (World Health Organisation (WHO), 2015; Department of Health, 2016). In addition to pharmacological treatments, ecopsychosocial interventions are designed to enable people and their families to continue to live well with dementia (Olazarán *et al.,* 2010; Lawrence *et al.,* 2012; Zeisel *et al.,* 2016; Watson, Parker and Swain, 2018). The inclusion of the prefix 'eco' recognises that the nature of the environment can have an important impact on the experience of dementia (Zeisel *et al.,* 2016). Reminiscence is an example of a meaningful activity that comes under this broad collection of ecopsychosocial interventions. The concept of meaningful activity recognises activities that meet the emotional, physical, psychological, and social needs of people living with dementia (Nyman and Szymczynska, 2016; Tierney and Beattie, 2020). A recent concept analysis identified that characteristics that determine meaningfulness of an activity are that it is enjoyable, suited to the individual's interests and strengths, related to personal goals, engaging, and related to an aspect of identity (Tierney and Beattie, 2020). Furthermore, inherent in this conceptual understanding of meaningful activity is the recognition that the type of activity that is meaningful to an individual will be specific to them (ibid.). Such activities for people living with dementia can be diverse but include participation in sports-related activities that are designed to enhance health, wellbeing, and social inclusion. These have become more established across the last decade (with examples from the UK, USA, and other parts of the world; Schofield and Tolson, 2010; Eime *et al.,* 2010; Wolter and Reichert, 2016; Watson, Parker and Swain, 2018; Russell *et al.,* 2020). Projects can target a range of different physical, social, or psychological health outcomes through the use of sport as physical activity, topic of social interest, reminiscence theme, or conceptual metaphor (e.g. using 'half time' to denote a refreshments break; Watson *et al.* 2018).

The focus of this thesis is sport reminiscence group activities that are designed for people affected by dementia. Specifically, my research considers the experiences of women and sport reminiscence, in order to introduce unheard female voices into literature. The focus on people *affected by* dementia includes both women living with dementia, and female care partners. Through the voices of these women, this research extends knowledge on topics including sport reminiscence (e.g. Schofield and Tolson, 2010; Clark *et al.,* 2015), women in sport (e.g. Hargreaves, 1994; Toffoletti, 2017), gendered experiences of dementia (e.g. Hulko, 2009; Bartlett *et al*., 2016) and community dementia care interventions (e.g. Olazarán *et al.*, 2010; Zeisel *et al*., 2016).

This opening chapter will begin by outlining the structure of the thesis, as well as introducing the concepts and theoretical approaches underpinning the thesis, including living with dementia, social isolation, reminiscence, the sporting context, and the relevance of gender. It will also discuss the relevance of person-centred care, relationship-based approaches, and feminism to my research.

Chapter 2 will present a critical review of the sport reminiscence literature that provided the inspiration for this study. The narrative review describes the main themes apparent in literature and recognises the strengths and limitations of research thus far. The chapter identifies the gaps in the literature in order to demonstrate that this thesis provides an original contribution to knowledge. Finally, this chapter concludes with the development of the research question, and describes the subsequent aims, and objectives.

In Chapter 3, I describe my research methodology and underpinning philosophy. I demonstrate my paradigmatic position, and discuss how these concepts influenced my research approach. I describe how my underpinning theoretical foundation of social constructionism, as well as my research paradigm and the exploratory research question aligned well with the ethnographic approach, as it encouraged a position whereby I questioned the assumptions and values inherent in the context of the sport reminiscence and dementia. I consider reflexivity and provide detail of the influence that I, as the researcher, had on the study. In addition, I discuss the way in which feminism shaped my motivation and approach to the study, but fell short of being the focussed framework of analysis due to the study’s broader focus on the meanings of reminiscence and dementia.

Chapter 4 details the study methods. This includes information with respect to the recruitment of groups and individual participants. Data generation techniques including ethnographic observation fieldwork, qualitative interviews, and document collection are described. Furthermore, the thematic approach to analysis is outlined and examples are given.

Across Chapters 5 to 7, I present my findings. Chapter 5 shares data and discusses findings in relation to group activities within a wider theoretical framework of person-centred (Brooker, 2004; Fazio *et al.,* 2018; Brooker and Kitwood, 2019;) and relationship-based care (Nolan *et al.,* 2004; 2006). This focuses primarily on data generated through ethnographic involvement in group activities, alongside the perspectives of a variety of different women engaged in the study. I consider the importance of social opportunity, alongside the ways in which group activities and dynamics can present barriers to engagement that might escape critical focus within the context of groups as they exist at present. The chapter provides evidence that reveals sport reminiscence activities can be exclusive, which undermines the potential benefit that reminiscence could have. The evidence also demonstrates that different participants in attendance at group activities can have conflicting, or competing, social needs. This further challenges the capacity of the group to meet the diverse range of abilities apparent in attendance. The data also reveal that the context of sport can trigger a range of different emotions for different women. Sport-related memories are not always positive, nor do they necessarily trigger positive emotions, particularly if the woman identifies a connection between her husband's dementia and a former sporting career.

Chapter 6 explores in detail the influence of gender within the context of sport reminiscence. Using data generated through group observations, as well as women's own experiences and biographies, I consider ways in which narratives often uphold a culture of hegemonic masculinity, yet also reveal that contexts of sport can provide a location in which stereotypes can be effectively challenged. Some women experienced a paradox between their personal experiences, sense of self, and the cultural narratives in which sport reminiscence exists. However, there was also scope to renegotiate a sense of self and transform gender-based ideals to better align with a positive sense of identity. In this way, sport could be a location that offered possibility for change.

In Chapter 7, the findings are considered in their entirety to critically consider the concept of sport reminiscence. The chapter recognises the value that can be found in the sporting context as an alternate and non-stigmatised location for activity. I present arguments for the potential benefits of sport reminiscence, for example boosting identity and encouraging social interaction. Furthermore, I present data that allude to ways in which practice (and definitions of reminiscence) might be developed in order to create a more effective activity for individuals living with, and affected by, dementia.

In the final chapter, I reflect upon the thesis as a whole. I draw together the key findings of the research and consider the strengths and limitations of the study. I draw the thesis to a close by presenting recommendations for future research and practice and share some final reflections upon the key findings and process of carrying out this study.

1.2 Dementia

Dementia is a collective term for a number of progressive conditions that impact the brain and cognitive functioning (WHO, 2015; Macleod *et al.,* 2020). Symptoms can affect memory, mood, behaviour, executive functioning, and communication (Alzheimer's Disease International, 2014). As the disease progresses, symptoms can impact all areas of social, psychological, and physical functioning, significantly affecting the ability to carry out tasks of daily living (BMJ Best Practice, 2018; WHO, 2015). People living with dementia can often experience objectification, disempowerment, and a loss of agency as a result of stigma towards the condition (Bosco *et al.,* 2019; Alzheimer's Society, 2017). Malignant social psychology (Kitwood, 1990) or malignant social positioning (Patterson *et al.,* 2018) can reduce functional ability further, beyond that caused by the physiological changes in the brain (Kitwood, 1990; Sabat, 1994; 2001). That is, how people are spoken to, and treated, can impact upon functional ability and thus, effective support is essential to maximise quality of life and reduce the effects of disability.

It is estimated that approximately 50 million people have a diagnosis of dementia across the globe (WHO, 2017). As yet, there is no cure for dementia and thus, research focussed upon improving quality of life is key (Zeisel et al., 2016; Iliffe and

Manthorpe, 2017). It is now recognised that the experience of dementia is a result of an interaction between physiological changes in the brain, and the ecopsychosocial context in which the person lives (Kitwood, 1993; 1997; Spector and Orrell, 2010; Zeisel *et al.,* 2016). This biopsychosocial model recognises that multiple fixed and shifting conditions impact upon an individual's experience of living with dementia (ibid.). As global life expectancy increases, it is predicted that the number of people living with dementia will continue to increase (WHO, 2017; Livingston *et al.,* 2017). There is a higher prevalence in females (61%) compared to males (39%), which has been related to longer life expectancy (Erol, Brooker and Peel, 2015). However, more recent research has linked the higher prevalence to hormonal changes during the menopause (Mosconi *et al.,* 2018). Women are reported to experience more severe symptoms (Erol, Brooker and Peel, 2015) and are more likely to be family caregivers (Bamford and Walker, 2012); yet there remains little gender sensitivity in dementia research, policy or practice (Erol, Brooker and Peel, 2015; Jacques *et al.,* 2015; Bartlett *et al.,* 2016) despite a recognition that ageing is a gendered process (Foster and Walker, 2013).

Adjusting to change as symptoms develop is complex and results in a great variety of individual experience (Brooker and Latham, 2016; Brooker, Dröes and Evans, 2017). As the disease progresses, close relationships can be affected (Quinn, Clare and Woods, 2009; Zweig and Galvin, 2014) and significant financial costs can occur (Wittenberg *et al.,* 2019). Care partners can also be at risk of physical, mental, emotional, social, and financial problems and thus, require support systems of their own in order to be able to continue to provide care (Pinquart and Sorensen, 2006; Livingston *et al.,* 2017). The total cost of care for people living with dementia to the UK economy has been estimated to be £34.7 billion pounds (Wittenberg *et al.,* 2019). This total includes the cost of both health and social care, and an estimate of unpaid care (ibid.). As the numbers of people diagnosed with dementia continue to increase, so too does the cost of care. Thus, appropriate, evidence-based, and cost-effective interventions are an essential part of current and future dementia care (Alzheimer's Disease International, 2014; WHO, 2015; Nyman and Szymczynska, 2016; National Health Service (NHS), 2017).

In the UK, approximately two thirds of people living with dementia are reported to live in the community (Prince *et al.,* 2014); that is, they live in their own homes, outside of residential or nursing care. This includes people with a wide variety of symptoms and at varied stages in the progression of their dementia (ibid.). These people require appropriate care and support services in their local community (Nyman and Szymczynska, 2016). Through appropriate pharmacological and ecopsychosocial input, psychological symptoms (e.g. depression, anxiety) can be reduced, whilst cognition and care partner wellbeing can be enhanced, thereby improving individual outcomes, and reducing the cost to services and wider society as a whole (Livingston *et al.,* 2017). Key to successful support are timely diagnosis, effective physical healthcare, suitable ecopsychosocial support, opportunities for meaningful activity, and consideration of the wider relationships and systems in which the person lives (Kitwood, 1997; Brooker and Latham, 2016; Nyman and Szymczynska, 2016; Bartlett *et al.,* 2017; Brooker, Dröes and Evans, 2017).

Loneliness and social isolation are particular risks for people affected by dementia (Livingston *et al.,* 2017; Alzheimer's Society, 2017). Older people are reported to see wellbeing in terms of their ability to engage with people and stay socially connected (Clark *et al.,* 2015; Reilly *et al.,* 2020), social opportunities can therefore be framed as an important conduit to wellbeing. It is well established that loneliness can have significant impacts on physical and mental health (Holt-Lunstad *et al.,* 2010; Cacioppo and Cacioppo, 2014; Valtorta *et al.,* 2016) and thus, social opportunities are thought key to enabling people to maintain a sense of wellbeing by reducing the impact of social isolation and loneliness. It is important to recognise that there is a significant difference between social isolation and loneliness, as resulting outcomes can reflect individual differences in sociability and perceived social need. Social isolation is defined objectively as a deficit in the size and diversity of an individual's social network, whereas loneliness reflects an individual's subjective dissatisfaction with the number or quality of their social relationships (Malcolm, Frost and Cowie, 2019; Rafnsson *et al.,* 2020). It is the latter that is thought directly related to increased risk of dementia (Sutin *et al.,* 2018; Rafnsson *et al.,* 2020), other negative health outcomes (Holt-Lunstad *et al.,* 2010; Valtorta *et al.,* 2016; Cacioppo and Cacioppo, 2014), and increased use of healthcare services (Dreyer *et al.,* 2018).

Many activities are designed to reduce the risks associated with loneliness and are intended to meet fundamental needs, such as social inclusion, a sense of control, and opportunity to participate in meaningful and enjoyable activities (Nyman and Szymczynska, 2016; Reilly *et al.,* 2020). It is now widely accepted that appropriate intervention can reduce disability in dementia (Dugmore, Orrell and Spector, 2015). Reminiscence is one example of a popular and well-established meaningful activity that is included in the broader ecopsychosocial domain of dementia care and support (Lawrence *et al.,* 2012; Dugmore, Orrell and Spector, 2015; Social Care Institute of Excellence (SCIE), 2015; Woods *et al.,* 2018; The National Institute for Health and Care Excellence (NICE), 2018).

1.3 Reminiscence

Reminiscence is defined in a number of ways. SCIE (2015) defines reminiscence as ‘sharing life experiences, memories and stories from the past,’ whilst Woods et al. (2018, p. 1) suggested it also involves ‘using tangible prompts such as photographs or music to evoke memories and stimulate conversation.’ Perhaps the most comprehensive definition has been provided by Bluck and Levine (1998, p. 188):

> *‘Reminiscence is the volitional or nonvolitional act or process of recollecting memories of oneself in the past. It may involve the recall of particular or generic episodes that may or may not have been previously forgotten, and that are accompanied by the sense that the remembered episodes are veridical accounts of the original experiences. This recollection from autobiographical memory may be private or shared with others.’*

NICE (2018) recognises reminiscence to be an approach that should be tailored to an individual’s abilities and interests in order to ensure the best outcomes occur. They advise that for people with mild to moderate dementia, it can be an effective approach for promoting cognition, independence, and wellbeing (ibid.). Reminiscence has been reported to improve quality of life, improve mood, enhance social connectedness, maintain identity, and reduce the behavioural symptoms experienced by people living with dementia (Moos and Bjorn, 2006; Woods *et al.,* 2018). Reminiscence work has often been referred to as ‘therapy’ when directed at people living with dementia (e.g. Tumosa, 2015; Woods *et al.,* 2018; Hawkins *et al.*, 2020). However, throughout this thesis, I deliberately position it as ‘activity’ (akin to the concept of work, as per Gibson, 1994; 2004). The concept of therapy promotes a medical model of disease and implies activity is provided by a professional to ‘treat’ the dementia illness (Gibson, 1994; 2004). However, there are no standards for training or practice and thus, such implications are ethically troublesome. Furthermore, it can sustain ideas that both disempower the person living with dementia and potentially foster unrealistic expectations. Framing it as ‘activity’ is not to suggest reminiscence is mere incidental communication; rather, it should be understood as a carefully tailored approach designed to evoke memories and positive experiences for the individual(s) involved (Gibson, 1997; 2019).

Reports of reminiscence have included a wide variety of approaches undertaken by different people, about different subjects, in different circumstances and there remains little consensus upon values or standards of practice. Research has described a solitary experience (McKee *et al.,* 2005; Dempsey *et al.,* 2012) or group activity (Parker, 2006; Wang, 2007). Examples have focussed on a specific topic (e.g., football, see Schofield and Tolson, 2010) or taken a more general approach to sociocultural history (e.g. Brooker and Duce, 2000). Reminiscence work is thought to be particularly successful for people living with dementia when it involves the use of multisensory triggers (e.g. visual imagery, olfactory stimuli), because it enables people with different cognitive and communication levels to participate (McKiernan and Yardley, 1995; Kasl-Godley and Gatz, 2000; Clark *et al.,* 2015). Furthermore, personalising content to the unique history of individuals has been repeatedly argued to be the most effective approach (Gibson, 2004; NICE, 2018), thereby supporting, and being supported by, the person-centred agenda (NHS, 2017; Livingston *et al.,* 2017; NICE, 2018). Although triggers can relate to universal experiences, the content of memories are often intensely personal and embedded within particular locations and relationships from an individual’s former life (Gibson, 2019; Dempsey *et al.,* 2012). That said, there has also been no consensus on the particular qualities that memories might have in order to constitute reminiscence (Dempsey *et al.,* 2012). Some authors have argued that reminiscence should not include memories of recent events (Burnside and Haight, 1992), but there are no determined limits on ‘recent’ and indeed, no evidence to support this notion (Dempsey *et al.,* 2012).

Although reputedly popular with older people, and underpinned largely by Erikson's *Life Cycle* theory (1959) and Butler's *Life Review* (1963), it is recognised that people of all ages might engage in reminiscence as part of their natural communication processes (Gibson, 2004; Cohen and Taylor, 1998). That said, it is not universal and it should be recognised that reminiscence does not necessarily equate to positive feelings. There is risk that in recalling former experiences, one can highlight a loss of particular abilities, roles, and relationships that a person affected by dementia might perceive (McKeown *et al.,* 2010b; Watson, Parker and Swain, 2018). This might result in feelings that accentuate adverse emotions and a negative response to living with dementia. Furthermore, memory content can be traumatic or otherwise negative and thus, also be unhelpful to wellbeing in the present (Bluck, 2003; Cappeliez *et al.,* 2005). It is clear that reminiscence is a complex topic and skilful facilitation is key in order to manage successful engagement, yet there remains no standards or values for practice.

It is useful in recognising the breadth of the concept as it stands in literature. Webster, Bohlmeijer and Westerhof (2010) have proposed a model of reminiscence that is useful in further demonstrating the particular variability of the context at hand. The model recognises that reminiscence functions as a product of varied triggers, modes of delivery, cultural context, individual differences, and purpose. Based upon the particular aim of the intervention, important distinctions are made between simple reminiscence, life review and life review therapy. The latter two categories are structured approaches that are usually undertaken on a one-to-one basis and might have a specific therapeutic goal in mind. In this thesis, the category of simple reminiscence is most akin to the intention of sport reminiscence group activities (Schofield and Tolson, 2010; Clark *et al.,* 2015; Watchman and Tolson, 2015; Coll-Planus *et al.,* 2017). This involves the recall and sharing of personal memories in order to enhance communication, share aspects of the self with others, and boost mood (Webster *et al.,* 2010; Westerhof *et al.,* 2010; Pinquart and Forstmeier, 2012).

Despite its popularity, and the raft of research undertaken, reminiscence is an example of an activity for which high quality research evidence is limited (Woods *et al.,* 2018; O'Philbin *et al.,* 2018). The most recent Cochrane Review[1] found no

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[1] A Cochrane Review is a systematic review of research in healthcare of evidence that meets specific eligibility criteria

evidence of effect in community-based interventions, with only possible small increases in quality of life, cognition and communication following reminiscence activity in care homes (Woods *et al.,* 2018). No sport reminiscence research met the criteria to be included in this review. However, the same flexibility in approach that has resulted in multiple models of practice and function, challenges such traditional approaches to scientific test and review. The variety in approach makes it an effective person-centred opportunity, but also challenges the generalisable conclusions that traditional positivist biomedical models of research have sought to provide. Furthermore, it can be impossible to differentiate between effects of a designed activity, and the wider social benefits of engaging with other people during the research process (Dugmore, Orrell and Spector, 2015). Despite the lack of definitive quantitative evidence, qualitative reviews have provided evidence to underpin the reported popularity (Lawrence *et al.,* 2012; Dugmore, Orrell and Spector, 2015). Qualitative approaches can be useful ways to explore the processes and components of particular interventions within different contexts and thus, can make an important contribution to social care practice (Craig *et al.,* 2008). This thesis follows just such a qualitative approach in order to better understand aspects of sport reminiscence as an activity for people affected by dementia.

1.3.1 Rationale for using reminiscence as an activity for people living with dementia

Reminiscence work is argued to be particularly relevant to people living with dementia (Woods and McKiernan, 1995; Gibson, 2004; Woods *et al.,* 2018). This rationale has positioned reminiscence as a process through which past memories can be a conduit to feeling good in the present, whether as a result of the content of the memory itself, the social interaction that might occur, or a combination of the two (Bruce and Schweitzer, 2008). As reminiscence can make use of memories from earlier in life, it is thought to be well-suited to the most typical patterns of memory loss seen in the most common dementias[2] (Thorgrimsen, Schweitzer and

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[2] The most common dementias in the UK are Alzheimer's Disease and vascular dementia. The former is a physical disease that affects the brain, whilst the latter is caused by conditions that block or reduce the blood flow and oxygen supply to the brain. In both conditions, short-term memory loss is a common symptom. However, memories from earlier in life can often be recalled until later stages of the disease progression.

Orrell, 2002; SCIE, 2015). By focussing upon an area of memory that is more likely to be intact, reminiscence activity can make use of abilities retained by the person living with dementia and thus, the person is more likely to be engaged, confidence improved, and communication enhanced. The result, therefore, is a positive social experience for the person living with dementia (SCIE, 2015; Woods *et al.,* 2018).

Potential outcomes of reminiscence specific to people living with dementia include enhanced communication, improved sense of identity, increased confidence and self-esteem, an experience of enjoyable social interaction, new (or improved) social relationships, improved mood, increased cognitive stimulation, and more individualised care (Webster, 1993; Kasl-Godley and Gatz, 2000; Bruce and Schweitzer, 2008; Dempsey *et al.,* 2012; Clark *et al.,* 2015; Woods *et al.,* 2018). As a communication-based intervention, it can also provide an opportunity to exercise agency and control in choosing what, and with whom, to share personal information (Bruce, Hodgson and Schweitzer, 2003). Lawrence *et al.,* (2012) have suggested that reminiscence has value in enabling people to contribute and take 'pride in passing on values and experience' (2012, p. 346). This finding has been echoed in some sport reminiscence research (Schofield and Tolson, 2010; Coll-Planus *et al.,* 2017). Such opportunity might be particularly valued if the person living with dementia otherwise experiences social situations that position the self as dependent or incompetent (Alzheimer's Society, 2017; Bosco *et al.,* 2019). Thus, reminiscence can promote interpersonal functioning and provide a platform for individual agency that might be of particular importance to a person affected by dementia whose identity is at threat from the stigma and impact of dementia (Webster, 1993; Pittiglio, 2000).

1.3.2 Theoretical foundations of reminiscence

Recent authors have highlighted a lack of theoretical approach in studies of reminiscence (Macleod *et al.,* 2020) and yet, theory is an important element of the evidence-based culture of care aspired to in the UK (Public Health England, 2018). In this study, the theoretical basis for my own understanding of reminiscence can

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Alzheimer's disease and vascular dementia are estimated to account for over 80% of cases in the UK (NICE, 2021).

be traced to concepts of person-centred practice (Kitwood, 1997; Fazio *et al.,* 2018; Brooker and Kitwood, 2019). At the core of dementia care practice in the UK is the notion of person-centred care and support (Brooker and Latham, 2016; NHS, 2017; Livingston *et al.,* 2017; NICE, 2018; Fazio *et al.,* 2018). Person-centred models of practice recognise the influence of environmental and psychosocial factors on an individual's experience of dementia, rather than the more traditional biomedical model of deficit that was once dominant (Brooker, 2004; Brooker and Latham, 2016; Fazio *et al.,* 2018). At the heart of this approach is the recognition that people living with dementia need to be able to experience and maintain a sense of unique identity (Kitwood, 1997). It is now well accepted that even people living with advanced dementia can maintain a sense of identity (Kontos, 2004; Caddell and Clare, 2010; Strikwerda-Brown *et al.,* 2019). Upholding identity can require the support of other people and thus, a focus needs to be paid to relationships around the individual living with dementia. From this perspective, I recognise that reminiscence can be the basis for a particular relationship that enables a person living with dementia to uphold a sense of unique identity (Nolan *et al.,* 2006; Coll-Planus *et al.,* 2017). Using this model, the concept of person-centredness relates more to *how* care and support is provided, rather than *what* care and support is done (Fazio *et al.,* 2018). With respect to reminiscence activity, I recognise that the process (the 'how') of reminiscence is as important as the content (the 'what') itself. That is, the way in which one is enabled to contribute, or the way in which one's contributions are recognised and responded to, can shape the impact of reminiscence (Randall et al. 2006). Key to person-centred care and support is knowing the unique biographies, values, and interests of individuals, recognising their perspective of reality, identifying every opportunity as a chance for meaningful engagement, and building mutually caring relationships that encourage autonomy, as well as inclusion (Fazio *et al.,* 2018). Reminiscence can provide just such insight into an individual's biography, preferences, and values, as well as offer opportunity for meaningful interaction. Therefore, theoretically, it can be a helpful tool to uphold unique identity, provide meaningful engagement, and deliver person-centred support (Kitwood, 1997; Fazio *et al.,* 2018; MacLeod *et al.,* 2020).

My theoretical understanding of reminiscence is further developed through the inclusion of aspects of relationship-based practice (Nolan *et al.,* 2004; 2006). Such a model expands my understanding of person-centred practice to include social, economic, cultural, political, and environmental factors that impact upon the individual experience (Nolan *et al.,* 2004). In this way, meaningful care and support can only be understood through exploring the sociocultural factors and interdependent relationships in which an individual exists (Clark, 2002; Nolan *et al.,* 2006; McCormack, 2004). That is, moving beyond the direct interpersonal relationships to critically explore the wider context of society in which the individual exists. Using ideas from Nolan's (2006) SENSES conceptual framework, reminiscence can be understood to be an effective activity when opportunities are provided for all parties involved in the care relationship (e.g. people living with dementia, care partner, staff member) to experience feelings of security, belonging, continuity, purpose, achievement, and significance (Nolan *et al.,* 2006). This approach has been used previously in a study of football reminiscence in Spain and Scotland that developed practice guidance on group football reminiscence activity (Coll-Planus *et al.,* 2017). The SENSES framework can be a useful model for evaluating care and support that recognises that activities affect not just the person living with dementia, but also impact the care partners, family, staff, and institutions around them (Nolan *et al.,* 2006). In order to maximise benefit, all parties' interests must be considered. That is, all parties must have opportunities to experience feelings of security, belonging, continuity, purpose, achievement, and significance (ibid.). This creates a model whereby people living with dementia are not merely positioned as passive recipients, but rather, recognises care interactions have multidirectional impacts on the individuals, context, and society around. By combining a model of person-centredness, and relationship-based practice, reminiscence activities can be understood to impact all parties involved in, and affected by, dementia. This might result in conflicting needs or differing purposes, but should be explored to better understand the particular motives, processes and outcomes that result from provision.

1.3.3 Sport reminiscence

Sport reminiscence is a relatively recent topic in dementia care that has developed across the last decade (Schofield and Tolson, 2010; Sport, Mental Health and Dementia Symposium, 2016; Watson, Parker and Swain, 2018). It is reported to be increasingly popular and sport reminiscence projects have received mainstream media coverage (Wingbermuehle *et al.,* 2014; Watson, Parker and Swain, 2018), and been the recipients of funding grants and national awards (Clark *et al.,* 2015; Watson, Parker and Swain, 2018). Sport reminiscence involves using sport-related triggers to stimulate individual and shared memories connected to sport (Clark *et al.,* 2015). Some papers have focussed upon sport-specific reminiscence (e.g. football reminiscence, see Schofield and Tolson, 2010) or team-specific reminiscence (e.g. Clemson University American football, see Hawkins *et al.,* 2020). There is great variety in activity and meaning within the concept of sport and thus, the concept of sport reminiscence likewise can involve a diverse array of activities and cultures. This adds significant complexity (in both research and practice) to the overarching concept and is discussed in more detail in the following chapter.

1.4 Sport, gender, and dementia

1.4.1 Concept of sport

Sport occupies a central position in British cultural life and indeed, is of similar prominence across much of the globe. However, it is a varied and diverse concept, and practice. This is exemplified by the Council of Europe’s (2001) definition:

> ‘*Sport means all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships, or obtaining results in competition at all levels’*

This is synonymous with interpretations in UK policy (HM Government, 2015; Sport England, 2017). It is important to note that throughout this study, as per the above definition, I use ‘sport’ as an overarching term that includes all forms of physical activity, family activities, as well as major sporting events, spectatorship, and fandom. This is also in keeping with language used in previous sport reminiscence papers (Clark *et al.,* 2015; Watson, Parker and Swain, 2018). Whilst activities may be varied, as an overarching theme, sport can potentially contribute to a range of physical, social, and psychological health outcomes. It is a recognised and valued leisure activity and thus, has the potential to be an enjoyable, social, and non-stigmatised theme for activity for people living with dementia to participate in (Watson, Parker and Swain, 2018). Since the turn of the century, UK and global policy has positioned sport beyond mere leisure activity, to that of crucial aspect of civil society (Coalter, 2007; 2010; Kidd, 2008; Jarvie, 2013; HM Government 2015). Policy frames sport as fundamentally about inclusion, bringing people together, and delivering positive social change (HM Government, 2015; Sport England, 2016). Yet, there are a wide variety of sporting practices and cultures that are incompatible with such a statement (Hartmann and Kwauk, 2011). For example, representational sport develops rival factions and particular sporting cultures can be exclusive to different groups within a society (Benkwitz and Molnar, 2012; Tyler and Cobbs, 2017). As yet, there is no recognition of the complexities, nor critical exploration of how such issues impact the intersection between sport and public health interventions, yet sport has become a common, and reportedly popular, location for such activities. This has led some authors to present a more sceptical critique of sport's claim to provide answers to issues of social inclusion and change (e.g. Coakley, 1998; Coalter, 2015). Similarly, critiques have been presented that question the assumption that sport plays a large role in a person's identity and that that role is fixed across time (ibid.). Coalter (2015) has argued that sport's claims are rooted in aspirations to increase the relevance of sport within social policy (thereby attracting increased funding and legitimacy). Yet, he has noted that attempts to provide evidence for such claims have been grounded in problematic methodologies, are often affirmative in approach, have poorly defined outcomes, and are frequently blighted by conflicts of interest. In effect, the argument is that sport's claims are rooted in political ambition, rather than evidence in practice. This ambition has promoted rhetoric that proliferates some of the underlying assumptions in the sporting context (e.g. inclusion, widespread relevance, prosocial influence; see HM Government, 2015).

In part, it is the variety of sport that has underpinned the argument that it can provide an inclusive approach (Clark *et al.,* 2015). Much UK research has focussed upon football, as the dominant national game, and key cultural icon (Spandler, Roy and McKeown, 2014; Johnman, Mackie and Sim, 2013). However, cultural differences are apparent in US studies that have focussed instead upon national sports of baseball (Wingbermuehle *et al.,* 2014), and American football (Hawkins *et al.,* 2020). Sport has been described as ubiquitous in UK culture (Hargreaves, 1994; Jarvie, 2013) and in particular, football is argued to be at the ‘heart of popular culture’ (Tolson and Schofield, 2012, p. 64). Thus, it has been suggested that the topic can appeal to a wide variety of different people (Clark *et al.,* 2015; Hawkins *et al.,* 2020), and can evoke strong and cherished memories for individuals about people, places and activities (Ramshaw and Gammon, 2005; Hawkins *et al.,* 2020).

Furthermore, it has often been argued that a relationship with sport can be a significant part of a person’s social identity (Charleston, 2009; Wolter and Reichert, 2016; Hawkins *et al.,* 2020). For a person living with dementia (whose identity may be under threat), finding ways in which to uphold positive aspects of the sense of self can be of significant benefit to maintaining an ongoing positive sense of self (Kitwood, 1997; Sabat, 2001). Sport reminiscence is argued to be an effective way to do just that, and enable individuals to uphold their sense of identity (Watchman and Tolson, 2015; Wingbermuehle *et al.,* 2014; Hawkins *et al.,* 2020). Therefore, sport’s assumed meaningfulness and widespread appeal is suggested to underpin sport reminiscence as an effective activity that supports identity, tackles loneliness, and provides support to people affected by dementia (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Clark *et al.,* 2015; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018; Hawkins *et al.,* 2020). In addition, it has been suggested that sport-based projects can be an economical option for community-based support (Carone, Tischler, and Dening, 2014; Clark *et al.,* 2015), although research is currently lacking detail to justify such an observation.

1.4.2 Sport, men, and hegemonic masculinity

The original rationale described in research for sport reminiscence was driven by a specific intent to engage men in community social group activities (Schofield and Tolson, 2010). This was based upon an observation that men are often vulnerable to isolation as they are reported to be reticent to join more traditional activities on offer (Solari and Solomons, 2012; Clark *et al.,* 2015; Watchman and Tolson, 2015; Tumosa, 2015; Sport, Mental Health and Dementia Symposium, 2016). Other attempts have been made to provide particular masculinised activities (e.g. ‘Men’s

Sheds', see Anstiss *et al.,* 2018) in order to entice men to take up group offers. With respect to sport, an assumed natural and beneficial connection between men and sport in British culture is long-established (Hargreaves and Anderson, 2014; Watson, Parker and Swain, 2018;) and thus, it is thought to be a particularly apt topic that encourages men to take part (Schofield and Tolson, 2010; Clark *et al.,* 2015; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018). However, such a basis is rooted in a very traditional notion that upholds male privilege in sport and arguably creates a culture of hegemonic masculinity that might actually be exclusive, rather than the inclusive activity sport reminiscence purports to be (Clark *et al.,* 2015). Hegemonic masculinity can be defined as a particular type of masculinity that is culturally valued and legitimises male authority (Demetriou, 2001, p. 341). It has long been recognised to be at the heart of sport practice and culture (Hargreaves, 1994; Hall, 2002; Hargreaves and Anderson, 2014; Bandy, 2015). The concept of masculine hegemony can be understood to legitimise men's dominant position in society and marginalises both women and men who do not conform to ideal expectations (Demetriou, 2001; Connell and Messerschmidt, 2005). Hegemonic masculinity stems from the work of Antonio Gramsci (1971) and can be useful for understanding and exploring gender hierarchy, and social structures (Connell and Messerschmidt, 2005). Hegemony can be used to describe a culture that is both pervasive and persuasive, in that a system of dominant meaning is actively created through individuals and groups within social settings (Hargreaves, 1994, p. 22). Although authors in the last decade have suggested a shift to a more inclusive masculinity (e.g. McCormack, 2011), this shift is definitely overstated and has been based on observation of limited demographic groups (Spandler, Roy and McKeown, 2014); in fact, there is little known about how hegemonic masculinity plays out with older people, or people living with dementia.

In this study, I draw on feminist approaches to sport that recognise the problematic nature of traditional hegemonic masculinity (e.g. Hargreaves, 1994; Hall, 2002; Bandy, 2015; Toffoletti, 2017). The prevailing social norms that imply a natural connection between men and sport are evident in sport reminiscence research and rationale. Such norms are linked to typical masculinised traits such as strength, power, aggression, and violence that are idealised within particular sporting contexts, thereby relegating more typical effeminate qualities as inferior or irrelevant

(Bryson, 1987; English, 2017). In consequence, women and men who do not identify with such characteristics are marginalised and excluded (Hargreaves, 1994; Connell and Messerschmidt, 2005; English, 2017). This limited rhetoric belies the complexity of the sporting topic and the impact that gender can have on social opportunity and experience. Indeed, arguably it has accentuated a binary idea of gender and fostered heteronormative social expectations that overlook the significant variation in people affected by dementia (Alsop, Fitzsimmons and Lennon, 2002; Spandler, Roy and McKeown, 2014). This issue is not limited to dementia and studies of sport reminiscence, but rather, extends to a wider public health policy approach in the UK that uses sport as a particular medium for tackling men's health and social issues (Gatz, Messner and Ball-Rokeach, 2002; Audit Commission, 2009). Interventions have used sport as either activity or metaphor, and successful examples have been reported across mental health (Cooney *et al.,* 2014; Curran *et al.,* 2016), tackling obesity (Hunt *et al.,* 2014), increasing physical activity (Wyke *et al.,* 2019) and other public health concerns (Philpott and Seymour, 2011; Drygas *et al.,* 2013).

The reported success of sport-based interventions is argued to be in the provision for men of opportunities for covert intimacy (Messner, 1992), supportive relationships (Robertson, 2003), emotional expression (Burton Nelson, 1994), and a non-stigmatised and masculine gendered environment (Carone, Tischler and Dening, 2014; Spandler, Roy and McKeown, 2014). Therefore, the sporting context is paradoxically thought to provide the emotional and social support required in order to reduce the health inequalities often traced to typical masculine stereotypes (Spandler and McKeown, 2012). Although many papers report success, criticism of the trend has referred to the relational model of gender (Connell and Messerschmidt, 2005). This perspective argues that the language around such interventions only colludes and reinforces the problematic culture the activities are thought to challenge. In effect, such activities are accused of perpetuating narrow definitions of men and sport. The relational model of gender argues that gender is not fixed, but rather, is performed and negotiated in relation to others (Connell, 1995; Spandler and McKeown, 2012). Using the relational model of gender (Connell and Messerschmidt, 2005; Connell, 1995), it is not just men who are responsible for reproducing hegemonic masculinity, but also the ways in which men and women relate to each other and thus, including different perspectives is an important basis for more holistic understanding.

Using limited ideas of hegemonic masculinity to extol the virtues of sport-related approaches to tackling men's health inequalities fails to consider the wide variety in men's and women's experiences. Repeatedly underlining stereotypical male-sport links (through a focus on male participants, or in masculine-focussed language surrounding particular interventions) only reinforces the dominant assumptions that underpin a particular male privilege in sport (Spandler and McKeown, 2012; Hargreaves and Anderson, 2014). Such an approach fails to consider those who are excluded by the particular nature of such a context and reduces gender (as well as other sociocultural points of intersectionality) to binary ideas of what it means to be a man (or a woman). This is unhelpful to many men and women (Spandler and McKeown, 2012; Toffoletti, 2017). Returning to sport reminiscence, the rhetoric in media and research has reinforced such generalised cultural assumptions. There has been a taken-for-granted focus on men's sport and male participants dominant across research (e.g. Schofield and Tolson, 2010; Watchman and Tolson, 2015; Hawkins *et al.,* 2020). Thus, assumptions have been reinforced without a critical exploration of the ways in which such assumptions might shape results and impact different individuals exposed to the offering.

1.4.3 The intersection between dementia and gender

Despite dementia theories recognising the impact that ecopsychosocial components can have on the experience of dementia, there has been little consideration of the ways in which gender might affect the lived experience (Bartlett *et al.,* 2016; Boyle, 2017). Reviews have highlighted a biological sex disparity in incidence and prevalence of dementia, as well as a lack of female-specific support (Erol, Brooker and Peel, 2015; Jaques *et al.,* 2015; Bartlett *et al.,* 2016; Corfield, 2017). It is well accepted that sex and gender are key constructs in identity and social networks, and can significantly affect opportunities to participate in life (Ginn and Arber, 1995; WHO, 2010; Bartlett *et al.,* 2016; Wilkinson, 2015). For example, a group of women living with dementia have reported that they are often assumed to have a high level of social competence and thus, do not always receive the necessary support to access appropriate social opportunities (Jacques *et al.,* 2015). This assumption is based on gendered stereotypes and risks women being isolated or marginalised if their individual needs are ignored (ibid.). Furthermore, previous research showed that gender can impact the way in which care partners respond to their role (Gibbons *et al.,* 2014). Women are reported more likely to be care partners (Bamford and Walker, 2012), and yet, there has been a disproportionate focus on male caregivers in available literature (Bartlett *et al.,* 2016). The lack of focus on gender (and other sociocultural characteristics and intersectionality) is a significant gap in dementia care and research.

1.4.4 Influence of feminism to this study

It should be noted that my study is not a strict exploration of gender, although I must acknowledge a feminist influence behind the motivation to critique the masculine focus. Taking a broadly feminist perspective, I begin from a position that recognises society is unequal and based on largely masculinised values (Letherby, 2003; Bartlett *et al.,* 2016). From this position, men are also at risk of marginalisation based on taken-for-granted inequalities ingrained in society. A feminist perspective motivated the particular focus of the study, and encouraged a critical attention towards the assumptions, and structural power dynamics that influence women's experiences of sport reminiscence. For example, women's socialisation to caregiving is rarely seen as problematic and yet, this has been highlighted as a key feminist issue (Bartlett *et al.,* 2016). This issue is unconsidered in sport reminiscence literature. Gender has also been understood to be a barrier to full sporting access for women (Toffoletti, 2017). However, the status of dementia can also impact access to the sporting context. This research considers women's experiences within a broader sociocultural environment that is constructed both within, and outside of sport. Gender is one of the aspects of social life under investigation by virtue of introducing female voices into the research base, but it is also focussed upon the relevance of dementia, sport, and reminiscence. Essentially, through exploring the ways in which women describe and engage with sport reminiscence activity, this study considers gender as one of a number of sociocultural dimensions that are apparent in the literature about sport reminiscence (Schofield and Tolson, 2010; Solari and Solomons, 2012; Clark *et al.,* 2015;

Watchman and Tolson, 2015; Sport, Mental Health and Dementia Symposium, 2016; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018).

Although studying women and using a feminist approach are not the same, the feminist lens through which I approached this study recognises and critically considers the gendered nature of sport reminiscence contexts and the diversity inherent in individual lives and experiences. In this way, elements of the study pay attention to the way in which gender is performed, constructed, and reconstructed within the context. This is seen alongside other forces of power, such as cognition and social status. In order to better understand both the concept and potential of sport reminiscence, it is important to hear these unheard female voices. In this way, this study develops understanding of the relevance of gender and gendered relationships within the context of sport, reminiscence, and the dementia experience.

1.5 Summary

This chapter has introduced the topic of research, outlined key concepts, and described the structure of this thesis. Dementia is a global health issue that has a significant impact on the lives of individuals, families, and societies. Symptoms can affect all areas of daily life, and there is a high risk of social isolation and loneliness. For people living with dementia, appropriate care and support services are essential in order to enable them to live as well as possible. A biopsychosocial model of dementia has led to better understanding of the experience of dementia and yet, there remains much work still to be done (Spector and Orrell, 2010). Gender is a significant factor in the shaping of people's lives; however, dementia care literature and policy has remained largely gender blind (Bartlett *et al.,* 2016). Gender is a product of social construction and performance and has been shown to impact an individual's access to resources, power, social roles, responsibilities, and health status (WHO, 2010). Sport reminiscence is an example of a traditional gendered intervention that has been based on a limited conceptual understanding of sport and the complexities of the gendered experience. Whilst gender has been extensively explored in relation to sport across the last thirty years, it is a relatively neglected discourse in relation to people living with dementia, and there is limited exploration of its relevance to sport reminiscence.

CHAPTER 2: Literature review

2.1 Introduction

This chapter provides a narrative review of the content and quality of academic knowledge in existence with respect to sport reminiscence for people living with dementia (Green, Johnson and Adams, 2006; Grant and Booth, 2009). The approach used is a thematic narrative review that is centred upon eight published papers (Schofield and Tolson, 2010; Solari and Solomons, 2012; Wingbermuehle *et al.,* 2014; Clark *et al.,* 2015; Watchman and Tolson, 2015; Tumosa, 2015; Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020) in order to present and discuss the existing empirical evidence base for sport reminiscence as an activity for people living with dementia. This approach critiques the evidence presented in these key papers and draws upon wider literature in order to identify gaps in existing knowledge (Green, Johnson and Adams, 2006; Grant and Booth, 2009). The criteria for inclusion is further explained in the subsequent section.

In this chapter, I present a critique that synthesises the status of current sport reminiscence research, describes the varied modes of practice, presents the main themes, and situates themes within relevant wider literature relating to sport sociology, gender, and dementia (e.g. Schweitzer and Bruce, 2008; Chambers, 2012; Carone, Tischler and Dening, 2014; Bartlett *et al.*, 2016; Toffoletti, 2017). Given the vast multidisciplinary nature of additional themes associated with sport reminiscence (e.g. sport sociology, gender, reminiscence), it was not feasible to undertake a systematic review of all related literature, but the addition of wider literature is used to support or critique the key arguments proffered by sport reminiscence authors. Furthermore, it ensures this review provides a comprehensive discussion of the current knowledge with respect to sport reminiscence. This review will demonstrate that the current position of literature is limited and based upon generalised assumptions that neglect to recognise the diversity of both sport, and people living with dementia. Based upon the literature reviewed, the lack of female voices is apparent and a rationale for this thesis is presented alongside the key research question, aims and objective.

2.2 Sport reminiscence activities for people living with dementia

2.2.1 Definition

Sport reminiscence is the sharing of personal or collective memories that are triggered by sport-related themes, activities, people, or events (Clark *et al.*, 2015; 2017; Hawkins *et al.*, 2020). A number of projects have been reported upon in the UK (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Clark *et al.*, 2015; Clark *et al.*, 2016) and abroad (Wingbermuehle *et al.*, 2014; Tumosa, 2015; Coll-Planus *et al.*, 2017; Hawkins *et al.*, 2020).

Table 1 presents the eight publications central to this review in chronological order and includes information on the topic, location, methodology, participants, and outcomes of research. These publications were included as they provide empirical evidence with respect to sport reminiscence for people living with dementia. A search was undertaken using key terms such as ‘sport’, ‘football’, ‘reminiscence’, ‘dementia’, ‘Alzheimer’s’ and ‘memories’ to identify the relevant literature in existence. Electronic databases were searched including ProQuest, PsycINFO, CINAHL and SPORTDiscus. Databases were selected on the basis of advice with more experienced researchers and my own previous experience of conducting literature searches. Searches were not limited by location, nor by timescale given the relatively recent and sparse nature of papers identified. A literature search was completed in June 2018. In August 2020, an additional search was performed to update the search and an additional paper was identified: Hawkins et al. (2020). The findings of this paper align largely with findings from earlier literature and have been incorporated into the literature review.

Of the eight papers selected in, two papers have been included from outside traditional peer-reviewed publications: Schofield and Tolson (2010) and Watchman and Tolson (2015). These were identified through a search of the references in papers that appeared in search results. Both papers are project reports I deemed to have sufficient detail about research processes and methodology as to be a valuable additional resource in this literature review (Paez, 2017). Although not strictly a reminiscence activity, a paper by Solari and Solomons (2012) is also included as it gauges interest in the concept of football reminiscence in attenders at a Memory Clinic and thus, adds useful information to this thematic narrative review with respect to the rationale underpinning sport reminiscence as a meaningful group opportunity.

Three other papers that provide insight related to sport reminiscence are not included in Table 1 as their central focus was not upon sport reminiscence as an activity. Rather, they were on care staff training (Clark *et al., 2016*), the theoretical intergenerational potential of sport reminiscence (Clark *et al.,* 2017), and reflections upon intersections between sport, theology and dementia (Watson, Parker and Swain, 2018). These papers have been drawn upon throughout this chapter (and wider thesis) in order to provide wider context and theoretical perspective (as per other literature from broader topics where relevant), but were not considered to be included in the empirical evidence base of sport reminiscence as an activity for people living with dementia. Papers related to physical activity interventions for people living with dementia (as opposed to reminiscence) were also excluded, but similarly are drawn upon where relevant to provide additional wider context within this narrative review (e.g. Carone, Tischler and Dening, 2014).

Sport reminiscence remains a developing area of research and thus, I have also included papers in this review that have covered different topics, and used various methods of delivery in assorted locations, in order to evaluate and synthesise the main themes in the concept. For example, some papers reported on a planned 12-week two-hour group activity (e.g. Watchman and Tolson, 2015), whilst others reflected on sport reminiscence as an incidental communication opportunity that could last less than 15 minutes (Clark *et al.*, 2017). In effect, these are two very different concepts grouped under an overarching sport reminiscence theme. I have also included papers that have described sport reminiscence activity delivery in residential care homes (e.g. Schofield and Tolson, 2010; Clark *et al.,* 2015; Watchman and Tolson, 2015; Coll-Planus *et al.*, 2017), as well as community-based groups (e.g. Schofield and Tolson, 2010; Wingbermuehle *et al.*, 2014; Tumosa, 2015; Clark *et al.*, 2015; Hawkins *et al.,* 2020). A recent Cochrane Review of general reminiscence concluded that there are differences in outcomes between populations living inside and outside of care (Woods et al., 2018). For example, reminiscence in care homes was reported to have a small impact upon quality of life, cognition, and communication, whilst results for reminiscence activities outside of care homes were reported to be insignificant. Thus,

Table 1 Details of papers reporting on sport reminiscence projects (in chronological order)

Reference	Topic	Location	Style of activities	Frequency/ duration	Participants	Data source	Methodology	Outcomes for people living with dementia
Schofield and Tolson (2010)	Football reminiscence	UK (Scotland)	Established community group	2 hours per week)	5 men living with dementia	Interviews with people living with dementia, family carers and facilitators	Realist evaluation – descriptive case studies	Increased sociability Increased confidence Opportunity to demonstrate expertise Stimulation, fun and laughter Anticipation of future events Opportunity for carer peer support
			New community group	2 x 45-50 min sessions	3 men living with dementia			
			Care home groups	Approx. 1-hour sessions weekly or twice weekly	3-5 men living with dementia in each of 2 groups			
			Community one-to-one sessions	2-3 visits to each of 8 different players across a number of years (community 1-to-1 sessions)	No detail			
Solari and Solomons (2012)	Football reminiscence – gauging interest	UK (South of England)	Football quiz and questionnaire distributed to Memory Clinic attenders	n/a	29 responses (21 female: 8 male) *Not clear if responses were from care partner	Questionnaire	Questionnaire – closed and open-ended questions	Older males often reticent to join groups All men previously stimulated by

					or people living with dementia			football were engaged by the football quiz and concurrent world cup
Wingbermuehle, et al. (2014)	Baseball reminiscence	USA	2 community groups	90 mins twice per month	Majority male (10-15 participants per group) *1 group open to people living with dementia and/or depression	Anecdotal feedback from participants and family members with limited detail	Preliminary feedback on developing project	Improved quality of life Increased sociability Developed new social relationships
			2 care home groups	90 mins twice per month	Majority female (3-10 participants per group)			
Clark, Murphy, Jameson-Allen and Wilkins (2015)	Non-specific sport reminiscence	UK	Non-specific multiple locations across care homes and in the community	No detail	No detail	Little detail – some descriptive outcomes	Discussion of sport reminiscence approach	Increased connections between staff and residents in care homes Improved mood

Watchman and Tolson (2015)	Football reminiscence	UK (Scotland)	Care home group	12-week x 2 hours pilot)	8 men living with dementia from 3 care homes met at single group	Audio recorded session transcripts, field observations, facilitator and care home staff reflective logs, routine care home health and wellbeing data	Mixed methods evaluation	Increased sense of value Increased sociability Increased confidence Stimulation Sense of belonging Improved sleep Improved self-care Anticipation of future events
Tumosa (2015)	Baseball reminiscence	USA	Community-based group for veterans	No detail	10 participants (1 female, 9 male) 3 with no cognitive impairment	No detail	No detail	Family carers suggested improved mood in participants living with dementia Baseball context might be particularly appeal to men

								Limited description of pilot study
Coll-Planas, Watchman, Doménech, McGillivray, O'Donnell and Tolson (2017)	Football reminiscence	UK (Scotland)	Care home group	12-week x 2-hour programme	8 men (from 4 care homes met at single group)	Pre and post intervention care home records Audio recorded session transcripts, field observations, facilitator and care home staff reflective logs	Mixed methods evaluation	Opportunity to demonstrate expertise Improved sleep Improved self-care Increased sociability Anticipation of future events
		Spain	1-day hospital, 2 nursing homes	12-week x 2-hour programme	20* participants across the 3 settings (3 women, 17 men) *4 participants in one nursing home had no cognitive impairment	Pre and post intervention scales of cognition, behaviour, function, communication, quality of life, caregiver burden Field observations, interviews with participants, staff, facilitators,		Increased mood Improved confidence and self-esteem Opportunity to demonstrate expertise Increased sociability Improved cognition (based on staff/carer reports)

						and family carers		Anticipation at future events Sense of group belonging
Hawkins, Ramshaw, Hooker and Walker (2020)	American football reminiscence (club-specific)	USA	Single group from assisted living residents in specific catchment area	60-80 minutes twice per week	12-15 residents with diagnosis of dementia or symptoms of cognitive decline No information on gender demographics of participants	Interviews with participants, facilitators, family carers, field observations, measures of cognition and quality of life	Mixed methods evaluation	Improved quality of life No change in cognition Opportunity to learn Increased sociability Increased group belonging Positive behavioural change

Woods concluded that the nature of the location and participant's wider living circumstances impacted upon both motivation, and experience of reminiscence. This finding could also be relevant to sport reminiscence, however, given the paucity of literature available, I have included all locations such that general themes regarding sport reminiscence can emerge. In addition, some literature has reported upon sport-specific projects, (e.g. football reminiscence, see Schofield and Tolson, 2010), whilst others have reported on team-specific reminiscence (e.g. Clemson University American football, see Hawkins *et al.,* 2020). A further paper has referred to a more general concept of sport reminiscence without specifying location, sport, or club (Clark *et al.*, 2015). The variety is yet further complicated by the breadth inherent in definitions of sport (see Chapter 1) and the differing sociocultural assumptions that are attached to different elements within the broad sporting topic. An example of cultural variation is seen in studies based upon football reminiscence in the UK (e.g. Schofield and Tolson, 2010) versus American football in the USA (e.g. Hawkins et al., 2020). In effect, there is much variety across a small number of papers, which echoes the complexity seen in the many papers centred upon more general reminiscence research (Woods *et al.*, 2018; MacLeod *et al.*, 2020). Conceptual and methodological diversity makes it difficult to bring together evidence across different research projects. That said, all sport reminiscence articles have argued that sport reminiscence can be an effective activity for people living with dementia that is meaningful and encourages social activity. However, it should be noted that each has been based on the same limited rationale (an assumed natural link between men and sport, described in more detail below) and little critical discourse has yet been applied. This limitation has meant that despite the apparent diversity, and the reported widespread appeal, sport reminiscence has actually remained limited in theory, practice, and approach.

2.2.2 Sport reminiscence: Main themes

Sport reminiscence has been positioned by authors as a meaningful activity for people living with dementia (Schofield and Tolson, 2010; Clark et al., 2015; Watchman and Tolson, 2015; Wingbermuehle et al., 2014; Watson, Parker and Swain, 2018). Meaningful activities are a key aspect of supporting people living with dementia to live well. Such activities go beyond pleasure to meet basic psychological and social needs (Olazarán *et al.,* 2010; Nyman and Szymczynska, 2016; Zeisel *et al.,* 2016). In addition to being meaningful, activities should be evidence-based and cost-effective so as to manage the growing demands on dementia services, in a way that is feasible in the existing economic climate (Alzheimer's Disease International, 2014; Alzheimer's Society, 2016; Nyman and Szymczynska, 2016; NHS, 2017). Sport reminiscence has been suggested to have potential as a cost-effective, meaningful activity that tackles the risk of loneliness and social isolation that dementia can bring, although it should be noted that a more detailed financial evaluation was also called for (Clark *et al.*, 2015). In this way, research implies sport reminiscence to be an activity that is both beneficial for people affected by dementia, and is of potential value to organisations and funders as an efficient economical approach. It is interesting to note the emphasis on cost apparent in general dementia care and support guidance (e.g. NHS, 2017) and specific sport reminiscence research (e.g. Clark *et al*., 2015) as this demonstrates that organisation and public health financial burden is a central aspect of service design.

Fundamentally billed as enjoyable and social (Schofield and Tolson, 2010; Clark *et al.*, 2015), engaging in sport reminiscence activities have been reported to provide outcomes that include a raft of positive psychosocial effects. Examples have included improved mood, confidence, sociability, peer support, care partner respite, improved dementia symptomology and the chance to demonstrate agency and expertise (see Table 1 for detail). These largely echo the benefits claimed by more general reminiscence research (Moos and Bjorn, 2006; Dempsey *et al.*, 2012; Woods *et al.*, 2018).

2.2.2.1 Sport as a theme for group activity

Social activity is an important aspect of how older people see their wellbeing (Clark *et al.*, 2015) and thus, a key element of the rationale for sport reminiscence has been the opportunity for group social activity (Clark *et al.*, 2015; 2017; Coll-Planus *et al.*, 2017; Hawkins *et al.*, 2020). The assumption has been that group activity can promote social connection and, therefore, reduce the risk of loneliness. Whilst some research has noted that keeping up with groups (i.e. the speed of conversation or activity) can be difficult for people living with dementia, it is argued that the sociability of being in a group is an attractive and beneficial concept in its own right (Murphy, 2007; Schofield and Tolson, 2010). The value of sport as a topic for reminiscence is thought to be rooted in its widespread appeal, and a specific relevance and appeal to men (Schofield and Tolson, 2010; Tumosa, 2015; Clark *et al.*, 2015; 2017; Watson, Parker and Swain, 2018;). Sport has been suggested to operate as a uniting social force that enhances relationships and develops individual and collective senses of identity (Commission on the European Communities, 2007; Hoye *et al.*, 2015; HM Government, 2015; Watson, Parker and Swain, 2018), thereby offering a valuable context in which people affected by dementia can feel a sense of positive identity and belonging. This might be in contrast to feelings of loneliness, stigma, and exclusion that otherwise can result from their experience of dementia (Clark *et al.*, 2015; Alzheimer's Society, 2017). It has been argued that sharing narratives of communal places, shared symbols, and common history enables participants to develop mutual respect and understanding (Malcolm, 2000; Haynes, 2019). In turn, this supports a sense of shared identity and can be the basis for social relationships (ibid.). In this way, sport is argued to create groups with shared rituals and traditions (Giulianotti, 2002; Lechner, 2007) that can provide a positive collective identity for a person affected by dementia to affiliate with. This premise is at the heart of existing sport reminiscence rationale (Tolson and Schofield, 2012; Clark *et al.*, 2015; 2017). Yet, evidence to underpin the social promise of sport is weak (Coalter, 2007; Nicholson and Hoye, 2008). For example, sport in the UK (and wider Western industrialised society) has more usually placed great importance on individual achievement and performance, rather than encouraged group membership (Watson, Parker and Swain, 2018). Furthermore, representational sport remains exclusive by design, creating rivalries and othering outsiders in ways that can be contentious (Benkwitz and Molnar, 2012; Tyler and Cobbs, 2017). These aspects of sporting culture conflict with the assumptions of community and collective shared dynamics thought to underpin the value of group sport activities. Furthermore, this issue is little considered in sport reminiscence research.

It is the purported widespread appeal of sport that has been suggested to make sport reminiscence an inclusive and effective activity (Clark *et al.*, 2015). Clark has argued that sport reminiscence can appeal to both fanatics and those with only a passing interest such is its ubiquity within the UK (Clark *et al.*, 2015; 2017), thus, he implies that sport is a topic that can engage most people in some way. That said, such a sweeping statement is rooted in an idea that sport is generally benevolent and prosocial, overlooking the vast nature of the topic, the wide-ranging experiences, inter- or intra-sport rivalry, and the variety of emotional responses that sport can have for different people. Furthermore, the way in which a self-identified sport fanatic might relate to sport reminiscence is likely quite different to someone with only a passing interest.

Some papers have recognised that sport-related reminiscence can evoke negative or traumatic memories (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Watson, Parker and Swain, 2018; Hawkins *et al.*, 2020). These references have recognised specific negative incidents from the past, rather than recognised that the general topic of sport might be unhelpful to some people regardless of the nature of memories or past experiences. Indeed, there are examples across literature of participants becoming disengaged by sport reminiscence activity (e.g. Schofield and Tolson, 2010,) and two studies reported having to include people without cognitive impairment because they could not recruit enough interested people living with dementia, despite sport's purported widespread appeal (Tumosa, 2015; Coll-Planus *et al.*, 2017). Whether the recruitment challenges were related to the sporting topic, the promise of reminiscence, a general disinterest in group activities, or ethical challenges in recruitment was not discussed, yet it suggests that sport reminiscence might not be as appealing an offer as promoted. In a further study related to sport reminiscence, only a third of participants expressed interest in an ongoing group, despite more that reported being engaged by football talk (Solari and Solomons, 2012). This highlights that interest in a topic does not equate to interest in group activity. Solari and Solomons (2012) also draw attention to the fact that the interests of people living with dementia and their care partners might be in conflict, with the implication that care partners were often more interested in continuing a group activity than participants themselves. This raises questions about who is responsible for choosing to engage in group activities and what motivates them to do so.

Another aspect that brings into question the relevance of sport as a topic for reminiscence is that several papers have reported that reminiscence usually involved a divergence into general social history, rather than remaining focussed upon the sporting topic at hand (Schofield and Tolson, 2010; Wingbermuehle *et al.*, 2014; Clark *et al.*, 2015; Clark *et al.*, 2016; Hawkins *et al.*, 2020). Clark and colleagues (2015) have promoted this as an advantage, in that it provides an inclusive activity regardless of level of sporting interest. Yet, as I question in this thesis, it is debatable whether the specific nature of sport reminiscence is then warranted. Indeed, further attention as to who actually benefits from the promoted focus upon sport and the sports histories upon which reminiscence is based would be beneficial.

In the original football reminiscence paper by Schofield and Tolson (2010), it was recognised that it was difficult to talk about football for two hours, even for the most hardened fan; but the focus on football was reported to provide a safe topic to return to, and often links between past memories and present sport-related events could stimulate conversation. The connection between past and present events was a finding echoed in Hawkins' study of baseball reminiscence in the USA (Hawkins *et al.,* 2020). However, participants made no reference to ongoing sporting events in a third paper, which could have reflected the care home location in which the group in this study was held, suggesting more about the context of living in care, and the relevance of ongoing events, than the specific nature of sport reminiscence (Watchman and Tolson, 2015). That said, the ability of sport to hold relevance across the lifespan (albeit through a relationship that might change across time), and connect past to present, could be a significant advantage. The benefit provided in a return to the sporting subject matter could be interpreted that sport can be a topic that draws people together, and provides a place of neutral safety. However, this contrasts with ideas that sport is particularly meaningful and thus, questions the impact that the topic might have on individual and collective identities beyond being a safe subject in which to demonstrate 'normal' small talk. Indeed, this suggests that the process of engaging in sport reminiscence can be of more importance than the particular sporting theme, particularly if the sporting theme is only narrowly defined within a particular set of sociocultural assumptions.

2.2.2.2 The facilitation of sport reminiscence for people living with dementia

Across sport reminiscence papers, as per more general reminiscence guidelines (e.g. Gibson, 1994; Schweitzer and Bruce, 2008; Woods *et al.*, 2018), it has been noted that the most effective outcomes (interpreted through observed levels of engagement) were seen when content was tailored to the specific interests of participants (Schofield and Tolson, 2010; Hawkins *et al.*, 2020). The benefits of personalised activity are relevant also across a wide variety of other ecopsychosocial activities (e.g., cognitive stimulation therapy, physical exercise, general reminiscence; Scott *et al.*, 2019). It is difficult to see how personalisation might work in a general sport reminiscence group where participants might have interests across a wide range of different sports. In a group of three undertaking football reminiscence, a man was reported to sit back and disengage from conversation when images were unrelated to his own interests, leaving the other two men to engage with the facilitator (Schofield and Tolson, 2010). From my perspective, this questions the nature of 'group activity' (particular given that the two other men were lifelong friends) and provides insight into how larger groups may find it difficult to provide content that sufficiently appeals to all group members, particularly when the topic of focus is non-specific. Hence, the broader question in such circumstances is about whose memories are relevant in the context of the large group and how can a tension between generic and individualised levels of focus be managed. In another article, a man was reported to leave a group because the focus was on a particular football team and his preference was rugby (Watchman and Tolson, 2015). This demonstrated that it is crucial that facilitators know the biographies, and interests of participants, in order to be able to plan and deliver reminiscence in a person-centred way (Schofield and Tolson, 2010; Tumosa, 2015). Four papers have noted that a high ratio of properly trained facilitators per participant is crucial to the success of sport reminiscence activities (Schofield and Tolson, 2010; Tumosa, 2015; Clark *et al.*, 2015; 2017), although how success is defined has not been stated. A similar need for high facilitator-to-participant ratios has been advocated in general reminiscence practice advice (Gibson, 1997, 2004; Schweitzer and Bruce, 2008), and other sport-related activities for people living with dementia (Carone, Tischler and Dening, 2014). Thus, the way in which groups are facilitated is as important (if not more so) that the content itself.

Four papers have referred specifically to sport reminiscence community group activities (Schofield and Tolson, 2010; Wingbermuehle *et al.*, 2014; Clark *et al.*, 2015; Tumosa, 2015). Of these, two have described community group activities that were limited to people living with dementia (Schofield and Tolson, 2010; Wingbermuehle *et al.*, 2014;), but in the latter, there was also mention of groups that welcomed family care partners to participate (Wingbermuehle *et al.*, 2014). A third paper has referred to community groups, but no detail was provided (Clark *et al.*, 2015). It is not known how the dynamics of care partner involvement might affect participation or the group environment as no discussion has been had. Some research into dementia and sport-related activity has suggested that care partners could dominate conversation, and talk over people living with dementia (Dening, Jones and Sampson, 2013), or could have different perspectives on support needs (Solari and Solomons, 2012). Thus, the presence of care partners could add complexity to group dynamics. It is clear that different group compositions could have connotations for how people seek out, access and engage with group activities on offer and, indeed, might involve a complex negotiation of power dynamics that are influenced by cognitive status, biography, and sociocultural characteristics (e.g. age, gender). This certainly warrants further exploration across not just sport reminiscence, but all dementia research.

In keeping with more general reminiscence research, sport reminiscence participation and engagement has been reported to be maximised through the creative use of multisensory triggers (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Coll-Planus *et al.*, 2017; Hawkins *et al.*, 2020). Existing research has described the use of photographs, digitised images, audio clips, video footage, objects, memorabilia and sensory stimulation (e.g. taste and smell) as methods that triggered reminiscence activity (Schofield and Tolson, 2010; Wingbermuehle *et al.*, 2014; Clark *et al.*, 2015; Watchman and Tolson, 2015; Tumosa, 2015; Coll-Planus *et al.*, 2017; Hawkins *et al.*, 2020). A multisensory approach is particularly important for people living with dementia who are affected by sensory loss and verbal communication symptoms, thereby providing an accessible activity that can be tailored both to the interests and abilities of individuals. Watchman and Tolson (2015) noted that both sport reminiscence triggers and activities could involve multisensory approaches (e.g. the smell of pies and Bovril, the sound of audio-commentary) and therefore, sport reminiscence could provide an accessible approach to overcome dementia symptomology and sensory loss. Watson went further and recognised that the specific nature of sport could involve embodied experiences that could be replayed or recalled and thus, might be particularly beneficial in enabling people living with dementia to participate, despite symptoms that could impact communication (Watson, Parker and Swain, 2018, p. 375). There are theoretical links here to be made with the large body of research focussed on the use of creative arts to enable people living with dementia to participate and interact (Young, Camic and Tischler, 2014; Windle *et al.*, 2018; Motto-Ochoa *et al.*, 2021). For example, moving away from activities rooted in linguistic skill and verbal comprehension, to activities that involve relational, non-verbal, or creative means of stimulating interaction have potential to further develop sport reminiscence practice for people living with dementia.

2.2.2.3 The sporting location

A particular aspect of sport reminiscence argued to be beneficial is the potential of the sporting context to be a dementia-free and therefore, non-stigmatised environment (Watson, Parker and Swain, 2018). This has been little explored in sport reminiscence research. However, other research situated in professional sport clubs or leisure environments has suggested that the location could be beneficial in terms of providing a sense of normality that is removed from the stigma of health and social care services (Carone, Tischler and Dening, 2014; Ovenden, Dening and Beer, 2016). In this way, the sporting location can be a popular space in which people living with dementia are seen as people with interests, as opposed to have their identity reduced to that of a disease (Watson, Parker and Swain, 2018). Indeed, whilst sport has been criticised for furthering the dominant culture in society, it has also been argued to be a space in which norms can be challenged and resisted (Hargreaves, 1994; Spandler, Roy and McKeown, 2014). Such an argument positions sport as having great potential for changing the way in which society views and understands people living with dementia (Watson, Parker and Swain, 2018). The benefit of the environment might be further amplified when the location represents a particular professional sports brand in a community and thereby has associations of privilege, status, and exclusive access (Chambers, 2012; Spandler and McKeown, 2012; Carone, Tischler and Dening, 2014). Further research relating to football stadiums has argued that as a place, a stadium could represent home and thus, provides a unique and meaningful connection to place (Bale and Cronin, 2003; Charleston, 2009). Yet, I would argue that this is only relevant for people who identify a meaningful connection to the particular team at hand. Other research has recognised that clubs could represent the wider local place and community (Malcolm, 2000; Mellor, 2008) and thus, the symbolic nature of the location could have wider relevance. It is little known how people affected by dementia view such opportunities, but a number of sport reminiscence papers have reported upon final session visits to significant football locations and museums that were received particularly positively (Schofield and Tolson, 2010; Wingbermuehle *et al.*, 2014; Watchman and Tolson, 2015). For some people, the location represented a meaningful connection with past experiences, whilst others might have seen the opportunity as valuable due to a particular cultural status, or brand, afforded to certain professional sports (Chambers, 2012; Carone, Tischler and Dening, 2014; Tumosa, 2015). Meanwhile, other people will find no meaningful relevance in a sporting location beyond the fact that it is neither a traditional health and social care location, nor a place frequented only by older people. Yet more might find negative connotations associated with particular brands of club or sport. How locations impact the appeal and experience of sport reminiscence has also been little considered.

2.2.2.4 The gendered environment

The final theme that has dominated sport reminiscence research has been the proposed relevance that the activity has to men (Schofield and Tolson, 2010; Solari and Solomons, 2012; Clark *et al.*, 2015; Tumosa, 2015). This assumed relevance has not be interrogated. The connection between men and sport is rooted in the notion of a typical hegemonic masculinity that has long dominated popular ideas of sport (Hargreaves and Anderson, 2014; Watson, Parker and Swain, 2018). Since the turn of the 20th century, men have dominated sporting culture, yet it is now well accepted that female engagement with sport is also a long-standing phenomenon, albeit one that has historically received much less media, and academic attention

(Toffoletti, 2017; Pope, 2017). Whilst the increasing presence of women is challenging the dominant hegemonic masculinity, it also arguably reinforces a notion that older females will have little connection to sport because of historical exclusion. Major sports across the world are historically connected to male privilege and systematic female exclusion (Spandler and McKeown, 2012; Toffoletti, 2017). In England, sexism remains entrenched in football, despite increasing visibility of women at all levels of the game (Caudwell, 2011; Pope, 2011; 2017). Efforts have been made to better recognise women's historical contributions to the game (Williams, 2019). That said, men continue to be depicted as active fans, or players of football, and to represent what it means to be an authentic fan. In contrast, women continue to be positioned in secondary roles, where passive watching, or consumption of football-related products can be seen as a less authentic demonstration of fandom (Giulianotti, 2002; Toffoletti, 2017). Research has demonstrated that women often have to legitimise their status through demonstrating their expertise or long-standing geographical connection, while men rarely have their sporting credentials scrutinised (Crawford and Gosling, 2004; Gosling, 2007). Rituals and language that develop around sports activity have been noted to be based upon behaviours that enact white, heterosexual, masculine norms (Farrell, Fink and Fields, 2011; Esmonde, Cooky and Andrews, 2015; Toffoletti, 2017), demonstrating the exclusive nature of sports practices (Giulianotti, 2002; Pope, 2017: Toffoletti, 2017). An example of gendered practice can be through men using *sportstalk* to perform dominant male norms (Burton Nelson, 1994; Nyland, 2004). Sportstalk is a kind of conversation that involves competitive knowledge exchanges and works to establish a male hierarchy, which impacts different men in different ways (ibid.). Such cultural stereotypes can impact the experiences of both men and women and in turn, could impact the way in which different people understand and engage with sport reminiscence opportunities. Whilst the rhetoric has presented a location of inclusivity (Clark *et al.*, 2015), the practice might in fact create a location in which only those who can enact traditional white, male, heterosexual and cognitively able norms are able to feel welcome, accepted and develop a sense of belonging.

A number of sport reminiscence papers have made the explicit declaration that sport is a topic of predominantly male interest (Schofield and Tolson, 2010; Clark *et al.*, 2015; Tumosa, 2015; Clark *et al.*, 2016; Coll-Planus *et al.*, 2017; Watson, Parker and Swain, 2018). There has been no recognition of the problematic nature of such a sweeping declaration. Almost all participants across all studies reviewed in this chapter were male and where a minority of female participants were involved, there is no exploration of how sex or gender impacted their involvement (e.g. Tumosa, 2015; Coll-Planus *et al.*, 2017). Thus, women's experiences are notable by the absence, and indeed, the simplistic gendered rationale might at worst be said to have created a sample confirmation bias. A further paper concluded that football reminiscence could be of interest to men, but results were based upon a sample that included only eight men (out of a sample of 29) and showed only a small difference between male and female participants (Solari and Solomons, 2012). In effect, the results of this study demonstrated that some women have interest in sport, just as *some* men do and yet, the majority of research has taken an approach that is largely affirmatory, and based on a narrow-gendered rationale.

By reiterating traditional misconceptions, authors of sport reminiscence have perpetuated the hegemonic masculinity upon which the sporting context has traditionally been rooted. Feminist sport scholarship has recognised the gendered nature of sport activities (Hargreaves, 1994; Kidd, 2013; Hargreaves and Anderson, 2014) and yet there has been only limited recognition of how gender has influenced sport reminiscence activities. Indeed, in two papers, an implicit association between men and sport was noted likely to have affected gatekeepers when selecting participants for involvement in a sport reminiscence project (Schofield and Tolson, 2010; Clark *et al.*, 2017). This evidenced how deep-rooted the gendered assumption could be, and reinforced bias in the rhetoric. It has been suggested that having an all-male group could be beneficial to men, although this was based on care partner opinions, rather than the perspectives of the men themselves (Schofield and Tolson, 2010). This finding has been echoed in care partner reports of a sport-based activity group for men living with dementia (Carone, Tischler and Dening, 2014). Carone and colleagues suggested it mimicked a single-sex work environment that reflected earlier social and occupational patterns. However, it was unknown how men in the group understood the impact of the single-sex activity and indeed, other non-dementia research into female participation in a football/health activity suggested that the presence of women in a group could temper the behaviour of an all-male environment. (Spandler, Roy and McKeown, 2014). This was actually preferred by a number of men (ibid.). Such evidence prompts questions of the dominant hegemony on which sport reminiscence has been based, and thus, there is a need to further explore the ways in which gender impacts upon engagement and interaction, and more specifically, the ways in which women might engage in the sport reminiscence context.

2.2.3 Methodological limitations in the existing evidence-base

Across all sport reminiscence papers, the focus has been on describing outcomes. Conclusions have been based upon qualitative evidence that has come from care staff, sport reminiscence facilitators, and care partners, with limited input from people living with dementia themselves. Two papers (Watchman *et al.*, 2015; Coll-Planus *et al.*, 2017) included quantitative measures of cognition, quality of life, behaviour, function, and communication for residents in long-term care settings, but found little significant effect following a 12-week sport reminiscence programme. A third paper from the USA found a small improvement in quality of life measures following a group for people in assisted living accommodation, but no improvement was found in objective measures of cognition (Hawkins *et al.*, 2020). The lack of significant quantitative evidence has been described as problematic in wider reminiscence research (Woods *et al.*, 2018). However, it can be argued that such methodologies are insensitive to the psychosocial intricacies of reminiscence-type activities. Indeed, Cochrane Reviews of reminiscence have repeatedly found little or no evidence for reminiscence in community activities using traditional randomised controlled trial methodologies (Woods *et al.*, 2005, 2018), yet qualitative evidence does remain convincing (Dugmore *et al.*, 2015; Lawrence *et al.*, 2012). This reinforces a theory that biomedical methodologies are not always sensitive to the intricacies of human interaction. Indeed, in the UK, the Medical Research Council (Craig *et al.*, 2008) has acknowledged the significant place for qualitative research in health and social care. This is particularly so when an activity is relatively new and requires an exploratory approach to establish details of the concept and processes involved before other methodologies can be used (ibid.). Traditional positivist approaches can be confounded by the individual differences inherent in the experience of dementia and thus can be less useful in evaluation of ecopsychosocial activities (Savitch, Abbott and Parker, 2015). Thus, the largely qualitative evidence base seems appropriate for sport reminiscence research and yet, an uncritical focus on describing outcomes has left the evidence base limited, the concept narrowly defined, and at worst, could be accused of being affirmatory in its approach, as per other research at the intersection of sport, public health, and social changes (Coakley, 1998; Coalter, 2010; 2015).

The methodological approach taken across the majority of sport reminiscence papers is largely reliant on qualitative and descriptive data in a bid to establish the context and concept of sport reminiscence activities. Early research has tended to use case studies to describe potential outcomes (e.g. Schofield and Tolson, 2010) and/or the practical delivery of sport reminiscence (e.g. Watchman and Tolson, 2010). Whilst such an approach is valuable, there are also a number of associated methodological limitations.

A lack of control groups across all studies means it is difficult to know if any observed outcomes were related to the specific nature of sport reminiscence, or rather, to the generalised benefits of group activity. In an early study of general group reminiscence for people living with dementia, greater wellbeing was reported after a group reminiscence activity in comparison to general group activities (Brooker and Duce, 2000). This suggests that reminiscence is an effective group activity, however, both types of group activity in this study had a more positive impact on wellbeing than unstructured time. Thus, the conclusion was that both group activities were, in fact, beneficial for wellbeing (ibid.). In relation to sport reminiscence research, it is impossible to conclude whether reported benefits related to sport reminiscence, or to generalised group provision. Again, this raises questions as to the relevance of sport reminiscence, and alludes to the affirmatory context in which such research currently exists (Coalter, 2010; 2015). Research has also reported improved relationships between care staff and participants following participation in sport reminiscence (Clark *et al.*, 2015). However, this could have reflected that involvement in the research meant that staff made more time than usual to have personal conversations with residents, rather than be interpreted as evidence of benefit specifically related to sport reminiscence. In essence, without a more detailed critical analysis of activities, it is difficult to establish whether reported benefits have related to sport reminiscence activity, or simply relate to having been engaged in *something.*

Samples across all studies were very small (e.g. 8 men, Watchman and Tolson, 2015; see Table 1), which is no surprise given the qualitative approaches used. This is not necessarily a negative feature if the approach is to generate in-depth data, yet it does challenge the generalisability of the findings. Feminist disability scholars have argued that individual lives can reveal much about the wider social context (Thomas, 1999), yet papers have provided little critical analysis of such issues. Although some papers offered multiple research sites, participant numbers were low at each site (e.g. 20 participants divided across three sites, Coll-Planus *et al.,* 2017; see Table 1). Keeping group numbers small is beneficial for people living with dementia based on good practice advice (Gibson, 1997; Bruce and Schweitzer, 2008), but also means that the research and the relevance of findings to wider populations, locations and varied demographics is difficult to establish without sufficient details and critical review. Few of the papers provided detailed information with respect to recruitment and the specific demographics of the populations involved. This is another limitation to the evidence base. Furthermore, several papers obscured or ignored the perspectives of people living with dementia themselves. Whilst there were often multiple data sources, a reliance on verbal evidence (e.g. the semi-structured interview) can effectively exclude some people living with dementia, if symptoms impact the ability to participate in traditional research methods. Some papers have included interviews with participants, but the data presented are then dominated by the perspectives of care partners and staff, which might conflict with the experiences and priorities of people living with dementia (Solari and Solomons, 2012; Ovenden, Dening and Beer, 2016). Given the relative sparsity of evidence available, I have included papers that cover activities inside, and outside, of care homes and yet, as already noted in the opening chapter, a review of general reminiscence activities suggested there might be small, but significant differences between the two locations (Woods *et al.*, 2018). There are simply not enough data with respect to sport reminiscence to draw any conclusion on the relevance of this finding. In particular, in existing sport reminiscence literature, there has been a particular lack of evidence with respect to sport reminiscence activities occurring outside of residential care locations, and thus, more exploratory work is required.

2.3 Conclusions and identifying a gap in the knowledge

In summary, the research base for sport reminiscence remains limited despite reports of popularity and success. The focus thus far has largely been descriptive in order to promote the concept, outcomes, and applicability of sport reminiscence. However, the emphasis on evidence-based practice has promoted a research context whereby positive outcomes are sought, but at the risk of obscuring critical evaluation. There remains a significant gap with respect to the inclusion of experiences of people living with dementia, and the impact that sociocultural and biographical differences have upon the sport reminiscence experience. A number of papers have extolled the virtues of the approach using generalised ideas about the ubiquitous and beneficial nature of sport as an environment for activity and yet, such claims are difficult to prove (Coalter, 2007). A reported tendency by participants in sport reminiscence activities to revert to general social history questions what relevance the sporting context in fact plays in reminiscence activity (Schofield and Tolson, 2010; Wingbermuehle *et al.,* 2014; Clark *et al.,* 2015). Authors have developed practice guidance for delivering sport reminiscence to people living with dementia, however, there remain large gaps in the literature, specifically related to the way in which different participants might experience the context and environment. There has been little critical attention paid to the sociocultural intricacies of the sporting context beyond an oversimplistic rationale rooted in masculine hegemony. In many ways, this seems to be in stark conflict with a wider culture that promotes a person-centred approach to dementia care and support.

In particular, there is a noted absence of female participants in the literature. Female care partners and staff have contributed through interviews, which reflected power inequalities related to health status, but these women were rarely involved, or considered, as beneficiaries of the activity. Furthermore, the focus of sport reminiscence activities has been dominated by an assumption that topics are focussed on predominantly masculine sports, such as football and baseball. There has been no attention paid to the content or themes related to more typically female biographies of sport.

A lack of gender sensitivity is also common across wider dementia research (Bartlett *et al.*, 2016) and was discussed in the opening chapter. However, it has been recognised that gender is a key element that impacts and organises social structures and experiences (Ginn and Arber, 1995; Bartlett *et al.*, 2016; Boyle, 2017). For example, research in care homes has suggested gendered symbols can be a factor in upholding one's identity, which could be increasingly important to a person living with dementia whose identity might be under threat (Twigg and Buse, 2013). Furthermore, women living with dementia have reported experiencing a lack of personalised support based on assumptions that as women, they are socially capable and thus, do not require assistance (Jacques *et al.*, 2015). This puts women at risk of being isolated, marginalised, or problematised if their particular needs and interests are overlooked (ibid*.*). In addition, several reviews have highlighted that there is an increased prevalence and incidence of dementia in women, and yet, there remains a lack of female-targeted activities or female-centric research (Erol, Brooker and Peel, 2015; Jaques *et al.*, 2015; Bartlett *et al.*, 2016; Corfield, 2017).

Subsequently, this research will develop the knowledge base of sport reminiscence, and dementia, by recognising the voices of female participants taking part in community sport reminiscence activities. Interest in women's sport is growing in both popular culture and academia (Toffoletti, 2017). There is a clear need to explore further how women engage with sport reminiscence in order to better understand the potential of the concept in supporting different people living with dementia, their care partners, and family members. Including women does not necessarily eradicate gendered privileges, but rather, can draw attention to the way in which gender might be one element that impacts opportunity (Anderson, 2008; Pfister, 2010). In this way, my research will offer insight into sport reminiscence activities, content, interpersonal and intrapersonal processes, as well as contributing towards wider understanding of female experiences of ageing, sport, dementia, and community care. Whilst my motivation has been heavily influenced by feminism, this is not a rigorous exploration of gender per se, but rather, adds female voices into a largely male-exclusive domain of research.

2.4 The development of the research question, aims and objectives

Based on the literature, and the absence of voices of people living with dementia, my initial intention had been to focus only on women living with dementia. However, alongside the evidence base review, I undertook two preliminary scoping visits to sport reminiscence group activities in order to support the development of the research question. This provided insight into the reality of the demographic make-up of groups and offered informal opportunities to consult with people affected by dementia as to the proposed direction of my research. These scoping visits highlighted that not only were women present at group activities, but people living with dementia and care partners were both treated as beneficiaries of group activity. Although some female care partners have provided insight as to their male partner's experiences of sport reminiscence in previous research (e.g. Schofield and Tolson, 2010, Coll-Planus et al., 2017; Hawkins et al., 2020), their own experiences are absent. Indeed, their presence as group beneficiaries is also absent. I concluded that to exclude them from the research would actually overlook a potentially important aspect of the sociocultural situation in which women's experiences exist. Moreover, the lack of attention paid to the dynamics of care partner involvement in previous literature, suggested there would be value in seeking their insight. The result was that I broadened the focus to include women *affected* by dementia, a term intended to be inclusive of women living with dementia, female care partners and female former care partners.

2.4.1 Research question, aims, and objectives

The RESEARCH QUESTION: How do women affected by dementia experience sport reminiscence activities?

The AIMs of the study are to develop understanding of:

1. What sport reminiscence can mean to women affected by dementia.
2. Women's experiences of sport reminiscence activities.
3. How women engage with community group sport reminiscence provision.

The OBJECTIVES of this study are to:

1. Understand what motivates women to engage with sport reminiscence group activities.
2. Explore women’s experiences of what happens during sport reminiscence activities.
3. Add a female voice to male-dominated sport reminiscence research.
4. Include participant perspectives in sport reminiscence research.
5. Develop understanding of community group sport reminiscence activities.

2.5 Summary

This chapter has presented a review of the specific evidence base for sport reminiscence activities for people living with dementia. Where appropriate, it has drawn upon ideas from the wider multidisciplinary themes that are apparent. The evidence base remains limited and a significant gap is the absence of women involved as sport reminiscence participants. The gaps in literature have been discussed and a rationale presented for the research question, aims and objectives of this thesis.

CHAPTER 3: Methodology

3.1 Introduction

This chapter sets out the methodology that underpinned my research. Methodology is the set of theories that inform my understanding of what constitutes knowledge and how it can be uncovered (Bryman, 2016; Denzin and Lincoln, 2018). It was not just selected, but rather, it was constructed by my philosophies and beliefs (Clough and Nutbrown, 2007). These philosophies guided my understanding of how to conduct my research in a congruent and systematic way (Moon and Blackman, 2014). Upholding quality in research is an extension of the principles of ethical research and this chapter is central in providing a comprehensive description of the decisions that underpinned my research process, such that the reader can judge quality for themselves (Davies and Dodds, 2002; Warren-Findlow, 2013; Iphofen, 2015).

This chapter explains my positionality within the research and demonstrates how and why the research proceeded as it did. I establish my ontological and epistemological perspectives and explain how they informed my research paradigm. I move on to discuss the axiological influence, my positionality and detail the philosophical approach underpinning the study. I discuss ethical considerations within the research design and conclude by describing the principles of the ethnographic approach taken.

3.2 Research paradigm

The research paradigm is a statement of the basic tenets that underpin my own understandings of the world, my relationship with it, and within it (Guba and Lincoln, 1994; Kuhn, 1962). Hughes (2001, p. 32) suggests the paradigm should include an ontological perspective, a methodology and a criteria for validity. The paradigm must be a congruent explanation of my beliefs on studying social reality (Mills, Bonner and Francis, 2006). It also includes my values and experiences and is the framing of how I understand the world. In turn, this informs what, and how, I choose to gather knowledge (Yanow, 2014a).

Dementia research has been dominated historically by positivist paradigms that value and prioritise quantitative research (Bond and Corner, 2001). However, such research has often positioned people living with dementia as a homogenous group, whose experiences could be objectified. This perspective has contributed to the negative stereotyping of people living with dementia (Cumming and Henry, 1961; Golander and Raz, 1996). A focus on interpretative or constructionist paradigmatic research has become more popular as the value of understanding the meaning and lived experience of individuals has now been recognised (Mackenzie and Knipe, 2006, Górska *et al.,* 2018). Research into subjective personal accounts has provided important insight from the perspective of participants, as opposed to more traditional models dominated by professional expertise (Bartlett and O'Connor, 2010). To further explain my paradigm, I now turn to the ontological and epistemological assumptions that underpinned my research.

3.2.1 Ontological perspective

Ontology refers to what constitutes reality or the nature of truth (Patton, 2002). That is, 'the science that deals with the principles of being' (Chambers, 2011, p. 1077). There is ongoing ontological debate with respect to the nature of reality in social research enquiry. Traditional research perspectives have advocated that true scientific research involves neutral observation and systematic measurement of a single objective reality (Denzin and Lincoln, 2018). However, such an approach is inadequate for understanding the complex and contextual nature of the human experience (Polkinghorne, 1983; Harrington, 2005). My understanding of the social world is that reality is multiple and subjective; each person's reality has a valid claim to exist as knowledge (Creswell, 2012; Denscombe, 2017). The way in which I understand my own experiences creates my own sense of truth, but it is a subjective truth that may differ significantly from someone else's understanding of the same events. Similarly, the experience of dementia is relative to the individual and is impacted upon by their sociocultural environment, history, and experiences. This position is relativist (Crotty, 1998; Moon and Blackman, 2014; Denzin and Lincoln, 2018).

Underpinned by this ontological perspective, this study cannot aim to uncover a single objective truth to the reality of sport reminiscence activity, for I recognise that reality is relative to the individual. Multiple realities are constructed and co-constructed through unique combinations of individual experience and social interaction (Denzin and Lincoln, 2018). Thus, reality also changes across time as experience impacts and informs the understanding of the reality that the individual constructs (Sparkes and Smith, 2013). For example, the concept of sport has multiple realities both within, and between, individuals. These could evolve across time as a person assumes different roles (e.g. player, coach, fan) or can be informed by the particular set of sociocultural circumstances in which they are engaged. Furthermore, past experience and sociocultural knowledge can inform a preconceived idea of sport reminiscence activity for people affected by dementia. This impacts, and is impacted by, the interaction that occurs during and after the experience, which in turn, informs the subjective reality of the sport reminiscence experience. Hence, given the changing and subjective nature of the reality of experience, I could not make claim to be able to uncover a single objective reality of the sport reminiscence activity experience.

This ontological perspective can be further explained through describing my understanding of dementia. As set out in the opening chapter of this thesis, dementia is now framed within a biopsychosocial model of understanding. That is, the reality of the experience is impacted by social constructs, history, and interaction (Williams, 1994; Spector and Orrell, 2010; Zeisel *et al.,* 2016). For example, the sociocultural stigma associated with dementia can lead to social experiences that either confirm or challenge the reality of the individual's experience. In this way, repeatedly experiencing rejection or exclusion shapes the reality of the individual's understanding of their dementia. Each person's physiological changes, symptom manifestation, history and social interaction interact in a unique way to create their own reality of the dementia experience. Essentially, the reality of dementia is relative to the individual and thus, no single objective truth can be claimed to be known or revealed. By the same token, the reality of sport reminiscence activity has no single objective truth that can be known. Rather, there are multiple relative truths to be discovered that can reveal knowledge about reality.

3.2.2 Epistemological perspective

Epistemology concerns how one can know about the multiple realities of the human experience. It is the philosophical basis for how we know what we know, that is, 'the theory of knowledge,' (Chambers, 2011; p. 521). This notion underpinned the relationship between myself, as the researcher, and how I could know about women's experiences of sport reminiscence activity for people affected by dementia (Denzin and Lincoln, 2018). My epistemological perspective informed the way in which I engaged with participants in order to know about the reality of their experiences.

Epistemology is best understood as existing on a continuum from traditional objectivism (where reality is independent of the subject) to subjectivism (where meaning is imposed on the object by the subject) (Crotty, 1998; Moon and Blackman, 2014). An objectivist stance would posit that reality exists independently of the subject and thus, knowledge can be accessed through reason (Denzin and Lincoln, 2018; Bryman, 2016). However, this is clearly at odds with my ontology of the social world given that it implies that an objective truth can exist and be known. The alternate subjectivist would posit that the subject imposes meaning on what they can know (Moon and Blackman, 2014). This epistemology recognises the value-laden nature of knowledge, in that it is always streamed through the subjective human consciousness (Denzin and Lincoln, 2018). Within the dementia context, this is an important notion given that it recognises that the individual brings subjective knowledge and experiences to the way in which dementia may be experienced.

My epistemological basis is at neither of these extremes, but rather, is rooted in constructionism (Moon and Blackman, 2014; Bryman, 2016). Such a position understands social reality as a product of the interaction between people and the historical and sociocultural context at a specific point in time (Gergen, 1973). It accepts that meanings are developed in coordination with others, rather than constructed solely within the individual. From this position, one can know about the nature of reality through the co-construction of knowledge between the researcher and participant (Sparkes and Smith, 2013). This means that there is a fundamental interdependence between the researcher and the researched from which knowledge can be uncovered (Hammersley, 1992; Sparkes and Smith, 2013). In this study, I could not claim to be able to reproduce the meaning of the experiences of the women involved, but rather, through the development an effective relationship, together, we co-constructed a representation of the meaning of their experiences (Levers, 2013; Sparkes and Smith, 2013).

Applying this epistemology to dementia aligns well with the biopsychosocial model of dementia that recognises the impact of psychosocial, biological, and environmental factors (Kitwood, 1993; 1997; Spector and Orrell, 2010). Constructionism is compatible with the idea that a disease can exist as an independent entity, but recognises that the naming and reality of the disease experience is impacted by history, culture, and social interaction (Conrad and Barker, 2010). For example, it is accepted that there is an independent physiological reality to dementia (e.g. changes to brain cells), but that the experience of the condition is shaped by societal interaction and individual experience (ibid.). Furthermore, the medical condition ‘dementia’ is effectively a socially constructed term for people exhibiting a number of similar symptoms. As an epistemology, constructionism recognises the anti-essentialist nature of people’s understandings of reality (Losantos *et al.,* 2016). This acknowledges that people are dynamic and interdependent beings, thus, identifying that the nature of their reality is constantly changing (ibid.). This is particularly important in dementia research given the changing nature of symptoms, as well as evidence that social psychology can impact the individual’s reality of symptoms (Kitwood, 1993; 1997).

In summary, my epistemological position accepts that knowledge of the social world is socially constructed and can only be valid for a particular time, place and individual. Knowledge is subjective, but what can be known of another’s reality is learnt through interaction between the researcher and subject at hand; in the context of this study, that was the interaction between myself and the women involved.

3.2.3 The theoretical foundations for the study: social constructionism

I have already touched upon constructionism as an epistemological perspective, but I now move on to discuss how social constructionism provided a theoretical foundation for the approach to the research. I will first introduce the basic tenets of social constructionism before discussing how they informed and contributed to the research.

Burr (2015) has proposed a number of tenets that are central to the social constructionist. Fundamentally, this perspective asserts that understanding is bound by history and culture (Bryman, 2016; Burr, 2015). A ‘social construct’ represents the meaning placed on a particular event by society. In turn, this construct is incorporated by participants in their understanding of the experience of an event, thus their knowledge is bound by the history and culture in which they exist. In order to understand the experiences of the women in the study, I had to generate understanding of how they interacted with, and within, the sociocultural context in which the sport reminiscence activity existed. As a theoretical perspective, this was particularly relevant in sport, given the prosocial position that sport has been assumed to hold in society (e.g. Taylor *et al.,* 2015; Hoye, Nicholson and Brown, 2015).

A second principle of social constructionism that was relevant to this study, was the importance of assuming a critical stance in order to uncover the ‘taken-for-granted’ knowledge that informs understandings of the world (Burr, 2015). This was of particular relevance to me, given that my own relationship and experiences in sport have created a set of assumptions that I understand to be present in sport. For example, for me, sport has been a place of belonging, loyalty, and social support; indeed, such concepts have also been common in literature (Coalter, 2007; Culture, Media and Sport Committee, 2007; Hoye, Nicholson and Brown, 2015; Taylor *et al.,* 2015). Yet, such concepts may have had little or no importance to the understandings constructed by the women in this study. Thus, the social constructionist approach ensured that I maintained a critical stance to (re)consider the norms underpinning the culture of sport reminiscence for the women in the study. This stance was checked throughout the research through the use of reflexivity (detailed in Section 3.3).

Finally, the central tenet of social constructionism is that knowledge is co-constructed through interaction and is subject to continual development through social processes (Burr, 2015). In relevance to this study, a focus upon who engaged, who spoke, and how such a culture was experienced and continued through social actions and interactions provided additional context and understanding to the women's experiences. Knowledge and social action are inextricably linked and thus, social constructions both inform and are informed by action. As well as considering how the women interacted with each other, the social constructionist perspective led me to consider the role that I took as the researcher in this process. The action of me undertaking research impacts upon the knowledge that is co-constructed by myself and participants (Burr, 2015; Coffey, 2018). This point is further addressed in the discussion of researcher position in Section 3.3.

It is pertinent to pause briefly to make a note on language moving forward. As per Coffey (2018, p. 20), my methods in this study sought to 'generate' data, rather than to 'collect', in so much as 'collection' suggests data are tangible objects awaiting collection. To 'generate' felt like a more accurate positioning of myself as an active researcher who interacted with the complex social world of participants and together, co-constructed the findings of the research. This language felt more congruent with my social constructionist theoretical perspective.

3.2.4 Research approach: Qualitative

Having set out my ontological and epistemological assumptions, it is important to consider in greater depth how my research paradigm informed the research process. The aim of the study was to explore some of the ways in which women engage with sport reminiscence activity for people living with dementia. The research question was exploratory, and this stemmed from the relative paucity of evidence available (Brown, 2006; Singh, 2007).The focus was on activities that occurred outside of care homes, due to a lack of evidence provided by literature thus far (discussed in Chapter 2). The intention was not to reach generalisable conclusions about *all* sport reminiscence, nor *all* women's experiences, but rather it was to generate new knowledge about sport reminiscence from the point of view of different women involved. This was important given the lack of any female voices present in existing sport reminiscence literature (see Chapter 2; e.g. Schofield and Tolson, 2010; Watchman and Tolson, 2015).

The goal of my study was rich understanding, and holistic description of a phenomenon that has not yet been described in research. I set out to explore and describe the meanings women attached to sport and sport reminiscence activity. Given that the research sought meaning and understanding, a quantitative approach that focussed on counts or measures would have been inappropriate. Rather, the qualitative design offered the possibility of rich and detailed insight into what was, an unexplored topic (Silverman, 2004; Trochim and Donnelly, 2007; Warren-Findlow, 2013; Phoenix, 2018). Qualitative research has become increasingly popular as a successful method from which rich insight into the experiences of people living with dementia can be gained (e.g. Dröes, 2007; Clare *et al.,* 2008; Nazarko, 2015; van Gennip *et al.,* 2016). In wider social gerontology, qualitative research has also been valued as a way to contextualise and further understand the experience of ageing, as well as provide a platform for unheard voices (Warren-Findlow, 2013; Godfrey, 2015; Phoenix, 2018; Davis *et al.,* 2019). Furthermore, I would argue that it is only through qualitative detail of the individual experience that research can challenge the stigmatised homogenous language of dementia that remains prevalent in society (Alzheimer's Disease International, 2012).

Although a qualitative approach has been criticised for lacking rigour by conventional biomedical research (Mays and Pope, 1995), it has now been understood that concept of rigour has an inherent bias that must be re-evaluated in order to be relevant and philosophically congruent with qualitative research (Davies and Dodds, 2002; Phoenix, 2018). This chapter (and the following chapter detailing the research methods) demonstrates that the qualitative approach in this study was a systematic, congruent, and rigorous process designed to answer the research question. The detail provided presents the transparency and reflexivity required to demonstrate the quality of the research (Davies and Dodds, 2002).

3.3 Researcher position

The main tool of qualitative research is the researcher (Braun and Clarke, 2013; Bryman, 2016). It is through me that this research was directed, methods were delivered and findings articulated. I have already acknowledged that knowledge of reality is subjective and relative to each individual, thus, as the researcher, I could not assume an objective position, for I too, had and have a subjective reality (Braun and Clarke, 2013). Even as the researcher, I am an active part of the social world (van Manen, 1990). In essence, both myself and the participants were 'situated entities' within the social research experience of this study (Yanow, 2014b, p. 371). The situated nature of our relative existences impacted the subjective nature of the knowledge that could be known. The research thus, was a product of a 'shared space' shaped by both myself and participants (Bourke, 2014; p. 2). Through this type of collaboration between myself and participants, this study generated information about female engagement with sport reminiscence activity for people living with dementia.

It is important to declare my background because it provides some explanation for the motivation behind the research, as well as recognises the potential that my subjectivity had to influence the research processes and product. Researchers bring their own views, values, and prejudices through their subjectivity; hence, one must identify them, reflect upon their impact on research and share this information (Plummer, 2001). To believe that I could have 'bracketed out' (as per Husserlian phenomenology, Maso, 2001) or somehow neutralised these influences would be nonsensical. Indeed, the concept of bias is incompatible with relativism and rather, my subjective influence reflects the relative nature of reality (Denzin and Lincoln, 2018). Frank (1997) argued that effective critical positioning could actually provide an intense focus for insight in a study. In order to do this effectively, I had to engage in reflexivity; that is, the critical examination of how I influenced and impacted upon the research (Finlay, 2002; Braun and Clarke, 2013; Yanow, 2014a; Denzin and Lincoln, 2018).

3.3.1 Importance of reflexivity

I would argue that all research would benefit from a reflexive methodological account that records the ideas that inform (and are informed by) the research process, thus creating an overt declaration of the context in which knowledge was uncovered (Coffey and Atkinson, 1996). Reflexivity provides a transparency to the research that helps reduce the power imbalance inherent in the researcher-participant relationship (Finlay, 2002; Etherington, 2004). Effectively, through overt declaration and reflection upon my own influence, the reader can judge for themselves the volume of the participant voice within this research (Etherington, 2004).

Given the dynamic and interdependent relationship that I had with the research and participants, reflexive practice continued throughout the study process. In essence, I affected and was affected by the research, thus, the nature of my influences within the research changed. This had to be considered throughout for the practice to be effective. For example, I pursued the topic (what and how) based on my own experiences as a female athlete, sports fan, social worker and a believer in empowerment, advocacy, and social justice. In addition, ongoing research and personal experiences continued to impact the way in which I understood those very things. This made the relationship between me and the research an interactive and dynamic affair. In order to support reflexive practice, I made use of a diary, in which I considered my ongoing influence on the research (Etherington, 2004; Ortlipp, 2008). In addition, regular discussion with academic colleagues and formal supervisory sessions helped guide the process.

It is worth acknowledging that reflexivity done badly can in fact damage research, rather than uphold its credibility (Finlay, 2002). For example, the researcher can overemphasise the value of reflections and thus, a self-indulgent focus can obscure the influence that participants should have (ibid*.*). DeVault (1997) and Finlay (2002) advised maintaining a focus on participants and repeatedly considering whether personal reflections added value to the research insight or process. I recognised that this was perhaps a particular danger for me, given the raft of personal connections that had driven the research. A repeated written note to ‘return to the participants’ was helpful to me in critiquing the value of my personal influence.

A second danger of reflexivity is that it can become a token record of research that obscures the reality of the situation. Such a record might have, for example, obscured the reality of power dynamics between me and the participants. Again, within the context of dementia, this was a particularly important issue to be aware of, given that it could have resulted in placing great value on an outcome based on flawed reflection (Hayashi, 2017). Reflexivity is a process that can (and did) strengthen my methodology by paying attention to the power dynamics (and attempts at redressing such dynamics) inherent in the research (Day, 2012). For example, recognising that although women could drive conversation topics, this still took place within the context of my research. An example reminding me of this was recorded in my research diary:

> *When asked about her favourite sport-related memory, Carol asked if it could be the marathon. In effect she was deferring to me about what counted as sport – a reminder of the inherent power of the researcher-participant relationship.*
>
> (Researcher diary)

In addition, the reflexive diary was a useful tool in addressing potentially sensitive topics or emotions that arose through the research for either participants or myself (Sparkes and Smith, 2013; Martyr *et al.,* 2018). Emotions are central to the way in which people relate to each other, and thus, should not be disregarded in social research (Burkitt, 2012). Throughout the research, I was able to make use of the diary in order to reflect upon how I felt entering the field, and how I responded to observations that I made. For example, I felt joy when I encountered women who shared experiences that were similar to my own. However, the reflective diary helped me recognise that such similarities should not be interpreted as evidence of the deep and meaningful nature of the topic. Reflecting upon how such interactions intersected with my own personal experiences and shaped my responses were an important part of considering my position in the field. This manner of reflection was valuable for both ethical reasons (e.g. pre-empting and/or addressing sensitive issues to minimise the risk of participant harm) and for the effectiveness of the data generation (e.g. building rapport with participants). With respect to pre-empting potential challenges, one female participant experienced symptoms relating to word-finding and speech, thus I was able to reflect before and after each interaction as to ways in which I could support her communication (e.g. planning short wording of questions, preparing diagrams).

In summary, reflexivity was imperative within the context of this qualitative study, because as the researcher, I was the research tool and there was a need to provide transparency as to the ways in which I influenced the process. I now move on to consider my starting position as a researcher and the influence that it had on this research.

3.3.2 My positionality in the research

At the most fundamental level, I have individual characteristics that impacted the research direction and process (Berger, 2013; e.g. I am a working-age adult, middle class, white British female). Such characteristics might have impacted access to participants, as well as the nature of relationships established with participants (Sparkes and Smith, 2013). Indeed, in Shehata's study of the social world, she recognised that the identity the participants perceived she had, impacted and provided new insight to findings (Shehata, 2011). My personal characteristics will have impacted the way in which I have experienced life, and thus, influence my sense of the social world. Moving beyond personal characteristics to experiences, my education and professional background have shaped my understandings of research process and product (Sparkes and Smith, 2013), as well as my understandings of dementia and sport. It is important therefore to establish my own starting point such that the reader can understand the perspective and judge the impact this has had on the knowledge uncovered. This declaration should not be seen as an end in its own right, but rather as a catalyst for interpreting the lens through which this research was motivated and carried out (Finlay, 2002).

My professional background is in adult social work, across a range of statutory and third sector services. This has included experience in general older adult services and dementia-specific services. The pursuit of this career was motivated by (and reinforced) the importance I place on values such as social justice, human rights, and equality. Such values are at the heart of social work practice (British Association for Social Workers, 2014). Key to my professional practice is the importance of recognising and valuing people as unique individuals with their own set of histories, values, and diverse experiences. These values also inform my approach to research with people living with dementia. For example, considering how this research could empower and advocate for people living with dementia drove the motivation to ensure that the voices of participants would be prioritised (Genoe and Dupuis, 2011).

I have worked with a wide range of people with very different symptoms and experiences of dementia. Such experiences have given me insight into how the diagnosis impacts not just the person, but the wider social circle around them. It has underlined the reality of the terminology, in that dementia is an umbrella term for a number of different syndromes with a wide variety of symptoms. I have experienced advocating for people living with dementia and their care partners, which has exposed me to the realities of stigma, disempowerment, and the sometimes-competing needs of each party. I feel strongly about the duty to uphold the values of person-centred care, anti-oppressive practice, and empowerment that underpin social work (British Association for Social Workers, 2014). Such values are part responsible for the decision to pursue the research in the manner that I have, in that I believe it is important to provide unheard voices with influence. Furthermore, it is a lens that has impacted the way in which I approached participants, the information to which I have attended and the analytical value I have placed upon it. It is not possible to exclude such bias, but rather, it is fuel for the reflexive practice that underpinned this research.

As well as being a social work practitioner, it is pertinent to disclose a history of semi-professional and international sport. I have been a vocal supporter of female sport and recognise the transformative role that sport has played in my own life experiences. Playing sport is an arena in which I have found my own social support in the past. In addition, as an avid sports fan, it is a regular source of conversation or central to social gatherings. Indeed, I would consider the way in which I would describe my own historical engagement with sport to reflect typical pro-social sporting attitudes, yet I should also acknowledge that my sporting experiences are neither universally positive nor negative. Furthermore, as a female, it has not been unusual to come up against (or be a part of) a male-dominated rhetoric and I do not shy away from the value that I place in enabling women to take full and active part in sport. Returning to the notion of ontology, I equally recognise that my own understandings may vary considerably from other women's. While other women's experiences are different, and arise from a different set of life circumstances, they are no less real than my own and the differences provide insight into the reality of experience.

3.3.3 The influence of feminism on my research

There is undoubtedly a feminist influence to the way in which I understand my own experiences as a female within sport. As noted in the previous chapter, there was also an underlying feminist motivation to this study. However, I have stopped short of declaring this piece of work an explicit feminist exploration because it was not a rigorous examination of gender per se. This research focussed upon women's lived experiences within a broader sociocultural environment that is constructed both within and outside of sport. Gender was one of the aspects of social life under investigation by virtue of introducing female voices into the research base, but the study was also focussed upon the relevance of sport, reminiscence, and dementia. Essentially, through exploring the ways in which women described and engaged in experiences of sport reminiscence activity, the study considered gender as one of a number of sociocultural dimensions that are apparent in the literature about sport reminiscence (Schofield and Tolson, 2010; Solari and Solomons, 2012; Watchman and Tolson, 2015; Clark *et al.,* 2015; Sport, Mental Health and Dementia Symposium, 2016; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018).

Feminist ways of thinking were also implicit within my axiological approach to the research. My relationship to the participants was rooted in practice that was intended to address the power imbalance and thus, I respected and valued how each participant represented their own experiences (Letherby, 2003; Hesse-Biber, 2014; Bell, 2014). Taking a non-exploitative approach that worked *with* participants, rather than *on* them, was an important stance to take. For example, during interviews, an unstructured interactive approach to interview (Reinharz, 1983; Letherby, 2003; Hesse-Biber, 2014), as well as giving the participants the option to review the subsequent transcript were important measures intended to go some way to redressing the power balance. Recognising inherent power imbalances informed my decision to position myself as the first person throughout this research. As per Letherby (2003), the decision rejects the objectivity implied through traditional third person description and instead, recognises the interactive role that I have played throughout the study. Taking the third person would have implied a notion of objective reality that carried inherent power and thus, would have created a hierarchy between the researcher and researched. There is a risk that 'I' could have dominated the research, and engulfed the perspectives of the participants;

however, this balance was attended to, reflected upon, and redressed through the reflexivity that was integral in the research.

Some feminists have criticised the use of the term ‘woman’, suggesting that it perpetuates the notion of women representing a homogenous group of identical experiences (Crenshaw, 1991; Butler, 1999; Mohanty, 2003). Indeed, by the same notion, the concept of ‘man’ has been seen as equally unhelpful. That said, within my own relativist ontology and social constructionist theoretical perspective, I explicitly recognised that each participants’ experiences would be varied and unique. As explained above, the decision to focus on women was rooted in a feminist challenge to the hegemonic masculinity that is prevalent within sport reminiscence rhetoric (Schofield and Tolson, 2010; Solari and Solomons, 2011; Sport, Mental Health and Dementia Symposium, 2016; Watson, Parker and Swain, 2018). However, the feminist motivation for the study was limited to the rationale, rather than being an explicit focus of analysis. In effect, the research was influenced by feminist ways of thinking, but was underpinned by a social constructionist theoretical approach.

3.4 Ethnographic approach

Based on the theoretical perspective of social constructionism, alongside my research paradigm, and exploratory research question, an ethnographic approach seemed most harmonious with the task at hand. It is important to note that my initial research design and ethical application were based upon a study rooted in a phenomenological methodology. However, before data generation began, I decided that an ethnographic approach was more appropriate because my focus was upon exploring women’s experiences within a wider culture. Furthermore, ethnography encouraged a focus upon the assumptions and cultural values that influenced the sport reminiscence context. This was in fact much better aligned with my research question and the nature of existing research. Although the underpinning methodology changed, the methods of data generation, ethical value base and safeguards, and the key element of flexibility built into data generation remained unchanged.

I use the term ethnography to denote an approach to the research, rather than to indicate a research product (Mason, 2002; Coffey, 2018). The ethnographic approach provided a focussed and intense analysis of how the female participants experienced sport reminiscence activity for people affected by dementia. Historically, ethnography stems from anthropological study of foreign culture, but it can also be used as an approach to study the culture of a particular situation (Reeves, Kuper and Hodges, 2008; Bryman, 2016; Coffey, 2018). In this study, the particular situation was that of sport reminiscence for people affected by dementia. As a holistic approach, ethnography culminates in the portrayal of a particular context from the perspective of participants, with the primary aim to describe what is happening, as well as how people see their own action and interaction (Hammersley and Atkinson, 1995; Iphofen, 2015; Coffey, 2018). Including the emic perspective, that is, the perspectives of the women, provided a good opportunity to include the perspectives of people living with dementia (Kontos, 2006; Motto-Ochoa *et al.,* 2021). Furthermore, by including the emic perspective, as well as my own etic perspective, I could identify discrepancies between beliefs and action, as well as hidden taken-for-granted meanings (Fetterman, 1998; Yin, 2010). Such an approach was compatible with my paradigm and seemed apt for exploring the female experiences within the sport reminiscence context, about which little detail has been known.

Ethnographic research is popular across a range of disciplines (Coffey, 2018) and has been a successful approach within health research (e.g. Kayser-Jones, 2002; Cruz and Higginbottom, 2013;), dementia research (e.g. Li and Orleans, 2002; Dobbs *et al.,* 2008; Motto-Ochoa *et al.,* 2021) and sports research (e.g. Faulkner and Sparkes, 1999; Holt and Sparkes, 2001; Molnar and Purdy, 2016). A particular advantage in this study was the congruence between the exploratory nature of the work and the inductive approach to data generation that ethnography provides (Hammersley and Atkinson, 1995; Coffey, 2018). An ethnographic approach can focus on exploring unstructured data (Reeves, Kuper and Hodges, 2008) and thus, had the potential to generate a holistic understanding of how the women made sense of their engagement with sport reminiscence activity and the sociocultural context in which these experiences occurred.

There is an important emphasis in ethnographic research on entering the natural setting (Hammersley and Atkinson, 1995; Iphofen, 2015; Coffey, 2018). My research was focussed upon what happens in a naturally occurring activity hosted in the community. It was not about creating a quasi-experiment in which I could observe what happened. There were challenges in seeking access to sites to undertake this research (detailed in the subsequent chapter) and indeed, establishing a new intervention group was considered. However, I felt that not only was this potentially unethical (introducing a potential intervention only for the benefit of research, rather than the long-term benefit of participants), it also risked losing out on valuable context inherent in groups already in existence. It was particularly important to observe the sport reminiscence activity *in situ*, rather than just interview women about their experiences. Using a naturalistic approach better developed understanding of the context, social patterns, and the holistic nature of the experience (Hammersley and Atkinson, 1995; Iphofen, 2015). In addition, such a design was particularly beneficial for people living with dementia, because undertaking research in a familiar setting is reported to reduce the stress and disruption that might come with novel environments (Førsund *et al.,* 2018; Motto-Ochoa *et al.,* 2021).

Leavy (2014) and Coffey (2018) have noted that some researchers suggested that an ethnographic approach does not align easily with the current evidence-based policy and practice movement dominating research. Thus, one might question the value in my approach, given that this movement has prompted a re-emergence of scientism, rooted in a narrow epistemological understanding (Coffey, 2018). Dementia research has been criticised for becoming limited in focus on short-term outcome-based studies rooted in positivist understandings of the world (Chambers, 2012). Rather than being at odds with such a movement, I would concur with Coffey that an ethnographic approach can be an important and complimentary approach. Whilst I recognise that conclusions here are not generalisable (in the traditional quantitative understanding of the term), they do reveal something of the multiple relative realities experienced and thus, provide information about how some women experience sport reminiscence in a way that is closer to reality than an experiment which seeks out a single overarching truth to experience. Describing rich, detailed, personal stories has also been reported to be an effective way of challenging stigma and creating impact through research (Frank, 2010; Angus and Bowen, 2011). Through effective exploratory, qualitative work, based on an ethnographic approach, a better understanding of the concepts and notions under experiment can be gleaned. Thus, rather than the two approaches be at odds, I would argue effective exploratory work can be an important step in the evaluation and understanding of activities designed for people affected by dementia.

A potential tension in this study was the notion that traditional ethnography should be underpinned by lengthy engagement in the field. Whilst a noble goal, it is often incompatible with research budget and time limits. Boyle (1994) described an alternative ‘focussed’ ethnographic terminology that provides a method for understanding the experiences of select populations. Indeed, this is perhaps a more accurate description of the ethnographic approach used in this study. Essentially, my focussed ethnographic approach was a time-limited exploratory study that generated data through selected episodes of observation within specific sport reminiscence contexts (details described in Chapter 4), combined with interviews with a number of purposefully selected informants (Boyle, 1994; Cruz and Higginbottom, 2013). The time limit was a negotiation between funding, contracted timescales, and sufficient data saturation and thus, varied from location to location. Whilst some might dismiss such an approach as superficial, I would argue that a significant amount of data can, and were, generated within a shorter time period. Other authors have similarly suggested that it is possible to develop the necessary trusting relationships between the researcher and the researched in shorter time periods (Boyle, 1994; Ludwin and Capstick, 2017).

To summarise, this study used an ethnographic approach, underpinned by social constructionism. This approach was based on the following broad theoretical principles:

1. Understanding and interpretation – all human actions are socially constructed and carry meaningful intent. For example, the female participants acted and interacted in ways that had meaning and intention whilst participating in the sport reminiscence group. The goal here was to explore the social constructions, meanings and intentions that made up their experience of the activity.

2. Social events are a dynamic process of negotiation – in effect, the sport reminiscence activity was a dynamic process that involved the women constantly initiating, negotiating, and responding to the meanings they constructed. Thus, meanings were understood not to be static, but rather, a product of that point in time and space.
3. Taking a naturalistic approach was important for authenticity of the data and the ethical approach to the research.
4. As per the naturalistic approach, the analysis retained a holistic approach that better represented the nature of reality. The women's' behaviour and perspectives can only be understood in terms of the context in which their experience of sport-related reminiscence activity occurred.
5. A fundamental theoretical foundation is that there are multiple perspectives to reality (as per my ontology established at the start of the chapter). Different women held different perspectives according to their own unique social situation.

3.5 Ethical considerations

Research ethics refers to the moral principles that guide the entire process of research (Economic and Social Research Council, 2019). Social research ethical guidelines and procedures recognise and reduce risks of harm and improve the quality of the research (ibid.). Ethical approval for this study was secured from the University of Worcester (SH18190002-R; Appendix A). Given the smaller sample, and potentially more personal and intrusive approach to collecting rich and detailed data, qualitative research arguably has more complex ethical concerns than quantitative positivist research (Bryman, 2012). As per my value base, it was important to uphold a human rights approach for people living with dementia (WHO, 2015). Based upon this, as well as current literature and colleague discussions, I recognised a number of key ethical issues that influenced the research process.

The central ethical principle underpinning the design of this study was that people living with dementia would be empowered to participate and have their voice heard in a meaningful way (Scottish Dementia Working Group, 2013; WHO, 2015). Historically, people living with dementia have been excluded from participation in research (Wilkinson, 2002; McKeown *et al.,* 2010a; Cridland *et al.,* 2016), however, it is now acknowledged that society can only begin to understand dementia, if we engage and listen to the views of people living with dementia (Robinson, 2002; McKeown *et al.,* 2010a; Cridland *et al.,* 2016). That said, existing sport reminiscence literature is notable for the absence of data collected directly from participants living with dementia. I would argue that it was not just valuable to include people living with dementia in my study, but it was a moral obligation (Wilkinson, 2002; Hellström *et al.,* 2007). Indeed, research has suggested that people living with dementia feel valued, included, and listened to, when involved in research (Keady *et al.,* 1999; McKeown *et al.,* 2010a; Novek and Wilkinson, 2017). This principle meant that methods of generating data had to be flexible in order to maximise the opportunities for people with a variety of symptoms to be included.

A second key ethical principle that influenced the design of this study was the notion of informed consent. Informed consent is the process of a participant freely agreeing to involvement in research, based on complete understanding of what the research entails (Grady, 2015). Consent is fundamental to the human rights-based approach, but can be a complex process when it involves people for whom mental capacity might be affected (McKeown *et al.,* 2010a; Nishimura *et al.,* 2013). For women who took part in multiple data generation activities across time (e.g. multiple interviews, and/or multiple ethnographic conversations), there was a risk that those living with dementia could lose their capacity to consent to participate in the research across the duration of their involvement in the study (see Appendix B for details of women who participated at multiple time points). As per the *Mental Capacity Act 2005*, participants living with dementia were assumed to have the mental capacity to participate unless it could be demonstrated otherwise. The accompanying *Code of Practice* provided further guidance to ensure I was safeguarding participants living with dementia (Department for Constitutional Affairs, 2007). Research has repeatedly shown that many people living with dementia are able to articulate preferences (Whitlatch, Feinberg and Tucke, 2005) and express their feelings (Trigg, Jones and Skevington, 2007).

One-off consent does not account for fluctuations in a person's capacity that dementia may cause and thus, it was important that the consent process was ongoing across the time period of each woman's participation. For consent to be meaningful, it had to be an active process that was tailored to each individual

(Dewing, 2008). In this study, I used Dewing's *process consent* model to ensure participants living with dementia were providing informed consent (2008). This approach was rooted in the development of a relationship with the participant such that I could confidently understand their level of capacity, their understanding of the consent process, and the ways in which they could communicate an objection to consent (Dewing, 2008, p. 62). This involved preparation work to understand individual biography, underlying indicators of wellbeing, cognition, and communication abilities (Dewing, 2008). Whilst I was restricted by the limits of the ethics committee (e.g. the need for written information sheets and consent forms), I was able to spend some time with each woman interviewed prior to establishing consent and beginning data generation, such that I was confident each was providing informed consent to participate. See Appendices for exemplar information sheet (C) and consent form (D). As the nature of capacity can change as the dementia condition progresses, where appropriate, designated consultees were agreed at the outset of interview participation and a consultee information sheet and declaration was prepared. This was in line with practice guidance that accompanies the *Mental Capacity Act 2005* (Department for Constitutional Affairs, 2007). This arrangement meant that the participant could choose a person close to them, who might be consulted as to their wishes and feelings on continued involvement, should they lose capacity to be able to make this decision themselves. This is an additional safeguard set out in the *Mental Capacity Act 2005* guidance that protects participants, but also avoids the potential automatic exclusion of participation by people living with dementia. See Appendices for exemplar designated consultee document (E) and declaration form (F). As it was, there was no need to use any of the designated consultees in this study as the relevant participants retained capacity to make decisions in relation to the research throughout. This process was only in place for participants who began participation by being able to provide informed consent. Participants who attended group activities that were deemed unlikely to have capacity to consent to participate in this research were not included due to the ethical, practical and time constraints that limited my ability to identify an appropriate consultee to act on their behalf.

The requirements of the ethics committee and traditional understandings of consent can be challenging in ethnographic research (Mapedzahama and Dune, 2017;

Coffey, 2018). This was particularly complex during group observations (detailed in Chapter 4). For example, ethics boards often adhere to bureaucratic processes that are more aligned to traditional biomedical research (Mapedzahama and Dune, 2017). Such an approach dictates a need to secure prior written informed consent from all potential participants, including even those who may actually never be observed (ibid.). This in turn has ethical implications in its own right. At each group session, I was given the opportunity at the start of the group to explain myself, the research, and encourage questions. I was also able to draw attention to the information flyers with my contact details and study information on every table. There was no need for the observations to be covert and, rather, in keeping with my value base and ambitions to provide a platform for unheard voices, it seemed imperative that I was overt about my position. However, the reality of ethnographic fieldwork means that ensuring all participants are fully informed and consenting all of the time is unfeasible (Calvey, 2008).

The nature of an ethnographic, exploratory study meant that I could not know every direction that the enquiry might take and thus, again, the prospect of being able to provide written information on the nature of every possible risk was not possible (Lugosi, 2006). Although I claim to have had overt intentions throughout my research, I would concur with other authors who have suggested that this does not equate to all participants being always fully alert to my presence (Hammersley and Atkinson, 2007). Indeed, the distinction between overt and covert research is perhaps not as well-defined as the terms suggest (Lugosi, 2006). The challenges inherent in entering the field (in this case, the sport reminiscence group), meant that gathering prior written informed consent from every person at group activities was not achievable because of the practicalities, nature, and dynamics of group activity and social interaction (ibid.). Talking only with a selected participant who *had* provided prior explicit written consent would almost always be in the presence of others, who might also have interacted and engaged in the conversation. Furthermore, the nature of the participant group meant that undertaking a one-off prior consent process would have been inappropriate due to the changing nature of capacity possible with the dementia condition. Thus, during any period of observation, I was always mindful of the need to be clear about my position, and my intentions. In addition, I reflected upon such decisions and the way in which I could continue to protect participants, and be overt about my position in my research diary. In effect, rather than ethics be seen as a staged process prior to collection, my ethical approach during observations involved continued reflection and assessment across the process of the research (Dewing, 2008). Any detail recorded in fieldnotes was mindful of the need to ensure anonymity and participants' right to privacy. Furthermore, I repeatedly reminded group participants of my role as researcher and reconfirmed verbal consent. I would also draw attention to the information sheet, which contained my details, should they have any further concerns. This approach should in no way be considered to be making light of the importance of ethics and informed consent, but rather to recognise that the informed consent processes often upheld by research boards are more akin to medical research than ethnographic research undertaken with potentially vulnerable adults (Librett and Perrone, 2010). As group observations were also an opportunity to recruit participants for interview, this provided an additional opportunity to ensure my ethical values were being upheld. For example, during conversations with some women, I extended an invite to take part in an interview. During the interview process, prior written informed consent was always attained. However, if the woman approached in the group refused the opportunity to take part in interview, I always ensured that they consented to me making notes on the conversation that occurred. Where people did not want to be involved in the research, no information was recorded.

A final significant ethical consideration that impacted the research design was the issue of anonymity. This was particularly relevant given the small-scale, idiographic nature of the research and the group observation process (Braun and Clarke, 2013; Bryman, 2016). All participants agreed to the use of pseudonyms in order to maintain their anonymity and protect their privacy in the research. Similar anonymisation was applied to locations and organisations involved. Dementia remains a condition to which much stigma is attached (Alzheimer's Society International, 2012; Bosco *et al.,* 2019) and thus, it was not my place to disclose a person's identity, diagnosis, or involvement in research without express permission. Inevitably this impacted the way in which I recruited participants and the types of organisations that were approached in order to identify potential participants. Dementia-specific services were targeted in order to remove the risk that by identifying a potential participant within a generic service or group, it would effectively be a public declaration that they had a diagnosis. Beyond recruitment, I had to recognise that whilst situating participants in the location of their experiences was imperative to the knowledge uncovered in the study, the way in which I presented this information had to be tailored in a manner that would not risk identification of participants or locations (Iphofen, 2015; Coffey, 2018). Thus, whilst my research paradigm had an explicit ambition regarding the contextualised nature of knowledge, I recognised that ethical protection of participants would need to be prioritised.

3.6 Upholding quality in the research design

Arguably, upholding quality in research is an extension of the principles of ethical research (Davies and Dodds, 2002; Warren-Findlow, 2013; Iphofen, 2015). Ethical research must be of benefit and thus, undertaking good quality research is central to ensuring findings are of value and relevance (Nowell *et al.,* 2017). The most important safeguard for ensuring the quality of this research was the attention I paid to the reflexivity built into the research process. As discussed above, reflexivity was a key aspect that underpinned the rigour with which this study has been carried out (Shenton, 2004; Silverman, 2015).

The need to produce quality research also impacted upon the research design. Naturalistic work that is underpinned by accepting that an objective social reality cannot be known challenges the traditional concepts of validity and reliability (Seale, 1999). Indeed, within qualitative research, there is much debate relating to how one can establish quality and rigor in the research process. Purists would argue that the well-established concept of trustworthiness (Lincoln and Guba, 1985) is incongruent with my research paradigm and implies that there is an objective reality that can be known. However, I would argue that the goal of this research was not to produce an accurate reproduction of a single reality, but rather, to produce representations that were congruent with the women's perspectives; where accuracy suggests an absolute truth, and the notion of congruence inherently recognises the dynamic and interactive nature of what can be known of reality.

Positivist research is concerned with external validity or the ability to transfer findings to the wider population (Bryman, 2016). However, a focussed qualitative study of this nature generates findings that are context and time-specific and thus, conventional generalisability is unfeasible (Erlandson et al., 1993). Stake (1994) and Denscombe (2017) have taken a different stance, arguing that although naturalistic findings are specific to a unique group under observation, they are an example of a broader human culture and thus, the concept of generalisability should not be ignored. Hellström (2008) has argued that interpretivist distinction from quantitative generalisation is in fact unnecessary. That does not mean that I overlook the contextualised nature of the knowledge gained from the women, but rather, that I recognise sociocultural understandings can be applicable across a wider range of participants, alongside “micro” cultural understandings that are specific to the context of the unique individual. In this case, the women that were in this study. In order that the reader can make their own judgement of transferability, a detailed description of the context and methods in which data were generated has been provided; thus, the reader can judge for themselves the similarities and differences with respect to their own situation of interest (Lincoln and Guba, 1985; Firestone, 1993). Strictly speaking, the results of this study can only be understood within the context of the particular locations or individuals under study. However, alongside studies of similar projects, this research has enhanced understanding of the wider phenomenon under study (Coffey, 2018).

A clear account of the methodology (and the subsequent detailed research methods provided in the following chapter) are important so that future research may be able to proceed in a similar manner. This should not be misunderstood as an attempt to evidence the traditional qualitative notion of reliability (for this, too, is incongruent), but rather, to recognise that a repetition of the study could provide similar, or different, results that provide fruit for analysis into the socially constructed and context dependent nature of reality (Shenton, 2004). For example, the FA banned women from football clubs in the first half of the 20th century (Football Association, 2019), thus the sociocultural context of exploring women’s connections with football has likely changed since this point in time. The same research method could have been used in the first half of the 20th century, but analysis of the differences in results would provide insight into the context-dependent nature of the constructed reality of football culture in the different times.

3.7 Summary

I have used this chapter to document my philosophical and methodological approach to the research. I have positioned myself as an active, reflexive researcher making use of an ethnographic approach to data generation. I have described my research paradigm and recognised the ethical and quality principles that have influenced the design of the research. Finally, I have overviewed the rationale underpinning my ethnographic methodology. The study was a qualitative exploration of female experiences of sport reminiscence activity for people living with dementia. The voice of participants was of primary importance, although epistemologically, I do not claim to be able to reproduce the exact reality of their perspectives (Coffey, 1999). Rather, I have designed a study to (re)present the participants' experiences by actively engaging with them in their social world.

My research design was based upon my relativist ontology that recognises the unique experiences of each individual. Based on a social constructionist perspective, as well as my own political values, my research process embraced the creation of mutual relationships with participants. Through ethnographic approaches to data generation, I designed a study that sought to answer the research question in a congruent and effective way. This chapter has been a transparent record of the systematic rigour with which the study was undertaken. The following chapter will now detail and reflect upon the methods used for data generation.

CHAPTER 4: Research methods

4.1 Introduction

Following on from the previous chapter detailing my methodology, this chapter provides a description of the methods used in my research such that the reader can comprehend how data were generated, analysed, and thus, assess for themselves the quality and value of the findings (Warren-Findlow, 2013). Detail of the sampling approach, recruitment, data generation methods, and analytical processes are provided.

4.2 Sampling and recruitment

Given the exploratory nature of the research, I selected cases that were likely to provide insight into the female experience of sport reminiscence activity for people affected by dementia. I was not seeking an ‘average’ or generalisable experience, thus random sampling was not necessary (Patton, 2002; Bryman, 2016). The focus was on rich detail and the individual perspective; thus, purposive sampling was appropriate (Patton, 2002). In essence, I sought participants who would have ‘privileged knowledge’ about the topic under study (Denscombe, 2017, p. 41). I ascribe here to the idea of ‘circling reality’ proposed by Dervin (1983, p. 7). Essentially I sought out a variety of perspectives to get a broad view of experiences, based on an understanding that there is no single truth to experience, but rather a wide spectrum of individual realities. For example, I did not just want to speak to female attenders who identified a particular interest in sport; rather, I wanted a variety of perspectives that represented a number of different female realities engaged in sport reminiscence activity for people living with dementia. This should not be misconstrued as a misguided attempt to uncover a collective reality, but rather, as an attempt to develop insight across a range of perspectives, as per my ontological foundation set out in the previous chapter.

4.2.1 Group recruitment

Prior to beginning this research, I undertook initial scoping visits to two sport reminiscence groups across central and south west England. These were identified through academic contacts. One was hosted by a professional sport club, whilst the other was facilitated by an organisation that provides activities for people living with dementia in the community. These visits helped develop familiarity with aspects of the culture, language, and potential participants. Furthermore, as discussed in Chapter 2, they contributed to the development of the research question and aims. Preliminary visits also provided opportunity to informally consult with people affected by dementia as the research question developed. Consultation with people affected by dementia is an important stage in ethical dementia research (Bartlett, 2012; Scottish Dementia Working Group, 2013; Bartlett, Milne and Croucher, 2018). Thus, it was a valuable opportunity to speak to group participants, to discuss my proposed research question, methods, and ensure the research had some relevance to those people at the heart of it. This was another key stage in upholding the quality, integrity, and ethical approach underpinning my research.

Following the scoping exercise and literature review, a research question and design were developed (see Chapter 2). Ethical approval was granted and an initial list of groups offering sport reminiscence activities for people living with dementia was identified through online research and networking. This involved targeted research into specific dementia activity providers, sports clubs, and national governing bodies (e.g. local football associations)[3]. This list was expanded through consultation with my networks of colleagues working across statutory, private and third sector dementia care. The appropriate gatekeeper was identified for groups and an initial email approach was made. The email summarised the research aims and approach, gauged interest in participation, and assessed if group membership was likely to be relevant to my recruitment criteria. The criteria for group recruitment was determined by my research questions and ethical considerations:

- Group provided sport reminiscence activity specifically for people affected by dementia
- Group attenders included some female participants
- Group was hosted in a community location (i.e. outside of residential/nursing care) and/or was open to any person living in the community (i.e. not limited to residents of a particular residential/nursing care home)

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[3] For example, internet and social media searches using and combining key words and phrases such as dementia, memories, sport, football, reminiscence, memory café to identify possible providers or specific groups.

As per the groups visited in my preliminary scoping exercise, all further groups also welcomed both people living with dementia and care partners. In total, eight gatekeepers were approached across the nine-month period of data generation. Four responded positively and an initial meeting was set up to discuss further the research, negotiate access to group activities, and discuss consent procedures. This also provided an opportunity for gatekeepers to ask any questions about the research. Four other gatekeepers denied access due to a variety of reasons. These included:

- Group activities took place in a nursing home and did not involve participants from the wider community
- Very low participant numbers (1-2 per monthly meet)
- Gatekeepers did not believe they had any female participants with an interest in sport.
- Group had not yet been started

Access to four groups was negotiated. Each of these groups was hosted by the community foundation of a professional elite sport club. Whilst this was not a criterion for recruitment, it was a product of both the way in which groups were identified and the disinterest of a particular provider to be involved in the research. All facilitators were employed by the relevant community foundation organisation in positions related to community sport development and coaching. Table 2 provides details of the groups recruited, including information about the location, sporting theme, attendance, frequency of regular group meeting and period of data generation. The group recruitment process was not concurrent, but rather occurred at two distinct periods during the period of data generation until sufficient data were collected to answer the research question. The first attempts (April-May 2019) targeted six gatekeepers (of whom, two agreed to allow group access) and the second attempt (October 2019) successfully targeted two additional gatekeepers at groups that had been established since the initial round of targeted attempts.

Table 2 Details of the sport reminiscence groups at which observations took place

Group name	Geographical location	Sport	Host organisation	Group location	Attendance	Frequency of meeting	Period of data generation
Dewhurst FC	City in central England	Elite football	Community Foundation[4] (Elite professional football club)	Hospitality suite within stadium (no view of pitch or stands)	Up to 22 observed	Monthly (90 minutes)	June 2019-September 2019 (3 x visits)
Burfield Rugby	Town in northern England	Elite rugby league	Community Foundation (Elite professional rugby club)	Hospitality suite within stadium (including pitchside views)	Up to 64 observed (up to 100 reported by host organisation)	Fortnightly (2 hours)	June 2019 – September 2019 (3 x visits)
Tunstead City FC	City in central England	Elite football	Community Foundation (Elite professional football club)	Hospitality suite within stadium (no view of pitch or stands)	Up to 24 observed	Fortnightly (2 hours)	October 2019 – December 2019 (3 x visits)
AFC Ashbourne	Large metropolitan city	Elite football	Community Foundation (Elite professional football club)	Hospitality suite on stadium site (external to stadium)	Up to 16 observed	Weekly (90 minutes)	January 2020 – February 2020 (2 x visits)

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[4] The community foundations of each of the professional sports clubs in this study are non-profit organisations established by each club in order to deliver their community-based activities and programmes.

None of the groups had criteria for participants with respect to level of dementia, or symptomology; thus, each group population involved a wide variety of participants, including people living with dementia, and current and former care partners (predominantly spouses, but also adult children and friends). Those living with dementia exhibited a wide range of symptoms ranging from mild dementia (e.g. mild short-term memory loss) to more advanced symptoms (e.g. limited verbal ability, increased physical disability).

4.2.2 Individual recruitment

My initial intention was to use the group sessions to identify and recruit individual female participants to take part in an interview. Rather than rely on gatekeepers to preselect key informants, I approached the field with a plan to acclimatise, observe, and identify possible participants that might be both willing, and able, to provide more detail with respect to their experiences (Coffey, 2018). I was alert to the fact that gatekeepers might want to direct me to specific participants, but this might have added a pressure to that participant to provide the 'correct' feedback, rather than an honest account of their experience. Furthermore, this was likely only to reproduce voices that aligned with the perspectives of facilitators, some of which have been covered by previous research (e.g. Schofield and Tolson, 2010; Watchman and Tolson, 2015; Carone *et al.,* 2016; Clark *et al.,* 2017). For the integrity of the research, as well as the exploratory design, and in line with my values discussed in the previous chapter, it was important that I remained true to uncovering some of the unheard voices in the group.

However, it quickly became apparent that there were challenges in this method of recruitment. My initial targeted approach had only negotiated access to two groups. Two care partners (Helen and Pamela) and one woman living with dementia (Marie) had consented to participate in interviews. In particular, whilst up to half the participants in each group were female, there were very low numbers of women living with dementia and many of those that were present either lacked capacity to consider the opportunity, or refused the invitation (usually in partnership with their care partner). Women gave a number of reasons for refusing the opportunity:

- No interest in sport and so felt they had little to say

- No time to participate
- Expressed a preference to talk to me during the group activity

Recruiting people living with dementia and care partners can be a challenge (Bartlett, Milne and Croucher, 2019) and there is some evidence to suggest that care partners of people living with dementia will sometimes refuse research opportunities in order to protect their partner from potential burden or stress (Bull, Boaz, and Sjostedt, 2013). This might have been true, but upon reflection and subsequent data analysis, I think many women did not identify with sport in the context we were in, and thus, did not believe their experiences to be of relevance, despite my efforts to convince them otherwise.

After the first round of group observations at Dewhurst FC and Burfield Rugby, I had recorded data from eight women, but only three had agreed to participate in a longer interview. In particular, I was concerned that I would not be able to recruit enough women living with dementia to participate in interviews. Thus, in order to recruit additional women, I widened the sampling approach to include two dementia café groups. This was limited to an area in Central England that does not have any provision for sport reminiscence groups for people living with dementia. This is important to note as it should not be assumed that these women chose not to access sport reminiscence group activities, but rather, did not have opportunity to do so. The intention with respect to this recruitment was to identify some additional women living with dementia, who might identify an interest or connection to sport and thus, would be able to give more insight into female experiences of sport reminiscence (regardless of group opportunity). From an ethical standpoint, it was important that these women should still be regular attenders at group support services, in order to reduce the risks associated with developing researcher-participant relationships in research (Calman *et al.,* 2013). This was still in accordance with my ethical approval, in which I had built in some flexibility with respect to the nature of group activities.

Access was negotiated to two dementia cafés via a single gatekeeper in June 2019. At the dementia café sessions, I was able to talk to the whole group about my research, and also directly to many of the female participants during informal refreshments periods. In effect, this allowed me to raise awareness of the opportunity, and begin to establish who might be interested, and indeed, consider the initial stages of process consent (Dewing, 2008; e.g. understanding biography, ability, and indicators of wellbeing; see previous chapter). These were not organised group sport reminiscence sessions, but rather, a chance for me to spend time talking to different women about my research and gauge if any had a particular interest in sport. Three additional women were recruited for interviews from café groups. This included one woman living with dementia (Carol) and two care partners (Kath and Sarah, a mother-daughter dyad). Whilst these additional participants provided valuable data, I still felt that further group observations would be valuable particularly as I had observed very little engagement in reminiscence by group attenders. Thus, I undertook the second point of group research, where I identified and negotiated access to two additional groups (Tunstead City FC, AFC Ashbourne). These groups had been established since my initial research and contact point. In the latter group, I was able to recruit an additional woman living with dementia for interview (Ruth).

In total, seven women agreed to participate in qualitative interviews. Four women were recruited from sport reminiscence group activities (Helen, Marie, Pamela, and Ruth). Each of these women contributed both during group observations and in independent qualitative interviews. Three additional women were recruited from dementia café sessions (Carol, Kath, and Sarah). Brief pen portraits are provided for each of these women such that the reader has some understanding of their circumstances and biography (Holloway and Jefferson, 2000). Presenting these women as ‘holistic beings’ was also an important stance that ensures they are not simply reduced to a source of data aligned with general themes (Holloway and Jefferson, 2000).

Other women preferred to participate through the ethnographic observation periods, the practicalities of the situation meant that very limited information could be recorded with respect to their background (see Appendix B for list of women who participated per group). Thus, the portraits below represent only those women who took part in extended interviews. As per my philosophical assumptions set out in the previous chapter, the spectrum of experience presented in the pen portraits of the seven women is a sample, but should not be understood as representative of all ranges of experience.

4.2.3 Pen portraits

Carol

Carol is in her early 60s. She lives alone in a large market town in Central England where she was born. She was the youngest of two children and had an older brother, who was ten years her senior. Carol recalls looking up to her brother, when she was a little girl, and wanting to follow in his footsteps in both school and rugby. Her parents were both keen followers of local and national sport. Her father played rugby and cricket for local teams, whilst her mother was keen on watching rugby and played some tennis too. As a child, Carol often went with her parents to watch her brother play rugby and open the batting for the local cricket team.

After leaving school, Carol trained as a healthcare professional and worked across England and abroad during her career. She moved back to her hometown to look after her mother, when her mother was diagnosed with dementia. Carol never married, but has a close circle of good friends and is a regular at her local church. She does not always attend her local dementia café due as she finds the group environment to be challenging. She was previously an enthusiastic attender at a group that was specifically for people living with young onset dementia, but owing to staff changes and a loss of funding, the group ceased to exist. Carol also receives some one-to-one support from a local charity. She enjoys art, walking and finds contributing to research to be 'life-giving'.

Carol was first diagnosed with a type of frontotemporal dementia approximately five years ago. Her main symptoms affect her ability to process sensory information, as well as formulate and comprehend complex language (aphasia). Carol has no difficulties with memory. A year ago, her diagnosis was changed to atypical dementia. At her request, interviews with Carol were undertaken in the living room of her house and in private rooms on the university site.

Marie

Marie is in her 80s and lives alone in Burfield, a town in Northern England. Marie was born in a nearby, small, affluent market town. She was the eldest of two children. Her brother, James, is twelve months younger. She was widowed over ten years ago, but had been married to Robert for over forty years. Together, they have two daughters, Jane and Sally. Marie and Robert moved to Burfield (a larger town) around 15 years ago to be closer to their daughter, Sally.

Marie met Robert through her administration work at a local print firm. Robert was a musician and they bonded over a shared a love of music and dancing. They travelled extensively to the major towns and cities in the north of England so that he could perform. Mary did tap dancing as a child and used to enjoy 'keep fit' classes as an adult, but admits, in general, she has very little interest in any kind of sport.

Marie was diagnosed with Alzheimer's disease one year ago. She has some difficulties with short-term memory, but remains independent and enjoys her privacy. She previously attended a small support and activity group for people with a new dementia diagnosis that she enjoyed very much. However, funding for this ceased and she now regularly attends the Burfield Rugby group at the suggestion of her daughter, Sally. She does not have any interest in sport, but will sometimes put it on if the local team are playing. Marie enjoys looking at old pictures of her local area, shopping and tending to her garden.

My interview with Marie took place in her conservatory, where she was able to use some of her photographs and books to share aspects of her life.

Ruth

Ruth is in her early 80s and has been married to Richard for 50 years. They live together in a large metropolitan city. Ruth was the eldest of nine children and was born in the same region as she lives now. Ruth has two daughters and two granddaughters. All the family members live nearby and they are in regular contact with each other.

Ruth has a passion for motor racing and her interest began when her father used to return home from work and take 9-year-old Ruth for short rides on his motorbike on the driveway. As a teenager, she used to ride small motorbikes with her brothers in the local fields. In her 20s, Ruth got married and gave birth to her eldest daughter, and shortly after, she started her motor racing career. Richard and Ruth met through motor racing and got married after Ruth left her first husband. Together, they have a daughter, and Richard considers both Ruth's daughters to be his own.

Through her racing career, Ruth competed all around the UK and in international championships. Richard was also a keen competitor in motor racing. Together, they set up a national racing fan club that Ruth helped to run following her racing retirement. One of their daughters and one of their granddaughters have also since been involved in motor racing.

Ruth has recently been diagnosed with mixed dementia. Her symptoms predominantly affect her short-term memory. Ruth currently has some physical health problems that impact her ability to be independent and physically active. Richard and daughter, Lucy, provide additional help in the home. Ruth and Richard have recently begun to attend the AFC Ashbourne group at the nearby football stadium despite not having any long-standing interest in football. Rather, they recognised the club and knew the location of the group, so they decided to give it a try.

My conversations with Ruth were undertaken in her living room with Richard in attendance. The original intention had been to reconvene at the next group session, but this was cancelled due to the COVID-19 pandemic. I was able to share the transcript and a summary of the interview with Ruth and Richard. I then spoke to both parties on the telephone to confirm that my understanding and summary representation was appropriate.

Helen

Helen is in her 70s and was born, and continues to live, in Burfield, a large town in northern England. She has lived there all her life and had a career working in business administration. Helen now lives in the house where she *grew up, which is very close to the site of the original Burfield Rugby stadium. She has held a season ticket for over ten years at the new stadium. She recalls sneaking into games as a young girl by climbing over the wall to the old stadium, and sometimes used to travel to away games with her nephew when she was an adult. Helen has no children of her own, but her older brother still lives nearby.*

Helen has been married to Jim for around 15 years. He has two children from a previous marriage, but they do not live nearby. Helen and Jim met on holiday in Europe and their romance started from there. Jim is originally from a different area and is a keen football fan, but Helen prefers the local rugby. They previously played bowls together regularly, however, Jim now only watches the bowls, whilst Helen plays. Jim has been diagnosed with dementia. His symptoms mainly affect his speech, mobility, memory, and cognitive speed. Helen provides all his support at home.

My interview with Helen occurred in the kitchen of her house. Jim was watching television in another room and was not involved in the interview. I met Helen and Jim together at the Burfield Rugby group. Helen and I also spent some time talking before and after the interview at the Burfield Rugby group. Helen and Jim attend the group every fortnight, unless they have medical appointments that coincide.

Pamela

Pamela is in her mid-70s and lives alone in Dewhurst, a city in Central England. She was born in a rural village nearby and moved to the city when she married her husband, Phillip, in her early 20s. Together, they had two sons and multiple grandchildren. Her wider family do not live in the local area, but Pamela does still see them several times per year. Phillip was diagnosed with vascular dementia in 2012, but died approximately one year ago.

Pamela was a mother and housewife, but also spent time working in social care and education. Pamela and Phillip were both active, enjoyed sport (particularly playing tennis, swimming, and Phillip was an avid supporter of Dewhurst FC).Their sons are also both keen football fans, but support *different teams to their father. Pamela didn't come from a sporty family and says she was the 'black sheep' of the family – her brother and sister prefer a quiet, sedentary life. She sees her love of sport as driven by enjoyment, but also by a desire to rebel against her parents and siblings.*

Pamela is a regular attender at the Dewhurst FC group. Pamela first accessed the group when her husband was still alive. As Phillip was confined to bed, she attended alone in order to pick up some information about football that she could talk to Phillip about. He was a lifelong fan of the club and had a season ticket for a number of years. When he was still able to attend matches, he would usually go with their son, but on the occasion the son was unable to attend, Pamela would accompany Phillip. Pamela doesn't see herself as a football fan like her late husband, but does enjoy the game and the accompanying 'banter'.

Pamela has continued to attend the group as she enjoys the activity and the company. She also attends two other regular dementia support cafes. Pamela and I spoke at length during my first visit to the Dewhurst FC group. This was recorded in fieldnotes. At Pamela's request, my interview was held with her in a public café. We discussed the potential risk of others overhearing what she shared, but she was confident that this was not a problem and meeting in the café was her preference. Pamela and I also spoke again at a subsequent group session and this was again recorded in fieldnotes.

Kath and Sarah

Kath and Sarah are mother and daughter. Although they don't live together, Kath and Sarah both live in a city in Central England. Kath's husband, (and Sarah's father) Harry is a former professional footballer. Harry was diagnosed with frontotemporal dementia in his early 60s and this is thought to be a result of repeated head injuries sustained during his footballing career. Harry now lives in residential care due to the level of care he requires.

Kath is in her seventies and has been with Harry for over sixty years. Kath and Harry were childhood sweethearts and were both born and brought up *in a large city in Northern England. They have two daughters (Sarah and Jenny) and have multiple grandchildren and great grandchildren. Sarah is in her 50s and runs the family business. She is married and has three children of her own and a grandchild. Sarah is very involved with local and national netball competitions, umpiring and coaching. Although she was regularly taken to watch her father play football when she was a child, Sarah admits that she has never really been interested in football. Sarah is also a regular visitor to Harry and provides emotional and practical support to both her parents.*

All the family now live in Central England and are in regular contact with each other. Although born in the North of England, Harry's football career meant that Kath and the family moved around the UK regularly before settling in Central England upon his retirement.

Kath has always had a passion for sport (particularly playing netball and watching football) and this is shared with Harry, Sarah, and the rest of the family. Kath and Harry had a happy family life and enjoyed being active together at home and on holiday. After their daughters left home, Harry and Kath would go to the gym or play badminton together and Kath admits they were both very competitive. Kath and Sarah both describe Harry as a 'real family man' and both he and Kath were always very supportive of the extended family's sporting pursuits, regularly watching their grandchildren compete in football and netball.

Kath retired from her work in administration at 60 and shortly after, Harry was diagnosed with dementia. Harry has experienced a range of physical, emotional, and psychological symptoms as his dementia has progressed. Kath visits almost every day and will spend multiple hours with Harry on each occasion.

Kath has been a passionate football supporter all of her life. If her team are playing whilst she is visiting Harry, she will record it and make sure no one spoils the score before she has had a chance to watch it. Kath is also a practicing Catholic and the church remains an important part of her routine and social support.

My interview with Kath and Sarah took place in Sarah's garden. They chose to participate together.

4.3 Data generation

As is typical in ethnographic studies, multiple data generation methods were used (Bryman, 2012; Coffey, 2018). These included observation field-notes, qualitative interviews, documents, and researcher diary reflections.

4.3.1 Observation

The principal foundation for ethnographic data generation is through observation and engagement with participant(s) in the field (Iphofen, 2015; Coffey, 2018). The 'field' in this research was defined as the entirety of the group activity session (that is, from arrival to departure). I attended each group on three occasions, with the exception of AFC Ashbourne, where a third visit was cancelled due to the 2020 COVID-19 pandemic. At each group session, I arrived 15-30 minutes early and left after all participants had gone. This was to ensure that I could observe the entirety of the session beyond the structured activity part of the sessions (e.g. how early people arrived, how they chose their seats). It also provided opportunity to note aspects of the physical environment (e.g. could I see the pitch, how were tables arranged, what evidence of the location was visible), such that I could consider (and question participants) if, and how, the environment impacted upon their experience. Furthermore, my attention could then be directed to participants, their communications, interactions, and behaviours when they arrived. Observation was effective in detailing the context in which women's experiences existed, in order to make sense of their perspectives, activities, and relationships (Sparkes and Smith, 2013; Coffey, 2018). Observations were also important in being able to access what people did, as well as what they said, thus providing context and identifying discrepancies in the understanding of their experiences (Yin, 2010; Motto-Ochoa *et al.,* 2021). For example, many women described the importance of social opportunity, but observations revealed groups rarely provided such a chance, and a number of women also commented upon this flaw (see Chapter 5).

Observation-participation exists on a continuum (Gold, 1958; Hesse-Biber and Leavy, 2011) and required an element of negotiation given that I was, in effect, an outsider entering the group. My degree of participation was as 'partial participating observer' (Bryman, 2012, p. 443). In this respect, I joined in activities, but did not fully participate as a group member (e.g. I was seated at the table during a quiz, but did not take part in answering questions). A level of participation allowed me to develop empathetic insight into the participant experience that could be recorded in fieldnotes. Furthermore, spending repeated time with participants in this setting increased trust and familiarity. This was particularly advantageous in the interview situation, both in terms of establishing rapport, but also assessing capacity to consent, and in adapting subsequent interview techniques to maximise a person-centred approach (Hubbard *et al.,* 2003; Scottish Dementia Working Group, 2013; WHO, 2015).

My observations were not structured, although initial forays into the field had a number of prompts to remind me to consider taken-for-granted information about the environment, activities, conversations, non-verbal communication, and relationships under observation:

Location description
Who is speaking to who?
Are there any triggers used to stimulate memories/engagement?
What actions/behaviours are happening?
Evidence of the sport theme?

Further visits to the field had additional prompts based upon reflexive deliberations:

What/who has changed?
What/who is the same?

Prompts were based upon ideas from the initial scoping visits, existing sport reminiscence literature (e.g. Schofield and Tolson, 2010; Clark *et al.,* 2015), and research methods literature (e.g. Charmaz and Mitchell, 2001). This provided a level of focus to observations, without a formal structure that could have restricted the exploratory effort.

Multiple visits were an important element of upholding quality in my research (Guba and Lincoln, 2005). The issue of saturation is discussed in Section 4.3.6. Repeat visits aided my understanding of the context, activities, routines, and helped build rapport with participants. Furthermore, it allowed me to undertake simultaneous analysis and reflection (described in more detail in Section 4.4). Undertaking repeat visits across time also drew attention to interactions at both individual and social levels (Neale and Flowerdew, 2003). For example, women's football was discussed during a particular group session that occurred shortly after the England Lionesses[5] reached the semi-finals of the women's world cup. Such a topic was not typical in group activities, and instead reflected a way in which wider social influences can impact the nature of activity and topic of conversation. In effect, it was an example of how the sport reminiscence experience is a dynamic context subject to outside influence.

4.3.2 Fieldnotes and ethnographic conversations

Observations from group sessions were recorded in fieldnotes using notebook and pen. Although some might argue that recording notes can be disruptive to the natural environment (Bryman, 2012), I felt that it provided an important prompt to remind people of my intentions as a researcher (DeWalt and DeWalt, 2011). Indeed, it was a useful point of reference for people to start conversations and served as an effective reminder for all participants of my presence as a researcher. This helped contribute to the ethical process of research described in the previous chapter . My fieldnotes were not merely a list of events, but also included notes, key phrases, activities, my own reflections, and a description of the physical environment (Hoey, 2014; Coffey, 2018). Fieldnotes were further expanded and written up as soon as possible following exit from the group on each occasion. It was important to carry out this process immediately such that fieldnote expansion was as accurate as possible (Bryman, 2012).

Much of the fieldnotes included informal conversations with female participants. Informal conversations have been used in other research and are thought particularly beneficial for participants with memory loss, given that they are not being

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[5] The England Lionesses is the nickname given to the England Women's football team

asked to recall events at a later point, or in an alternate location (Motto-Ochoa *et al.,* 2021). Being present in the group activities and seated at tables alongside participants was particularly useful in stimulating conversation with different women. My approach to conversation during observations was based upon open questions such as:

> *Tell me about the group?*
> *What do you enjoy about the activities in the group?*

The former could encourage a rich, descriptive account, whilst the latter was more purposeful, but was general enough to allow the participant to direct their response. In addition, I was able to ask participants about patterns or interpretations in order to verify the relevance of themes I saw emerging (Miles, Huberman and Saldaña, 2014). For example, asking about self-identification as a fan or follower of a particular team; one might assume that attending to a video showing clips of a particular club suggested fandom, but the realities of each participants' perspective on their relationship to the club could be quite different. All such 'checking' tactics were key in upholding my epistemological assumption that participants held much of the knowledge I sought and thus, I needed to develop interdependent relationships in order to represent their own individual realities in a manner that was credible. This verification was not to identify an objective reality, but rather was part of the process of negotiating a shared understanding of reality, whilst recognising that the nature of experience is dynamic and thus, can never be fully known. Checking my understanding was also an important part of testing my own assumptions and relating them to those held by different women.

In this thesis, 28 different women (including seven women living with dementia) have contributed directly through ethnographic conversation and/or interview. Offering the women a choice between sharing their perspective in the group environment and/or through interview felt appropriate in retaining the natural context and in enabling a variety of perspectives from different women. When women expressed a particular interest or connection to sport, or had a novel experience to share (in terms of the study focus and concept of circling reality described in Chapter 3), I invited them to take part in an extended interview. However, many were happy to provide consent for me to record their input in my fieldnotes. Indeed, it seemed that some women preferred the flexibility and informal nature of my ‘joining in’, as opposed to the more formal interview process. This style of participation is no less valid than formal interviews, despite the challenges it presents to typical ways of recording such conversations (Burgess, 1984). Furthermore, this approach felt suitable for providing a flexible and person-centred approach to participation and generated valuable data for analysis. Key interchanges were recorded as accurately as possible in shorthand notes, and were verbally confirmed as a fair representation by the particular female participant. They were subsequently transcribed fully as soon as possible. In subsequent analysis chapters, the source of quotations is made explicit such that the reader can understand the context in which information was shared.

4.3.3 Qualitative interviews

Qualitative interviews were used to supplement data generated from group observations (Holstein and Gubrium, 2004). Interviews provided opportunity for participants to provide more detailed insight and added rich depth to the quality of findings (Sarantakos, 2013; Smith and Sparkes, 2016). Interviews enabled me to clarify participant perspectives on the group experience, sport reminiscence, and their personal connection (or lack thereof) to sport. The interview approach was rooted in natural conversation (Cortazzi, 2001), rather than a highly structured schedule. This approach was dialogic, which enabled co-construction of insights, as well as checking of understanding (Harvey, 2014). Meeting each of the women previously in a group situation helped the rapid development of rapport and made for rich and detailed conversations.

The open nature of the interviews enabled participants to guide the conversation and for their experiences to emerge and develop (McCracken, 1988; Sarantakos, 2013). I acknowledge that the interviews were a social exchange that occurred within the research context and thus, there was some guidance on my part, as to what would be discussed (e.g. at each interview, I would explain that I was researching women’s experiences of sport and sport reminiscence; based on conversation shared in the group context, I had a list of topics to prompt, e.g. relationship to the club, aspects of the group activity). However, the interviews began with open questions that encouraged women to direct the topic of conversation to that most relevant to their experiences. This inductive approach to interview data generation was empathetic and person-centred, in keeping with my axiology, ontology and epistemology. Just as contributing data through fieldnotes was preferred by some participants, the option for interview-generated data had some ethical advantage for other women in the study. For example, it meant that participants for whom symptoms or sensory loss made communication within the group environment more difficult (e.g. Carol, Ruth), there was an appropriate dynamic through which they could participate. In addition, it provided a suitably private context in which to openly discuss more difficult or contentious aspects of the group context.

Given my philosophical position, I readily acknowledge that as the interviewer, I influenced the manner and content of data collected via interview. Although the open interview is apt for supporting the participant to drive conversation, an interview is arguably an interpretative practice that makes use of everyday procedures and resources with which individuals construct reality (Gubrium and Holstein, 2002; Holstein and Gubrium, 2004). Together, we co-constructed an impression of the sport reminiscence experience. If one reframes the interview as an active 'social encounter in which knowledge is actively constructed', one gets closer to the reality of the 'active interview' situation (Holstein and Gubrium, 2004, p. 141). The active interview is not a typology of practice, but rather, it is a language informed by my underpinning world view. Essentially the fieldwork and interviews together provided a flexible approach that enabled people to participate at a level that they felt able and comfortable, in a manner that would produce information about the multiple realities of their contextualised experiences.

Interviews lasted between 60 and 135 minutes. Carol was interviewed on three occasions as it was not possible to hold a conversation in the group context due to the nature of group activity, and the symptoms that she experiences. The other women were interviewed once, but also took part in ethnographic conversations before and after interviews, so that any follow-up questions could be explored and they had an opportunity to share any additional information that they felt they had missed during the interview process. Each was offered an opportunity to take part in a further interview, but all were happy that they had been able to share their insight appropriately. Based on the data shared and my ongoing contact through group sessions, I was also content that the interviews had captured sufficient data in relation to the research question and were confirmed as representative of experience by the specific women involved. Although by traditional interview methods, one might argue a single occasion is insufficient, I would argue that through the additional group occasions, I still in effect had a period of prolonged engagement with each woman which produced quality data with respect to their experiences (Guba and Lincoln, 2005).

All interviews were audio recorded and were transcribed by me as soon as practically possible following completion. Some fieldnotes were also recorded in a notebook during interviews to ensure I captured additional non-verbal cues and communication used by some of the participants. I felt this was valuable as it provided broader contextual and non-verbal information in relation to the interviews. Indeed, what is not said can be just as important as what is said (Poland and Pederson, 1998; McClellan *et al.,* 2003).

4.3.1 Reflecting upon the interview process

Building rapport was an important element of data generation in this study. I was conscious to always be open and curious, as well as to express gratitude where women shared their experiences with me. This was an effective approach that generated a significant amount of data across interviews and ethnographic observations. During interviews, the women talked openly about their experiences and indeed, on multiple occasions we would move to wrap up the interview and then continue talking. Thus, I felt confident that we had indeed developed rapport and the interview had been a success. Furthermore, four of the interviewees expressed the pleasure they had got from the interview encounter, suggesting that the opportunity to share their story was a valuable experience. This has connotations for the potential value of reminiscence (discussed in Chapter 7) and echoes reports of the benefits that some people affected by dementia can experience through being involved in research (McConnell *et al.,* 2019).

In addition, women would sometimes use language that alluded to shared understanding. For example, after transcribing my interviews with Kath and Sarah, I reflected in my research diary evidence of our rapport:

> *I was struck by the fact that Kath increasingly used the phrase 'you know?' through the interview. This could be evidence that she is assuming we have a shared understanding and/or is asking for confirmation that we do. Suggests we had developed rapport.*
>
> (Research diary)

As noted in my diary, this felt like evidence of rapport. I returned to other interview transcripts and identified similar situations where 'you know' was used by women to check that we did indeed share understanding. However, aware of the possibility of overidentifying with participants (based on my positionality), I also went on to reflect that such a phrase should, in fact, serve as prompt to remind myself to reflect upon the assumption of meaning that each of us might carry in such encounters. In effect, I used the phrase 'you know' to prompt critical reflection upon what I did know and how that compared to what the women might think I knew. Whilst I did not focus upon discourse analysis as an analytical approach in this thesis, including reflections upon what and how things were being said, were a valuable reflexive tool in continually assessing my influence in the research.

Given the open nature of the interview, it was not unusual for women to move onto topics that were less relevant to the research. For example, Marie talked at length about her hometown, and Kath and Sarah spent some time talking about the diagnosis process that they had been through with their husband/father. In the former, it was not related to sport, but it was reminiscence. Given that Marie had already told me she had little interest in sport, I felt it was a useful exercise and certainly a respectful decision to allow her to share this reminiscence with me. Furthermore, I was mindful that it would reveal more about what was important to Marie, which in turn was helpful in contextualising her group experiences and relationship with reminiscence.

I reflected upon the experience with Kath in my research diary:

> *Kath spent approximately 16 minutes talking through the difficult diagnosis process. Although unrelated to my study, it felt like it was important to her that I should know. That I should understand this has been a lengthy and difficult process. It would have been disrespectful and unethical to cut her off and return to sport. Indeed, this is an important part of the experience that impacts her understanding of dementia and related activities (e.g. sport reminiscence).*
>
> (Researcher diary)

In effect, this situation also provided some important context to Kath's situation and the challenges faced by both people living with dementia and care partners. Indeed, what came through was a sense of the complex array of different emotions and interactions that the experience of dementia can have on different partners and members of the family. This was also reflected in her relationship with her husband's previous sporting career and provided important context to the way in which she understood her situation (see Chapter 5).

All participants were given a choice as to where interviews would be held. This was an ethical decision based on putting the participants at ease and ensuring they were comfortable in their surroundings. Interviews with Marie, Ruth, Carol, Kath, Sarah, Helen were all held in their private homes. An interview with Carol was also undertaken in a private room on university premises. However, Pamela requested that we meet in a large local café. This raised some ethical and practical concerns. There was an ethical risk that content shared might be overheard. From a practical stance, I was concerned that my audio recorder would not be able to distinguish Pamela's voice from the background noise of the café. I discussed the risks with Pamela, we checked the quality of the audio recording, and this remained her choice of location.

Participants were also given a choice to take part in the interview with another person if they wished. Whilst I recognised that the presence of someone else could have impacted upon what was said, the priority again was the welfare of the participant. Two women did choose to take part in interviews with another person; Kath and Sarah chose to take part together; Ruth, a woman living with dementia, chose to take part in an interview with her husband, Richard. In the former, both women were happy to confirm or dispute what each was saying. In effect, they were both women affected by dementia (female care partners) and thus, both had experiences and valuable contributions to make to the data generation process. Neither was afraid to correct or disagree with the other, such that I was confident that both were able to share their perspective. With Ruth and Richard, the situation was more complex. As a male care partner, Richard was not initially considered a participant. However, Ruth's symptoms have impacted her memory, confidence, and word-finding. The result is that Richard is often quick to support Ruth by 'filling the gaps'. Indeed, Richard noted this privately to me following the interview.

> *On exit, Richard again apologised for talking a lot. He explained that Ruth sometimes gets panicked by questions. He thinks that she has lost confidence and is worried about forgetting things.*
>
> (Researcher diary)

During the interview, I was conscious to direct questions to Ruth and I kept returning to her for confirmation of information shared by Richard. However, Ruth would often defer to Richard:

> *Ruth:* *I rode with quite a few people didn't I?*
>
> *Richard:* *Well you did. Tom James, was very famous in that day*
>
> *Ruth:* *Yes.. [Ruth nods and smiles]*
>
> (Interview)

On other occasions, Ruth and Richard would co-tell stories by alternating phrases:

> *Richard:* *That was the first race he rode with her..*
>
> *Ruth:* *With Nigel. And we still finished second then!*
>
> *Richard:* *Yeah he was good. He was British Champion*
>
> *Ruth:* *Yeah he was, he was British Champion. Nigel.*
>
> (Interview)

On the occasion that Ruth disagreed with something Richard said, she would indicate so:

Richard: *Nigel is my brother. The miserable one.*
Ruth: *He's not miserable! It's just his way.*
(Interview)

Thus, I felt confident that Ruth felt able to share her opinion in a manner that she felt comfortable with. Furthermore, their relationship and 'communication cooperation' was an aspect of their identity and functionality as a couple. Thus, it also necessitated Richard's inclusion as a participant in the interview process.

During all interviews, I was particularly mindful to record non-verbal indications in accompanying interview fieldnotes. This was helpful in noting aspects of stories shared that I wanted to come back to, and also provided additional prompts and non-verbal information to ensure the subsequent transcription was as accurate as possible. Transcription cannot provide truly verbatim accounts, as there is a process of negotiation and interpretation inherent in the transference of audio communication to written account (Davidson, 2009). However, I paid great attention to non-verbal expressions, speech idiosyncrasies, and punctuation requirements, such that the account was as close as possible to the original emphasis of the interviewee's comment (McClellan *et al.,* 2003; Davidson, 2009). This was particularly important with Carol, whose speech is impacted by her symptoms. Once complete, transcripts were checked for accuracy against the original audio recording. Whilst this was a time-consuming process, it was valuable in terms of revisiting data, familiarising myself with content, and immediately beginning the analysis process.

All women were given the opportunity to review their transcript, however, only four chose to do so (Carol, Kath, Sarah, and Ruth). Given the nature of her symptoms, one participant (Carol) requested that the transcript be summarised in a schematic diagram (Appendix G). We then met on a further occasion to discuss the diagram and clarify understanding. This process was very useful in ensuring that Carol was happy that my interpretation was representative of her perspective. This process clarified some detail and helped me to better understand the transformative impact participation in the research had had for Carol (discussed in Chapter 6). In future research, using diagrams might be an approach that I more routinely include in order to clarify interpretation and ensure the construction of reality is truly a coordinated effort. With Carol, reproducing the data in an alternate way was necessary in order to enable her to review her participation, however, reproduction of data in an alternate way provided stimulus for further conversation or drew attention to areas of misunderstanding and misinterpretation in a way that other, more lengthy written documents might not have done. The other three women were given a copy of the interview transcript and a summary of the information shared. Each confirmed or corrected specific biographical information, and corroborated that the summary information was an accurate representation of their experiences.

4.3.4 Documents

In addition to observation and interviews, a number of documents were collected during data generation that provided additional contextual information. However documents were rare; ‘programmes’ were handed out at one group, and two participants shared historical newspaper clippings during interviews. The documents that I encountered contained images and content that provided insight into the proposed ideas, values, and the intended audience of the sport-reminiscence activity (May, 2001; Scott, 2006; Coffey, 2018), In addition, they provide insight into historical representations of women in sport, and how women engaged (or did not) with the content. Thus, whilst rare, these documents provided an additional means through which to explore the holistic contextualised experiences that the women had.

4.3.5 Photographs

Although photographs do not feature in my final thesis, it is important to briefly mention the issue as they did initially feature in my research design. Photographs can be particularly powerful visual imagery for conveying meaning, understanding and context (Murray and Nash, 2016; Coffey, 2018). The analysis of visual imagery is increasingly popular in social research (Stanczak, 2007; Banks, 2018). Once entering the field, I quickly realised that taking photographs of the environment in which sport reminiscence activity took place presented a significant ethical challenge. Branding and identifiable features of the stadiums in which groups were held meant significant ethical restrictions on what could be included in the photograph. This meant that I had to pay detailed attention to describing the environmental situation within my fieldnotes. An advantage of photographs is that they can help create the personal and unique human voice present in the research (Wang and Burris, 1997). This is of particular value to challenging societal stigma with regards to dementia (Wiersma, 2011). Thus, I might have taken photographs of group attenders in 'action' during the group. However, the size of groups and the relative capacity of each individual to be able to consent to appearing in photographs presented a significant ethical challenge. It did not seem appropriate to pixelate persons to prevent identification, as this would have depersonalised people living with dementia and arguably only contributed to the stigma of the condition. A fundamental consideration was whether taking photographs would add value to the research (Bartlett and Martin, 2002), which I concluded was not sufficient to warrant the ethical challenges inherent.

The research participants were also invited to share photographs (either through creating new images or sharing past images) as part of the research process. Photovoice (Wang and Burris, 1997) has been successfully used with both older people (e.g. Baker and Wang, 2006; Mysyuk and Huisman, 2019), and people living with dementia (Wiersma, 2011; Evans, Robertson and Candy, 2016). Whilst I had to make the same ethical considerations with regards to the identification of sites or person who had not consented, I was open to participants sharing images with me that helped them explain their perspectives and experiences with regards to sport reminiscence activity. I felt that this would offer an alternative means of expression for people for whom communication was impacted, and thus, was in keeping with the values of person-centred practice and research (Scottish Dementia Working Group, 2013; WHO, 2015). However, as the research progressed, very few participants chose to share any photographs. Two participants did use photographs to help explain and recall some of their past experiences during the interview process; Marie chose to share photographs of her hometown, that whilst interesting, had less relevance to the focus of the research; meanwhile Ruth shared photographs and newspaper clippings that commemorated her motor racing career, However, given that she was the only participant to do so, it felt like the power of such images might add a level of bias that was not helpful in the final report.

4.3.6 Saturation

The issue of sample size in qualitative research can be debated and knowing how many observations to complete during ethnography is not always clear (Bryman, 2012). Balancing time with the value of additional data can be a challenge as there are no clear testable hypotheses (Blaxter *et al.,* 2010). The original definition of saturation suggests that it is the point at which no new information can be gleaned (Glaser and Strauss, 1967). However, I would contend that, as per my philosophy, there is always potential for additional versions of truth to appear and indeed, each person's truth is dynamic and impacted across time. For me, a more congruent conceptual understanding of saturation is recognising the inherent 'matter of degree' that exists (Strauss and Corbin, 1998, p. 136). In this sense, saturation is the point where generating more data begins to become counterproductive and the analytical challenge is not paucity of data, but rather, it is data in excess (Strauss and Corbin, 1998; Lowe *et al.,* 2018). In order to manage the potential infinite nature of data, I focussed upon the concept of thematic saturation, whereby further data generation was unlikely to reveal new themes (Green and Thorogood, 2004).

I did not set out upon this research with a specific number of interviews or groups, but rather, as the data generation and analysis proceeded, I was able to progressively increase my sample size to the point where I was confident that I had sufficient data in order to be able to answer the research question. Inevitably there were also practical and logistical implications that impact saturation and it would be untrue to suggest that these had no influence. It is worth noting that I had initially planned a third visit to AFC Ashbourne and a second meeting with Ruth, but both were cancelled by the COVID-19 pandemic. I was able to have further interaction with Ruth by telephone and on reflection, was still confident that I had sufficient group observation data to answer the research question. A third visit would have been to confirm that which I already had. Indeed, whilst it might also have generated something new, it would be true to say that all further visits *might* generate something new for saturation was, (as stated above), a subjective decision.

4.4 Analysis

As per the iterative and reflexive nature of the research, analysis was undertaken simultaneously alongside data generation (Coffey, 2018; Flick, 2018). The process of analysis involved interpretation, identification of themes and patterns, and the construction of rich descriptive accounts of female experiences of sport reminiscence activity (Coffey, 2018). Given the paucity of knowledge on the sport reminiscence experience, the simultaneous process of analysis was important for ensuring emergent ideas and themes could be explored during subsequent data generation. As I became more familiar with each research setting or participant, my focus could become more purposive, but this was only due to the simultaneous nature of analysis (Iphofen, 2015; Coffey, 2018). For example, having conversed with Helen during a group session, I could ask more specific and probing questions during her interview in relation to her relationships with the club, former players and connected celebrities. This was particularly useful in enabling me to explore more about how she understood and made meaning from the experiences that she had shared in the group situation.

A benefit to the sport reminiscence groups was that there was a period of time between each meeting. This provided a natural space between groups that enabled me to reflect upon the process and data generated thus far. It also meant that transcription and initial analytical reflections could occur before the next contact would happen. This approach meant that I could synthesise theoretical assumptions, previous research, and my own reflections into developing themes before re-entering the field. This was particularly important in positioning the study relative to existing research, and also in acknowledging the inherent reflexive nature of the work. Furthermore, it was congruent with the social constructionist theoretical perspective in that I could reflect upon the situated and dynamic nature of the women's understanding of their experiences.

The process of simultaneous analysis and generation meant that some level of planning for the analysis was needed (Coffey, 2018). For example, I had to make decisions on how to organise and manage data generated such that analysis could proceed. Initial organisation was done on the basis of chronology by setting, and by participant. This meant that the data were organised and stored in a systematic way that also allowed for easy retrieval if necessary. As analysis progressed, I used NVivo software, in order to organise my data and to support the identification of codes and themes across the different types of data generated. My use of NVivo was limited and I sorted all data manually across the coding and thematic analysis process. The manual approach to coding and analysis was advantageous in that it continually ensured I was reading and re-reading the data, both as a holistic piece (e.g. an interview transcript) and as developing themes (e.g. data extracts grouped under a ‘node’). This process supported a systematic approach to my data analysis that offered a clear and auditable account of my analysis (Jones, 2015).

4.4.1 Thematic analysis

My approach to analysis was based on Braun and Clarke’s (2006) thematic analysis. Thematic analysis allows the identification of patterns of meaning in order to answer the research question (Braun and Clarke, 2006; Terry *et al.,* 2017). I did not know in advance what sort of information participants would provide and thus, thematic analysis was well suited to my exploration of the participants’ experiences (Braun, Clarke and Weate, 2016). I used thematic analysis within my relativist and social constructionist philosophies set out in the previous chapter. My approach considered the ways in which individuals made sense of their experiences, whilst recognising the impact of the culture and situation in which they existed (Braun and Clarke, 2013; Burr, 2015). In addition, it was important to maintain a critical stance

Table 3 Stages and examples of thematic analysis process (based on Braun and Clarke, 2006)

Stage	Process	Example
1. Familiarisation	Repeated (re)reading of the data to familiarise with content and begin reflection and questioning of data. This included the transcription processes and was repeated regularly as themes were developed and refined	n/a
2. Coding	Generated codes (labels) across the entire dataset in order to identify relevant information in response to the research question	e.g. playing netball at school, being 'ladylike'
3. Initial theme generation	Established patterns between and across codes in order to develop broader themes in relation to the research question.	e.g. childhood activities, gendered stereotypes
4. Theme review	The themes were repeatedly reviewed and refined to ensure that they represented the multiple codes assigned and captured the diversity of meaning within the theme. Indeed, as the process of analysis occurs alongside additional data generation, I had to be prepared to revisit and revise both codes and themes throughout the analysis process (Braun and Clarke, 2006). The principles of saliency analysis ensured I directed attention to themes most relevant to the research question at hand (Buetow, 2010).	e.g. an original theme 'environment' was refined and reordered to become 'professional sports club location' and 'logistics' where the former could include aspects relating to celebrity, and status, and the latter focussed upon practical and physical elements of the group set-up
5. Theme naming and definition	The focus and scope of each theme was defined and a name established to summaries the included codes.	e.g. Childhood activities – memories of sport-related activities undertaken during childhood (under 18 years), including, but not limited to school sports, spectating live sport, following professional sport, recreational sport outside of school)
6. Writing up	Drawing together the analysis in relation to wider literature in order to produce the thesis and discuss learnings and future directions	See Chapters 5-7

in order to question taken-for-granted knowledge (Burr, 2015). A summary of the stages of analysis and examples are presented in Table 3. As noted, these stages were not distinct, but rather, involved an iterative negotiation as themes began to emerge.

I explored meaning and experience at both semantic and latent levels, and developed codes in order to represent different pieces of data (Jones, 2015; Terry *et al.,* 2017). As per my epistemology (see Chapter 3), coding occurred at both levels in order to recognise both descriptive and interpretative levels of analysis, such that a holistic understanding could be developed that identified both explicit data content and underlying assumptions (Terry *et al.,* 2017). Some data were not relevant to the focus of the research question and thus, were not coded and excluded from further analysis (Braun and Clarke, 2013). For example, data related to the diagnosis process or unrelated interactions with health or social care professionals were not coded. The process of analysis was challenging, given the amount of data generated, yet I found repeatedly returning to the research question to be a valuable exercise in retaining the necessary focus in this regard (Holloway and Galvin, 2017). The principles of saliency analysis were also useful in directing attention to themes most relevant to the research question at hand (Buetow, 2010). That is, the recognition that some codes may not occur frequently, but do carry important meaning (ibid.). For example, the transformative potential that sport reminiscence could have for women, such as Carol (Chapter 6) and the exceptional nature of Ruth's motor racing career (see Section 4.2.3). These examples provided important fuel for analysis and understanding of the research question at hand, that of the experiences of women and sport reminiscence. Through analysing themes within and between the women, I could begin to build a picture of the multiple realities that different women experienced during the sport reminiscence activity. This information, whilst not generalisable per se, identified similarities and differences between the rich individual experiences. In turn, this provided insight that is of value and discussed in subsequent chapters. The analysis process developed across 18 months, covering the 9-month period of data generation and beyond, into the writing-up phase.

The final stage involved drawing together the analysis and contextualised findings in relation to wider existing literature. The report of my analysis is set out in subsequent chapters. Where women have been quoted, the source of data is always made explicit. I decided to denaturalise reproduced quotes in order to improve the clarity of the reader experience. For example, involuntary noises such as ‘um’ or ‘er’ were removed, as well as repetition, or aspects of regional dialect that might have revealed identifying information. Where a section of speech has been removed for brevity, […], is used. Any other identifying personal information (e.g. names of people, places, or teams) has been replaced with pseudonyms. The exceptions are references to well-known events in history, such as England winning the football world cup in 1966.

For Carol, her symptoms of aphasia meant that a decision had to be made as to how much to alter the transcription in the write-up. I decided that it was important to recognise that despite her aphasia, Carol is still very able to communicate and thus, in effect, it was an ethical decision to retain her speech pattern (whilst removing other involuntary noises as per other participants) in order to recognise that those with altered or impaired communication can still be active participants in research.

4.5 Summary and introduction to findings

In this chapter, I have set out my research methods such that the reader can understand the methods through which data were generated and analysed in this study. I have described the sampling process in detail and the way in which this had to be adapted in order to recruit sufficient participants and locations to answer the research question established in Chapter 2. The chapter has detailed and reflected upon the data generation procedures and the relationships that I developed with different participants. Finally, I have documented my approach to analysis such that the following chapters presenting my findings can be understood with the framework in which they were analysed.

The following chapters present the findings of this research. I draw together the data and analysis through a discussion that contextualises the findings in relation to existing knowledge about sport reminiscence, women, and sport. Chapter 5 introduces findings relating to social opportunity and the value and paradox of sport reminiscence groups. Chapter 6 focusses on data that reveal the gendered nature of the sporting context. Chapter 7 discusses data that relates to the position of sport reminiscence as a meaningful activity for people affected by dementia. I demonstrate ways in which content, process, and context can provide benefit and meaning to some women. However, I also discuss the risk that that the professional sporting context can be one that promotes affirmative evaluation, rather than critical evaluation. The final chapter of this thesis draws together the research as a whole, discusses the strengths and limitations of this study and considers the relevance of this thesis to future research and sport reminiscence practice.

CHAPTER 5: The sport reminiscence group: The promise and the paradox

5.1 Introduction

This chapter presents findings under the theme of the social experience of the sport reminiscence group. I begin by sharing data that revealed the underpinning motivation for women attending sport reminiscence group activities was often unrelated to the sporting topic. The data revealed that most women saw sport reminiscence groups as an important social opportunity, which, in turn, was framed as a likely conduit to wellbeing. However, the promise of social interaction was not always fulfilled, despite some women being regular attenders. Furthermore, there was often little evidence of sport reminiscence experiences being shared by any participants (male or female) and a number of barriers were identified. These included the dynamics of the group set-up, the nature of activities, interpersonal interactions, individual differences, and the impact of gender (which is discussed in the follow chapter). These findings provide a platform from which to scrutinise current practice within a wider framework of person-centred and relationship-based care (Kitwood, 1997; Nolan *et al.,* 2004; 2006; Fazio *et al.,* 2018; Kitwood and Brooker, 2019).

5.2 Social opportunity

Key to women's attendance at group sport reminiscence activities was the promise of face-to-face social activity. Women affected by dementia recognised it as an important communal opportunity for both themselves and their partner:

> *'I've met lots of nice people. This is why I go.'*
>
> (Marie, living with dementia, interview, Burfield Rugby Group)

> *Anne said she likes to come to the group because she likes to 'keep active', as her husband died 15 years ago. It is a chance to 'actually chatter'.*
>
> (Anne, living with dementia, fieldnotes, AFC Ashbourne Group)

> '*Oh yes, we come for the people. Its people you recognise and faces you know'*
>
> (Brenda, care partner, fieldnotes, Dewhurst FC Group)

> *'I think its meeting new people'*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

For these women (who all regularly attended sport reminiscence groups), the promise of social interaction was more important than club affiliation, or even the wider sport that the club represented. In particular, this was seen through Marie, who admitted she had little interest in the rugby element of her local group:

> *'I watch it when it's on the big screen. You've got to 'show an interest', but I'm [laughs and whispers] not really bothered. I don't think I'd go if it was just to watch rugby.'*
>
> (Marie, living with dementia, interview, Burfield Rugby Group)

Even for those who considered themselves fans of the particular club, the potential for social interaction was more important than any long-standing relationship, or memories associated, with the club:

> *Helen:* *I wanted [my husband] to get amongst people, who might be similar to himself. People he could get along with. That was the main reason for going.*
>
> *Researcher:* *Was the fact that it was based around sport quite important then?*
>
> *Helen:* *No, I just think its people meeting people.*
>
> (Helen, care partner, interview, Burfield Rugby Group)

As per other research, the sociability of group activity seemed to be an appealing concept in its own right (Murphy, 2007; Carone, Tischler and Dening, 2014; Melunsky *et al.,* 2015). This is likely particularly important for people affected by dementia, who may otherwise find options for recreational out-of-home activity limited (Innes *et al.,* 2015). Furthermore, it supports the notion that social opportunity is understood to play an important role in maintaining wellbeing (Clark *et al.,* 2015; Reilly *et al.,* 2020). That is, the significant effort attached to group attendance was worth the potential benefit gained from talking to other people.

Adult children often played a role in physically accompanying or encouraging their relative to attend:

> *Jenny explains that Ada didn't want to come today. But she brings both her parents-in-law as 'it is good for them to get out the house.'*
> (Jenny (daughter-in-law care partner), fieldnotes, Dewhurst FC Group)

> *'I don't know how [my daughter] found out about it. Someone must've told her. She thought it would get me out of the house because I very seldom go out. Unless I go shopping.'*
> (Marie, living with dementia, interview, Burfield Rugby Group)

As per the women themselves, adult children seemed to understand sport reminiscence groups as a valuable opportunity for social activity outside of the home, suggesting that they also believed that groups were a potential mechanism that supported maintenance of overall wellbeing:

> *'When Dad's wife died, we felt that it was important for him to get out and mix'*
> (Julie, daughter care partner, fieldnotes, Burfield Rugby Group)

It is worth noting that some female group members (e.g. Marie and Ada) admitted having little interest in the sport, yet relatives still encouraged their attendance. This suggests that adult children also saw the appeal of regular social activity, and the possible form of respite that group activities could provide for themselves, as more important than the sporting context. In addition, it alludes to ingrained ageist power dynamics whereby older people can be positioned as submissive to their adult children (Phelan, 2018).

Social opportunity as a mechanism through which the risk of loneliness and social isolation can be reduced is a key aspect of the rationale for sport reminiscence (Clark *et al.,* 2015; 2017; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018; Hawkins *et al.,* 2020). Indeed, it is also a key part of UK policy (UK Government, 2020) and findings here confirm that older women (and their relatives) did see the opportunities to engage with people, and to stay socially connected, as important factors in maintaining wellbeing (Clark *et al.,* 2015; Reilly *et al.,* 2020). However, sport reminiscence authors have argued that there is inherent value in the topic of sport due to the widespread appeal that sport is reported (and assumed) to have (Schofield and Tolson, 2010; Clark *et al.,* 2015; 2017; Watson, Parker and Swain, 2018). Sport has been marketed as a uniting social force that encourages relationships and contributes to a developing sense of individual and collective identity and belonging (Sport England, 2004; Commission on the European Communities, 2007; Hoye *et al.,* 2015; Watson, Parker and Swain, 2018). Yet, there was little evidence in this study that it was the specific sporting context that encouraged women to attend. Rather, motivation and a developing sense of belonging stemmed from the group context, rather than the sporting topic:

> *'I just say hello, some people do, some people don't. You just accept that. Most of them are friendly and like a bit of banter. I think that's important – to have a bit of banter.'*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

> *'It is good to come regularly. We are retired, so it is great to come. This group is fantastic! It is nice that we get to be a part of it.'*
>
> (Julie, daughter care partner, fieldnotes, Burfield Rugby Group)

In particular, at the Burfield Rugby group, some women had established a regular seat alongside regular table companions. This seemed particularly beneficial to a sense of social belonging:

> *Sharon told me she always sits with the same people. In the quiz, 'Cath's our music person, Paul knows his geography and Terry and Wendy, they're not here today, but they're good too'.*
>
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

> *‘When you go in, you find somewhere to sit down. We’ve been lucky in that respect, with the table, normally there is about 8 of us and we all get on great.’*
>
> (Helen, care partner, interview, Burfield Rugby Group)

Similar observations of routine seating and companionship have been offered as evidence of a developing sense of belonging amongst group attenders in other sport reminiscence literature (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Hawkins *et al.,* 2020). Developing interpersonal relationships is also important for group cohesion and feelings of safety and comfort in the group environment (Phinney and Moody, 2011). As the rugby club group had a regular table set-up, people could choose a specific seat; however, other groups in this study often varied table layouts and thus, it was not possible to have a regular seat and companionship.

It should be noted that all groups, in this study, attracted a core of regular attenders. Other research would suggest that regular attendance should be interpreted as evidence of the success of activity (Schofield and Tolson, 2010). That is, if a person continues to attend a group each month, one might assume that they are therefore finding the activity to be stimulating, enjoyable, and/or beneficial. However, the experience in practice seemed to be more complex and much varied, suggesting that this causal explanation requires more scrutiny. Indeed, there were a number of people who were not engaged by activity on offer. For example, some female care partners described their husband’s lack of interest:

> *‘I don’t think he takes much in anymore. I don’t think he knows where we are. Quite often I will notice he has shut his eyes and I have to nudge him.’*
>
> (Sandra, care partner, fieldnotes, Tunstead City FC Group)

> *‘Now he’s getting a bit, he’ll watch some of it and not others. He gets a bit.. glazed, you know? So, I give him a dig!’ [Mimes nudge]*
>
> (Helen, care partner, interview, Burfield Rugby Group)

Meanwhile, other people were more obviously disinterested in activity:

> *Bill seemed distracted and had little interest in the films. Morag repeatedly told him to be quiet. The volunteer told me they are 'having a bad day' and that Bill 'probably wanted to leave'*
>
> (Morag (care partner) & Bill (living with dementia), fieldnotes, Dewhurst FC Group)

A number of people across all groups were observed or described having little interest in the topic. In reality, there seemed to be very little reminiscence occurring in group activities. Akin to 'simple reminiscence' (Webster, Bohlmeijer and Westerhof, 2010; see Chapter 1), sport reminiscence involves the recall and sharing of personal memories in order to enhance communication, share aspects of self with others, and boost mood. However, across all group activities, it was very rare for people to recall, share, or contribute to any discussions intended to stimulate reminiscence. There were barriers to engagement and these impeded the beneficial impact of social opportunity, hindered development of any sense of group belonging, and questioned the meaningfulness of sport reminiscence. For example, barriers related to the style of activity, the size of group, or the relevance of theme could prohibit interaction. Barriers risked accentuating a dementia narrative of stigma and exclusion (Bartlett and O'Connor, 2007; Russell *et al.,* 2020; for more detail, see Section 5.4). Thus, offering repeat group attendance as evidence of the success of sport reminiscence is problematic. The following sections discuss in more detail elements of group dynamics and activities that presented barriers to engagement.

5.3 Group dynamics I: Logistics

The size of groups in this study varied from 14-60 participants. All group numbers exceeded the recommended amount for group sport reminiscence activities (*n* = 4-12, Coll-Planus *et al.,* 2017, p. 18) and more general guidelines for people living with dementia (*n* = 5-10, Schweitzer and Bruce, 2008, p. 101). They also exceeded the numbers reported on in previous research (e.g. *n* =3, Schofield and Tolson, 2010; *n* =12, Watchman and Tolson, 2015). Large numbers could make groups feel unnatural and could be impractical for people to interact:

> *Researcher:* *The more people there are, the less sociable it is?*
>
> *Pamela:* *Yes.*
>
> *Researcher:* *Because then it feels more like a performance, one person with an audience? Whereas [a smaller] group, feels like a group?*
>
> *Pamela:* *Yes. Exactly. You sort of know everybody. And some of these [big] groups, some of them, they don't speak to you.*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

All groups were mixed and involved both people living with dementia and their care partners. There were no criteria at any group with respect to the level of dementia and thus, participants had significant variation in symptoms and support needs. This exemplifies the complexity that must be managed in community-based groups (Coll-Planus *et al.,* 2017). However, group membership seen in this study was significantly different to those quasi-experimental, or small dementia-specific groups, reported on in previous research (e.g. Schofield and Tolson, 2010; Watchman and Tolson, 2015; Coll-Planus *et al.,* 2017).

Across all groups, the emphasis of activities was more usually focussed upon providing entertainment (e.g. watching films, general knowledge quizzes, or listening to speakers), rather than stimulating social interaction. This seemed to be a result of the large group size (Gibson, 1994) and was perpetuated by the challenge inherent in facilitating activities for the huge variety in interest and ability that was present in the high numbers of participants in attendance (see Chapter 7 for a further discussion about who actually benefits from a large group situation).

Table layouts across all groups involved variations on a cabaret-style table set-up, whereby multiple chairs were positioned around smaller tables. All faced towards a single point in the room, from which the facilitator would lead activities. This further exaggerated an atmosphere of being entertained by a performance from the stage. Furthermore, it created both physical and metaphorical barriers to social interaction:

> *Participants arrived and greeted Leon, but rarely greeted other couples. Perhaps because they sit and face him? Then wait to see what he is going to talk about today.*
>
> (Fieldnotes, Dewhurst FC Group)

> *Tables were set up in rows of two facing the video screen. Each table had three seats. This meant that couples sit together and leave an empty seat. One table had a single man and two spare seats. Another table had two single people with a spare seat between them. It was difficult to turn around to talk to people on tables directly behind you. This made interaction near impossible without physically moving to another table or shouting across the distance.*
>
> (Fieldnotes, Dewhurst FC Group)

Alongside the table layout, each group had only a single facilitator to lead activities. This was also in contrast to former papers that both describe, and advocate for, the need for a high ratio of trained facilitators to enable engagement of different participants in activities (Schofield and Tolson, 2010; Tumosa, 2015; Clark *et al.,* 2015; 2017). Whilst it is not possible to define a precise staff-to-participant ratio that is required in a group (because it will vary depending on interests, personalities and abilities), general reminiscence practice advice also suggests that large groups should split into smaller groups of 2-5 participants. Groups are advised also to have a sufficient number of facilitators to support (Age UK, 2018). In this study, two groups did have additional volunteers, but their roles were largely limited to administration or refreshment support, rather than direct activity support or facilitation with participants:

> *A male volunteer welcomes people at the stadium entrance, before walking them to the room. During the group, he stands at the back and occasionally adds very detailed historical football knowledge to Leon's discussions. Nancy also volunteers. She supports with refreshments, but rarely takes part in group activities.*
>
> (Fieldnotes, Dewhurst FC Group)

> *There are three male volunteers here today. They are all wearing club tracksuits. They help prepare the tables before participants arrive.*

> *During the group, they stand around the edges of the room, rarely interacting with anyone, but instead listening as Daniel (facilitator) presents the group. They help tidy up at the end.*
>
> (Fieldnotes, Tunstead City FC Group)

In effect, despite the presence of volunteers, there was still only a single facilitator for activities. Therefore, the challenge to provide the personalised facilitation that was required by different participants was unfeasible. This could have been a result of budget and resource constraints placed on providers, but also suggests host organisations, staff, and funding bodies might be unaware of existing research and practice advice.

5.4 Group dynamics II: Activities

Each group had a pre-planned programme of activities hosted by the facilitator. Activities included reminiscence-based discussion, talks from speakers, videos, general knowledge quizzes, and physical activity. The latter took the form of seated movement (e.g. arm raises) led by the facilitator, or walking tours within the stadium. Across all groups, the activity programme largely relied upon unimpaired hearing, attention, cognition speed, memory recall and verbal ability. Without additional staff or volunteers to support individual people with activities, the onus was upon care partners to provide any additional support required.

Some activities were themed around the sporting topic, but others were unrelated and included topics such as local history, TV sitcoms, commercial brands, and general knowledge. Several papers have reported that sport reminiscence activities often deviate from the sporting topic because it is difficult to have such a narrow focus for the duration of sessions (Schofield and Tolson, 2010; Wingbermuehle *et al.,* 2014; Clark *et al.,* 2015; Clark *et al.,* 2016; Hawkins *et al.,* 2020). However, these papers report that discussion of other general social history topics stemmed from reminiscence that was originally triggered by sport-related themes. In my study, general social history reminiscence activities were distinct introductions, and unrelated to the sporting theme. Furthermore, activities introduced by facilitators deviated not just from sport, but also from reminiscence (e.g. general knowledge quiz, art-based activity).

Sport-related topics that were introduced during group sessions included former managers, favourite players, significant victories, foreign players, derby matches, rival teams, matchday experiences and stadiums. These echo those reported in previous studies (Schofield and Tolson, 2010; Watchman and Tolson, 2015). In this study, sport-related topics were almost exclusively specific to the club at hand. Triggers related to these topics were provided through a range of resources including video footage, spoken word, printed photographs, and objects. Examples of sport-specific video footage included game highlights, matchday documentary footage and interviews with former managers. The date range of sport-specific footage ranged from the 1970s to modern day. The relatively late professionalism and television coverage of rugby league meant that past footage in the Burfield Rugby Group was usually from the 1990s or early 2000s. It was not clear if the timespan of footage had any relevance because there was little engagement in reminiscence related to videos across all groups. There was also little apparent difference between videos of recent highlights, versus historical footage. In the Burfield Rugby Group, other non-sport historical videos were also shown. This included showing clips from mining documentaries and a popular 1970s sitcom. Videos were often used as an activity in their own right, rather than as stimulus for subsequent social interaction or reminiscence activity:

> *The session began with film footage of the club scoring goals through time, from 1950s to present day. The video was one of success and celebration. You could see and hear the crowd celebrating every goal. There was little or no observable reaction in the participants. After the video, Daniel (facilitator) introduces himself, it seemed like the video was a scene-setting exercise.*
>
> (Fieldnotes, Tunstead City FC Group)

> *Group started with video highlights of last weekend's derby victory, followed by footage of a similar one-sided derby from fifteen years ago. Stuart (facilitator) suggested that people enjoyed the game at the weekend. He then put on a third video of an unrelated 1970s sitcom.*
>
> (Fieldnotes, Burfield Rugby Group)

In effect, in these examples, the video use was as theming exercise, or passive activity. In contrast, at the Dewhurst FC group, the facilitator (Leon) always tried to encourage a discussion based on video content:

> *When the film finished, Leon (facilitator) attempted a discussion. ‘Did that bring memories back?’ Nancy (volunteer) agreed it did, and said that she recognised the starry tops, which were to do with Northern Soul, ‘that was the fashion when I was 15’.*
>
> (Fieldnotes, Dewhurst FC Group)

However, encouraging group participation in the discussion was often difficult and it was often Leon who did the majority of talking:

> *Leon mentioned the shop visible in the footage. He talked of putting money in buckets, but there being no till or receipts. When buckets were full, they were removed and replaced. He then noted the beer mentioned and aspects of the old-fashioned kit. One man nodded in agreement, but no one else offered comment.*
>
> (Fieldnotes, Dewhurst FC Group)

> *After the matchday documentary, Leon asked who has a favourite memory of going to a game. Nobody answers. Brian (volunteer) said he can remember sitting in the [family stand]. Leon asked who else remembers sitting in [the family stand] and a few heads seemed to nod.*
>
> (Fieldnotes, Dewhurst FC Group)

Themes at Dewhurst FC always assumed that attenders would follow the club. However, this was often not the case:

> *‘Oh, I don’t really care about the football to be honest, and [my husband] has never been interested, not in football, no’*
>
> (Morag, care partner, fieldnotes, Dewhurst FC Group)

> *The ‘Northern Gang’ are a couple from a city in the north west. Brenda told me they are keen supporters of their hometown team and only recently moved to Dewhurst.*

(Brenda, care partner, fieldnotes, Dewhurst FC Group)

Across all groups, there were often women who identified affiliations with alternate clubs (as per Brenda), or denied any affiliation at all (as per Morag), and thus, club-specific themes were could be of little relevance. It is well-established that personalising triggers and themes to the interests of each participant is a key aspect of successful reminiscence (Gibson 1997; 2004; Schweitzer and Bruce, 2008; Schofield and Tolson, 2010; Hawkins *et al.,* 2020). Yet, given that there were no procedures in place to identify the particular backgrounds and interests of group participants, there was no way that facilitators could plan themes to better suit the interests of those present. The result was that activities were based on the assumptions of interest in the club, and yet, as noted, this theme was often irrelevant to people in attendance. In turn, this impacted the likelihood of people sharing any reminiscence or contributing to group activities, as their own personal experiences were not triggered or considered relevant by the topic at hand:

> *Brenda tells me she can recall going to matchdays in her hometown, but finds Dewhurst FC 'has less relevance to me'.*
>
> (Brenda, care partner, fieldnotes, Dewhurst FC Group)

As an alternative to video footage, two groups made use of photographs to encourage reminiscence. Images included former and current players, managers, and stadiums. One group also made use of pictures of local landmarks. Facilitators would attempt to direct the group's attention to a particular image in order to trigger reminiscence and social interaction. Regardless of the nature of triggers used, attempts at encouraging people to share reminiscence within a whole group discussion environment were often futile. Verbal contribution was almost always the intended output, but many participants seemed unwilling, or unable, to participate in the group environment. For some participants, in addition to the theme, the mechanisms of delivery presented particular barriers to engagement. For example, a focus on verbal discussion meant that hearing loss could be a barrier to inclusion and participation:

> *Morag told me again that Bill can't hear so he doesn't know what the discussion is about.*
>
> (Morag, care partner, fieldnotes, Dewhurst FC Group)

> *As Leon was talking about the video, Ada turned to me and mouthed 'I can't hear anything'. Later she told me her husband is deaf, so he also 'won't have heard a thing'*
>
> (Ada, care partner, fieldnotes, Dewhurst FC Group)

The impact of hearing loss as a barrier to activity has also been noted in previous research (Watchman and Tolson, 2015). In addition, symptoms of dementia could impact ability to access conversation-based activities. For participants living with dementia, symptoms that affected speed of cognition, language processing or verbal ability were particularly likely to find it a challenge to access to verbal conversation-based activities common in the groups in this study. Whilst the key benefit of sport reminiscence is argued to be group social activity (Clark *et al.,* 2015; 2017; Coll-Planus et al. 2017: Hawkins *et al.,* 2020), some of this same research has recognised that keeping up with groups can be difficult for people living with dementia (Schofield and Tolson, 2010). A lack of adjustment can mean that discussions outpace individuals and thereby exclude and undermine the person living with dementia (Kitwood, 1997). This is an example of malignant social psychology, and has the potential to negatively impact the self-worth of a person living with dementia (ibid.). Furthermore, a lack of adjustment increases the chance of disengagement, and reinforces stereotypical assumptions of inability (Kitwood, 1997; Sabat, 1994; 2019). In this way, presenting inaccessible activities, without sufficient support, could not just exclude, but also be detrimental to some people living with dementia.

It should be noted that not everyone needs to actively participate in order to benefit from the group environment. Indeed, it is possible that some people, in this study, benefitted from activity without feeling a need to be actively involved (Murphy, 2007). It is presumptuous to assume that all persons who remained silent were disengaged. That being said, it is important not to overlook this risk and assume success based only on regular attendance without also considering the wider factors at play that might prevent participation and result in exclusion. An example of regular attendance not equating to success can be seen in the experiences of Morag and her husband, Bill.

Morag and Bill attended their local football club reminiscence group each month, despite admitting to having little interest in the sport. Bill has been diagnosed with Alzheimer's disease and is also hard of hearing. A volunteer (who was also an employee of a local dementia charity) reported encouraging Morag and Bill to come because it was '*good for them to get out of the house'*[6]*.* However, the couple were often visibly stressed and sometimes left the group early because of Bill's discomfort:

> *Bill seemed to be distracted and had little interest in the films. Morag repeatedly told him to be quiet. The volunteer told me they are 'having a bad day' and that Bill 'probably wanted to leave' When I tried to speak to the couple, Morag explained he also has hearing loss, so he couldn't hear/understand me.*
>
> (Fieldnotes, Dewhurst FC Group)

When I asked what was it that drew them to the group, Morag replied, '*well she [pointing at the volunteer] told us to come, we live nearby*[7]*'.* This demonstrates that staff also believed that there was inherent value in group social activity and, as elsewhere (Schofield and Tolson, 2010), regular attendance was seen as a goal and measure of success. However, it also highlights the potential risk that individual differences might be overlooked when signposting to care and support. In effect, this is the antithesis of person-centred care and is based upon assumptions that homogenise the experiences of older people. In this case, Bill and Morag regularly attended a group that seemed neither suited to their interests nor abilities. Bill's disengagement was blamed on his dementia and sensory loss, rather than recognition that the group was neither an environment, nor a topic, that was appropriate for him. It is possible that gendered bias had prompted signposting on the basis that Bill was male and therefore, would benefit from football reminiscence. Alternatively, their signposting to the group might be based on an assumption that

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[6] Fieldnotes, Dewhurst FC Group

[7] Fieldnotes, Dewhurst FC Group

group activity is always important for wellbeing, as well as sport being a means to wellbeing for all. In addition, there may not have been an alternative group to which Bill and Morag could have been signposted to. Regardless, the resulting effect was that Bill was labelled as problematic. This is an example of the entrenched nature of malignant social psychology (Sabat, 1994; 2019; Kitwood, 1997). Bill's experiences in the group were likely unhelpful to his sense of self-worth and value as a person (Sabat, 2019). Furthermore, from a relationship-based perspective (Nolan *et al.,* 2006), these processes are just as unhelpful to Morag and her perceptions of Bill and his dementia.

In the Burfield Rugby Group, a similar example of continued attendance despite a lack of engagement was seen. Hayley brought her mother each fortnight, at the request of her older brother. Hayley's mother had severe symptoms that impacted her ability to understand and express language. Activities at the group were sedentary and thus, once seated, there was no opportunity to mix with other people. Furthermore, engagement required unimpaired attention, cognition and linguistic ability as the facilitator showed videos, hosted speakers, and used a microphone to call out quiz questions. The nature of the group dynamics and activity meant that Hayley did not feel that the group was suited to their specific circumstances:

> *'We have been coming for around four years. I bring Mum every other week, although we haven't been for a few weeks because she hasn't been well. We do feel a bit left out because the others all have their tables. We always just sit here at the back.'*
>
> *…*
>
> *'It isn't so social here. Some people are quite verbal, so I guess for them, it is more social.'*
>
> *(Hayley, daughter care partner, fieldnotes, Burfield Rugby Group)*

Although neither couple seemed to be gaining much benefit from group activities, it is worth noting that both Morag and Hayley continued to bring their respective partners, regardless of the stress that it seemed to cause. This suggests that attendance was still seen as preferable, or perhaps a necessary obligation, versus the alternative likely stay-at-home option. Each woman's continued attendance can be interpreted as evidence of the lack of opportunities available that meet the needs and preferences of people affected by dementia. For female care partners, gendered connotations of a natural responsibility to care for others can exacerbate this sense of responsibility further (Gilligan, 1982; Ferrant, Pesando and Nowacka, 2014). Indeed, the impact of responsibility as a motivation for care partners is worth further attention in future research because it does not necessarily result in positive outcomes and might boost attendance at groups that are not necessarily an effective resource. Section 5.5 of this chapter explores the dynamics of care partner involvement in more detail.

5.4.1 Alternate modes of engagement

Although the overreliance on conversation-based activities meant that both engagement and interaction in group activities were reliant upon unimpaired cognitive and communicative ability, there were also some examples of activities that provided more creative and flexible opportunities for inclusion. At the Dewhurst FC Group, all participants were presented with a programme on arrival. This A4 flyer was provided to all attenders and contained some information from the club historian, alongside a wordsearch, some photographs and a ‘spot the ball’ competition. Having their own copies of pictures allowed people to study the images closely and at their own pace. They also provided an alternate outlet for people who were less willing, or less able, to speak up in the group:

> *Marg showed me Fred’s programme. Fred had drawn a stick man on the photograph of the old stadium. Marg told me that is where he used to sit and drew an arrow and wrote ‘Fred’. Later, Leon noticed and suggested Fred knew the old stadium well. Fred smiled and nodded in response.*
>
> (Fieldnotes, Dewhurst FC Group)

This example, although unplanned, provided evidence of the way in which images can provide a point from which to share experiences. Here, the photograph offered opportunity through mark-making to communicate using non-verbal methods. The multisensory nature of reminiscence triggers has been advocated as a particular benefit for people living with dementia (McKiernan and Yardley, 1995), but encouraging non-verbal communication output can also be of value (Schweitzer and Bruce, 2008; Watchman and Tolson, 2015). Similar techniques to encourage participation and interaction are seen in arts-based approaches (e.g. storytelling, dance, music) to dementia care (Schweitzer and Bruce, 2008; Young, Camic, and Tischler, 2014; Basting *et al.,* 2016; Windle *et al.,* 2018). The example of Marg and Fred is a demonstration of a person-centred approach to activity that reveals that it is not just the content triggered, but the process of social interaction that occurs alongside the memory that can impact the effect of reminiscence activity (Randall *et al.,* 2006; Fazio, *et al.,* 2018). In effect, Fred demonstrated and shared his connection to the club, but also experienced being valued and recognised as a human being. In this scenario, Marg, as his wife and care partner, was an important facilitator in drawing the attention of others to Fred's engagement that otherwise might have gone unnoticed. This can also be understood as an example of a relationship-based interaction whereby all parties benefited from Fred being enabled to demonstrate his unique personal identity, and therefore resist a rhetoric of dementia that might otherwise dehumanise and label him as impaired (Nolan *et al.,* 2006).

Another exception to the emphasis on verbal discussion was through the use of objects. There were two groups that had a selection of objects available alongside photographs and video footage. Tunstead City FC Group had a table of memorabilia that included some 1940s football boots, football kits from the 1970s to present day, club scarves, flags, a wooden football rattle, a 1950s football and a modern football. Matchday programmes (1970s to present day) were also distributed across participant tables. Programmes were not referred to during activities, but rather, were available, within reach, to engage with at participants' will. The footballs and rattle were introduced and passed around the group by the facilitator:

> *Daniel showed the group an old ball and talked about how he remembered playing with it. It would get heavier as it got wetter and got harder to kick. The ball was passed around the group. Participants felt the ball and its weight, sometimes reacting to their partner, and sometimes reacting to the person who had just passed on the ball.*
>
> *…*

> *The wooden football rattle was passed around the group People were mostly distracted by trying to make the rattle work. When someone did manage to make it work, others in the group applauded.*
> (Fieldnotes, Tunstead City FC Group)

Although both objects were introduced with an intention to trigger verbal conversation, they also offered multisensory stimulation, and encouraged interpersonal interaction. Engaging with the objects through touch, sight, sound, and smell was unrelated to linguistic ability and thus, engaged people with varied strengths and symptoms (McKiernan and Yardley, 1995; Kasl-Godley and Gatz, 2000; Clark *et al.,* 2015; Hawkins *et al.,* 2020). The objects also prompted communication between participants, be that through mutual interaction with the object, passing the object on to the next participant, or through the direction of attention towards the current object holder. The less structured nature of object engagement was effective in prompting inter-participant communication in a way that other, more passive activities (e.g. listening to speakers, watching videos) did not. Social attention centred upon the objects also offered opportunity to experience recognition of worth as a person without the need for verbal performance (Randall *et al.,* 2006; Sabat, 2019).

The rattle was particularly successful in that it offered an element of interaction with both the object (in order to successfully produce noise) and with the group (peer encouragement and applause). This offered an in-the-moment activity that made use of social skills, experience of cause and effect, and involved a level of fun and human interaction that was accessible to a wide variety of people both with, and without, cognitive impairment. As an object more commonly encountered in childhood, one might suggest it had particular value also as an object to trigger reminiscence; indeed, upon receipt of the rattle, Sandra was quick to recall her own memory:

> ‘*We had one of these when I was young. It was blue and white though.’*
> (Sandra, care partner, fieldnotes, Tunstead City FC Group)

However, no other information was shared and no other participants made similar admissions. It is possible some people experienced similar recollections, but chose not to share. Many of the interactions that did occur were not related to reminiscence, suggesting that whilst multisensory stimulation and communication opportunities might hold value for the different people involved, that value is not necessarily connected to memory (for a further discussion of the communication interaction and embodied experiences, see Chapter 7). Within sport reminiscence literature, there are other examples whereby objects can also carry additional symbolic meaning through their connection to a particular player or match (Wingbermuehle *et al.,* 2014). In Wingbermuehle's study, symbolic objects were suggested to hold a particular special status that boosted mood and engagement from participants; however, no such examples of were encountered in this research.

Interestingly, none of the other objects displayed on the table at this group were spontaneously engaged with by participants. This could have been a result of lack of interest, but more likely, it was because the nature of the group was to stay seated and have entertainment delivered to the table, rather than have the freedom to move around and engage with objects at will. Thus, without the facilitator's lead, and with other objects out of reach, the potential value of further objects remained untapped. The group at AFC Ashbourne also had some similar memorabilia on display, but no reference was made to it by the facilitator and no participants were seen engaging with it. Thus, activities in this group remained rooted in a verbal-based domain. Evidence related to the use of objects implies that there is a need for facilitators to provide some element of structure and direction to group activities, but equally, could be interpreted as further evidence of the 'sit-and-watch' ethos in the group.

5.5 Group dynamics III: Care partners

Based on the influence of Nolan's (2006) SENSES framework (see Chapter 1), a third element to consider in the dynamics of group activity was the fact that all groups in this study were mixed groups and thus, were open to both people living with dementia and care partners, in contrast to some of the dementia-specific groups reported on in the literature (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020). Thus, I now turn to consider the ways in which the dynamics of care partner involvement could also impact the experience of sport reminiscence. Indeed, within a relationship-based model of care, it is important to consider the ways in which sport reminiscence activities and surrounding interactions can have multidirectional impacts upon individuals, the context and wider society (Nolan *et al.,* 2004; 2006). Thus far, this chapter has presented findings that relate to the way in which the style of activities could shape opportunities for interaction. However, interpersonal interactions within the mixed group environment could also impact the experience of sport reminiscence and create barriers to engagement.

Dementia impacts both parties in a relationship (Daniels, Lamson and Hodgson, 2007) and groups in this study offered promise to both parties for social interaction. However, data also demonstrated that a care partner and their partner living with dementia might have differing motivations, and experiences in relation to sport reminiscence. For example, the social needs of each partner could be in competition. That is, both the care partner and the person living with dementia could benefit from the opportunity for social interaction and the action to meet such needs was not always be complementary. Alternatively, each partner in the relationship could experience different emotional responses to reminiscence work and thus, outcomes could be in conflict. In turn, this could affect access to the activities that held potential benefit. Competing needs and conflicting outcomes could shape the access and experience of sport reminiscence activities for both parties involved.

5.5.1 Competing social needs

Competing social needs were particularly common in couples where one partner’s symptoms of dementia meant a higher level of support was necessary if they were to be able to access group activities. Although no explicit expectation was communicated, the low ratio of staff-to-participants across all groups effectively meant that care partners were relied upon to provide additional support to people living with dementia as required (e.g. encouraging activity, asking direct questions, directing attention). Other evidence based on one-to-one sport reminiscence has suggested care partner involvement can be effective as they can offer insight and facilitation into additional communication needs (Schofield and Tolson, 2010). An example congruent with this conclusion is that of Marg and husband, Fred (see

Section 5.4.1). However, relying on a care partner to provide support meant that the care partner might have to forgo their own social needs in order to enable their partner to participate. Yet groups also represented some level of social respite for care partners and thus, seeking out attention for their own social needs could result in a lack of attention directed to the needs of their partner living with dementia:

> *Sandra and Mary (care partners) agreed that the group gives them a 'bit of a break'. Mary said she can 'just sit back and not worry' about her husband when she is here.*
> (Mary & Sandra, care partners, fieldnotes, Tunstead City FC Group)

Social respite could often take the form of peer support. This included sharing experiences about the experience of dementia:

> Mary '*Derek was up and putting on a shirt at 6am because he was going to work this morning'* Sandra '*Oh yes, George does that as well, he'll be struggling with buttons sitting on the bed at 4am'*
>
> (Mary & Sandra, care partners, fieldnotes, Tunstead City FC Group)

Or more practical support information:

> *'There is a couple at another social group. He has dementia and has deteriorated. She looked very stressed and asked me about respite care. I told her some places, what questions she needs to ask, how she needs to go about it, how to get a social worker and how she might need to pay for it if they have savings in the bank. I hope that helped her.'*
> (Pamela, former care partner, interview, Dewhurst FC Group)

It is well established that care partners are also at risk of psychological, and social problems of their own and thus, require support systems in order to be able to continue to provide care (Pinquart and Sorensen, 2006; Livingston *et al.,* 2017). Thus, the opportunity for enjoyable social interaction and peer support is likely of significant benefit to care partners, which, in turn, indirectly benefits the partner living with dementia (Melunsky *et al.,* 2015; Wilson, 2017). Peer support helps normalise experiences, emotions, and manage expectations related to the informal caring role (Keyes *et al.,* 2014; Melunsky *et al.,* 2015). The struggle of caring is a theme that been reported in another qualitative exploration of a sport-related social activity group (Ovenden, Dening and Beer, 2016) and the need for a private space for care partners to access support has been suggested in a sport reminiscence report (Schofield and Tolson, 2010). This issue is not specific to the sporting context, but data in my study demonstrated that finding ways to support all parties is an important aspect of provision.

All activities in this study were delivered on a whole group basis and thus, none of the groups provided an alternate space for care partners. The result was a risk that negative personal experiences, or a dismissal of their partner's abilities could occur in the presence of the person living with dementia:

> *Mary talked of Don's incontinence to Sandra 'I think the worst thing is the incontinence, he just has no idea, it is constant because he doesn't know if he needs to go or not, it is the worst thing having to clean him up all the time.'*
>
> (Mary & Sandra, care partners, fieldnotes, Tunstead City Group)

> *'He's always repeating himself. I guess it's nice that he thinks he can contribute – probably no one really cares what he has to say'*
>
> (Brenda, care partner, fieldnotes, Dewhurst FC Group)

> *Don seemed to be absorbed by the programmes – looking at the pictures; he looked up and smiled at mention of his name. Mary said he used to play lots of football. I suggested he seemed very interested in the programmes, but she wasn't sure – 'I don't think he takes anything in anymore'.*
>
> (Mary, care partner, fieldnotes, Tunstead City FC Group)

Such peer exchanges might have been a valuable outlet for the care partners (Melunsky *et al.,* 2015); however, they also carried a risk of impacting the dignity and self-worth of people living with dementia should they have heard them, such was the nature of the content and the location in which they were shared. In effect, such exchanges could reinforce dementia-related stigma and stereotypes of disengagement (Bartlett and O’Connor, 2007; Russell *et al.,* 2020). These interactions were examples of the way in which people living with dementia can routinely experience malignant social psychology (Kitwood, 1997; Sabat, 1994; 2019; Bartlett and O’Connor, 2007). Stereotypes of dementia can be deep-rooted and malignant social psychology can be entrenched such that its harmful effects are not recognised (Sabat, 1994; Kitwood, 1997). Indeed, observing the way in which people interact with a particular individual can inform all parties (including the self) about the inherent worth of that individual (Harper, Oltean and Baker, 2020). Thus, hearing stories of one’s incompetence is likely to further establish feelings of incompetence. Further examples of the dismissal of people living with dementia were observed across other groups in this study:

> *I asked Jean about her connection with the rugby. Her symptoms include aphasia, but I confirmed with her she is from the north and played a lot of sport as a teenager. Sharon is seated nearby and interrupts. She says ‘Jean’s husband, Tom is a big rugby fan, but she has a few problems with.. [Sharon points to her mouth, shakes her head and mouths ‘words’]. Jean went silent.*
>
> (Fieldnotes, Burfield Rugby Group)

> *I was sitting with two men. One was very chatty, but he kept asking me where I was from. He told me he was a big fan of Burfield. When I asked a few questions, his wife mouthed ‘he has dementia’ and he did seem to go a bit silent after that.*
>
> (Fieldnotes, Burfield Rugby Group)

The entrenched nature of stereotypes of dementia and disability were also evidenced by the reflections of a facilitator:

> *‘It was good today because Mary spoke up too. Often it is a care partner who speaks up. I often think it is more beneficial for them because the people living with dementia don’t really speak up much.’*
>
> (Daniel, facilitator, fieldnotes, Tunstead City FC Group)

In effect, Daniel was *othering* people living with dementia and demonstrating the deep-rooted nature of dementia stigma. A similar *othering* effect was seen in some of the peer exchanges described above. Such language contributes to the maintenance of negative stereotypes of people living with dementia. In turn, this can impact not just the individual, but also the perceptions of all people in a group. Such a culture neglects to consider the disabling effects of activity design, instead continually problematising individuals living with a diagnosis (Bartlett and O'Connor, 2007). This often seemed to be the case in groups in this study.

Some women (both care partners and women living with dementia) privately expressed their discomfort at witnessing situations whereby people living with dementia were excluded by care partner dynamics:

> *'The care partners were talking to themselves all the time. One of the husbands said something to his wife. She turned around and said 'will you shut up' but really shouted and I thought, 'do I really want this? No, I don't'. That's why I don't particularly like going[8].'*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

For Carol in particular, whose memory was unaffected by her dementia, witnessing negative exchanges was distressing and contributed to her avoidance of group activities:

> *'Café, is mixed group. And.. so family do most of the talking. And.. groups which talk over each other.' [Shakes head and screws up face to indicate dismay]*
>
> (Carol, woman living with dementia, interview)

Sabat (2019) has suggested that it is not uncommon for care partners to be unaware of the impact that such comments and behaviours can have. There is reported to be a common assumption that impaired recall means that one will not be affected by such statements (ibid.). However, this assumption forgoes the impact of implicit

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[8] Pamela was reflecting upon an experience of another group for people living with dementia and not the Dewhurst FC Group

memory, whereby a person may be unable to recall what has been said, but behaviour is adapted anyway (ibid.). In this way, such language and interactions can have a direct impact on the manifestation of symptoms. Thus, returning to the groups in this study, welcoming care partners into groups had created a complex dynamic that needed to be managed if both partners were to benefit from activity. This dynamic was not helped by a context in which activities were neither personalised to interests, nor abilities, and thus, could exaggerate a position of disability.

It should be considered that examples of care partners dismissing, disregarding, or othering their partner could be interpreted as evidence that care partners are not being provided with appropriate information and support in order to be able to adjust to the changes that a diagnosis of dementia brings (Brooker, Dröes and Evans, 2017). Indeed, it has been recognised that examples of malignant social psychology can sometimes be misguided attempts to actually protect a partner (Sabat, 1994; Kitwood, 1997). Kath demonstrated such intentions during interview:

> *Kath:* *There was a black-tie dinner at the club. But we didn't go to that, we just went to the home game. All the grandchildren went and we managed. Harry was ok. I was very used to covering for him..*
>
> *Sarah:* *You protected him..*
>
> *Kath:* *I protected, or would say something, because I knew just how far Alf could go or what, what he would understand*
>
> *(Kath (care partner) and Sarah (daughter care partner), interview)*

Several of the previous examples in this section could be interpreted as similar attempts to protect the person from potential exposure. Interestingly, other research has reported mixed success with respect to care partner involvement in care home sport reminiscence, but little detail as to why has been provided. (Clark *et al.,* 2015). It is equally important to recognise that care partners have their own social needs and thus, ought to be provided with appropriate support to enable them to maintain a sense of social connectedness and positive mental health. This is the first study to begin to explore some of the complexities of this issue in sport reminiscence community groups. A much more in-depth focus is surely warranted in future research.

5.5.2 Conflicting outcomes

In contrast to competing social needs, whereby meeting the social needs of one partner might be to the detriment of the other, there were occasions where the outcomes of the sport reminiscence experience could be opposing; that is, one partner might have a positive experience, whilst the other could find the experience negatively impacted upon wellbeing. Previous sport reminiscence research can be interpreted as evidence that the interests of people living with dementia and care partners can be in conflict (Solari and Solomons, 2012). Although the ubiquitous nature of sport has been argued to appeal to both fanatics and those with a passing interest (Clark *et al.,* 2015; 2017), the topic of sport does not always engender benevolent feelings. In this study, there were some women who were explicit in their dislike of particular sports:

> *As Leon is talking, Ada looks at me and shrugs. 'I don't like football, I never have!'*
>
> (Ada, care partner, fieldnotes, Dewhurst FC Group)

> *'I hate football. Hate it, hate it, hate it! I am a football widow'*
>
> (Odette, care partner, fieldnotes, Tunstead City FC Group)

Odette rarely attended group activities and her husband was more usually accompanied by a paid carer; meanwhile, Ada came because her daughter-in-law insisted on bringing both her and her husband to the group (see Section 5.2). Many female care partners across all groups admitted having little interest in the sport, but it was relatively rare to vocalise such strong dislike. Rather, after recognition of the promise of social opportunity, most women interpreted their attendance as for the benefit of their partner. Putting a partner's needs first is thought to be a common narrative for female care partners, regardless of the leisure intervention at hand (Gilligan, 1982; Strang, 2001). This is thought to be a result of a feminine ethics of care whereby women sacrifice their own leisure interests for the benefit of others (ibid.). Indeed, although statistical information was not recorded in this study, it would be true to say that female care partners out-numbered male care partners in all groups in this study. As alluded to with Bill and Morag (see Section 5.4), this could have been a result of gender-biased signposting, but it could also have been a result of gendered pressures on Morag to assume, and be seen to enact care responsibilities.

It must be recognised that some data demonstrated that if topic of sport was particularly unappealing to a care partner (as per Odette, above), they would choose not to come. This could have impeded access to the group for Odette's husband, had it not been for the regular paid carer, and indeed for other partners who had conflicting emotions in relation to the opportunity. However, no other such examples were uncovered, but this was unlikely given the nature of the approach in this study. For other couples, the situation was more complex than simply having opposing interests. There were several examples where both partners expressed a positive historical relationship with the sporting context. However, the results of recalling former abilities demonstrated that the emotional responses to former memories could be contrasting:

> *Harriet told me about her husband, Greg. He had been a great runner, and described his training efforts. But she also contrasts it with the sadness she now feels at his current condition.*
>
> (Harriet, care partner, fieldnotes, AFC Ashbourne Group)

> *We did a game on Monday evening. It was pairs. I did it with someone else. He just sat and watched. He can't do it anymore […] It's a shame because he enjoyed doing it.*
>
> *…*
>
> *[He] used to like to [the Blues].. […] He doesn't watch it as much now [tone changes to very solemn]*
>
> (Helen, care partner, interview, Burfield Rugby Group)

It is well established in literature that reminiscence does not always stimulate positive feelings (Bluck, 2003; Cappeliez *et al.,* 2005; McKeown *et al.,* 2010b) and contrasting past ability with present condition seemed to be a particular mechanism through which negative feelings of sadness and loss could be triggered (McKeown *et al.,* 2010b; Watson, Parker and Swain, 2018). For some women (as Helen and Harriet above), sport reminiscence evoked a sense of loss in relation to their partner and their former abilities. This sense of loss could be extended further to feelings of resentment that were connected to blame attribution. The most apparent example generated in this study was Kath and Harry. Harry was a former professional footballer and was diagnosed with frontotemporal dementia in his 60s. Kath was his wife and care partner. Kath had no doubt that football had caused Harry's dementia. Kath and daughter, Sarah, shared examples of particular memories that they had now connected with repeated head injuries, and his subsequent dementia diagnosis:

> *Kath:* *Harry would put his head on the end of a boot and not think twice about it..*
>
> *[…]*
>
> *Sarah:* *We have newspaper cuttings of Dad on the pitch, with a bandage round his head and blood coming down his head. It wasn't a one off..*
>
> *Kath:* *Yeah, he was playing Town and he got kicked in the head. This was very visual. I think a lot of them weren't visual because he didn't bleed.*
>
> *Sarah:* *He'd get a lot of cuts over his eye didn't he?*
>
> *Kath:* *His head was pouring with blood. He ran off and he wasn't off minutes. He had a white shirt on and it was covered in blood. He come back on, with the bandage round his head. Then he was heading the ball, played the rest of the game.*
>
> (Kath (care partner) and Sarah (daughter care partner), interview)

Recalling these incidents, Harry was depicted as tough and heroic. Such narratives were typical of a traditional masculine sporting culture that celebrates physical dominance (Burton Nelson, 1994; White, Young and McTeer, 1995;; Connell 1995; Spracklen, 2014). However, to Kath and Sarah, these incidents were graphic examples of situations that they believed had caused significant damage to Harry's brain, and impacted both his, and their, long-term life. Kath and Sarah's response was an example of the way in which outcomes of reminiscence can be shaped by the context of retrieval (Pasupathi, McLean and Weeks, 2009; Webster, Bohlmeijer and Westerhof*,* 2010). For Kath, reminiscence about Harry's football roused contrasting emotions of pride and resentment. The very qualities celebrated by traditional masculine sporting culture (in this case, his toughness and ability to play through injury), were the reasons why Kath felt he had developed dementia and she now felt a clear sense of loss. Although Kath continued to participate in football-related activities for Harry's benefit, her emotional response was complex:

> *When people talk to me about Harry a lot, they talk about his football, but I also think about all the other things.. the things we have lost'*
>
> (Kath, care partner, interview)

In England, the Football Association[9] has now begun to recognise the connection between heading footballs and dementia (Mackay *et al.,* 2019) and a number of Harry's peers have also been diagnosed with similar conditions. Links between dementia and repeat head injuries in other professional sports (e.g. rugby, American football), are also now recognised (Lehman *et al.,* 2012; Stewart, 2021). UK studies thus far have focussed only upon professional footballers (Mackay *et al.,* 2019) and there is a need for more evidence studying amateur athletes. However, a link between sport participation and dementia was also alluded to by other female care partners in my study. On each occasion, the women brought up the connection between their husband's dementia and amateur sports career without my prompt:

> *On seeing the old leather football, Sandra mentioned the proposed link between heading and dementia. She mentioned Dawn Astle[10] and her campaign. Daniel acknowledged that they are doing research on this. Sandra pointed to George and said he used to play a lot of football, implying it might be related.*
>
> (Fieldnotes, Tunstead City FC Group)

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[9] The Football Association (FA) is the governing body of association football in England.

[10] Dawn Astle is the daughter of Jeff Astle, a former professional footballer. Dawn has received recognition for her campaign for more research into the links between football and dementia.

> *Brenda talked about a recent TV programme that recognised links between heading footballs and dementia. She indicated towards her husband, 'I do wonder, you know, if that is a part of it'*
>
> (Fieldnotes, Dewhurst FC Group)

> *Harriet told me that Greg used to play rugby when he was younger. She wondered if 'concussions and that' had contributed to his dementia, because otherwise, 'Greg was so healthy'.*
>
> (Fieldnotes, AFC Ashbourne Group)

Seeking explanation is reported to be a common element in a care partner's narrative of the experience of dementia (Benbow and Kingston, 2016). Identifying a link between sport and dementia could be one solution that care partners identify. Seeking explanation can be a helpful psychological mechanism that stimulates a sense of understanding and control (Keil, 2006; Lombrozo, 2006). Equally, it can represent a less helpful attempt at focussing blame and/or negative emotions that the individual experiences in relation to the experience of dementia (Keil, 2006; Lombrozo, 2006). The latter is more likely to trigger negative emotions and hinder any mood-boosting benefit reminiscence activities might trigger. As the link between sport-related head injuries and dementia becomes better established and recognised in popular culture, more care partners may be influenced by the explanation. Thus, paying attention to former sporting pasts, celebrating particular hypermasculine traits, or sport-related memories could be an increasingly difficult and complex experience. This finding adds a new dimension to sport reminiscence as yet unexplored, and raises the possibility that each partner in the relationship could have very different emotional responses to themes or past activities. The emotional response triggered could be independent of the response experienced at the time the activity recalled occurred. In turn, this could impact both the motivation to engage, and the outcomes experienced, as a result of sport reminiscence activity. Although no such examples were encountered in this study, it is possible that some women (and some men) living with dementia could also experience a sense of loss in comparison to past memories, or indeed a sense of resentment if blame is attributed. Thus, the importance of effective personalised activity signposting, support, and facilitation is ever more crucial to the sport reminiscence experience.

5.6 Summary

This chapter has presented data in relation to women's experiences of sport reminiscence and the theme of social engagement. The promise of social engagement was a key motivation for activity, but the reality could be paradoxical. It was recognised by most participants that social activity was an important factor that could help maintain wellbeing. However, the social benefits of sport reminiscence were complex and were not always realised. The dynamics of groups and their activities did not encourage interaction and participation could be inhibited by different barriers. Across all groups, there was an emphasis on verbal interaction, however, verbal contribution was usually dominated by the facilitator. There was little evidence of participants sharing individual or collective memories during activities. This was probably both a consequence, and contributing factor, to the way in which group activities had evolved to become entertainment presented by a single facilitator. In addition, limited conversation-based activities accentuated a risk that disability could be exaggerated, rather than recognition that group activities themselves could be disabling. For some people, barriers did not prevent them from becoming regular attenders, nor did they necessarily result in negative outcomes. However, barriers were experienced differently by different women and could result in very different experiences of group sport reminiscence. Some female care partners found groups provided peer support and valuable social opportunity irrespective of the sporting context.

Although sport reminiscence has been previously argued to provide opportunities to improve mood, confidence, sociability and demonstrate expertise (Schofield and Tolson, 2010; Coll-Planus *et al.,* 2017), it is difficult here to make any such assertions about group activities because there was little evidence of engaging in sport reminiscence observed or reported in group activities. Neither the value of social engagement, nor the barriers to participation were specific to the sporting context and thus, data in this chapter has also provided valuable evidence that can be considered within the wider context of community-based dementia activities.

CHAPTER 6: Sport: The gendered context

6.1 Introduction

This chapter presents findings that explore data within the theme of the gendered context of sport reminiscence. As described in Chapter 1 and 3, the analysis stems from a theoretical approach influenced by feminist authors that recognises sport as a domain in which wider sociocultural attitudes and beliefs are reflected and reinforced (Hargreaves, 1994; Koivula, 2001; Jarvie, 2013; Toffoletti, 2017). For example, recognition that there is a fundamental masculine hegemony in sport that constructs conventional gender norms, characteristics, and relations. In turn, this produces assumptions that inform whose memories matter, and how one should act in the environment, in effect, impacting the way in which women choose to engage with opportunities for sport reminiscence. Following on from the previous chapter, it is possible that the gendered nature of the context was an additional barrier that impacted group attenders' willingness to participate in reminiscence activities.

Data presented relate to the women's biographies, attitudes, behaviours, and group experiences. Findings demonstrate the gendered nature of sport and the sport reminiscence context. Whilst many women shared common patterns of historical participation and spectating through one-to-one conversation, certain activities contradicted gender-based assumptions upheld in group activities and more common sporting gendered rhetoric. Many women in this study did identify significant and meaningful connections to sport, however, some women experienced a paradox in relation to the connection between their personal experiences and the overarching gendered norms that informed their understanding of sport. This demonstrated how the sport reminiscence context could present barriers to those whose identity or experiences vary from traditional norms.

This chapter is not presented as a fully comprehensive analysis of the impact of gender on experience, but rather an exploration of the gendered context in which sport reminiscence exists. This chapter demonstrates that aspects related to gender can shape opportunity, behaviour and meaning and thus, demonstrates the exclusivity inherent in the sport reminiscence context. Findings in this chapter contribute to an argument for a much greater focus on gender (and other sociocultural characteristics) within dementia theory, research, and practice.

6.2 Gender-based assumptions

All groups in this study were located in traditional masculine sports (football and rugby). Although all clubs had women's teams, these were a relatively new addition and there was never any focus upon female roles, history, or participation in sport during reminiscence group activities. This aligns with the common assumption that sport has historically been an exclusively male environment, despite increasing evidence to suggest otherwise (Allon; 2012; Toffoletti, 2017). Allied with such an assumption, it was common for women across the study to express traditional gender-stereotyped expectations:

> *The women are gathered around a table with a female staff member. They are talking about Christmas shopping. One of the women tells me, 'the women sit and gossip, whilst the men sit and talk about football!'*
>
> (Fieldnotes, AFC Ashbourne Group)

> *'Not a lot of women are interested in rugby. Well, they don't understand it'*
>
> (Marie, living with dementia, interview, Burfield Rugby Group)

> *'I don't like women's boxing, that's too dangerous. I don't like to see that'*
>
> (Sandra, care partner, fieldnotes, Tunstead City FC Group)

The ideas expressed by the female participants often reinforced traditional binary stereotypes and implied a natural link between men and sport. These examples also demonstrated how the gender bias was socially constructed by different participants (Hargreaves, 1994; Free and Hughson, 2003). Such expressions echo the traditional hegemonic masculine culture that is present in existing sport reminiscence practice and research (Schofield and Tolson 2010; Clark *et al.,* 2015; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018). In effect, these statements were undermining women's access, and legitimising men's authority, in the sporting domain (Demetriou, 2001). For example, in the above quotes, men were assumed to be stimulated and knowledgeable about sport, whilst women were responsible for domestic chores and should not partake in violence. These assumptions also contribute to upholding the popular recognised image of an authentic sports fan as male (Pope, 2011; 2012; Esmonde, Cooky and Andrews, 2015). In a further example from a daughter care partner, Sarah, there was evidence of just how entrenched such binary views were, not just in the group context, but in wider society:

> '*Most men have visited a form of sporting arena, in their life. Most women haven't.*
>
> *[…]*
>
> *That's the difference that most women of the generation now experiencing dementia know sport arenas and the sporting atmosphere in a very different way to how a man knows it.*
>
> *A man's heart rate will race. I would say probably 90% of men's heart rates will race, being in that environment, hearing that crowd.'*
>
> (Sarah, daughter care partner, interview)

It is interesting to note, not just what is being said, but also with how much conviction Sarah made her statements. This suggests that Sarah believed such opinions were unquestionably true, and demonstrated just how unyielding the gender bias seemed to be. In addition, Sarah's reference to 'women of the generation now experiencing dementia' is evidence of the common assumption that women's connections and participation in sport are a relatively recent phenomenon, despite increasing evidence to the contrary (Borer, 2009; Allon; 2012; Toffoletti, 2017). Furthering this male privilege, it was also common for women to relate their position in the sporting context as supplementary to their male relatives:

> *Mary has always lived in Tunstead and says that she loosely follows [the club] because husband, Don, was always 'into it' and her son was 'football mad'*
>
> (Mary, care partner, fieldnotes, Tunstead City FC Group)

> *'I only follow [another team] because my husband does. I mean, I watch them; we watch all the games, but my husband, he's the fan.'*
>
> (Amy, daughter care partner, fieldnotes, Tunstead City FC Group)

> *'I really got into the football because of the boys you see? You either beat them or join them!'*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

> *I ask about supporting the rugby and she says 'well it's my husband who is really interested, although I watch too of course'*
>
> (Collette, women living with dementia, fieldnotes, Burfield Rugby Group)

Such positioning contributed to a context in which women were perceived as guests within the male privileged context of particular sports (in this case, rugby, and football). In addition to the discourse of women themselves, it was interesting to note that on the rare occasion women did feature in historical resources (e.g. newspaper clippings shared during private interviews), they were usually described in relation to male counterparts, thus again reinforcing this subordinate secondary status:

> *'Man of the race was Nigel Harris, with brother, Richard's wife, Ruth, in the chair'*
>
> *'Ruth Andrews, an attractive dark-haired, 28-year-old housewife and mother'*
>
> (Ruth, living with dementia, excerpts from newspaper clippings, interview)

> *Carol has found an old newspaper. The headline, 'England are out for revenge in the women's hockey international against Germany at Wembley'. The line-ups are listed with reference to the female players' marital status.. Mrs. Kathleen Malcolm, Sarah Bird, Mrs.. Mrs..*
>
> (Carol, living with dementia, interview fieldnotes)

It can be argued that relating a woman's role in sport to her marital status reinforces a particular set of accepted domestic ideals and promotes a heteronormative agenda within the context (Nauright, 1999; Clayton and Harris, 2004). In effect, it reinforces an underlying ethos whereby a woman's position is always relative to men, rather than being accepted in her own right. Furthermore, it creates a set of heteronormative ideals that construct an acceptable complementary position for women that does not threaten the traditional masculine privilege (Clayton and Harris, 2004). The newspapers can, in effect, be seen as an example of how historical resources contribute to a gendered cultural politic (Reading, 2016). Another way in which the heteronormative agenda was supported was through women recognising sportsmen as objects of sexual desire:

> *Ruth:* *I like Formula 1.*
>
> *Me:* *What do you like about Formula 1?*
>
> *Ruth:* *Well.. Lewis for a starter! [Laughs]*
>
> (Ruth, living with dementia, interview, AFC Ashbourne Group)

> *'But what changed my mind was rugby players. Philip and I went on a cruise to Samoa. The man who was our tour-guide, he was from Samoa, Mike. He was a rugby player and I thought, 'yes!' [winks and laughs]*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

> *'I don't really understand rugby, but I think it's just the men. I like a bit of meat on the bone.'*
>
> (Sandra, care partner, fieldnotes, Tunstead FC Group)

It should be noted that physical attraction to male athletes is often devalued as a legitimate mode of fandom by both men and women alike and yet, it is a relatively common cultural practice (Esmonde, Cooky and Andrews, 2015). Such rhetoric can be argued to reinforce the narrow narratives through which gender (and sexuality) are reproduced in traditional sporting rhetoric (Marks, 2019). Furthermore, it is an example of how exclusion can be embedded within cultural practices (Esmonde, Cooky and Andrews, 2015). In effect, it creates an acceptable non-threatening role for women, albeit one where fandom is often deemed illegitimate (Toffoletti, 2017). The heteronormative narrative can further work to *other* participants whose identities vary from these limited narratives of gender and sexuality. Just as the previous chapter noted that people living with dementia can be othered as a result of disability-based assumptions, gender-based othering contributes to the creation of an environment that is, in effect, exclusive (Giulianotti, 2002; Pope, 2012; Toffoletti, 2017).

In this study, facilitators also contributed to the construction of male privilege. Some facilitators assumed that content would likely be of more interest to male participants. This echoed findings in earlier research that suggested staff members assumed men should be the targeted recipients (Schofield and Tolson, 2010; Clark *et al.,* 2017). A particular example of this could be seen through one facilitator who only targeted male participants for their early childhood memories of matchdays:

> *Leon asked who remembers [the family zone] and no one answered. He then asked each male participant directly. Most men simply nodded or shook their head. One female care partner answered for her husband.*
>
> (Fieldnotes, Dewhurst FC Group)

A second example of gendered assumptions was apparent in the surprise shown by another facilitator at the knowledge demonstrated by a female participant:

> *Daniel asked people to name a player from the era of the leather ball. Most people read out the player card in front of them. The exception was a male care partner and Sandra. Daniel suggested Sandra has some knowledge, and she admitted she reads about it, but doesn't 'really watch it that much'. Daniel didn't note the man's knowledge.*
>
> (Fieldnotes, Tunstead City FC Group)

Daniel's behaviour suggested that he felt it was remarkable for the older female to have knowledge, but not necessarily the older male, thereby suggesting an underlying gendered bias. This again can be argued to be evidence of the deep-rooted nature of taken-for-granted assumptions with respect to the social characteristics of (in this case football) fans.

6.3 Culture of hegemonic masculinity: Celebrated narratives

Beyond participants' attitudes and expectations, another way in which traditional gendered expectations were reinforced was through themes apparent in sport-related memories and activities. Hypermasculine traits, such as competitiveness, rivalry, strength, and toughness (Koivula, 2001; Toffoletti, 2017; English, 2017) were common in relation to groups and more general sport-related discourse.

6.3.1 Rivalry

Of particular interest was the relevance of competitiveness, seen through the concept of rivalry. The representational nature of sport creates competition between rival factions that can be enacted through particular ritualistic behaviours (Benkwitz and Molnar, 2012; Tyler and Cobbs, 2017). In the groups, many women did not identify as 'fans' per se; however, regardless of team affiliation, the women often took part in behaviour that enacted club loyalty:

> *At the break, Leon led a tour to pitchside, via the changing rooms. One man tried to usher people towards the away dressing room, both men and women recoiled and Brenda said, 'don't want to go in there!'. There was an implied distaste for anything related to the away team. The group was enacting being 'the home team' despite some people not identifying as supporters.*
>
> (Fieldnotes, Dewhurst FC Group)

> *Pamela asked me if I was a City fan, and when I responded that I wasn't, 'ooh, you'd better leave then, because we are only City fans here.' She paused. Then laughed. Pamela later admitted she is not really a fan.*
>
> (Pamela, former care partner, fieldnotes, Dewhurst FC Group)

Usually, behaviours enacting rivalry were delivered with good humour and seemed to contribute to an improved collective mood and a sense of group cohesion (Berendt and Uhrich, 2016). As in the examples of Pamela and Brenda above, women demonstrated behaviours or attitudes that explicitly implied group affiliation, regardless of individual self-identification they normally expressed. This group affiliation echoed lessons from Murphy (2007), where the sense of being in a group was an important benefit in its own right. Such a finding presents an argument for some inherent benefit in locating groups within particular clubs that are constructed to hold rivalries with designated opponents. In effect this creates a defined outgroup that might strengthen the shared sense of belonging of the ingroup. Of course, such outcomes are dependent upon the knowledge, affiliation and motivation of group members. However, the tendency to enact rivalry by members who did not identify as fans or supporters suggests that for many people, a sense of shared identity and belonging was something to aspire to. Furthermore, the context of sport provided the explicit ingroup and outgroups to which one could readily demonstrate affiliation, which could have enhanced valuable feelings of belonging.

It should be noted that sporting rivalry can also produce conflict and hostility and there were examples of sport-related memories whereby women recalled instances imbued with a more sinister tone:

> *Helen:* *Some of the places are not very good to go to really*
>
> *Me:* *No? Like where?*
>
> *Helen:* *[City name] […] Coming towards the end and we were winning and they said to me, 'come on, let's get out of here, run!' So, we got out and we ran. We got away ok. The coaches had to have police escorts out. And [the opposition fans] were all crowding round the coaches and the police were there. They took us out for about a mile before they went.*
>
> (Helen, care partner, interview, Burfield Rugby Group)

> *'I can remember them all walking down the road and chanting. It was quite scary. I had my sick daughter with me. But they didn't make way, they were just looking for the [opposition fans]. Just wanted to fight.'*
>
> (Odette, care partner, fieldnotes, Tunstead City FC Group)

> *'I nearly got thrown out the ground at Rovers before we got married because somebody said something about Harry. I was in the stand. He was being quite rude. I hit him with my umbrella.'*
>
> (Kath, care partner, interview)

In effect, rivalry could also work to undermine group cohesion. This could be through support for an alternate team (and therefore identification with a designated outgroup). Alternatively, it could be through a hesitancy in affiliation with a group defined by hostile behaviour. Such connotations may be loaded into understanding of the term 'fan', and thus, contributed to a hesitancy the women demonstrated in identification as such. Indeed, football in the UK was significantly impacted by an association with hooliganism in the 1980s and thus, some women might be hesitant to associate with the culture.

It was interesting to note that although not evidence of inter-team rivalry, women were often clear about their affinity towards particular sports:

> *'I like rugby, and I, I do support Burfield, but.. I'm not mad on anything like that. And I don't like football.'*
> (Marie, living with dementia, interview, Burfield Rugby Group)

> *'My, interest in rugby rather than football. If you were rugby.. didn't want anything to do with football.'*
> (Carol, living with dementia, interview)

> *'We are rugby people, not football, no'.*
> (Julie, daughter care partner, fieldnotes, Burfield Rugby Group)

> *'Our granddaughters both play netball, but I was hockey.'*
> (Mary, care partner, fieldnotes, Tunstead City FC Group)

Identifying with particular sports over others is again evidence that questions the proposed universal appeal of sport reminiscence. Different sporting cultures can be linked with various sociocultural categories and thus, inter-sport rivalry or difference is often symbolic of other sociocultural differences, such as gender, ethnicity, or class (Benkwitz and Molnar, 2012; Tyler and Cobbs, 2017). For example, when describing a bowls game played in London, Helen alluded to class-related differences in local sporting culture she encountered when playing bowls:

> *‘I can remember the first time I went [down south to play bowls with Jim]. He asked me to play because they were short of a player. And the woman come and says,*
>
> > *“I will inspect your shoes!” [mocks bossy posh voice followed by snorting, then laughs].*
> >
> > *“You cannot walk on the grass without proper shoes!” [continues voice and laughs].*
>
> *[…]*
>
> *They don’t bother up here! They really don’t, as long as you’ve got flat shoes.’*
>
> (Helen, care partner, interview, Burfield Rugby Group)

No examples of the intersection between ethnicity or sexuality were generated in this study, which in part reflects the limited demographics of the group populations. In some ways, the absence of data reveals the lack of diversity in which sport reminiscence groups currently exist. The diversity of different sporting cultures has been largely overlooked in existing sport reminiscence research (e.g. Schofield and Tolson, 2010; Watchman and Tolson, 2015; Watson, Parker and Swain, 2018). Yet, previous literature does have examples of participants exiting groups because of a preference for an alternate sport (e.g. Watchman and Tolson, 2017: p. 63), but there remains little consideration of how the intricacies of different local sporting cultures within, and between, sports might impact the provision of sport reminiscence.

6.3.2 Toughness

A second example of reminiscence narratives centred around a hypermasculine trait was the theme of toughness. Within the context of sport, this is usually understood as physical toughness, expressions of violence, aggression, and stoicism (Koivula, 2001; English, 2017). Toughness was alluded to across various sports, including football, rugby, and hockey:

> *Kath:* *Harry would put his head on the end of a boot and not think twice about it..*

> *Sarah:* *Well not just a boot, a head-to-head, head-to-shoulder, head-to-boot..*
>
> *Kath:* *He would. He would do anything.*
>
> (Kath (care partner) and Sarah (daughter care partner), interview)

> *'Here, it is tough men. They just keep going and going, they never want to come off that pitch.'*
>
> (Julie, daughter care partner, fieldnotes, Burfield Rugby Group)

> *Final video is some footage of a game against City. It is suggested that this is a notorious game because of the fighting. At the mention of City, several voices refer to 'Dirty City'.*
>
> (Fieldnotes, Dewhurst FC Group)

> *'[Hockey is] tough and haven't got to mind getting hurt!'*
>
> (Carol, living with dementia, interview)

Narratives of toughness and the celebration of violence can normalise particular ideas of what masculine power and identity looks like (Postow, 1980; Koivula, 2001; English, 2017). In football group activities, it was particularly common for the toughness demonstrated by footballers from the past to be contrasted to the perceived relative weakness of footballers in the present:

> *Following a documentary video of matchday footage from the 1970s, Leon (facilitator) led a discussion. He noted the 'short shorts' and 'knee-high socks'. He then noted that footballers now wear 'tiny shinpads' that offer no protection.*
>
> *'Well it was proper football in those days, proper football' said one man.*
>
> *Leon agreed, 'yes, you actually were allowed to tackle then, players just wear slippers now'.*
>
> *'And all these coloured boots' said the same man. 'They are more worried about the pretty colour of their boots than getting stuck in!'*
>
> (Fieldnotes, Dewhurst FC Group)

In this situation, characteristics related to aesthetics, more commonly associated with feminine qualities (Hargreaves, 1996; Koivula, 2001; English, 2017) are implied to be inferior to the toughness exhibited by players from the past. This reinforces the value of physical dominance and similarly devalues more traditional female qualities, thereby upholding the context that celebrates male power. None of the women in this situation seemed to react to this exchange, but in truth, they rarely reacted to any of the reminiscence discussion in this group. This suggested that they either had no interest or felt their contribution would not be deemed relevant. A similar toughness comparative narrative was observed in the Burfield Rugby Group:

> *'You wouldn't get that at the football. It is more like theatre! All that screaming and rolling around. Footballers, it is like they spend 90 minutes trying to come off. Our boys spend 90 minutes trying to stay on the pitch!'*
>
> (Julie, fieldnotes, daughter care partner, Burfield Rugby Group)

Again, it can be seen that the importance of physical toughness is embedded within the culture and thus, failure to live up to extreme toughness is dismissed as effeminate and subordinate. Such narratives support a context whereby only men whose behaviour fulfils ideal expectations of physical power have stories that matter within the sport reminiscence context. This creates a challenge to both men and women who have valuable stories that diverge from these limited celebrated narratives.

6.4 Hints of variations in gender-based culture across different sports

Despite much evidence demonstrating the unyielding nature of hegemonic masculinity in the sport reminiscence environment, it is worth recalling that the dominant culture of sport is largely informed by that sport dominant in the particular context (see Chapter 1). In the UK, this is football (Johnman, Mackie and Sim, 2013; Spandler, Roy and McKeown, 2014). Three of the groups under study here were located in professional male football clubs. There were no groups identified in the initial recruitment scoping exercise that were associated with non-traditional masculine sports. There were groups that advertised more general sport reminiscence (i.e. without a specific club or specific sport theme), but gatekeepers at these groups were not interested in participating in the study. In contrast to the football groups in this study, observations in the Burfield Rugby Group did generate some evidence that hinted towards more flexibility with respect to gendered expectations of its fan-group. Many of the female attenders described attending games or watching the match:

> *'Oh yes, I never missed a match. We come every week. We sit on the 'D' over there. On the halfway line!'*
>
> (Kate, care partner, fieldnotes, Burfield Rugby Group)

> *'I'll watch them when they are on the TV, yes. It is good to support'*
>
> (Mavis, care partner, fieldnotes, Burfield Rugby Group)

> *'I've been to [a local football club] a few times with Jim before he was diagnosed with dementia. There was a lot more men than women. But rugby league, you do find a lot of women there.'*
>
> (Helen, care partner, interview, Burfield Rugby Group)

It was common for women to equate their comfort in the rugby atmosphere to the 'family-oriented' nature of the rugby culture:

> *'And this is our club. It has always been our club. It has a real family atmosphere'*
>
> (Julie, daughter care partner, fieldnotes, Burfield Rugby Group)

> *'Well rugby is a lot more family-oriented, so you do see lots of women here'*
>
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group*)*

It is interesting to note that the reference to 'family' was used by women to denote their perspective that rugby culture was relatively inclusive. However, feminists would suggest that using family as synonymous with female attendance in fact again reinforces heteronormative expectations of domestic responsibility (Wright and Clarke, 1999; Scraton and Flintoff, 2013). In effect, it objectifies women within the context and defines their position as one of motherhood and domesticity (ibid.). Rather than reflect equality of opportunity, this can be understood as another way in which both heteronormative culture and male power is upheld (ibid.). That being said, it can also be recognised as a small example of evidence of the variety of sporting culture that makes generalised ‘sport’ reminiscence a difficult concept. Indeed, other sports include a much wider variety of disparate cultures, activities and behaviours that represent and are reinforced by differing sociocultural expectations.

6.5 Diverse biographies

Thus far, I have presented data that demonstrate how attitudes, discourse and reminiscence themes contributed to the social construction of gendered privilege within the sporting context (Hargreaves, 1994; Free and Hughson, 2003; Toffoletti, 2017). As demonstrated thus far, women often expressed traditional ideas relating to gender and sport, and were exposed to similar rhetoric in the context of sport reminiscence groups. However, another way in which they derived meaning from the context of sport was through their individual experiences and biographies (Hargreaves, 1994). This included experiences related to participation in sport and fandom. In fact, many women in this study did identify significant and meaningful connections to sport. These were revealed in one-to-one conversation with me, as opposed to as a result of group activities.

6.5.1 Patterns of participation

For many women, there was a common pattern of sport-related activity across the life course that upheld traditional sex-role stereotypes. For example, many women recalled participating in traditional female sports and physical activities from an early age:

> *‘I was into netball. I used to love netball. I used to play for the school and county. That was my game.’*
>
> (Pamela, care partner, interview, Dewhurst FC Group)

> ‘*We played hockey and netball at school, but home? We didn’t have facilities them days to do it.’*
>
> (Helen, care partner, interview, Burfield Rugby Group)

> *‘That’s the only thing I ever wanted to go to school for. That’s to play netball. I just loved it.’*
>
> (Kath, care partner, interview)

> *‘We used to tap dance. Miss Lewis her name was. I’ll never forget that because I know if we wasn’t just doing it right, she’d have a stick! She used to come and bang your ankles!’*
>
> (Marie, living with dementia, interview, Burfield Rugby Group)

Sports such as netball and dance are thought to be better suited to feminine ideals of beauty, grace and non-violence (Koivula, 2001; Treagus, 2005; Scraton and Flintoff, 2013). They also reflect traditional female sports that have historically featured on the UK curriculum (Hargreaves, 1994). Thus, it is no surprise that these were commonly recalled activities. Some women recalled positive experiences of sports participation in more traditionally masculine activities:

> *‘It was rugby I wanted to play! And I did once. Again, at school. We played mixed against the boys’ grammar.’*
>
> (Carol, living with dementia, interview)

> *Ruth first began riding motorbikes with her Dad as a child, then would race around fields on her brother’s motorbikes before meeting first husband. Later, she started racing herself.*
>
> (Ruth, living with dementia, fieldnotes, AFC Ashbourne Group)

Although women’s football in particular has gained significant exposure in recent years (Borer, 2009; Toffoletti, 2017), the opportunities for women in this study to take part in traditional masculine sports did seem relatively rare and likely reflected some of the changes in gender relations and gendered activities that have occurred across time (Scraton and Flintoff, 2013). Pamela reflected upon her perception of changing opportunities for women in sport:

> *'There's more facilities now for women than there used to be. In my days, if there'd have been a facility, I might eventually have been famous because, I used to enjoy it and put my heart and soul into it'*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

Common recollection of school-based activities reflected peak opportunity for many of the women, in this study, to participate in sport and other physical activities. It was then common for activity opportunities to cease upon marriage and motherhood:

> *'We got married and then we moved to Dewhurst. I didn't know any teams there. Then we had the boys.'*
>
> (Pamela, former care partner, fieldnotes, Dewhurst FC Group)

> *Me:* *What made you stop playing netball?*
>
> *Kath:* *We got married. Then we were moving around for Harry's career. Then we had the girls.*
>
> (Kath, care partner, interview)

> *Mary told me she was captain of the school hockey team. But on leaving school, there weren't many opportunities to play. She then met Don, got married and had kids. 'He played a lot of football. And guess who washed the kit?!'*
>
> (Mary, care partner, fieldnotes, Tunstead City FC Group)

Ceasing sport upon marriage reflects typical patterns of domestic labour and the perceived status of men's sport in the UK (Thompson, 1999; Scraton and Flintoff, 2013). A notable exception to this was Ruth, who actually became more involved in motor racing following the birth of her first child:

> *Researcher:* *You do the [international championships] around the late 60s, so would you have had you daughter by that point?*
>
> *Ruth:* *Yes.*
>
> *Richard:* *Yes.. well you tell her. We used to pick you up on the bypass.*
>
> *Ruth:* *Yeah.*
>
> *Richard:* *Wouldn't let her get away with it nowadays. It was like she was up for sale. We used to just pull up and the women would jump on.*
>
> (Ruth (living with dementia) and Richard (husband care partner), interview, AFC Ashbourne Group)

Ruth's career in motor-racing was exceptional (and would be for both men and women). She competed in national and international races, and won a prestigious international award in motor-racing in the 1960s. Although the sport was dominated by men, Ruth noted that she was not the only female competitor. This is evidence not just of the way in which connections to sport are far from universal, but also of the hidden histories of women in sport.

For many of the other women, once married, a relationship with sport would continue through work done to enable other family members to participate (as a player or spectator). Examples of support behaviour recalled by the women included providing childcare, transport, refreshments, laundry, or other more general support:

> *'When Harry was at City, there wasn't a room where the wives could go. I'd got the girls and I used to sit them on the potty in the car park.'*
>
> (Kath, care partner, interview)

> *Mary explained that dubbin was a wax that was put on the toes of the boots – 'he used to come home and throw his kit and boots in a bucket of water. That was my job. And ferrying our lad around so he could play.'*
>
> (Mary, care partner, fieldnotes, Tunstead City FC Group)

> ‘*I used to take the boys footballing. When they had the school sports I used to go there. They always had one for the parents, so I used to join in that.’*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

> *Greg, Harriet’s husband used to run a 35km hill race. Harriet used to make sandwiches for everybody at the end. She still does that at cricket club (makes teas) and is about to make lasagne for 150 people this weekend.*
>
> (Harriet, care partner, fieldnotes, AFC Ashbourne Group)

Such experiences revealed that women’s roles were often to service the leisure of others, and thus, male interests and domestic labour ideology were upheld (Thompson, 1999; Scraton and Flintoff, 2013). That is, providing childcare, laundry, and refreshments allowed men privilege to seek out work or leisure activities as they wished (ibid.). It is these domestic responsibilities that are argued to be the reason why female sports fandom might also be shaped in different ways to that of male counterparts (Esmonde, Cooky and Andrews, 2015; Toffoletti, 2017). Although such roles are important to the success of others in sport, they lack status and rather, encourage both a discourse of feminine care responsibility (Ferrant, Pesando and Nowacka, 2014), and reinforce the subordination of women’s sport (Hargreaves, 1994). In the particular context of dementia and sport reminiscence, where many women were present as care partners, narratives reinforcing stereotypes of feminine care might be quite unhelpful, especially for those struggling with their care responsibilities. In this situation, reinforcing an assumption that a female’s role is to care for others could in fact feel oppressive. This particular stereotyping is perhaps more likely in an environment (such as football) that centres upon limited hegemonic masculinity (and by virtue, limited femininity), therefore creating pressure for women to support their husband’s attendance regardless of the impact that it might have on themselves.

It should be noted that as well as Ruth, there were other exceptions to common patterns; some women continued to participate in different sports throughout their life. These included Carol, who never married or had children, and Harriet, who did marry and have children, but continued a high level of squash and badminton until her ‘knees gave out[11]’. Ruth also carried on racing until the physical demands became too much:

> *Richard:* *Coming out, we go up the hill.. and there’s a big sign out.*
>
> *Ruth:* *‘Well done Ruth’*
>
> *Richard:* *Yeah! Wow! But that’s buggered her knees forever after that [Ruth nods and shrugs] But that was the last time she went on.*
>
> (Ruth (living with dementia) and Richard (husband care partner), interview, AFC Ashbourne Group)

Thus, although patterns of activity were often influenced by social norms of domesticity and masculine privilege, there was also significant variety in experiences of participation amongst different women in this study. This again demonstrated that experiences in sport across the life course are far from universal.

6.5.2 Patterns of support/spectating

There were also some common patterns of experience with respect to fandom and sport spectatorship described by women in the study. Although women in the study were sometimes reticent to identify themselves as fans per se, women shared experiences that challenged traditional assumptions of the gendered experience. Many women described long-term spectating and support of traditional masculine sports:

> *Sharon told me she has been following [the rugby] for 30 years.*
>
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

> ‘*We stood on a box behind the goals. I’d go with Dad. We wouldn’t always go to the away games because Dad was working in his fish and chip shop. Watching Rovers play was just everything.’*
>
> (Kath, care partner, interview)

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[11] Harriet, care partner, fieldnotes, AFC Ashbourne Group

> *‘I really like watching snooker, my father-in-law used to say, you can’t like snooker, you’re a woman, but I do. I don’t play it, but I love to watch it. Have done for years.’*
>
> (Linda, care partner, fieldnotes, AFC Ashbourne Group)

Women’s fandom in traditional male sports is largely assumed to be a recent phenomenon (Borer, 2009; Toffoletti, 2017), despite much evidence to the contrary (Borer, 2009; Allon; 2012; Toffoletti, 2017). Many of the female participants in this study could recall attending professional football matches as children:

> *Brenda went to the football with her father when she was young. Lived 10 mins from United. Then went with her youth group as she got a bit older – mix of girls and boys. Talked about standing at the stadium and how her father always said, ‘stand in front, not behind the barrier[12]’.*
>
> (Brenda, care partner, fieldnotes, Dewhurst FC Group)

> *‘My Dad always went to watch Rovers. So, when I was seven, I was the one that went with him. I went to all the football games with Dad you know.’*
>
> (Kath, care partner, interview)

> *Anne used to go to [the original stadium] with her brother when she was a girl, before marrying. ‘It used to be 5 pence to get in, but 4 pence if you went to the pictures, so we used to do that!’*
>
> (Anne, living with dementia, fieldnotes, AFC Ashbourne Group)

The early life experiences of women engaging in football events echoed previous findings (Allon; 2012; Toffoletti, 2017) and challenged popular rhetoric that historic football was a male-exclusive domain (Caudwell, 2011; Watson, Parker and Swain, 2018). Despite many women recalling such experiences, they were not shared within group activities, even when conversation was specifically centred upon childhood matchday trips. As described in Chapter 5, the dynamics of group activities were not always conducive to sharing, yet it was also possible that women encountered gendered barriers that implied their experiences were not relevant in

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[12] This advice was in reference to the risk of stadium disasters related to standing areas in the crowd

the discussion environment. Several women recalled early social experiences attending matches with male relatives (fathers, brothers), which is a common means through which it is assumed men are socialised into sport (Esmonde, Cooky and Andrews, 2015). However, previous research suggests this process does not legitimise a woman's fan status in the way that it does for men (Farrell, Fink and Fields, 2011; Esmonde, Cooky and Andrews, 2015) and therefore, it is perhaps no surprise that experiences were rarely shared.

Similar early life examples were also shared by women attending the rugby reminiscence group:

> *'When I was young, we couldn't afford to go in [to the rugby matches]. But we used to climb over the walls and get in that way.'*
> (Helen, care partner, interview, Burfield Rugby Group)

> *Karen said she was two when she first came to the rugby. Her mother was a 'fanatical cleaner' and so her dad took her so that she would be out of her mother's way. She has come ever since.*
> (Karen, living with dementia, fieldnotes, Burfield Rugby Group)

These were also not shared in the group activities, but in truth there was no opportunity to do so given the style of entertainment and size of this particular group (see Table 2, Chapter 4).

Evidence from women's individual experiences across sport demonstrated that for some women, it could be a meaningful topic. However, the evidence also demonstrated that there could be a disconnect between sociocultural assumptions and personal experiences, which impacted upon the ways in which women chose to share their sport-related experiences. For some women, this could create a challenging paradox.

6.5.3 Female paradox

Evidence of the problematic nature of an exclusive gendered culture was revealed in one-to-one conversation with some of the women. For these women, their relationship with sport was meaningful, yet their awareness of traditional gendered expectations created a paradox that could create barriers to engaging in sport reminiscence activity. The clearest example of this was Carol. At first, Carol was reluctant to identify herself as 'sporty' and felt unsure as to whether her experiences were relevant to the study:

> *Researcher: Tell me a bit about your connections to sport?*
>
> *Carol: Not a lot! Not very sporty [points at self].*
>
> (Carol, living with dementia, interview)

A similar reaction was seen in Marion, a female care partner who attended group activities with her husband:

> *Marion told me 'I know nothing about sport'. But she has been to games several times with her son. Her first match was the first England Schoolboys match at Wembley in 1952 when she was 10 years old. Said she 'knows nothing', but also that she enjoys watching the football and in fact, mentioned a few players and team's current form.*
>
> (Marion, former care partner, fieldnotes, AFC Ashbourne Group)

Although Marion claimed ignorance, she went on to demonstrate some interest, suggesting that it was not lack of knowledge, but rather, lack of desire to be seen as knowledgeable that motivated her declaration. In effect, her language can be understood as a performance of gender within the narrow gender-based stereotypes commonly upheld in the sporting context. Similarly, across three interviews, Carol also went on to describe a lifelong history of sporting activity. This included watching her brother play cricket and rugby, playing recreational hockey into her 30s, providing medical support to football teams, regular running, long-distance walking challenges, and being a keen spectator of national and international sport events (e.g. Olympics, Wimbledon, football, rugby and cricket world cups). In particular, Carol recalled early childhood memories wanting to play rugby '*like [her] brother*' and reflected upon her enjoyment of hockey as a young girl:

> *Carol:* *Maybe.. I think.. hockey's a bit like rugby.*
>
> *Researcher:* *Ok?*
>
> *Carol:* *In..*
>
> *Researcher:* *In physicality?*
>
> *Carol:* *Physicality! Yes!*
>
> *Researcher: And aggression?*
>
> *Carol:* *Mmm.. although not.. yes.. there's aggression and there's aggression!*
>
> (Carol, living with dementia, interview)

Carol would often laugh when reflecting upon personality characteristics that would be deemed typical of sporting hegemonic masculinity. For example, her competitiveness, toughness, and willingness to get hurt:

> *Researcher:* *Are you also competitive or…?*
>
> *Carol:* *[Crosses her hands in her lap, looks down, embarrassed laugh, draws in breath, and looks back up].. Mmm.. [Shakes her head and laughs].. I could say no.. [laughs].. but.. I think I have realised [laughs and nods]*
>
> *Researcher:* *Shall I reframe this? Would your friends say you're competitive?*
>
> *Carol:* *[Mouths yes and nods vigorously]. Oh dear.. [looks down and laughs]*
>
> *(Carol, living with dementia, interview)*

> *Researcher:* *So [hockey is] physical?*
>
> *Carol:* *Tough and haven't got to mind getting hurt! [laughs]*
>
> *(Carol, living with dementia, interview)*

On another occasion Carol laughed when suggesting that she didn't particularly enjoy netball at school because she felt there were too many rules and it was '*a bit* *soft*[13]'. As a sport, netball is particularly gendered due to a perception that it conforms to acceptable notions of female physicality (Treagus, 2005). Carol's suggestion was that such restraint was exactly why she did not enjoy it. Yet, this admission was accompanied by embarrassed laughter, revealing an awareness of her transgression from more traditional female behaviour expectations. A similar paradox was seen in other women who had enjoyed sports that were more traditionally associated with masculine qualities:

> *Sharon 'loves the cricket' and told me she has all the sports channels on Sky TV. She admitted through laughter than she played some football with the men at her work when she was younger. The laughter suggested she recognises that this was unusual or out of character for a female.*
>
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

> *Sarah:* *To go down a tunnel as you say.. most, most men..*
>
> *Kath:* *I was so excited!! [laughing at herself; Sarah rolls her eyes]*
>
> (Kath (care partner) and Sarah (daughter care partner), interview)

For each of these women, the laughter suggested awareness of the paradoxical or unexpected nature of their interests in relation to more usual expectations of female behaviour. In another scenario, a care partner enacted behaviour that might be assumed performative of female gender within sport, but was, in fact, in contrast to her own feelings:

> *Linda told me and Anne that it's all 'football, football, football' in their house. Linda and her husband have season tickets, he plays walking football, they look after grandchildren who also play.*
>
> *Linda said 'football, football, football' in a manner that suggests she is a grudging participant, but she later admitted she actually 'loves it'. The mock grudge seemed to be enacting a stereotypical female response.*

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[13] Interview

(Fieldnotes, AFC Ashbourne Group)

These examples were further evidence that many of the women were well acquainted with gender-based norms within the sporting contexts in which their experiences existed (Esmonde, Cooky and Andrews, 2015). Yet, the available cultural narratives could be inconsistent with their personal experience (Anderson and Jack, 1998). Cultural narratives are those based upon dominant norms (e.g. sporting masculine hegemony) and are drawn upon when an individual constructs and shapes their own personal experiences (Carless, 2010). In effect, the cultural narratives impact how meaning is attributed and in the examples of the women above, this demonstrated the paradox between individual's histories, and societal assumptions.

Drawing on wider research areas, there is evidence to suggest that younger adult female athletes can also experience a paradox between masculine sporting culture and wider socially accepted stereotypes of femininity (Krane *et al.,* 2004). It is possible that such norms are more rigid in a generation for whom sports participation and fandom was, and is, largely overlooked (Toffoletti, 2017). That is, the lack of historical focus in both media and academia continues to promote ideas that women's participation and sports fandom are a more recent phenomenon, despite increasing evidence to the contrary (Allon; 2012; Toffoletti, 2017). Extending this theory of female paradox (Krane *et al.,* 2004) to the context of sport reminiscence and experiences of sport for older women encourages further attention to the intricacies of a culture that is constructed through particular assumptions that can limit access, and impact engagement.

Returning to Carol, through the process of participating in this study, sport reminiscence actually allowed her to reflect and reframe her competitive nature in terms that she was more comfortable with:

'The sport, hockey, walking the marathon. About who I am.'

(Carol, woman living with dementia, interview)

> *'[Mimes walking] Good. Better than others […] but for me, these [points at diagram], writing - for that, needed support. Practical, the art - I couldn't do it on my own now. All those [again points at diagram], church, planning carol [service]. All these things not so good. But, so walking is great, is better. I can do it. I can still achieve'*
>
> (Carol, woman living with dementia, interview)

Thus, one-to-one sport reminiscence became a context through which Carol could recognise and share a particular aspect of her character that she is both proud of, and helps her to continue to live as well as possible in the present. Although sociocultural barriers made her reticent to begin with, her continued engagement through the research was both enjoyable and transformative in understanding her own strengths and needs:

> *'This is good. I would say life-giving. This [indicates the research participation]. Life-giving.'*
>
> (Carol, woman living with dementia, interview)

Carol's story is evidence that, for some women, sport can be a powerful context through which to explore the self and identity that allows negotiation away from rigid social stereotypes. This was not a goal of research, but rather, an unexpected occurrence that revealed something of the potential that sport reminiscence could have for particular persons. This potential is further explored in Chapter 7.

It should be noted that not all women showed an awareness of this paradox. Ruth, who had been a champion motor racer, and continued to be heavily involved with racing, paid little heed to her exceptional past. Her history was inextricably bound up with that of her husband, Richard, and wider family. His wholehearted acceptance and support of Ruth as a remarkable and successful female racer, (as well as wife and mother), meant that there was little discord between different aspects of her identity that might more usually have been associated with opposing gendered stereotypes. That is not to say that she was unaware of gender, but rather, her relationship with sport seemed unaffected by classic norms:

> *Researcher:* *I mean how do you think the men that you were racing against, how do you think they felt losing to a woman?*
>
> *Ruth:* *They were all right actually. They were quite good weren't they? There were never no animosity with them. They were all friends, you know.*
>
> *Whether it's because I was a woman and they, you know, I don't know.*
>
> *Richard:* *She became one of the muckers to a point.*
>
> (Ruth (living with dementia) and Richard (husband care partner), interview, AFC Ashbourne Group)

The experiences of women like Carol and Ruth demonstrated that the influence of stereotypes could impact women in different ways. Furthermore, it demonstrated that sport could be a location in which dominant stereotypes can be negotiated and challenged (Hargreaves, 1994; Ross and Shinew, 2008). Such a finding implies that sport can be a context that is, indeed, apt to exploring a wide variety of different identities. Yet, in the context of the existing evidence-base for sport reminiscence, and certainly within the groups observed in this study, the culture remained significantly limited by traditional gendered expectations.

6.6 Summary

This chapter has presented findings that revealed the gender-based assumptions that influenced different women's experiences of sport reminiscence. Many of the women attended the group activities located in traditional masculine sport clubs and expressed attitudes and demonstrated behaviours that usually upheld limited binary sex-role stereotyping with respect to sport. These could be inconsistent with the realities of their personal experiences. Facilitators and the specific sport represented by the club environment also impacted the construction of such norms. The culture largely upheld a traditional masculine hegemony that is also evident in traditional sport academic and historical accounts (Hargreaves, 1994; Hargreaves and Anderson, 2014; Watson, Parker and Swain, 2018). The findings in this chapter provide support for a relational model of gender, whereby both men and women, and the ways in which they relate to each other contribute to the construction of gender as a category of social difference that impacts experience and opportunity (Connell and Messerschmidt, 2005; Spandler and McKeown, 2012).

The rationale for sport reminiscence in other research also refers to this traditional masculine hegemony (Schofield and Tolson, 2010; Clark *et al.,* 2015; Coll-Planus *et al.,* 2017; Watson, Parker and Swain, 2018). Yet, there are also suggestions that such a context holds widespread appeal (Clark *et al.,* 2015). However, this chapter has established how the exclusive nature of the gendered context can shape women's (and men's) opportunities and experiences. The gender-based assumptions embedded within the context created barriers for women to negotiate in order to secure access (Hargreaves, 1994; Esmonde, Cooky and Andrews, 2015; Toffoletti, 2017). Data in this chapter demonstrated that some women experienced a paradox between their personal experiences and such common cultural narratives connected to sport. The result was a location in which women might be overlooked as potential beneficiaries; simultaneously, men are at risk of being assumed to benefit and thus, failure to benefit (as a result of content or process) could result in individual problematisation, rather than recognition that such a context undermines the fundamental person-centred aspect promoted in effective reminiscence practice (Gibson, 2004; NICE, 2018).

CHAPTER 7: Discussion: Sport reminiscence as a meaningful activity

7.1 Introduction

The previous two chapters have demonstrated that the sport reminiscence context was highly gendered, but also that groups often lacked opportunities for reminiscence participation, or indeed, social interaction. This was impacted by the nature of groups, and the style of facilitation and activities. That said, the findings in Chapter 6 demonstrated that sport could be a meaningful topic for some women, and thus, it would be remiss to assume that women cannot benefit from sport reminiscence. In this chapter the focus turns to consider data with respect to the potential of sport reminiscence as a meaningful activity for women affected by dementia. In the opening chapter, I noted that I would not refer to reminiscence as therapy, due to the medical connotations attached to such a term (see Chapter 1). Rather, I use the concept of meaningful activity, whereby activities are deemed meaningful if they meet emotional, physical, psychological, and social needs of people living with dementia, such that they are enabled to live as well as possible (Olazarán *et al.,* 2010; Lawrence *et al.,* 2012; Zeisel *et al.,* 2016; Watson, Parker and Swain, 2018). In particular, meaningful activities are thought to relate to a sense of connectedness to the self, others, and the environment (Han *et al.,* 2016). It is within this conceptual understanding that I consider data in this chapter.

I begin by considering data that gave insight into the potential impact that sport reminiscence interactions had for women affected by dementia. The data suggested that the topic of sport could promote enjoyment, positive emotion, and encourage social activity in some women, thereby echoing findings from previous studies focussed upon men (Schofield and Tolson, 2010; Clark *et al.,* 2015; Watchman and Tolson, 2015; Coll-Planus *et al.,* 2017). Exploring the sport reminiscence content shared by women, and analysing the communication interactions involved, demonstrated that there was potential benefit in sport reminiscence activity to uphold personal identity, and for women to experience a sense of shared identity and belonging. For women affected by dementia, activities that uphold identity and belonging can support wellbeing, and may counter the stigma and depersonalisation that might otherwise be experienced as a result of dementia

(Kitwood, 1997; Bunn *et al.,* 2012; Brooker and Latham, 2016). Thus, it is suggested that sport reminiscence can be a meaningful activity for some women.

The chapter also briefly considers the wider relevance that the sporting context had in this study beyond the discussion of gender presented in Chapter 6. Many of the potential psychosocial benefits of sport reminiscence recorded both in this study, and other previous research (e.g. Schofield and Tolson, 2010; Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020), echo those in general reminiscence research. For example, general reminiscence research has reported similar positive impacts upon identity, sociability, mood, and belonging (Moos and Bjorn, 2006; Woods *et al.,* 2018). Thus, in this chapter, I turn to consider in more detail what impact the context of sport and the professional club provided. I discuss how evaluation of the context for people affected by dementia is likely to be complicated by the ambitions of funding organisations, the politics of sport-for-change, and the benefits that host clubs might gain from groups in their current guise. Data in this study suggested that whilst the sport club brand held some appeal, that appeal should not be construed as evidence of the widespread appeal of sport reminiscence.

7.2 Enjoyable and sociable activity

Despite women in this study failing to identify a connection between the sporting topic and their attendance at group activities, evidence did demonstrate that sport could be an appropriate topic to stimulate conversation, enjoyment, and social interaction for some women:

> *'I enjoy talking about sport.'*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

> *'I watch, think, and talk about it! I'd much rather watch sport, than watch a film'.*
>
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

> *Anne told me her grandson is a 'fanatic'. She described watching Match of the Day on a Sunday morning and then sometimes calling her grandson to say, 'oh wow, did you see that goal?!'.*

(Anne, living with dementia, fieldnotes, AFC Ashbourne Group)

Although there was often little opportunity to talk to each other during group activities, these women expressed their enjoyment of sport and the social opportunity it provided. Furthermore, a number of female participants in this study talked at length about different aspects of past and present sport-related topics during interview (see Chapter 6). Such examples were not necessarily evidence of sport reminiscence per se, but rather, evidence that the topic is one that could fuel social interaction for some women. When asked more directly about the experience of recalling sporting memories, some women expressed positive emotions:

> *Researcher: When you think back to playing sport, how does it make you feel?*
>
> *Pamela: Great. I've achieved something. I think it's absolutely fantastic that I did it. I took part and really enjoyed it. There's no going back, but you've got your memories.*
>
> (Pamela, former care partner, interview, Dewhurst FC Group)

> *Researcher: How does it make you feel when you think back to those memories?*
>
> *Ruth: Well it is good. And even now, there's a lot I forget, but it is good [..] Grand.. what you remember, what I remember.. all these pictures. [Smiles broadly]*
>
> (Ruth, woman living with dementia, interview, AFC Ashbourne Group)

> *How did I feel remembering playing hockey? Finding hard to explain. I feel good, positive about myself.*
>
> (Carol, living with dementia, interview)

These examples demonstrated that some women found recalling sport-related memories during one-to-one interactions could boost mood and self-esteem. None of these women shared their personal sporting memories in the group environment. This supports the notion that groups were not perceived by these women as an appropriate environment in which to share personal reminiscence.

Previous research has suggested that as an enjoyable and sociable activity, sport reminiscence is an effective activity that reduces the risk of loneliness (Clark *et al.,* 2015; 2017; Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020). In this study, whilst data presented in Chapter 5 demonstrated that women saw sport reminiscence groups as offering the promise of social activity, it is difficult to draw any conclusions with respect to the impact sport reminiscence groups had on feelings of loneliness and indeed, this was not the focus on my research. That said, much of the data presented in Chapter 5 was somewhat paradoxical to the concept of social interaction. The link between sport reminiscence group attendance and a reduction in loneliness reported upon in previous literature is based on overgeneralised assumptions, and a minimal definition of what sport reminiscence actually involves. As per other studies of 'sport-for-change' (Coalter, 2015: p. 19), such a promise seems inflated and there is little exploration in existing literature of the processes, mechanisms and experiences that might impact upon experiencing particular outcomes (Coakley, 2011; Coalter, 2015). That said, evidence from one-to-one conversations in this study, did indicate that there was potential in using sport reminiscence as an activity designed to encourage sociability. The subsequent impact upon feelings of loneliness remains little explored.

7.3 Content: Unique identity

In addition to stimulating enjoyable social interaction, sport reminiscence is reported to provide opportunity for people to experience and uphold aspects of their identity (Watson, Parker and Swain, 2018). As a concept, identity is understood to comprise elements related to personal (distinctiveness of an individual) and social identity (e.g. common group identities, sociocultural characteristics) (Yuval-Davis, 2010; Lawler, 2014). Identity includes aspects related to attitudes, beliefs, values, experiences, and social positions (Lawler, 2014). Reminiscence has been reported to evoke memories that both inform, and are informed by, elements of identity (Bluck, 2003; Webster, Bohlmeijer and Westerhof, 2010). Thus, reminiscence is theorised to be an apt approach for enabling people to recall, share and demonstrate different aspects that reaffirm their sense of self and identity (Nolan *et al.,* 2006; Coll-Planus *et al.,* 2017). In turn, experiencing and retaining a positive sense of self is at the very heart of person-centred dementia care (Kitwood, 1997;

Fazio *et al.,* 2018; Macleod *et al.,* 2020). A relationship with sport has been argued by some authors to play a significant part in some people's social identity (Charleston, 2009; Hoye *et al.,* 2015; Wolter and Reichert, 2016; Hawkins *et al.,* 2020). Furthermore, it has been suggested to be a topic that generates strong and cherished memories about different places, persons, and activities (Hawkins *et al.,* 2020; Healy, 1991; Ramshaw and Gammon, 2005). However, both assertions maybe overestimated for many people and indeed, might be accused of being part of the self-fulfilling politics of sport for social change (Coalter, 2015). Within this study, analysis of the content of sport reminiscence interactions shared with different women provided some insight into this relationship between sport reminiscence and opportunities to experience a sense of identity and data on this theme are now presented.

7.3.1 Unique identity: Personal characteristics

For some women, sport reminiscence could provide opportunities to share past experiences and related reflections upon particular aspects of their personal character. For example, Pamela and Harriet were keen to stress their competitive nature:

> *'I used to play everything – hockey, netball, rounders. I used to enjoy it and put my heart and soul into it and give it everything. I really wanted to win everything!'*
>
> (Pamela, former care partner, interview)

> *Harriet was keen to tell me she used to play badminton at a high level. She boasted that her boss had never met someone so competitive. 'It is in my blood – that competitive spirit'*
>
> (Harriet, care partner, fieldnotes, AFC Ashbourne Group)

Whilst Carol used her previous enjoyment of hockey to demonstrate how she enjoyed being challenged:

> *‘Hockey – not everyone played and enjoyed. Perhaps it is seen as tough and a challenge. I still like tough and challenge [..] Challenges.. very much who I am.’*
>
> (Carol, living with dementia, interview)

When women did use sport reminiscence to reveal personal qualities, examples were more usually related to their past experiences of sport participation. It is likely that this reflected gendered social roles in sport; that is, it was more usual for women to share experiences of participation (rather than sports fandom), as a result of the exclusion of women from traditional gendered fan-typologies available (Esmonde, Cooky and Andrews, 2015). Personal qualities that were shared in relation to sport were also often less typical of traditional female gender stereotypes; thus, the sporting theme could offer an opportunity for women to share aspects of their character that might otherwise be suppressed by gender-related assumptions. An alternative explanation is that identification with more typical masculine characteristics reveals something of the deep-rooted gendered language of sport. From this perspective, women have to use the recognised language as a way of legitimising their position, and the meaning that they derive from such activity. Evidence from other non-sport dementia research has recognised the unhelpful nature of gender-based stereotyping (Jacques *et al*., 2015) and calls for further understanding of the impact of gender on dementia have already been made (Bartlett *et al.,* 2018). It is possible that the sporting context provided a location in which the opportunity to share unique aspects of identity was particularly advantageous to women, like Pamela and Harriet, who otherwise found aspects of their identity increasingly homogenised by stigma attached to dementia, gender, and old age. Indeed, other authors have speculated that whilst sport can be deeply entrenched with particular sociocultural values, it can also provide a location in which alternate identities can be recognised and accepted (Hargreaves, 1994; Spandler, Roy and McKeown, 2014). Thus, sport has the potential to become a context that is very beneficial for challenging stereotypes of dementia, as well as gender and other categories of social classification.

7.3.2 Unique identity: Success

Returning to my data, some women also upheld their personal identity through reminiscence about their particular sporting achievements:

> *Pamela was quick to list her achievements –she played for the county and her work team were county champions. She described a positive memory receiving a trophy at a local grand hotel. It seemed important that I understood she was a winner.*
>
> (Pamela, former care partner, fieldnotes, Dewhurst FC Group)

> *'Netball is the only thing I ever wanted to go to school for. I just loved it. When it was assembly and you were called up to get your sash, you could wear it all day. It was the be all and end all!'*
>
> (Kath, care partner, interview)

> *Ruth:* *I always wanted to do the [Championship]*
>
> *Richard:* *The [Championship] is like the Olympics of motor racing. [Ruth nods]*
>
> *[…]*
>
> *Ruth:* *And the Women's International Association, they gave me an award for the year I got onto the Championship podium [smiles and nods]*
>
> (Ruth (living with dementia) and Richard (husband care partner), interview, AFC Ashbourne Group)

For these women, recalling memories associated with success triggered a re-experiencing of positive affect connected to the original occasion. Sharing former achievements had the potential also to support their self-esteem (Murphy, 1994). A similar example from a male participant is observed in a study of football reminiscence (Schofield and Tolson, 2010; p. 26). However, it is possible that not all success-related reminiscence will impact positively upon the individual. Differences in individual meaning attributed to such achievements, as well as the impact of the retrieval context likely impacts the benefit experienced (Pasupathi, McLean and Weeks, 2009; Webster, Bohlmeijer and Westerhof*,* 2010). For example, Kath and Pamela might not have experienced the same recognition of their netball achievements that I provided (as the interviewer) in a group location centred upon professional football. It should be noted that I always greeted the revelations of each of the women with interest and appreciation; this was not just because I was keen to encourage them to share their experiences for the benefit of data generation, but also because sport has a particular relevance and level of meaning in my own life. My response could have reinforced the positive affect that these women felt or that they communicated (see Chapter 4). Had I disregarded the achievements, the boost to their self-esteem might have been threatened or reversed and likely they would have been less forthcoming in interview.

One might consider that the context of sport is particularly suited to encouraging recollections of past success. The element of competition offers opportunity to experience success (although by virtue, it also carries risk of (re)experiencing failure). Yet, the heritage of sport (that is, the celebration of achievements in sport; Ramshaw and Gammon, 2017: p. 116) has a narrow focus and privileges only certain histories. Some people will find the limited scope of celebrated heritage authenticates their past, whilst others might find their experiences discounted (Ramshaw and Gammon, 2017). This is likely a particular risk for women, whose sporting history is often obscured from historical accounts (Hargreaves, 1994; Toffoletti, 2017). In essence, success is relative and privilege can relate to level of achievement, type of sport, or the relative social status that each holds within the particular context in which the sport reminiscence occurs. The result is that a hierarchy can form where some people's experiences are given privilege over others. There were no explicit examples of a hierarchy forming in this study because groups did not provide opportunity to share and/or compare personal experiences. However, it could be interpreted that the lack of sharing personal experiences indicated that each individual felt their reminiscence to not be worthy of sharing a platform with the history of the professional club. That is, in effect, groups centred upon the club's history risked perpetuating narratives only of elite sport, thereby carrying an implicit indication that memories related to non-elite sport were not of value. Outside of the group environment, Carol's initial reticence with regard to sharing her own hockey-playing career hinted at the dominance of an elite narrative in sport-related memories:

> *'[Connections to sport?] Not a lot! Never played at any level..'*
> (Carol, living with dementia, interview)

Yet, as described in the Chapter 6, sport and physical activity were in fact important parts of Carol's life and identity. However, her initial reluctance suggested that her lack of elite-level participation, and/or gendered connotations associated with sport, negated the meaningfulness of her experiences. Again, as the interviewer, I expressed interest in her experiences and thus, the context of the interview became one in which her experiences were positioned as of utmost importance. Yet, her initial reluctance suggested that there was doubt as to whether her experiences were worthy of sharing, because they did not conform with the traditional elite sporting masculine narrative. The impact of elitism and competition has been little considered thus far in sport reminiscence, yet such themes carry risks of dismissal, exclusion, and disregard (albeit often subconsciously) for those outside of traditional recognised norms and culturally dominant sports. A deeper exploration of the relationship between privileged sporting heritage, rivalry and competition would provide more insight into the impact that such themes can have on the psychology of individuals and the potential benefits of group activity.

7.3.3 Unique identity: Demonstrating expertise

In this study, some women also used sport reminiscence to share aspects of their sporting knowledge and expertise. Demonstrations of knowledge could relate to aspects of the game:

> *'The rules [of rugby] have changed. They used to have scrums. Now they are timed and so they are in and out. It is a much faster game.'*
> (Helen, care partner, interview, Burfield Rugby Group)

Or naming of particular people, places, or other factual information:

> *Richard:* *Matthew Harris – he was the 'Lewis' of racing in his day. He did F1 and was also a world champion..*
>
> *Ruth:* *You must have heard of him!*
>
> (Ruth (living with dementia) and Richard (husband care partner), interview, AFC Ashbourne Group)

> *Sharon told me she has as much knowledge as any of the men. The male carer next to her nodded in agreement. She turned to the video and told me that that would have been 1998, because of the kit and a particular player.*
>
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

A similar function has been noted in other sport reminiscence research (Schofield and Tolson, 2010; Coll-Planus *et al.,* 2017). Within the sporting context, knowledge demonstration can also be reframed as *sportstalk* (see Chapter 2). As a behaviour, sportstalk is argued to symbolise dominant patriarchal norms that represent authentic fandom (Burton Nelson, 1994; Nyland, 2004). That is, people use knowledge demonstration to assert their authority and authenticity within a particular environment. The examples from the women above were not during competitive knowledge exchanges, but rather, were demonstrations of the depth of their sporting knowledge. In effect, they did serve a similar purpose of asserting authenticity, and legitimising their experiences within the environment (albeit without the competitive exchange element). The same women did not contribute to whole group discussion, which again suggested that the group environment was not appropriate to do so (see Chapters 5 and 6).

It should be considered that the impact of dementia can restrict opportunities for people to demonstrate expertise. Symptoms affecting memory, speed of processing or language could all impair participation. Therefore, a context that places emphasis on the value of recalling and demonstrating expertise creates an unrealistic environment that privileges a style of factual communication/recollection that many may find disabling. Indeed, for some men, an inability to participate in a sportstalk exchange might in fact undermine their identity as authentic fan, and/or as a man. Furthermore, some men (or women) might feel ostracised by a lack of knowledge, which in turn devalues their identity in a context with such values. This is an example of the way in which the traditional masculine hegemony in sport can be problematic to both men and women (Hargreaves, 1994; Hall, 2002; Bandy, 2015; Toffoletti, 2017). In this study, an underlying emphasis on demonstrating factual expertise could have contributed to the exclusive nature of the environment and created unrealistic and inappropriate expectations of what engagement should look like, and thus, was a further barrier encountered in the group environment. As discussed in Chapter 5, there were examples of participants living with dementia whose levels of engagement were overlooked by facilitators and care partners due to their limited verbal or cognitive ability. Without facilitation that was tailored to the wishes and abilities of each participant, the context seemed to be undermined by multiple stereotyped assumptions regarding dementia, gender, and elitism. The result was an exclusive environment that was dominated by a small number of voices that could perform under these restrictive definitions of what it meant to be engaged, and to identify with sport. The challenge then is how to facilitate sport reminiscence activities that might offer and recognise different ways of demonstrating fandom, legitimacy, knowledge, identity, or gender (or other sociocultural characteristics).

Beyond the sport-specific knowledge demonstrated by some women, there were also examples of women using conversations to inform me of knowledge that they held relating to past culture. Rather than equating this to sportstalk*,* an alternative interpretation positions this as more akin to outcomes reported in general reminiscence research. Theorists have recognised the opportunity to share information as a particular functional benefit of reminiscence activity (Webster, Bohlmeijer and Westerhof*,* 2010; Lawrence *et al.,* 2012;). In this study, in contrast to the factual emphasis of sportstalk, these knowledge demonstrations were more usually rooted in personal experience, and the information was more often related to general social history:

> *‘I used to do cycling. One of my friends and me, we used to go to the Lake District. We used to get on the train, then get on the bikes and do a week round the Lakes. In those days when you went into the hostels, sometimes you had straw beds and sometimes you had hammocks and things like that – not like you have nowadays!’*
>
> (Helen, care partner, interview, Burfield Rugby Group)

> *‘Probably [coming back from Wembley] was the first time using a phone, the old [demonstrates rotary dial].. The dial and put the money in and being connected [laughs]’*
>
> (Carol, living with dementia, interview)

These examples demonstrated that sport-related triggers could encourage conversation about wider social history, echoing findings from previous research (Schofield and Tolson, 2010;Wingbermuehle *et al.,* 2014; Clark *et al.,* 2015; 2016; Hawkins *et al.,* 2020). All such reflections were spontaneously shared by women in response to sport-related triggers. This demonstrated that sport reminiscence could be an effective approach for communicating with a wide range of different people regardless of their particular relationship with sport. However, how to encourage the sharing of such experiences in a group environment remains a challenge in relation to the findings of this study.

In effect, sharing experiences about past culture is still enacting an opportunity to demonstrate expertise and contribute knowledge to the communication exchange. However, ‘sharing experiences’ is perhaps a more inclusive term that incorporates personal reminiscence, rather than privileging those who can demonstrate expertise predominantly through factual recall. This is particularly so when the context privileges a particular version of the ‘facts.’ Within the wider context of dementia care (and more broadly, ageing), the ability to contribute to a social exchange is likely a valuable experience if other social situations more commonly position the individual as incompetent or dependent (Alzheimer’s Society, 2017; Coll-Planus *et al.,* 2017; Bosco *et al.,* 2019). Thus, sharing knowledge or expertise (regardless of the particular topic) can have an important impact on one’s sense of positive and valued identity and therefore, enabling people to contribute to an exchange is likely a positive aspect of sport reminiscence as a meaningful activity.

7.4 Content: Similarities and belonging

As well as offering opportunities to share aspects of unique identity, sport reminiscence also offered women opportunities to identify shared experiences or understanding:

> *Carol:* *Always with playing, the oranges at half time. I loved the oranges! And then it was your turn to provide them..*
>
> *Researcher:* *Cut them all up and bring them! When I was at school, you would cut them up and everyone would get a wedge of orange.. was that the same?*
>
> *Carol:* *Yeah! [Big smile]*
>
> (Carol, living with dementia, interview)

> *Pamela asked what sport I do. When I told her netball, she smiled and said 'me too! I was a goal defence – what about you?' When I said I was a defender too, Pamela smiled broadly, turned her chair to face me and began to talk of playing netball.*
>
> (Pamela, former care partner, fieldnotes, Dewhurst FC Group)

Identifying shared experiences or knowledge helped develop interpersonal relationships and consequently, encouraged a sense of social and collective belonging. Belonging involves experiencing a sense of identification with particular cultures, people or places in a way that encourages feeling comfortable within a particular context (May, 2013: p.3). A sense of belonging is thought to contribute to positive health and wellbeing (Baumeister and Leary, 1995; Berkman *et al.,* 2000; Krause and Wulff, 2005; Stevens and Westerhof, 2006). Sport can be a particular location in which there are established rules, symbols, and cultures that create a framework for mutual understanding and interaction across time (Hargreaves 1994; Haynes, 2020; Coll-Planus *et al.,* 2017). Thus, it might be a particularly beneficial topic in which similarities can be identified between different people and their relative histories. In this study, similarities were identified through mutual experiences, understanding of particular sporting cultures, or a common relationship to place.

7.4.1 Similarities: Shared experiences

Data demonstrated that the topic of sport could trigger recognition of mutual experiences between different women in the study:

Carol:	*Over the years, when at work.. would set the alarm in the middle of the night. I forget which years were Beijing but to..*
Researcher:	*Get up and watch?*
Carol:	*Yes.. a particular race. Yes!*
Researcher:	*Yes, I remember doing that for Steve Redgrave.*
Carol:	*Ooh!! [actions rowing].*
Researcher:	*Yes! The fifth rowing! In the middle of the night!*

(Carol, living with dementia, interview)

> *The facilitator showed old boots to the group and mentioned dubbin. Mary said, ‘oh yes, I remember dubbin’. Sandra nodded and agreed - ‘me too’. They laughed that their husbands would bring their boots home to be cleaned by their themselves.*
>
> (Fieldnotes, Tunstead City FC Group)

Identifying similarities is thought to encourage a sense of cohesion and safety, as well as being a strategy through which one can develop rapport (Phinney and Moody, 2011; Bryman, 2016). Indeed, as a researcher keen to establish a sense of rapport, identifying similar experiences was a valuable approach that seemed to build trust and a sense of understanding with the women during conversation and interview.

> *Through the first conversation, Carol and I identified a number of shared activities and interests. Past and present. This seemed to encourage Carol to share more stories from across her life.*
>
> (Researcher diary)

> *Following our mutual identification with netball, Pamela seemed to open up and expanded upon her school and childhood experiences. Certainly, a mutual identification and knowledge of local netball also helped build a relationship with Kath, such that she has now agreed to an interview.*

(Researcher diary)

A particular theme through which a wider sense of belonging developed was through connections with particular sporting events:

> *'Recall where I was when Jonny Wilkinson and England. World Cup. Were driving near [place] and the car in front [indicates cheering and puts arms in air]. Knew they were listening too!'*
>
> (Carol, living with dementia, interview)

> *'A friend of mine went to the FA Cup when we got to the final in the 50s. She got the train and it was so busy, she had to passed through the window! She wasn't really a fan I don't think, but because everyone wanted to go. It was the FA Cup final! I remember how everyone was wanting to watch.'*
>
> (Sandra, care partner, fieldnotes, Tunstead City FC Group)

In contrast to the one-to-one identification of shared experiences in the earlier examples, a reference to significant past sporting events implied a shared common goal that suggested the women felt part of a collective social group. This could have contributed to a general sense of belonging in the world. Alternatively, these examples can also be interpreted as a demonstration of the tendency to overemphasise and mythologise the relevance of such events in sporting history (Jarvie, 2013; Haynes, 2020). That is, the tendency to recall connected memories in terms that suggest all members of a community must have found meaning in a particular team victory. This tendency is an overgeneralisation that negates the vast array of individual meanings that people derive from such events. Some people will find such events meaningless or even negative. The examples above suggested that memories connected to significant past sporting events do have the potential to draw some people together, yet, equally such examples could be misconstrued as evidence that interest in sport, and the experience of local or national success, is universal. This is neither true, nor helpful, as it serves only to perpetuate a narrative that sporting experiences and meaningfulness are relevant and universal, thereby problematising the individual who experiences sport in a different way, and in effect, undermining the ethos of person-centredness at the heart of dementia theory, care, and support (Brooker and Latham, 2016; NHS, 2017; Livingston *et al.,* 2017; NICE, 2018; Fazio *et al.,* 2018).

7.4.2 Similarities: Shared place

A particular theme through which similarities were identified and shared, in this study, was through relationships with particular places. Although few women here identified as club fans, a connection to the club, or sport, was often apparent through identification with the particular local area or region. Thus, sporting symbols could represent a wider shared local identity that was removed from typical fan typologies. There were many examples of women identifying connections between place and sport:

> *'You know you are a Scouser, so you have to be into sport. Everyone is either red or blue'*
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

> *'I prefer rugby really. There is union and league, but league really. Where I am from, it is all league. I prefer that.'*
> (Mary, care partner, fieldnotes, Tunstead City FC Group)

> '*Well he is a Cockney, so really it is football for him'*
> (Helen, care partner, fieldnotes, Burfield Rugby Group)

Connections between people and places have been thought to be key elements of the reported success of sport reminiscence (Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020). Studies of fan culture have also suggested that team affiliation encourages a sense of belonging through shared knowledge, symbolism, and culture (Giulianotti, 2002; Haynes, 2020). As stated, many women at group activities in this study did not identify as fans of the club and thus, were less likely to experience a sense of belonging based on club affiliation alone. Rather, the evidence here suggested that identification with place was more important than sport or club; that is, the sport was seen as representative of place, as per other former research (Malcolm, 2000; Mellor, 2008):

> *‘My whole family are from here. Born and bred. So, we meet people here who are the same’*
>
> (Hayley, daughter care partner, fieldnotes, Burfield Rugby Group)

> *Anne notes she likes that many people at this group are from [Ashbourne]. Other groups - ‘many people have married and moved to the area, so they don’t know it like I do.’*
>
> (Anne, living with dementia, fieldnotes, AFC Ashbourne Group)

These quotes provided evidence of the role that sport could play for some people in the construction of both local and national identity (Bairner, 2008; Chambers, 2012; Haynes, 2020). Previous authors have suggested that symbolic connections between club and place provide a comforting social bond, and a location whereby people are likely to encounter like-minded and like-historied individuals (Bale, 2000; Giulianotti, 2002; Coll-Planus *et al.,* 2017; Haynes, 2020). Indeed, there was also some evidence of such a benefit in my study:

> *‘There’s these people round this table and I thought, ‘I know them’. They also recognised me and they’re from Woodham, where I used to live! [Laughs!] And they still live there. So, I’d got in, got it in common with them you see? That is nice.*
>
> (Marie, living with dementia, interview, Burfield Rugby Group)

> *Linda and Anne were talking. They agreed there are not many snooker halls anymore. Anne noted that they used to be associated with working men’s clubs. Linda agreed – ‘there used to be one on every corner’. Anne and Linda recalled a specific one by the train station that was owned by a local professional. ‘He was a wrong ‘un’ (Linda). Anne laughed and agreed he had a gambling problem.*
>
> *(Anne (living with dementia) and Linda (unrelated care partner), fieldnotes, AFC Ashbourne Group)*

The latter example demonstrated how shared local knowledge promoted interaction and identified common ground between different participants, thereby encouraging their relationship development. Facilitators from two groups actually made use of triggers related to area (rather than club) during activities. Yet, it was difficult to know how effective this was due to the limited interaction observed in group activities. A further issue with groups was that there were often participants who were not from the local area, and thus, history of the locality was not necessarily any more inclusive than triggers related to the club.

Findings from previous studies have also suggested men can experience a sense of belonging from sport reminiscence group activities (Watchman and Tolson, 2015; Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020). Interestingly, some research has suggested that it is a sense of belonging that encourages reminiscence, rather than vice versa (Barron, Davies and Wiggins, 2008). The causal direction of such a relationship has not been considered in existing sport reminiscence research. Women in this study could have felt a sense of belonging within the one-to-one context, that was not so apparent in the highly gendered and limited entertainment context of the group. The sense of belonging encouraged them to share memories during one-to-one conversations, from which further identification of similarities affirmed and encouraged a sense of belonging in the context. In contrast, a lack of belonging in group settings inhibited participation. It was difficult to assess the directionality of such a link, and perhaps a mutual dependence exists between belonging and reminiscence. Indeed, exploring such links further would reveal information about the circumstances required in order to maximise benefit from reminiscence as a meaningful activity.

7.4.3 Similarities: Concurrent events

Before moving forward to consider the communication process involved in sport reminiscence, it is worth noting that in this study, concurrent sport events also served as a topic from which a shared sense of belonging and mutual interest were generated. A portion of this fieldwork was undertaken during the 2019 women's football, and men's cricket world cups; both competitions received significant media coverage in the UK. These (and other) events were points of interest that were raised by some women, but were never mentioned by group facilitators:

> ‘*I’ve been watching the women. Haven’t they been doing well?’*
> (Sharon, former care partner, fieldnotes, Burfield Rugby Group)

> *‘Did you watch the Lionesses? I’ve never really been into women’s football, but I am enjoying it. Much better than the men! They might even win it!’*
> (Pamela, former care partner, fieldnotes, Dewhurst FC Group)

> *Carol: I had the tennis on. Then had to put it on mute and not look. Too much. Put the radio on. Listen to the cricket. And they were both finishing at the same time! Oh! OH! OH!!*
>
> *Researcher: Yes, that is right because there was the tennis, the cricket and Formula 1 all on the one day. I watched the cricket too! The most exciting end to a game..*
>
> *Carol: [First winces, breathes, then mouths wow, claps hands and laughs] Yes!*
> *(Carol, living with dementia, interview)*

Communication related to concurrent events was not strictly reminiscence, but this data demonstrated that sporting events could bring some people together and be a point of focus for conversation rooted in common interest. Furthermore, it demonstrated that some women have a keen interest in ongoing sport, and that it can play a meaningful role in daily life (Toffoletti and Mewett, 2012; Esmonde, Cooky and Andrews, 2015; Toffoletti, 2017). Again, that is not to indicate that it holds particular significance with respect to identity, but rather that it can be a topic that encouraged social interaction in this study.

It is interesting that facilitators did not make any reference to ongoing events during group activities. The exception occurred in the Burfield Rugby Group, where highlights were shown of the previous weekend’s match, although no mention of wider sporting events was ever made. The challenges of the large group meant it was difficult to assess how impactful this was. There was little apparent difference in response to highlights of recent games versus historical footage. It is possible that the failure to refer to ongoing events related to common stereotypes of people living with dementia. That is, a belief that a person living with dementia might not be aware of ongoing events. Alternatively, it might relate to a belief that older people prefer to talk about the past. It is well accepted that people of all ages engage in reminiscence, but as a structured activity, reminiscence is more usually aimed at older people (Hallford, Mellor and Burgat, 2018). This arguably constructs images of older age whereby life has been lived, and value lies only in past experiences. Such an implication is unhelpful for some people and could exaggerate a sense of separation from present popular culture. In effect, such a focus might reinforce ageist stereotypes and exaggerate feelings of isolation and loneliness. Alternatively, other people might experience such as focus as encouraging a sense of belonging to a shared collective past. It should be noted that I have little data to support or deny such a position, but it would be beneficial for future research to explore what impact temporal belonging might have on psychosocial wellbeing.

Some research into non-clinical adult populations has suggested that a sense of continuity across the lifespan is associated with higher levels of wellbeing (Keyes, 2000; Westerhof and Keyes, 2006). How such findings relate to people experiencing dementia is little explored, although some evidence has suggested that people living with dementia can strive for continuity in the face of diagnosis (Henne, Kinney and Morhardt, 2002). This links with Atchley's (1989) continuity theory of normal ageing. It is possible that ongoing opportunity to enact a part of one's identity is more valuable than using reminiscence to recall former memories in order to support identity. Returning to the experiences of Carol, her engagement in sport reminiscence revealed an ongoing sense of identity that was represented by her activity choices across the lifespan:

> *'I would agree. The sport, hockey, walking the marathon - about who I am.'*
>
> (Carol, living with dementia, interview)

It is interesting to note that reference to current events as a trigger for discussion has been reported in some previous sport reminiscence research (Schofield and Tolson, 2010; Hawkins *et al.*, 2020). However, in these papers, it was reported that current events served as triggers for reminiscence about past events. This was not the case in my data. Some previous research used a concurrent world cup as the basis for exploring interest in a football reminiscence group; authors presented findings as evidence that football reminiscence group activities had some appeal (Solari and Solomons, 2012). However, the data suggested that there was more interest in the concurrent competition than a reminiscence group and thus, I would interpret this study as demonstrating that more people were interested in ongoing sport, rather than in reminiscence about the past. Indeed, the uncertain outcomes of sport has been argued to be one of the key aspects of enjoyment that draws people to participate (as player or spectator; Hinch and Higham, 2011). In turn, this creates a very different experience to the practice of reminiscence and recall of former activities and events for which outcomes are already known.

7.5 The impact of the communication interaction

Moving on from a focus upon the content of sport reminiscence, a second key theme was on the impact of sport reminiscence as a communication interaction. A significant benefit of sport reminiscence is thought to be its potential to stimulate increased social activity (Schofield and Tolson, 2010; Wingbermuehle *et al.,* 2014; Clark *et al.,* 2015; Watchman and Tolson, 2015; Coll-Planus *et al.,* 2017; Hawkins *et al.,* 2020). Thus far, this chapter has focussed upon sport reminiscence content that has demonstrated the potential for the experience to provide positive psychosocial impact for some women. However, a focus only upon content exaggerates a view of reminiscence whereby the value is thought to be in repeating rehearsed monologues of past experience. This viewpoint is challenging within the context of dementia care, where such a definition might exclude a number of people with different symptoms that impact their ability to recall and perform such monologues of experience. Furthermore, an emphasis on personal monologues neglects to consider the influence of the interpersonal communication relationship on the experience of sport reminiscence. I would argue that the quality of the interaction is actually more important than the content, context, or accuracy of memories (Sim, 1997; Marsh and Tversky, 2004).

Social interaction can be a valuable context in which people feel appreciated, valued, and included (Steeman *et al.,* 2006; de Boer *et al.,* 2007; Patterson *et al.,* 2018). It is the fundamental importance of considering such social interactions that prompted the development of theories of person-centred (Kitwood, 1997; Fazio *et al.,* 2018; Brooker and Kitwood, 2019), and later, relationship-based care (e.g. Nolan *et al.,* 2004; 2006). For example, paying attention and listening tells the person that they are valued, respected, and have important knowledge to contribute. Indeed, the experience of dementia can be dehumanising if the social context in which a person exists neglects to recognise their identity through actions that value, respect, and empower the individual (Kitwood, 1997; Beard and Fox, 2008; Patterson *et al.,* 2018). In this research, I used interviews and conversations as a way in which to pay attention, encourage, and listen to the women's stories and reflections. I used interview strategies intended to build rapport and develop relationships with participants. Furthermore, I intentionally approached questioning in a way that demonstrated curiosity, and positioned the women as experts in their own experiences (McGrath, Palmgren and Liljedahl, 2019). This process has been described in detail in Chapter 4.

Open questions triggered content related to a wide range of sports (including football, rugby, netball, hockey, squash, running) and sport-related social roles (including school pupil, county player, family supporter, club supporter, spectator, elite athlete). Probing questions then explored the women's experiences in more detail and ensured that I expressed my appreciation for whatever they decided to share. In effect, regardless of my personal interest in the content being shared, I was keen to communicate that women's contributions were valued. At times this resulted in interviews drifting off course and perhaps reflects some naivety or research inexperience on my part. Indeed, several of my interviews went on longer than first intended. Yet, I also felt that it demonstrated that I had established rapport and that the women enjoyed sharing their stories with an interested listener:

> *The interview went on much longer than I intended. I was aware that I was fatiguing as a listener and yet, I think that Marie could have gone on. She thanked me at the end. Perhaps having an interested listener is not such a common experience? Several times she indicated that her daughters tell her what to do, so perhaps being in a position of power (as the knowledge holder) was a prized experience?*
>
> (Researcher diary)

> *Received an email from Carol after the interview to say thank you. She enjoyed our conversation and would like to meet again. Makes me reflect that I successfully built rapport and that the interview process was a positive experience for Carol.*
>
> (Researcher diary)

Communication is a two-way process and thus, whilst the teller might share elements of content, the listener can also convey important meaning in the way in which they react and interact (Sim, 1997; Bruce and Schweitzer, 2008). That is, the ways in which people living with dementia engage, and are engaged with, within social contexts can have an important influence on their sense of self, self-esteem and the overall experience of dementia (Beard and Fox, 2008; Patterson *et al.,* 2018). Some authors have presented reminiscence as a communication exchange that involves listening, responding, and reacting, rather than mere recall (Sim, 1997). Under this guise, reminiscence involves verbal and nonverbal communication, as well as interaction. Conceptualising reminiscence in this way recognises that whilst verbal content exchange may provide some level of meaning, there is also value to be had in the reciprocal behaviours of social exchange that may help to uphold individual and collective senses of identity. This is likely of particular value if a person's symptoms are impacting upon their memory recall.

7.5.1 Interaction: Personalisation

A significant advantage during one-to-one data generation (in comparison to group activities) was my ability to personalise both content and approach to the specific interests and abilities of the women. The importance of personalisation has been repeated throughout general reminiscence and sport reminiscence research (Gibson, 2004; Coll-Planus *et al.,* 2017; NICE, 2018). Yet, there was no evidence of personalisation during group activities, which were largely based upon assumptions that particular clubs would attract people for whom the specific topic was of particular interest. Based on this assumption, content was assumed to appeal to multiple persons at once. This assumption underpins the construction of the sporting topic as one that holds widespread appeal, and in turn, this encourages the idea that a single group approach will benefit many people at once. However, data in this study showed that group attenders had much greater variety in interests and background. Furthermore, strengths and abilities related to their symptoms of dementia showed significant variety and there was no adaptation made by facilitators, nor indeed, were there any attempts to find out more about participants in order to consider altering the approach.

With respect to my own one-to-one approach, I tailored the method of communication and selected a suitable environment, such that opportunity for women with varied symptoms was maximised. For example, Carol experiences symptoms that impact her sensory processing and cause aphasia. Thus, we agreed to conduct the interview in a quiet location in her home, whilst using clear and concise questions, providing ample time to answer, alongside diagrams[14] and written comments:

> *Carol had made some short notes to remind herself of things to mention today. Her notes consist of words and drawings. She had drawn a diagram to explain different aspects of her life and experience of dementia.*
>
> (Carol, living with dementia, interview fieldnotes)

Such adjustments were absent in her local group environment and indeed, Carol was infrequent in her attendance at group activities. Similarly, in the groups observed in this study, there was no personalisation in either content or process and this contributed to the lack of engagement in sport reminiscence observed. In effect, these group activities served as exemplars of how a person-centred ethos is not always applied in practice.

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[14] See appendix G for example diagram of interview transcript shared, discussed, and agreed with Carol

7.5.2 Interaction: The embodied experience

Research into reminiscence has often recruited participants with mild to moderate dementia (e.g. Brooker and Duce, 2000; Woods et al., 2018), however, in this study, participants experienced a much wider range of symptoms and severity, indicative of the complexity of the population of people living with dementia living in the community. Activities need to be tailored appropriately to the different symptoms and stages of dementia in order to be engaging (Regier, Hodgson and Gitlin, 2017). This involves considering the type of activity, facilitation techniques, and method of engagement to maximise opportunity for participation. Thus, people experiencing earlier stages of dementia are likely to benefit from more complex cognitive activities, whereas those with more advanced symptoms are likely to find more benefit in physical or sensory activities (Regier, Hodgson and Gitlin, 2017). As described in Chapter 5, there was little variation in the cognition and linguistic-based approach across all groups, yet there was significant variation in the symptoms of dementia experienced. In addition, there was a need to consider the interests and support requirements of those care partners involved too.

A benefit of expanding the concept of reminiscence beyond a focus on conversation and verbal recall recognises that memory can also be a full-bodied experience (Swinton, 2014, cited in Watson, Parker and Swain, 2018: p. 167). This is arguably a more inclusive approach to defining memory in people living with dementia; particularly for those whose symptoms impact cognition and/or linguistic ability. As dementia progresses, the significance of embodiment, and the experiential self can become increasingly important and thus, interaction and in-the-moment interpretation become increasingly influential in fostering identity (Kontos, 2004; 2006; Caddell and Clare, 2010; Brown, 2017). The experiential self represents an embodied way of existing in the world, that reacts and responds, and is independent of more advanced cognition (Kontos, 2004; 2006). Indeed, the physical, kinaesthetic, and sensory elements of sport (Hinch and Higham, 2011; Watson, Parker and Swain, 2018) perhaps make it an ideal location in which to make use of embodied experiences and the experiential self. In the context of sport reminiscence, engaging with sport-related sensory triggers offers opportunities to experience a sense of self that may generate positive emotions and feelings of familiarity, regardless of whether the person can also recall specific cognitive memories of related events. In this way, sport-related triggers can provoke embodied experiences of agency and identity, through *doing* activities and through the accompanying social interaction. From data in this study, such opportunities for embodied sport reminiscence were apparent in Kath and Sarah's descriptions of their interactions with husband/father, Harry:

> *Sarah:* *If he's got the ball on the floor, he will twist it behind him. If you go for it, he'll be like, 'you're not having that'! Or I might pretend to be in goal and he'll fire it at me. He has no problem taking a swing back, and like, BAM!*
>
> *[…]*
>
> *Kath:* *But with the football, what's certainly helping as well over the last year is the annuals with lots of pictures in.*
>
> *Sarah:* *Helps him concentrate. Because its football. If you put a paper in front - he won't. Put a different type of book in - he won't. But if its pictures of footballers..*
>
> *Kath:* *He will look at those, so that again, is relating to his sport isn't it?*
>
> (Kath (care partner) and Sarah (daughter care partner), interview)

In these circumstances, Kath and Sarah made use of a variety of sensory activities to enable Harry to engage with different football-related experiences. The multisensory approach has been advocated in reminiscence practice advice (McKiernan and Yardley, 1995; Kasl-Godley and Gatz, 2000; Clark *et al.,* 2015) and Kath and Sarah were quick to recognise Harry's engagement. I would argue that the group interaction with the rattle (described in Chapter 5) was a similar opportunity for embodied reminiscence. The rattle and the examples with Harry demonstrated situations where behaviour could be interpreted as an extension of identity that related specifically to sport, or to a position as agentic human being. That is, a human being that can produce effect through action, choices, and behaviour. Experiencing a sense of agency is a powerful counterargument to the stigma, disempowerment, or dependence that a people living with dementia might otherwise feel (Bartlett and O'Connor, 2007; Alzheimer's Society, 2017; Bosco *et al.,* 2019). Furthermore, there were opportunities in the examples above for other parties (e.g. Kath, Sarah, other group members) to interact with, and affirm the social identity and agency of the individual at the heart of the exchange. In effect, sensory and embodied experiences could fuel interaction that in turn, triggered experiences of agency, unique identity, belonging and social connectedness (Kontos *et al.,* 2017) regardless of the cognitive level of recall available. As per other ways of communicating during reminiscence, embodiment carries a similar risk that negative or painful experiences might occur. However, for care partners to recognise the value in such embodied exchanges might also be considered evidence of successful adjustment to change (Brooker, Dröes and Evans, 2017), where other more dismissive language based on unimpaired cognitive metrics of success was evidence of a failure to do so. Thus, there is potential in sport reminiscence to support care partners to recognise new ways of interacting and being with their partner as symptoms of dementia progress.

Research into physical activity has described a similar context in which people living with dementia can use embodied skills to support identity (Genoe and Dupuis, 2011; Wright, 2018). Providing people with opportunities to interact, and recognising the varied ways in which they do interact with reminiscence aids (including, but not limited to, videos, objects, photographs) is a more inclusive approach than the almost exclusively cognitive conversation-based emphasis observed in group activities in this study. Such an approach has the potential to cater for a much wider range of abilities than traditional conversation-based group activities. Thus, changing the metrics through which interaction is framed could be powerful in terms of providing effective opportunities for reminiscence.

Some might argue that broadening the understanding of reminiscence to include embodied experiences is incorrect. Definitions of reminiscence shared in the opening chapter implied that activities should include storytelling (SCIE, 2015), and conversation (Woods et al., 2018), thereby implicitly promoting reminiscence as a language-based activity. Furthermore, there was an emphasis on content being related to past experiences (ibid.). In contrast, in-the-moment stimulation and engagement may have little relevance to past experiences, but could still offer similar potential with respect to boosting mood, upholding a sense of identity, and experiencing social belonging (Kontos, 2004; Kontos *et al.,* 2017). In the same way that the process of conversation exchange may have more impact than the specific content of memories (Sim, 1997), the accompanying process of social interaction could have more relevance than any connection to past history. For example, the experience of being valued and recognised as a human with an identity and agency might be more relevant than the specific semantic memory of engaging with a football. Consequently, the question arises as to whether or not such experiences should be considered reminiscence; furthermore, how such opportunities might be understood and evaluated in order to meet the criteria for evidence-based practice (Public Health England, 2018).

There is potential for a much more extensive debate with regards to the concept of reminiscence and values by which it might be judged. It is problematic that the very concept of reminiscence is rooted in a perspective that positions memory at the heart of identity, particularly if the understanding of memory is limited to cognitive recall. Such a position originates in modern western philosophy that separates mind and body (Kontos, 2004). There is a raft of evidence that has suggested reminiscence can be an enjoyable and meaningful activity for some people (with and without dementia; Cohen and Taylor, 1998; Gibson, 2004; Moos and Bjorn, 2006; Lawrence *et al.,* 2012; Dugmore, Orrell and Spector, 2015; Woods *et al.,* 2018), but the concept remains ill-defined and activities are complex and wide-ranging. Thus, while there is much data (in this study and beyond) to indicate the potential for positive psychosocial outcomes, the concept remains contested, vague, and particularly complex. Combined with a research culture that is pressured to provide evidence-based outcomes (Chambers, 2012; Coffey, 2018), it perhaps is no surprise that there remains a significant number of questions with respect to the potential of sport reminiscence as meaningful activity.

7.6 Context: The elite professional sport club

This chapter now turns to a discussion of the wider context in which group activities occurred in this study. Activities do not happen in isolation and meaningful care can only be understood through exploring the sociocultural factors and interdependent relationships in which an individual exists (Clark, 2002; Nolan *et al.,* 2006; McCormack, 2001). In this study, sport reminiscence existed within a number of contexts, but of particular focus here is the context of sport and the elite sport club.

Much of the potential psychosocial benefits discussed above are relevant across reminiscence research, rather than having any specific relevance to sport. Exploring the context might provide more information as to how experiences might come about, and under what circumstances positive or negative outcomes might occur (Walters and Tacon, 2011).

Chapter 6 has already demonstrated the highly gendered nature of the sporting context. Indeed, although gender has been the focus of this study by virtue of the introduction of female participants, it should be acknowledged that other sociocultural characteristics (e.g. sexuality, race, class, ethnicity) are just as likely to impact opportunity and benefits of engagement (Esmonde, Cooky and Andrews, 2015; Toffoletti, 2017). The subject of the following discussion stems from analysis of the professional sports club location in which each of the sport reminiscence groups in this study existed.

7.6.1. The professional sports club: Celebrity status and familiar brand

Within this study, many women alluded to sport, or the specific sport club, as being connected to a particular brand or level of exclusive status. In this discussion, brand can refer to the specific club or the wider status of sport in society. Regardless of their self-identification with different sports, many women drew attention to personal connections that they had had with particular elite sports people:

> *‘The chairman found us some land, so we were having a house built next to [the England fullback].’*
>
> (Kath, care partner, interview)

> *‘I remember Graeme Souness coming through the tunnel. Dad pointed him out and we ran up and Graeme Souness was swinging me round by my arms.’*
>
> (Sarah, daughter care partner, interview)

> *[The Head Coach] lived nearby. He used to come down our road every morning and say hello. He was a nice man.*
>
> (Helen, care partner, interview, Burfield Rugby Group)

These comments revealed an understanding that there was a level of celebrity associated with certain sports by some women. This contributed to a construction of the sporting context as one that holds a particular level of status. Famous names could be used to draw people together by identifying shared points of interest, but equally could be used in a way that created a sense of status and legitimacy through association. It is possible that vicarious association provided a boost to self-esteem and a sense of special privilege. Such a response could be beneficial and could offset an identity damaged by dementia-related stigma. Similar observations connecting sporting celebrity to positive psychosocial outcomes are identified in other studies of sport reminiscence (Wingbermuehle *et al.,* 2014; Watchman and Tolson, 2015; Hawkins *et al.,* 2020). In this study, the celebrity effect could also be more broadly applied to the club and sporting culture, as opposed to a specific player or coach:

> *'Sometimes we go in on a Thursday and we park the car at the same time as the players are parking. And we walk across with them. That's nice. Special to see them up close.'*
>
> (Helen, care partner, interview, Burfield Rugby Group)

> *'I took my friend because I wanted her to see the mural of Harry. This older guy knew of Harry and took us everywhere! Took us to the dressing rooms, and I said to my friend, 'you're very honoured, we're in the dressing rooms and you're not normally allowed in there!"*
>
> (Kath, care partner, interview)

These examples also demonstrated the awareness of some women of the exclusive culture in which some professional sports exist (Chambers, 2012; Carone, Tischler, and Dening, 2014). This sense of privilege was further reinforced by a facilitator during a tour to pitchside during one group session:

> *Leon emphasised how special it was to be pitchside. How the groundsman would 'shoot them' if they actually touched the grass. Several people were taking photos and a club photographer took a picture of the whole group in the dugout. This underlined that this was a special occasion.*
>
> (Fieldnotes, Dewhurst FC Group)

A number of previous sport reminiscence papers have reported upon time-limited groups that concluded with a final visit to significant football locations and museums (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Wingbermuehle *et* al., 2017). These reports have been positive, however, it is not clear if this was a result of the meaningfulness of the location and its connection to previous personal memories, or indeed, as in my evidence above, an indication that some people see certain locations as valuable because of a particular cultural status afforded.

Furthermore, it is interesting to note that previous sport reminiscence papers have also reported celebrity sporting patrons endorsing activity (Chambers, 2012; Watson et al. 2018). As a strategy to reduce the stigma of dementia, involving high profile athletes could encourage media coverage that portrays positive depictions of people living with dementia. However, celebrity endorsement should not be misconstrued as proof of a successful evidence-based approach. Indeed, it is possible that celebrity association contributes to a context in which activities are seen as inherently positive and prosocial. In effect, it could have contributed to the uncritical acceptance of the commodification of sport reminiscence. The subsequent media coverage has likely also been of benefit to clubs in terms of broadcasting their community and corporate social responsibility activities (discussed in more detail below). Data that related to the appeal/benefit of celebrity and exclusive status might be interpreted as evidence of the proposed widespread appeal of sport, but rather, I would argue that it was evidence of the construction of a particular privilege that sport has within society. This should not be equated to evidence of good practice.

Beyond celebrity status, sports clubs in this study also represented a particular familiar brand in the community. The familiarity of the brand encouraged some participants to attend, despite having little fan-type relationship with the club:

> *Richard:* *They give you a lot of information. I recognised the [Ashbourne] one and because it was close enough..*
>
> *Ruth:* *[Nodding in agreement]*
>
> (Ruth (living with dementia) and Richard (husband care partner), interview, AFC Ashbourne Group)

> *'We live nearby and we knew where it was.'*
>
> (Morag, care partner, fieldnotes, Dewhurst FC Group)

Whether the attraction was brand familiarity, perceived brand status, or was simply related to the non-healthcare location that the sport club could provide remains open to interpretation. Previous research that used sport as a location to tackle public health issues has suggested that sport locations can provide non-stigmatised environments that are removed from health and social care (Carone *et al.,* 2014; Spandler, Roy and McKeown, 2014; Ovenden, Dening and Beer*,* 2016; Watson, Parker and Swain, 2018). In this way, the sport club might hold promise as a location that is removed from the stigma of dementia and older person services. The space can be seen as one in which people living with dementia are seen as people with interests, as opposed to persons reduced to a disease (Watson, Parker and Swain, 2018). This perspective could be appealing for many participants and beneficial for wider societal-level understandings of living with dementia. A similar brand familiarity effect was apparent in a study of physical activity for men living with young onset dementia at a professional football club (Carone, Tischler and Dening*,* 2014); data from Carone's study suggested that the football club location offered a brand that was recognised and had a particular prosocial reputation in the local community (ibid., p. 1370). Thus, the use of the sport club location may have value for some people, regardless of fan status. Furthermore, it might be a powerful draw despite the fact the location is likely also rife with sociocultural assumptions and does not necessarily provide an inclusive location or activity. Indeed, within Carone's study, highly gendered stereotypes also remained palpable (ibid., p.1363). Thus, whilst such a location may offer promise to challenge some stereotypes, it could also reinforce others.

Returning to data in my study, it was clear that there was some brand familiarity effect associated with clubs that encouraged people to attend. Furthermore, the familiarity extended beyond those who identified as fans. Despite groups often being ineffectual in terms of sport reminiscence, attendance was high across all groups. It is possible that this reflected an appeal inherent in the professional sports clubs, and furthermore, that the influence of traditional stereotypes might not be so problematic. However, equally, high attendance could have reflected a lack of alternate options and/or concentration of a particular type of funding. Thus, high attendance should not be equated to success, a point previously discussed in Chapter 5.

7.6.2 Branding and sports marketing

It is worth briefly considering the relevance of sports marketing, as this impacts upon the brand of the club and is an important aspect of the elite sports industry. Indeed, it is a key part of what has become a highly profitable commercial industry (Shank and Lyberger, 2015). In the context of marketing and the increased commercialisation of professional sport, fans can be reframed as consumers. The marketing of the brand is intended to represent quality and encourage loyalty amongst the consumers (Hinch and Ramshaw, 2014). Elements of club branding were recorded in fieldnotes:

> *Branding all over the stadium alludes to heritage, togetherness '[City]. Now. Always' '[City] Football Club. Established [1880].' 'This is the home of the [Greens]'.*
>
> *'Make your own tradition'*
>
> *Then. Now. And Forever a [Blue].*
>
> '*Welcome to the home of [The Reds]'*
>
> (Fieldnotes, various groups)

Branding often contained messages related to heritage, tradition, and home narratives, which are typical of sports club brand marketing (Shank and Lyberger, 2015; Ramshaw and Gammon, 2017). These messages constructed a level of importance for the history of the club, and created a location imbued with ideas of legacy and meaningfulness (ibid.). The connection between heritage and reminiscence is particularly relevant. Sports heritage can be split into 'sport as heritage' (whereby sport is seen as symbolic of people, places, and culture) and the 'heritage of sport' (focussed upon particular achievements within sport); Ramshaw and Gammon, 2017, p. 116). Both concepts were relevant to this study of reminiscence because the content of groups was focussed upon the heritage of sport, whilst the wider rationale underpinning sport reminiscence connects to heritage through assumptions related to the symbolic meanings that sport has of people, places, culture, and identity. However, heritage is not synonymous with history and rather, it has ideological connotations that are shaped by current motivations (Smith, 2006; Timothy, 2011; Shea, 2014; Ramshaw and Gammon, 2017). For example, political and economic aspirations can be used to reframe a decrepit old stadium as beloved and iconic (Ramshaw and Gammon, 2017). In turn, this is intended to inspire a sense of belonging, status, and also to increase revenue streams (Foster and Hyatt, 2008; Hinch and Ramshaw, 2014). Furthermore, sports heritage has been framed through history by the same dominant masculine hegemony described in Chapter 6, that in effect, is disconnected from many women's sporting experiences. Returning to the concept of sport reminiscence, heritage narratives could exaggerate the perceived potential value in sports reminiscence groups. That is, the present political and economic aspirations of the club can benefit from group activities that both reinforce an assumption that the history of the club is meaningful (and therefore fans should want to be a part of it), whilst simultaneously demonstrating the club's wider corporate social responsibility (CSR) efforts. CSR is a strategy through which sports clubs can demonstrate their accountability and commitment to society (Walters and Tacon, 2011, p. 7). Rather than CSR be a passive benefit of activity, it can be used as a strategic tool that further encourages brand loyalty and boosts reputation (Dean, 2003; Porter and Kramer, 2006). One could argue that media reporting on sport reminiscence groups for people living with dementia has been an extension of CSR that has benefitted clubs and their reputation.

Quite how the impact of branding and CSR impacted women's experiences in this study varied and certainly open to interpretation. Such marketing might have been beneficial in that it encouraged the identification of similarities and sense of collective belonging. That is, whether the respective experiences of a particular team are similar or not, the branding and marketing efforts might encourage a bias for attenders to frame interpretations within such terms. Equally, CSR might encourage the emphasis on numbers in attendance that is better suited to the needs of the club (in order to demonstrate how many people they are helping), rather than the needs of people affected by dementia, (who might better benefit from smaller groups with significant numbers of staff). The result is a location that seeks to affirm the value and benefits that the club is providing for people living with dementia. This can make it harder to critique and problematise the individual who experiences the location in a different way.

A number of authors have presented a similar sceptical critique of a 'sport-for-change' approach, which is largely based upon the assumption that sport is inherently beneficial (Coakley, 1998; Coalter, 2007; 2015: p.19). Sport reminiscence is just one example of a myriad of different sport-related approaches that have been used for public health and social policy interventions (see Chapter 1). Claims have been made that sport can provide answers to long-standing issues of social inclusion, community development and inequalities (President's Council on Physical Fitness and Sports, 2006; Coalter, 2007; 2015). However, such promises are inflated and based upon poorly defined outcomes or problematic methodologies (ibid.). One might equate the promise that sport reminiscence can tackle loneliness and dementia to have been similarly inflated, and certainly poorly defined. Coalter (2015) has argued that sports' claims are rooted in aspirations to increase the relevance of sport within social policy (thereby attracting increased funding and legitimacy). Yet, there has been a lack of evidence of sports' ability to meet such claims (President's Council on Physical Fitness and Sports, 2006; Coalter, 2007; 2015). Of particular concern is that evaluation approaches have often affirmative in their approach (Hartmann and Kwauk, 2011; Coalter, 2015) and again, as discussed in Chapter 2, one might suggest that sport reminiscence thus far has similarly failed to take a critical approach that questions the very assumptions on which it has been based. The approach has instead remained rooted in traditional masculine norms and has failed to provide a thorough exploration and critique of the context in which sport reminiscence exists. Rather, it has simply reproduced the traditional masculine norms and assumptions upon which it is based without questioning the impact such factors have on the individual experience. Further research to unpick for whom, and under what circumstances, elements of the sporting context are relevant, and have potential would be beneficial to understanding the broader context of sport as a location for meaningful activity for people affected by dementia (Walters and Tacon, 2011).

7.7 Summary

This chapter has presented and discussed data from this study, alongside findings from previous research, in order to consider the potential of sport reminiscence as a meaningful activity for women affected by dementia. Exploring the content and processes demonstrated why sport reminiscence could be a meaningful activity for some women affected by dementia. It has demonstrated that the sporting topic could be enjoyable, engaging and offered opportunity for women to demonstrate aspects of their unique personal identity. Furthermore, sport reminiscence could be used to identify shared points of interest or experience, that in turn, could encourage a sense of shared identity and belonging. Activities that promote a sense of unique and shared identity are valuable in developing opportunities for meaningful interaction and thus, can be a helpful tool in counteracting the stigma of dementia, and delivering meaningful activity under the principles of person-centred practice (Kitwood, 1997; Fazio *et al*., 2018; Macleod *et al.,* 2020). Such activities are particularly beneficial to persons who otherwise experience stigma or loss of identity.

In addition, this chapter has demonstrated that there was further benefit in the communication and social interaction processes involved in sport reminiscence, such that the interpersonal interaction might have been just as valuable (or more so) than any semantic content recalled. The context of sport can involve physical, kinaesthetic, and wider sensory experiences that make it ideal for triggering embodied experiences and making use of the experiential self. This arguably provides opportunity in activities that could be rooted in sport reminiscence, but are more inclusive for people with particular symptoms or more advanced stages of dementia (e.g. interacting with objects or experiences, rather than only talking about past events). However, group activities in this study remained firmly rooted in cognition-based conversation domains and thus, fell short of providing an inclusive and engaging activity option. Broadening the scope of group activities to include alternate means of communication and interaction, as well as promoting sporting narratives that diversify from the narrow masculine hegemony dominant thus far, will improve the opportunities for different people.

Finally, there was benefit in the elite sport club environment that related to a perceived status and/or familiar brand effect. However, the perceived status arguably also made the activity harder to critique and perpetuated exaggerations of the benefits that have been attributed sport reminiscence. In summary, the data and discussion have demonstrated that there is potential in using sport reminiscence as a communication tool, or structured activity for some women (indeed, for some people). However, the sporting context is complex and individual experiences confirmed there is significant variety. It is likely that sport can provide a platform that might be particularly meaningful for some people. However, for others, it might lack relevance, or indeed, might actually negatively impact upon sense of self or emotional wellbeing (see Chapter 5). Despite the significant individual differences that must be acknowledged, it is the potential connections with mood, self-esteem and identity that arguably move the potential of sport reminiscence beyond the experience of pleasure, to provide opportunity for meaningful psychosocial benefit. Thus, there is promise in sport reminiscence, but much remains unknown and further research and scrutiny will likely further challenge some of the assumptions upon which the current evidence base is positioned.

CHAPTER 8: Conclusions

8.1 Introduction

This chapter draws together the findings from this exploration of women's experiences of sport reminiscence activities in order to demonstrate areas of new knowledge that this thesis has brought to the field of sport reminiscence and dementia. Strengths and limitations of the research are presented, and a number of recommendations for research and practice are discussed. In keeping with the reflexivity that has underpinned my methodology, the chapter concludes with some final reflections on the process and findings of this research.

8.2 Key findings

8.2.1 Sport reminiscence can be a meaningful activity for some women

My research has found that sport reminiscence, that is, the sharing of sport-related memories and experiences (Clark *et al.,* 2015; 2017; Hawkins *et al.,* 2020) could be a meaningful activity for some women. My findings aligned with previous research centred upon men (e.g. Schofield and Tolson, 2010; Solari and Solomons, 2012; Watchman and Tolson, 2015), to suggest that sport could be an enjoyable topic, and promote social interaction, for some women. However, women rarely engaged in group sport reminiscence and data generated was almost exclusively from one-to-one interactions, which demonstrated that how, and where, sport reminiscence was facilitated impacted upon the ways in which women engaged with the opportunity.

My research has also demonstrated that seeking social activity was seen as an important responsibility by many women, and it was understood as a conduit to wellbeing. Women in my study associated wellbeing with the ability to stay socially connected and engaged with other people, echoing findings from elsewhere (Clark *et al.,* 2015; Reilly *et al.,* 2020). These findings may suggest that women affected by dementia are aware of the increased risk of loneliness associated with both the condition, and older age (see Livingston *et al.,* 2017; Alzheimer's Society, 2017). Thus, they can be motivated by a need to seek out, and demonstrate, their commitment to counteracting the risk of loneliness.

For the women in my study, the promise of social activity was more important in motivating group attendance than any connection to the particular sport, or club, hosting the activity. The relevance of sport over and above other topics of general interest therefore remains unproven. Previous authors have suggested there is a uniting social potential inherent in sport (Sport England, 2004; Commission on the European Communities, 2007; Hoye *et al.,* 2015; Watson, Parker and Swain, 2018) and yet, evidence from my study supported other authors who suggest sport is guilty of overemphasising its position, relevance, and ability to tackle social problems (Coakley, 1998; Coalter, 2010; 2015).

Returning to my study, social interaction potentially had deeper impact upon identity and wellbeing than the specific sporting topic driving conversation. During data generation, I recognised social interaction to include verbal conversation, non-verbal exchange, physical and sensory interaction, and object-based interaction (e.g. rattle, see Chapter 5). Non-verbal, multisensory, and object-based modes of interaction were more inclusive for participants whose symptoms related to cognitive processing, language, or sensory loss. This echoed other research that has noted the importance of tailoring activities to different symptoms and stages of dementia (Regier *et al.,* 2017) and that which has recognised the value of embodied communication (Hydén, 2013; Motto-Ochoa *et al.,* 2021). Although multisensory approaches to reminiscence have been long-advocated in reminiscence practice (e.g. McKiernan and Yardley, 1991; Kasl-Godley and Gatz, 2000), Chapter 5 described how it was rare for group activities to be delivered as such.

It is important to note that some women in my study, (e.g. Carol and Pamela, Chapter 6) did find the sporting topic to be particularly meaningful and it could be a vehicle through which they were able to uphold a sense of unique identity. Findings in Chapter 6 demonstrated that women's past sport-related experiences were varied, but there were some typical patterns of activity participation (e.g. childhood sport participation that ceased upon marriage) that reflected domestic gendered responsibility and access to leisure time. This could reinforce typical gendered stereotypes prevalent in the sporting context that promoted female care responsibilities and reinforced sport as a domain most relevant and valuable for men. Such findings can be understood as a demonstration of how female sporting experiences can be shaped by cultural gender norms and protocols (see Toffoletti, 2017). However, as per other research that has advocated that sport can play a significant position in the life of women (Pope, 2017; Toffoletti, 2017), some women, (e.g. Ruth, Chapter 6), found the context to be one that provided great meaning in their life and sense of self, regardless of the limitations of typical stereotypes. Chapter 7 described how sharing personal characteristics, experiences, values, and knowledge could be empowering topics that were triggered by reminiscence. In particular, there was value in the context of sport in providing opportunity for women to express and celebrate aspects of their character and experiences that might normally contradict traditional notions of what it means to be an older woman; for example, displays of toughness, competing in motor racing, or experiences attending football matches (see Chapter 6). Sharing stories could underline unique aspects of each woman's identity, as well as identify shared points of knowledge or experience from which deeper social bonds could develop. As per other feminist sociologists of sport (e.g. Hargreaves, 1994; Toffoletti, 2017), my findings suggested that despite heavily gendered assumptions inherent in the context, sport provided a location in which some women challenge, renegotiate, and transform understanding of their identity. This observation aligns with the relational model of gender whereby gender is not fixed, but is performed and negotiated in relation to others (Connell, 1995; Connell and Messerschmidt, 2005).

The potential impact that engaging with sport reminiscence has on identity could be particularly beneficial for women who find their identity at risk of increasing homogenisation as a result of their dementia, care responsibilities, age, or gender. In addition, the social interaction sport generates for some people might also help counteract risks of loneliness and associated negative health outcomes. Results from my study demonstrated that reminiscence could provide insight into an individual's biography, preferences, and values, as well as offer an opportunity for meaningful interaction. Therefore, results here do support the notion that, for some women, sport reminiscence can be a helpful tool to sustain identity, stimulate meaningful engagement, and uphold a wider context of person-centred practice for people affected by dementia (Kitwood, 1997; Fazio *et al.,* 2018; MacLeod *et al.,* 2020).

In addition, for some women, engaging in sport-related activities, or following concurrent sports events was an extension of aspects of their identity. Such activities may (or may not) have been related to past experiences. If related to past activities, it more readily aligned with the concept of reminiscence. However, as described in Chapter 7, sport-related activities unconnected to past experiences could similarly boost social interaction, which in turn positively impacted upon sense of identity, belonging, and agency. Thus, the experiential nature of sport-related activities could provide in-the-moment social and personal benefits irrespective of the woman's particular sporting history.

8.2.2 Sport reminiscence is highly gendered

A second key finding in this study is that the context of sport and sport reminiscence remains highly gendered. The initial rationale for developing sport reminiscence practice was based upon a traditional masculine hegemony that has promoted a normalised and legitimised link between men, certain forms of masculinity and sport (Schofield and Tolson, 2010). An assumed natural connection between men and sport is a long-standing perception underpinning sport (Hargreaves, 1994; Hargreaves and Anderson, 2014; Watson, Parker and Swain, 2018). Chapter 6 evidenced that traditional gendered rhetoric was evident in attitudes expressed by the women themselves in my research, despite such views often being inconsistent with their own personal experiences. For example, many women expressed traditional views about sport and gender (e.g. women should not do boxing), yet also recalled early life experiences that were in contradiction to such assumptions (e.g. attending football matches). This suggested a lack of alternative cultural narratives in the context of sport, that, in effect, prevented women from expressing the wide variety of relationships and experiences that they had had with, and within, the broader sporting context (Anderson and Jack, 1998; Esmonde, Cooky and Andrews, 2015). Chapter 6 described how typical notions of gender were reinforced by the women's attitudes, topics for reminiscence, the locations of groups, and the actions of facilitators. The gendered nature of activity could impact how women engaged in sport reminiscence activities, attributed meaning to their experiences, and chose to access sport reminiscence groups.

In my study, all group activities were hosted by traditional men's sport clubs and were heavily centred upon the history of the club, despite many participants (male and female) identifying little emotional, social, or historical connection to the club. The actions of facilitators further reinforced the male dominance by selecting only men for input during group discussion, or by commenting on the remarkability of a woman expressing knowledge (see Chapter 6). Furthermore, the qualities often evident in sport reminiscence narratives were centred upon characteristics that underpinned the traditional masculine rhetoric (e.g. toughness, aggression, and competitiveness). Such characteristics were often celebrated and held up as the ideal, thereby relegating alternate more typically effeminate qualities (e.g. aesthetic appeal) as inferior (Bryson, 1987; English, 2017). Emphasis on these qualities demonstrated the limited language available to express personal identification with sport and questions those authors who suggest there has been a shift in sport towards a more inclusive masculinity (e.g. McCormack, 2011). The limitations contributed to an environment that was, in fact, exclusive to the many people whose interests, identities and experiences varied from such rhetoric (Connell and Messerschmidt, 2005; English, 2017). This narrow framing impacts both men and women by accentuating binary ideas of gender, and fostering heteronormative expectations that overlook the significant variation in the population affected by dementia, and sport-related experiences.

There was some variation perceived in the gender experience evident in the rugby group, whereby women felt their presence was both more accepted, and more long-standing (see Chapter 6). However, this was often related to the notion of ‘family’ and thus, continued a rhetoric that created an accepted domestic narrative for women within a traditional male domain. That being said, cultural variations between different sports are often overlooked as a result of the culture of sport being assumed synonymous with that of the dominant cultural sport (in the UK, football; Johnman, Mackie and Sim, 2013; Spandler, Roy and McKeown, 2014). Thus, future research centred upon other sports may uncover further subtle variations in the sociocultural assumptions within which different topics are framed. Indeed, assuming football culture is synonymous with other sporting cultures is a gross generalisation that is unhelpful and overlooks the significant variety in sporting culture that exists. Variety in sporting culture will create variety in reminiscence group culture and differences in the relative impact of gender and other sociocultural characteristics.

With respect to conclusions that my study can contribute to wider dementia care, findings demonstrated that gender is an important aspect that shapes both past and present life experiences. Gender can also shape opportunities and the meanings derived from different activities. Perceptions of gender can impact the way in which people are treated and impact the assumptions and meanings attached to different behaviours and personality traits (Anderson, 2008; Pfister, 2010; WHO, 2010; Ginn and Arber, 1995; Bartlett *et al.,* 2016; Wilkinson, 2015). This in turn has an important influence upon the experience of dementia, caring responsibilities, and supports the argument that a greater focus is needed upon gender (and other sociocultural characteristics) in dementia research and practice (Bartlett *et al.,* 2016).

8.2.3 Not all experiences of sport reminiscence are positive

It is well established that reminiscence is not a universally positive experience, nor is it a universally appealing activity (e.g. Bluck, 2003; Cappeliez *et al.,* 2005). Some people do not wish to look back and prefer instead, to remain focussed upon the present. In addition, not all people living with dementia are impacted by the typical pattern of memory loss. Concentrating only on past activities with older people could be interpreted as evidence of a wider culture in which older people are depicted as having lived life, and thus, are no longer of worth in the present. Such a position likely contributes to an underpinning ageist culture, that disempowers and is unhelpful to all people. Yet, it should be acknowledged that sport reminiscence (and indeed, general reminiscence) continues to be promoted as a popular and beneficial activity (e.g. SCIE, 2015; Watson, Parker and Swain, 2018; NICE, 2018). As discussed in Chapter 7, this is likely, in part, to be a result of the benefits received by clubs, organisations, and funders, with respect to promoting their heritage, and demonstrating their benevolence through displays of corporate social responsibility. It is recognised that reminiscence might suit the most common pattern of memory loss seen in dementia (Thorgrimsen, Schweitzer and Orrell, 2002; SCIE, 2015) and yet, an overgeneralised promotion of reminiscence as an activity for *all* people living with dementia might instead reflect a wider societal stigma that positions loss of memories as synonymous with loss of self. In effect, by promoting an activity thought to be productive in terms of stimulating past memories, we are perpetuating a notion that our past selves are of utmost importance to the notion of present in-the-moment identity. In turn, this contributes to the depersonalisation and loss of identity common in narratives of dementia.

As with general reminiscence, sport reminiscence carries a risk of triggering negative emotions or memories. In my research, some specific sport-related memories were related to negative events (Chapter 6). These examples echoed findings from previous sport reminiscence research (Schofield and Tolson, 2010; Watchman and Tolson, 2015; Watson, Parker and Swain, 2018; Hawkins *et al.*, 2020). In addition, some women experienced negative emotions as a result of comparison between former experiences of physical prowess or passion, and the relative state of their partner currently living with dementia (Chapter 5). A similar risk of highlighting past ability relative to current disability has been observed in other studies of reminiscence (McKeown *et al.,* 2010b; Watson, Parker and Swain, 2018). This was a particular risk for the wives of men who had previously played football (or other contact sports). The increasing evidence base linking head injuries and dementia (Stewart, 2021; Mackay *et al.,* 2019) provided some female care partners with a focus for some level of blame and resentment for their partner's condition. This was complicated by the popular cultural narratives and limited hegemonic language that celebrated the hypermasculine sporting traits that the women attributed to their husband's current condition (e.g. toughness, willingness to play through injury). The result was that some women, like Kath, found sport reminiscence generated a range of complex and competing emotions that was not a positive experience.

If a care partner and a person living with dementia do experience conflicting outcomes from sport reminiscence, it might impact their ability to engage with the activity. This can be recognised and understood through Nolan's theory of relationship-based care (2004; 2006). For example, people living with dementia could be reliant upon a care partner for access, or a care partner might feel obliged to bring their partner, despite the negative experience it could be for themselves. This is undoubtedly a complex issue and although there was no evidence in my study, it is possible that some people living with dementia experience similar challenging or conflicting emotions in response to reminiscence. In contrast, for Carol (Chapter 6 and 7), the opportunity to reminisce and reflect upon the way she has adapted her own skillset and evolving condition to continue to be able to uphold her sporting identity was a powerful and positive experience. Thus, the relationship between past and present activity, identity, and adaptation to ageing, varied between different women, and was not necessarily related to the original emotion experienced at the time the memory was created.

Such findings demonstrated a need for reminiscence to be facilitated in ways that ensured participants were able to work through more negative experiences that might be triggered. It would be oversimplistic to assume that a person's sport-related memories are *a priori* good or bad. Rather, sport-related memories recalled on a one-to-one basis by women in this study encompassed a wide array of positive, neutral, and negative experiences that, in turn, generated a complex range of emotions on recall. Such evidence only further reinforced a need for personalised facilitation that steers away from assumptions with respect to sport, dementia or sociocultural characteristics, and is alert to the great variation in people's individual experiences. In contrast, the large group approaches with only a single facilitator seen in this study, were unsuitable for the type of person-centred exploration and support required.

8.2.4 Group dynamics and activities can be ineffective for people living with dementia

Evidence from my study demonstrated that community-based groups can be made up of a variety of people with very different interests, abilities, and symptoms of dementia. The variety of participants made it a particular challenge to facilitate whole group activities. It would be a misnomer to assume that activities outside of residential or nursing care need only to be tailored to people at earlier stages of dementia. In reality, (as in my study), those living in the community experience a wide range of symptoms (Prince *et al.,* 2014), and this makes whole group community approaches particularly complex and challenging, as people with different symptoms and stages of dementia will benefit from different modes of activity (Kontos *et al.,* 2017; Regier *et al.,* 2017). Regardless of the challenge, given that approximately two thirds of people living with dementia continue to live outside of care (Prince *et al.,* 2014), appropriate care and support activities and services in the local community are vital (Nyman and Szymczynska, 2016).

In my study, the assumptions apparent in the sport reminiscence context extended beyond sociocultural characteristics, to include those related to dementia and disability. Group sport reminiscence activities showed little awareness of the different strengths and abilities of participants. This was a result of limited staff resources (in terms of numbers and training), a context of passive entertainment, and stigmatised views of dementia (Chapter 5). The result of such a context meant that so long as you were able to sit passively, you were considered to be engaged as a beneficiary of activity. Such an approach is the antithesis of previous research that advocates personalising reminiscence to the particular group of individuals at hand (Gibson, 2004; NICE, 2018). In particular, Chapter 5 provided evidence that group reminiscence activities relied heavily on verbal communication, as well as unimpaired speeds of cognition and sensory ability. Across each group, only a very small number of participants would engage in group reminiscence discussion, and discussion was largely dominated by the facilitator's voice. Furthermore, the lack of adaptation available in group activities could serve to accentuate disability and reinforce stigmatised stereotypes of dementia. As per the biopsychosocial model of dementia, such experiences can be detrimental to people living with dementia and have a functional impact upon their abilities and symptomology (Bosco *et al.,* 2019a; Kitwood, 1990; Patterson *et al.,* 2018). In my study, the majority of participants did not contribute during group reminiscence discussion because of perceived gendered barriers, a lack of interest in the topic, symptoms of dementia, sensory loss, or because large group discussion was not a comfortable environment in which to proffer personal experiences. This questioned the meaningfulness, and even the relevance, of sport reminiscence to the group activities.

Across all groups in my study, a single facilitator meant that it was difficult to include all participants (regardless even of cognitive ability) and hence, groups often involved activities that were considered passive entertainment (e.g. watching videos, listening to speakers). Such activities were in contrast to the promise of social interaction that had motivated attendance (see Chapter 5). It is possible that single facilitators increasingly included such passive activities because they realised the inherent challenges in stimulating and facilitating reminiscence in the group environment. As per the advice in other sport reminiscence literature (e.g. Coll-Planus et al., 2017), the groups in this study would have benefitted from smaller numbers, more facilitators, and attention to specific personalised activity design. This approach would have reduced some of the barriers that participants encountered to engaging in sport reminiscence and other social activities in the group situation. Given that this advice already exists in literature, the focus perhaps ought to turn to how research is translated into practice, within a wider context that recognises how assumptions of gender and disability (and other potential sociocultural categories) impact access to sport reminiscence group activities. The context should also consider how the politics of sport and the motivations of clubs, organisations, and funders impact upon models of delivery (Chapter 7). Only then will knowledge be expanded as to the potential experience and benefit of sport reminiscence.

As there was a lack of adjustment for individuals in activities, participants were reliant upon care partners for any additional support required to understand or keep up with group activities; yet care partners were usually positioned as beneficiaries of community group activities as well. Chapter 5 has demonstrated that care partners had their own social needs that could be met through the peer support available in the group. This benefit was highlighted by the continued attendance at groups by former care partners, like Pamela and Sharon, whose partners had died or moved into care. Whilst group peer support often seemed to be beneficial to care partners, there was a risk that supportive peer conversations could undermine the identity of people living with dementia. For example, at times, care partners publicly disclosed symptoms they found challenging, thereby gaining support and advice from others in similar situations. However, the same public disclosure could threaten the dignity of both their partner, and others in attendance. Moreover, such examples demonstrated that care partners likely had unmet needs in relation to access to peer support, and the adjustment to the changes that dementia can bring (Brooker, Dröes and Evans, 2017). This suggested there were significant gaps in existing community provision.

In my study, sport reminiscence groups had no limit on the numbers who could attend. The result was that groups in my study exceeded numbers recommended in sport reminiscence practice advice (see Chapter 5). Large numbers in attendance does suggest that the sporting context holds some attraction to a widespread group of people, as suggested by other authors (Schofield and Tolson, 2010; Clark *et al.,* 2015; 2017; Watson, Parker and Swain, 2018). However, the large numbers also obscured the individual differences present and their relative levels of interest in the topic at hand. Indeed, many women in my study admitted they had little or no past or present interest in the specific club at which they attended group activities. Although beyond the exploration scope of this study, it is possible that there were limited alternatives available (in terms of other community group activities) and thus, the choice was not to attend sport reminiscence, but rather, just to attend *a* group for people affected by dementia.

Chapter 7 noted that the model of provision observed in this study (with an emphasis on large numbers) delivered benefit to providers and commissioners by appearing to support large numbers of people at once. In effect, a large attendance could be interpreted as evidence that the group offering was inclusive, as large numbers of people attended. The underpinning assumption is that this group reflects a diverse population with varied sociocultural characteristics, histories, and interests. Thus, it can be interpreted as evidence of the widespread appeal of sport reminiscence. However, based on evidence in this study, it is difficult to argue that high attendance was a direct result of the promise of sport reminiscence; rather, it seemed that the promise of non-specific social opportunity, familiarity of the club brand, practicality of the location, and the exclusive status of professional sport were more relevant in constructing a context that, perhaps, also benefited from being removed from more traditional health and social care locations for older adults. Thus, the whole-group environment was complex and did not appear to provide the specialist support that could benefit a wide range of people affected by dementia, despite the fact that many women in this study chose to routinely attend activities. Such a conclusion supports a case for smaller and more specialist services that are designed around the interests, and strengths of those in attendance, rather than a continued effort to find overarching models of generalised support, that in effect, appear to be the antithesis of person-centred care and support.

8.3 Strengths and limitations of the study

8.3.1 Strengths

This study has been the first to introduce women's voices into the context of sport reminiscence. In doing so, it has provided insight into some of the assumptions that are yet to be acknowledged in sport reminiscence research. Indeed, findings in my study could be interpreted as support for accusations that the current evidence base for sport and social change has tended to be somewhat affirmatory in its approach (Coalter, 2010; 2015). For example, previous sport reminiscence research has largely focussed upon small, select groups of men and men's sport (e.g. Schofield and Tolson, 2010; Hawkins *et al.,* 2020), thereby reproducing, and affirming, the traditional masculine hegemony upon which the topic has been based. In contrast, the more critical, feminist-inspired approach evident in this thesis has not disputed that there is potential for sport reminiscence to be an effective activity, but rather, has advocated a need for greater awareness of the limitations and the advancement of more creative, better facilitated activity provision. This has advanced knowledge in a way that previous affirmatory approaches have not.

The qualitative approach has been useful in exploring processes, and themes, within sport reminiscence activity and thus, this thesis makes an important contribution to knowledge and practice with regard to sport reminiscence, women, and dementia. The ethnographic approach proved very successful in generating rich and detailed data about women's experiences of groups and sport. Sharing aspects of different women's past and present experiences has produced analysis that is effective in promoting a person-centred approach to dementia support. Furthermore, it has challenged some of the homogenising stigma that can impact older women and those affected by dementia (Frank, 2010; Angus and Bowen, 2011). For example, sharing aspects of women's past sporting experiences has broadened knowledge about a relatively hidden aspect of sports history, as well as demonstrated that women living with dementia can be active participants in research. Indeed, this research has also contributed to developing research on the use of oral histories as a method in research (Russell *et al.,* 2020). In particular, the ethnographic, qualitative approach has been effective in bringing forward women's voices that have thus far been hidden in sport reminiscence and wider sport history research. Although borne out of challenges in recruitment, expanding the research to include women who were not attenders of group sport reminiscence has further strengthened the insight generated into the potential of sport reminiscence for women affected by dementia. Data from these additional women reinforced that women have varied and vibrant histories in sport, which reflects some of the diversity apparent both in the context of sport, and the experience of dementia.

The flexibility inherent in the data generation techniques was particularly advantageous in that it allowed different women to participate at a level that they were comfortable with. Some women preferred to contribute more informally during group activities than participate in a full interview (see Chapter 4). Meanwhile, some women (e.g. Carol) found that the interview was the way in which she could participate in a manner that took account and adjusted for the specific nature of her symptomology. This was valuable in terms of my axiological approach, but also helped to ensure a wide range of voices could contribute. Thus, as per other ethnographic studies in dementia (e.g. Motto-Ochoa *et al.,* 2021), the approach proved effective in allowing me to explore a variety of women's experiences and develop insight into the unique array of individuals impacted by experiences of dementia.

8.3.2 Limitations

8.3.2.1 Methodological limitations

I also acknowledge limitations in my methodological approach. Not least of all the level of interpretation that I as the researcher have brought to this thesis. Yet, I have shared my starting point, axiology, and methodological approach in Chapter 3, such that the reader can, for themselves, judge the relative impact of my position. I have been conscious that the nature of ethnography has meant that an element of interpretation is inherent in data generation (particularly during periods of observation and analysis where in effect, I chose what, and who, to pay attention to; Coffey, 2018). It was not always possible to understand how people were experiencing an activity and I readily acknowledge that not all people will need to actively participate in activities to experience benefit from engaging in a particular environment. Just as attendance should not be considered evidence of success, passivity does not always reflect disengagement. Indeed, whilst ethnography does add a level of flexibility that is arguably more inclusive to a population with varied communication preferences (Kontos, 2006; Førsund *et al.,* 2018; Motto-Ochoa *et al.,* 2021), there remains a challenge in researching with a population for whom more traditional research methods (that require capacity to consent, cognitive insight, and some level of communication ability), might be insensitive to the nuances of individual experience (Bartlett and O'Conner, 2007; Dewing, 2007; 2008; Bartlett, Milne and Croucher, 2019). Indeed, I should note that there were some women attending group activities who did not have capacity to consent to participate and thus, data generation could not include their perspectives.

A second issue that could be considered a limitation was my decision to include both women living with dementia and female care partners as participants in this study. The decision was a result of both practical issues in identifying women living with dementia in the group scenario, and an ethical decision to include perspectives from all women who attended as beneficiaries to the group (Chapter 2). There was a risk that such an approach could have obscured the experiences of people living with dementia. However, I have been explicit throughout as to the source of data, and I have recognised that care partners and people living with dementia could, at times, have differing interests, motivations, and competing or conflicting needs (Chapter 5).

A further possible limitation was that the sampling approach inadvertently resulted only in sport reminiscence groups hosted by professional sports clubs. This may have accentuated the masculine hegemony in ways that other general sport reminiscence groups might not have done. Yet, including the perspectives of other women, who did not attend sport reminiscence groups, demonstrated that the highly gendered nature of sport was a dominant narrative even outside of the club environment. Thus, I would contend that the narrative of male privilege was indeed central in wider culture beyond the professional sports club and across different locations and indeed, the result of the sampling approach was not so problematic. In addition, there was a benefit in that including both football and rugby clubs revealed data that indicated there were some subtle differences between each sport (e.g. differences in the way that women understood the impact of gender on attendance at games (Chapter 6). Whilst this was interpreted as being a result of different sporting cultures, I have to acknowledge that it could also have reflected geographical differences in sporting culture or chance differences in facilitator/participant input. One might argue that the limited geographical scope of the groups in my study was indeed a limitation, and undeniably, the ethical need for anonymity has removed some of the nuanced data that specific local cultures might have added to the context.

However, I would contend that findings in my study have a level of transferability such that readers are provided with detailed descriptions and can consider the extent to which findings can be related to new settings and environments (e.g. alternate sporting locations, methods of sport reminiscence delivery, or wider group activities for people living with dementia). Some authors have suggested that ethnography does not align easily with a search for evidence-based practice (see Coffey, 2018), however, my findings have demonstrated that an ethnographic approach can generate useful and powerful insights, which, in turn, can help inform policy and practice. As per my methodology set out in Chapter 3. this research was not an attempt to construct a single truth about the experience of sport reminiscence. Rather, this exploratory, qualitative work has provided evidence that has developed better understanding of the concepts and assumptions underpinning sport reminiscence, but which have largely been overlooked by other studies undertaken thus far.

8.3.2.2 Conceptual challenges

A second area of limitation relates to conceptual challenges inherent in the research base for reminiscence. Despite widespread reports of popularity for reminiscence, the evidence base continues to lack clear definition and evidence underpinning its impact remains limited (Woods *et al.,* 2018; Macleod *et al.,* 2020). In turn, the concept of sport reminiscence remains similarly vague and difficult to evaluate. Throughout this thesis, I have avoided the concept of ‘therapy’ because it is imbued with medical connotations that perpetuate a notion that reminiscence is a clearly defined approach, with specific outcomes, that measure therapeutic benefit. Yet, there are no standards for practice or clear guidelines in relation to what is, or is not, (sport) reminiscence.

Activities in sport reminiscence groups often diverged from either sport, or reminiscence, and included non-sport related activities (e.g. videos and quizzes, Chapter 5). In part, this was because group discussions were stifled by a lack of participation. However, a particular challenge with attempts at sport reminiscence seen in group activity seemed to be that the concept was blurred with that of sports heritage and history, and such, was limited by assumptions related to gender, other hidden histories, narrow stereotypes of fandom and meaning in the sporting context. Traditional notions of fandom have depicted men with significant amounts of knowledge and expertise (Nyland, 2004; Toffoletti, 2017) and this has been a stereotype perpetuated by some sport reminiscence research (Schofield and Tolson, 2010; Coll-Planus *et al.,* 2017). However, this type of fandom promotes an emphasis on factual recollection that is not strictly reminiscence, nor is it a style of communication that is attainable for many people with symptoms of dementia. This adds a further layer of complexity to definitions of sport reminiscence and prompts questioning about whose sport-related memories actually matter.

A further challenge to the concept of reminiscence is that definitions have been implicit in suggesting activity is centred upon conversation, cognitive recall, and verbal ability (e.g. NICE, 2018; SCIE, 2015). This conflicts with notions of implicit memory (Swinton, 2014) and evidence that has demonstrated that people living with advanced dementia can also benefit from reminiscence-based activities (McPherson *et al.,* 2001). I would argue that the influence and reported popularity of reminiscence is evidence of the challenge that dementia continues to provide to general societal understandings of what it means to be a person. That is, reminiscence is effectively rooted in a notion that memories are at the heart of identity, yet this conflicts with understandings of dementia, and particularly, those related to upholding identity in more advanced stages of dementia (Caddell and Clare, 2010; Strikwerda-Brown *et al.,* 2019). Broadening the scope of reminiscence group activities to include a choice of activities that offer opportunity for embodied experiences, recognise alternate forms of relational interaction, and value in-the-moment experience of identity would be more inclusive (as per e.g. Hydén, 2013; Nolan *et al.,* 2006; Motto-Ochoa *et al.,* 2021). That being said, I acknowledge that moving away from cognitive and conversation-based approaches does provide a further challenge to methods of research intended to develop an evidence base, yet which are often overly reliant upon verbal ability and insight in order to generate data.

Despite my recognition of this limitation, the intention of this thesis was not to further definitions of reminiscence. However, this thesis has advanced knowledge of the conditions required in order to promote benefit in sport reminiscence as an activity. For example, this study supports the need to tailor activity content and approach to specific interests and abilities of participants (as per Gibson, 2004; NICE, 2018; Coll-Planus *et al.,* 2017). Findings have also demonstrated that there is a need for appropriate facilitation and an awareness of the ways in which sociocultural stereotypes might shape engagement and potential benefit. My study has demonstrated that one-to-one reminiscence can be effective, but it is less likely that groups with a large number of participants could produce similar outcomes. Indeed, I would argue that findings in my study underpin the need for a cultural shift in design and evaluation that moves from *what* is done, to consider both *how,* and *why* it is done (Fazio *et al.,* 2018), such that activities are no longer swamped by overgeneralised assumptions that obscure the individual experience and undermine aspirations of a person-centred approach to dementia care and support (NHS, 2017; Livingston et al., 2017; NICE, 2018).

8.4 Recommendations for future research and practice

My study has demonstrated that it is worth pursing sport reminiscence as an option for meaningful activity. However, there is a need to move away from rhetoric that has advocated and promoted sport reminiscence to be a wide-ranging and generalised approach. In particular, my study has demonstrated that sport reminiscence in the guise explored in groups in this study was an exclusive context with limited scope; thus, it could not be said to be an inclusive whole-group activity option. Drawing upon the conclusions and key findings discussed this far, I now turn to suggest recommendations for future research and practice in relation to sport reminiscence.

8.4.1 Person-centred delivery

It is well-established that reminiscence is most effective when content and approach are tailored to the individual. The eagerness to advocate the widespread appeal of sport reminiscence has, in my opinion, reduced the potential impact of sport reminiscence as an activity. Indeed, my study has brought to light a lack of person-centred provision built into community sport reminiscence groups in the guise observed in this study. There seems a tension between the person-centred ambition written into policy (Department of Health, 2016; NHS, 2017; NICE, 2018) and the ambitions of organisations and funders, who can benefit from being seen to provide activities that reach as many people as possible. Yet, I note that generalising activities is not synonymous with inclusivity. Indeed, group sport reminiscence content and approach in this study were restrictively framed, such that group activities were often generic and those who might have benefitted from more specific sport reminiscence did not have the opportunity.

Whilst the topic of sport can be used to identify some shared experiences, providing activities in smaller groups, with more facilitation, would be beneficial in supporting a variety of individuals to actively participate and share their voice and experiences. Furthermore, person-centred delivery requires facilitators to spend more time getting to know and understand individual participants in attendance. In turn, they are then able to develop and personalise activities based on the specific strengths and interests of those present. Developing activity options that enable people, rather than highlight disability would be valuable for all parties in attendance. Focussing on a smaller number of individuals might encourage challenging some of the overarching assumptions associated thus far with sport reminiscence. For example, having a smaller number of participants would enable facilitators to understand more about each person (e.g. abilities and interests) and thereby tailor activity themes and approaches more appropriately. In turn, this can boost individual participation and subsequent benefit. Indeed, it is worth noting that the original study of football reminiscence in Scotland described a successful group opportunity that involved just three participants and a facilitator (Schofield and Tolson, 2010). This is very different from a group of up to 60 and a facilitator described in my research.

For those persons (men and women) for whom elements of sport are an important aspect of ongoing identity, opportunities to participate in reminiscence (or indeed, in activity) can hold great potential as powerful and meaningful counterarguments to the more typical stigma and disempowerment often experienced by people affected by dementia. Yet, using sport-related activity as a context for enjoyment and relational activity should also not be discounted for those who do not (or cannot) recall specific relevant previous life experiences. Adjusting the focus to include in-the-moment identity (through content or interaction), as well as (or instead of) memory-based ideas of identity could be beneficial to all parties involved. Such an approach would not just be more inclusive for people living with dementia, but also potentially encourage others to see the strengths of the person, rather than the loss related to symptoms.

8.4.2 Alternative models of dyadic support

An additional consideration related to developing more person-centred approaches to delivery is the recognition that people do not exist in isolation. Often people living with dementia attend community groups with a care partner. Thus, there is a need to consider how best to provide opportunity for all parties to be engaged and to benefit from activity. As alluded to above, developing a more person-centred approach to activity delivery that highlights strengths, rather than deficits, would support both people living with dementia and care partners.

In addition, care partners experience similar risks of loneliness, poor mental and physical health and thus, should have appropriate opportunity to seek social support in a safe environment. However, providing only joint group activities can result in each partner’s social ambitions being in competition and thus, developing and testing different models of dyadic support in future research could be beneficial. For example, offering care partners a choice of alternative activity, a safe space for peer support, or full participation alongside their partner living with dementia would be useful. As per people living with dementia, it is likely that different care partners, and different care partnerships may have preference for different modes of delivery. Thus, embedding choice as a key value within the provision of community group activities would be a more inclusive approach.

8.4.3 A re-evaluation of optimal conditions for social interaction

A key finding of this research is that there is a need to recast the values and experiences at the heart of sport reminiscence and wider community activities for people living with dementia. Both definitions of sport and reminiscence are vague and yet, also come with multiple assumptions that are unhelpful to many people. For example, some people do not enjoy looking back, whilst others may find their sociocultural identity at odds with the narrow stereotypes available in cultural narratives associated with sport. Moving away from whole-group approaches that appear efficient and attractive to funders (because they reach a large number of people at once) is necessary if activity is to provide optimum benefit. This requires investment in staff, and an understanding from host organisations and funders that large groups are not necessarily evidence of success. In effect, this changes the focus from *what* is done, to consider *how* and *why* interventions are delivered. Providing a range of activities that involve opportunities for conversation, interaction, action, and sensory experience would be more engaging for people with a range of different symptoms. Providing a choice of activities creates an approach to group activity that is better tailored to individuals. Shifting the approach of the group to focus upon activities that can be *done with* people, rather than *performed to* people will also increase active participation and the probability that the activity is beneficial to participants' sense of identity, belonging, and agency.

8.4.4 Potential research opportunities in sport reminiscence and related activities

The focus of this research has been on gender (as a result of introducing women's voices to knowledge of sport reminiscence), however, it is likely that other sociocultural characteristics, (e.g. ethnicity, sexuality) are also impacted by the limited culture in which sport reminiscence group activities currently exist. Further critical research that centres upon other sport-related assumptions (e.g. sociocultural characteristics, elitism, intersectionality), as well as variations between different sports, locations, and methods of delivery will increase understanding and develop sport reminiscence (in its many guises) to become a specialist option for activity, rather than an overgeneralised passive form of occupation. Indeed, there are opportunities to broaden the concept to include leisure and recreation, whilst also offering a more narrowed focus tailored specifically to former professional athletes living with dementia. Equally, there is opportunity within the context of sport to take learnings from other activities such as dance therapy (which I recognise has its own gendered and medicalised connotations), but which has already recognised the value in stimulating relational connections that may (or may not) be informed by previous experience (Motto-Ochoa *et al.,* 2021).

The central (and concurrent) position of sport in cultural life offers opportunity to develop intergenerational opportunity (as suggested by Clark *et al.,* 2016), as well as ongoing embodied interaction with sport. For example, rather than watching footage of a historical match, opportunities to attend a match could have similar outcomes that impact upon identity, sociability, and self-esteem. Indeed, engaging with ongoing sport-related activities could encourage a sense of agency and ability that has the potential to both increase quality of life, and challenge an ageist stigma that life has already been lived. Sport has the potential for producing both positive and negative outcomes, but further questions with regards to the conditions required in order to produce beneficial outcomes will only advance both research and practice (Walters and Tacon, 2011).

8.5 Final reflections

I draw this study to a close with some final reflections. The key findings have demonstrated that sport reminiscence could be a meaningful activity for some women affected by dementia. Indeed, I believe these findings could be extended to note sport could be meaningful for *some* men. The key is not all men, nor all women.

Whilst sport has been, and continues to be, politically framed as inclusive and wide-reaching, this study has demonstrated that the highly gendered context of sport, and sport reminiscence groups, could exclude and devalue women's histories, and unique, and shared experiences. Thus, in effect, it was paradoxical to the inclusion that has been claimed. I should note that the strength of the gendered context uncovered through my research has certainly made me more alert to the ways in which gender shapes my own life, identity, and the meanings that I attach to things. I admit that I had not anticipated meeting a champion motor racer in her 80s. Ruth's story was exceptional, but it was an explicit example of how women's sporting histories have been hidden, and how assumptions of gender can intersect with age. For me, this is an example of how my positionality set out in Chapter 3 in fact adds intensity to this finding. That is, as a woman in sport, with a set of particular professional ideals and values, I have certainly not been immune to the underpinning cultural assumptions in which we all exist.

It is particularly important to note that not all women found the sporting topic to be meaningful. This was important because sport is a topic that is neither universally relevant, nor universally meaningful. As Sarah reflected during our interview, 'if somebody can give you that trigger… be it career, family, sport, hobbies, whatever, it is amazing[15]'. Certainly, I would concur that finding a topic that is meaningful to the person is at the heart of supporting people affected by dementia to uphold their identity in the face of changing symptoms, abilities, care responsibilities, ageing, and related societal stigma. Furthermore, that topic might be part of the past, present, or indeed, the future, because people living with dementia, and affected by dementia, still have life to live, now, and in the present. Regardless of the topic, reminiscence is just one style of activity that *some* people will enjoy.

Another critical issue for me is the recognition that some women found the sporting topic to be one that triggered difficult emotions and thus, sport reminiscence could be a negative experience for some women. This was a particular challenge for women, like Kath (Chapter 5), who recognised sport-related head injuries had contributed to their partner's dementia condition. This was a new theme attached to sport reminiscence that provided an explicit example of how current circumstances could shape the emotions triggered by previous experience. This added a complexity to reminiscence that must be carefully handled. I am especially grateful to Kath for her honesty and articulation with respect to the challenges she experienced reconciling husband Harry's condition, with the hypermasculine culture that underpinned his footballing career. For Kath, a woman who admits her life has largely revolved around different aspects of sport, these revelations were both brave and insightful.

A key turning point during my research was the realisation that the very topic on which I was focussed, that of sport reminiscence, was often rare or even absent in

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[15] (Sarah, daughter care partner, interview)

group activities. It was not just women who rarely participated, but it was also men. I had not expected to come across so many women at club-specific group activities who denied any connection to the club at hand, which, for me, questioned both the meaning and the relevance of a sport reminiscence offering. Instead, I was interested to discover that seeking social occupation to avoid the threat of loneliness was more important than the topic at hand. I should note that I cannot claim to have found evidence that group attendance did indeed reduce loneliness, only that motivation to attend was stimulated by a desire to avoid it. In turn, this individual onus to benefit from a group activity, or risk individual problematisation (as per Bill and Morag, Chapter 5), added to the challenge of critical evaluation of group activities. This was likely exaggerated by the power implicit in the status of institutional sport. If there is benefit in being seen to support the most people, the evaluation process risks becoming affirmative, and the failure to benefit is blamed on the individual.

Whilst the observation of futile attempts at group sport reminiscence left me feeling flat, and questioning just how valuable a concept reminiscence even was, the pleasure and enthusiasm with which women shared aspects of their personal history on a one-to-one basis with me reaffirmed the meaningfulness of having your story attended to. I use this phrase intentionally, so as to move away from the idea that stories are only heard. Indeed, I am particularly grateful to Carol for her honesty, insight, and the ways in which she was able to articulate just how important *doing* sport-related activity was to her in supporting her ongoing sense of self. It is true to say that her experiences certainly contributed to my understanding of how action, interaction, and an embodied sense of identity could be capitalised on in order to fulfil potential that reminiscence (or non-reminiscence) activity could have for people living with dementia. Through sharing her story, continuing to take on walking challenges, and social interaction over ongoing national events, Carol found great meaning through the topic of both past and present sport-related activity. Furthermore, for me, Carol presented an example of how limiting reminiscence only to past memories, and failing to recognise the potential value in the present, in memory-making, and in-the-moment experience, limits the scope of activity in a way that falls short of including people with different experiences, preferences and abilities. In effect, limiting the focus to the past exaggerates an ageist and stigmatised perception that older people, or those affected by dementia have *lived* well, rather than can continue to *live* well.

I have acknowledged that there was some promise in the sporting location as one that provided a familiar, privileged, or community-based location that was removed from healthcare. However, this research has prompted a level of cynicism in me towards intersections between sport, inclusion, and social change. Particularly in locations that seek commercial or corporate social benefit. It is not that I don’t believe sport can be valuable and meaningful, but rather than it is only meaningful for specific people, when delivered in specific ways, in specific contexts. In effect, this research has demonstrated to me that the benefits implied by the flexibility of terms like sport, or reminiscence, are in fact dressed up as evidence of inclusion for activities that are exclusive by design. For me, this research has suggested that exclusivity does not have to be a bad thing, *if* one is aware of how and why the exclusivity benefits specific people over others, and, indeed, if others are also provided with a choice as to the exclusive contexts and activities in which they can choose to engage.

For the women in this study, who chose to engage with me and my research, I end by extending my heartfelt thanks for your time, your efforts, and your honesty.

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APPENDICES

APPENDIX A: Ethical approval for the research

University of Worcester

HEALTH & SCIENCES RESEARCH ETHICS COMMITTEE (HSREC)
CONFIRMATION OF APPROVAL

9 October 2018

HSREC CODE: SH18190002-R

AN IN-DEPTH EXPLORATION OF HOW WOMEN LIVING WITH DEMENTIA ENGAGE WITH SPORT REMINISCENCE ACTIVITIES

Dear Rebecca

Thank you for your revised application for full review ethical approval to the Health & Sciences Research Ethics Committee on the 26 September 2018.

Your application has been reviewed in accordance with the University of Worcester Ethics Policy and in compliance with the Standard Operating Procedures for full ethical review.

The Committee has now completed its peer review of the project work and is happy to grant this project ethical approval to proceed.

Your research must be undertaken as set out in the approved application for the approval to be valid. You must review your answers to the checklist on an ongoing basis and resubmit for approval where you intend to deviate from the approved research. Any major deviation from the approved application will require a new application for approval.

Although ethical approval has been given for this research, please consult the information on Research Ethics Blackboard page relating to the General Data Protection Regulations (GDPR), which came into effect on 25 May 2018 prior to commencing any further work on the project. It is your responsibility to ensure that your research (and all relevant documentation) adheres to these regulations.

As part of the University Ethic Policy, the University undertakes an audit of a random sample of approved research. You may be required to complete a questionnaire about your research.

Yours sincerely

John-Paul
DR JOHN-PAUL WILSON
Deputy Pro Vice Chancellor Research
Acting Chair of the Health & Sciences Research Ethics Committee

APPENDIX B: Details of participants and their data generation activities

Table 1 Details of data generation activities per female participant

Name	Affected by dementia	Data generation activities	Time span of data generation activities	Group attended
Anne	Living with dementia	2 x group observations	Jan-Feb 2020	AFC Ashbourne
Harriet	Spousal care partner	1 x group observations	Jan-Feb 2020	AFC Ashbourne
Linda	Spousal care partner	2 x group observations	Jan-Feb 2020	AFC Ashbourne
Marion	Spousal care partner	1 x group observations	Feb 2020	AFC Ashbourne
Ruth	Living with dementia	1 x interview, 1 x group observations	Feb-Mar 2020	AFC Ashbourne
Collette	Living with dementia	1 x group observations	Jun 2019	Burfield Rugby
Hayley	Daughter care partner	2 x group observations	Jul-Sept 2019	Burfield Rugby
Helen	Spousal care partner	1 x interview, 2 x group observations	Jul-Sep 2019	Burfield Rugby
Jean	Living with dementia	1 x group observations	Jun 2019	Burfield Rugby
Julie	Daughter care partner	1 x group observations	Jul 2019	Burfield Rugby
Karen	Living with dementia	1 x group observations	Sep 2019	Burfield Rugby
Kate	Spousal care partner	3 x group observations	Jun-Sep 2019	Burfield Rugby
Marie	Living with dementia	1 x interview, 3 x group observations	Jun-Sep 2019	Burfield Rugby
Mavis	Spousal care partner	1 x group observations	Sep 2019	Burfield Rugby
Sharon	Former spousal care partner	2 x group observations	Jun-Sep 2019	Burfield Rugby
Ada	Spousal care partner	3 x group observations	Jul-Sep 2019	Dewhurst FC
Brenda	Spousal care partner	1 x group observations	Aug 2019	Dewhurst FC
Jenny	Daughter (in-law) care partner	3 x group observations	Jul-Sep 2019	Dewhurst FC
Marg	Spousal care partner	2 x group observations	Aug-Sep 2019	Dewhurst FC
Morag	Spousal care partner	2 x group observations	Aug-Sep 2019	Dewhurst FC

Pamela	Former spousal care partner	1 x interview, 3 x group observations	Jul-Sep 2019	Dewhurst FC
Carol	Living with dementia	3 x interviews	Jul-Nov 2019	n/a
Kath	Spousal care partner	1 x interview	Aug 2019	n/a
Sarah	Daughter care partner	1 x interview	Aug 2019	n/a
Amy	Daughter care partner	2 x group observations	Oct-Nov 2019	Tunstead City FC
Mary	Spousal care partner	3 x group observations	Oct-Dec 2019	Tunstead City FC
Odette	Spousal care partner	1 x group observations	Nov 2019	Tunstead City FC
Sandra	Spousal care partner	3 x group observations	Oct-Dec 2019	Tunstead City FC

NB. Some women were present at additional group observations, but no data were generated on that occasion. The number of group observations refers to the number of times their involvement was recorded in fieldnotes.

APPENDIX C: Participant Information Sheet

University of Worcester

Participant Information Sheet

Project: Understanding your experiences of sporting memories and what it means to you to share them.

Invitation

We would like to invite you to take part in a research project. Before you decide whether to take part it is important that you understand why the research is being done and what it will involve.

Please take time to read this carefully and ask the researcher if you have any questions. Talk to others about the study if you wish.

What is the purpose of the study?

This study aims to find out more about the women who have an interest in sport. Specifically it is looking at the experiences of women living with memory loss.

It **aims** to understand your experiences and expectations of sport. It also **aims** to understand how important your sport is to you and how your sporting connections make you feel about yourself.

Why have I been invited to take part?

You are receiving this participant information sheet because you have been identified as a woman with an interest in sport.

This research in interested in your point of view and you can help us learn more about your experiences.

Do I have to take part?

No. It is up to you to decide whether or not you want to take part in this study. Please take your time to decide. You can decide not to take part or to withdraw from the study until one month after data collection has ended.

In order to withdraw, please contact Becky (contact information below) and advise her this is your wish. You do not need to give a reason for withdrawing.

If you agree to take part, you will be asked to sign a consent form.

What will happen to me if I agree to take part?

- If you do decide to take part, Becky will arrange to meet with you on up to 4 occasions over a 9 month period. These might be in your home, or another place of your choice. The meetings will be relaxed and informal.
- Becky will talk to you about your views and experiences with sport and what they mean to you. There are no right or wrong answers. It is expected that the meetings will take approximately 1 hour.
- The research is time limited and following the research, it is not expected that you would see Becky again. You will receive a report on the findings if this is of interest to you.

Are there any disadvantages risks to taking part?

You may build a relationship with **Becky** during the project, but it is not anticipated that you will have contact following the conclusion of the project.

Will the information I give stay confidential?

Any information that you provide Becky during the research will be anonymised, so that no one will be able to identify you in the final project report. Unless you express a wish otherwise, you will be asked to choose a pseudonym for the report at the end of the project.

The only exception to this would be if you were to share something that suggested a clear risk of serious harm to you or other people, in which case we would have a duty to share this information with the relevant authorities.

What will happen to the results of the research study?

This research is being carried out as part of a PhD at the University of Worcester researching women living with memory loss who have a connection to sport.

The final findings will be reported as part of a dissertation and may also be published in academic journals and at conferences. If you wish to receive a summary of the research findings, please contact the researcher.

Who is organising the research?

This research has been approved by the **University of Worcester Health and Sciences Research Ethics Committee.**

What happens next?

Please keep this information sheet. If you do decide to take part, please either contact the researcher using the details below.

Thank you for taking the time to read this information

If you decide to take part or you have any questions, concerns or complaints about this study please contact one of the research team using the details below.

Research Student	**Supervisor**
Becky Oatley	Dr. Simon Evans
r.oatley@worc.ac.uk	simon.evans@worc.ac.uk
01905 542 557	01905 542 511

If you would like to speak to an independent pe
the research team, please contact **Michelle Jellis** at the University of Worcester, using the following details:

Michelle Jellis
Secretary to Health and Science Research Ethics Committee (HSREC)
University of Worcester
Henwick Grove
Worcester WR2 6AJ
ethics@worc.ac.uk]

APPENDIX D: Participant consent form

University of Worcester

Participant Consent Form

Project: UNDERSTANDING YOUR EXPERIENCES OF SPORT AND WHAT THEY MEAN TO YOU

Researcher: Becky Oatley

Please read this form carefully.

Please place your initials in the boxes below to indicate your response to each statement.

	Please initial
Understanding the research	
I have had the research explained to me	
I understand that I can withdraw from the study at any time	
I understand that if I do withdraw, the information I have already provided will be retained in the study. The information will be anonymised if I withdraw.	
I understand that information about me will be treated in confidence. The exception being a risk of harm.	

Sharing Information	
I consent to interviews being audio recorded.	
I consent to share photographs of my choice. I understand these might be reproduced in publications.	
I understand and consent to being identified in the research.	
I would like a pseudonym to be used instead of my own name in any research publications.	

Other	
I have been made aware of support services that are available if I need them.	
I know who to contact if I have any concerns about the research.	
I understand that data I provide will be stored securely by the University for up to 10 years after completion of the study.	
I agree to take part in the study.	

I freely give my consent to participate in this research sudy and have been given a copy of this form for my own information.

Your name (in capitals)…………………………………………………

Signature…………………………………………………………………

Date………………………………………………………………………

Name of researcher receiving consent…………………………………

Signature of person receiving consent…………………………………

Date……………………………………..

APPENDIX E: Designated consultee document

University of Worcester
Association for Dementia Studies

Consultee Information Sheet

We would like to invite you to consider the participation of your relative in a research project. Before you decide whether they can take part, it is important that you understand why the research is being done and what it will involve. Please take time to read this leaflet carefully and ask the project team if you have any questions.

Why is the study being done?

This research aims to find out more about women who attend sporting memory groups. It aims to find out their experiences, expectations and what role sport plays in their life.

Why has my relative been invited to take part?

Your relative has been invited to take part because she has been identified as a female who attends a sporting memory group and experiences memory loss.

Does my relative have to take part?

No. It is up to them to decide whether or not they want to participate in this study.

If there comes a point where they are not able to make this decision, they have agreed that you should be asked about their continued involvement. If you do not agree to your relative taking part, or you decide that they would wish to withdraw from the study at a later date, it will not affect the service she receives.

To withdraw, please contact Becky (contact information below). You do not need to give a reason for withdrawing.

If you do decide that your relative can participate you will be asked to sign a Consultee Declaration form.

What will the research involve?

Becky will observe your relative taking part at the group location. The research may also involve talking to your relative about their experiences. Your relative may be asked to take some photographs of what sporting memories means to them. How the research proceeds will be based on your relative's strengths and preferences, and will be agreed with you before it proceeds.

What are the possible benefits of taking part?

Taking part may make your relative feel listened to and have an opportunity to share their story. It will also develop knowledge about women who attend sport memory groups and experience memory loss and thus, enable services to better meet people's needs in the future.

What are the possible disadvantages and risks of taking part?

The research does not involve any investigations or treatments that might put participants at risk.

Will the information collected remain confidential?

Ethical procedures will be strictly followed at all times during the course of the research and all information will be handled in complete confidence. Any photographs will only be reproduced with your express permission. The only time when confidentiality might be broken is if we see something which indicates someone is at risk of harm. We would discuss this with you before telling anyone else.

What will happen to the results of the research study?

The results of this study will be written in a report and will also be presented at conferences and published in professional journals.

Who is organising the research?

This research has been approved by the University of Worcester Health and Sciences Research Ethics Committee.

Thank you for taking the time to read this information

If you decide to take part or you have any questions, concerns or complaints about this study please contact one of the research team using the details below.

Research Student	**Supervisor**
Becky Oatley	Dr. Simon Evans
r.oatley@worc.ac.uk	simon.evans@worc.ac.uk
01905 542 557	01905 542 511

If you would like to speak to an independent pe
the research team, please contact **Michelle Jellis** at the University of Worcester, using the following details:

Michelle Jellis
Secretary to Health and Science Research Ethics Committee (HSREC)
University of Worcester
Henwick Grove
Worcester WR2 6AJ
ethics@worc.ac.uk

APPENDIX F: Consultee declaration form

University of Worcester
Association for Dementia Studies

Participant Identification Number for this Study:

Consultee Declaration

Please initial box

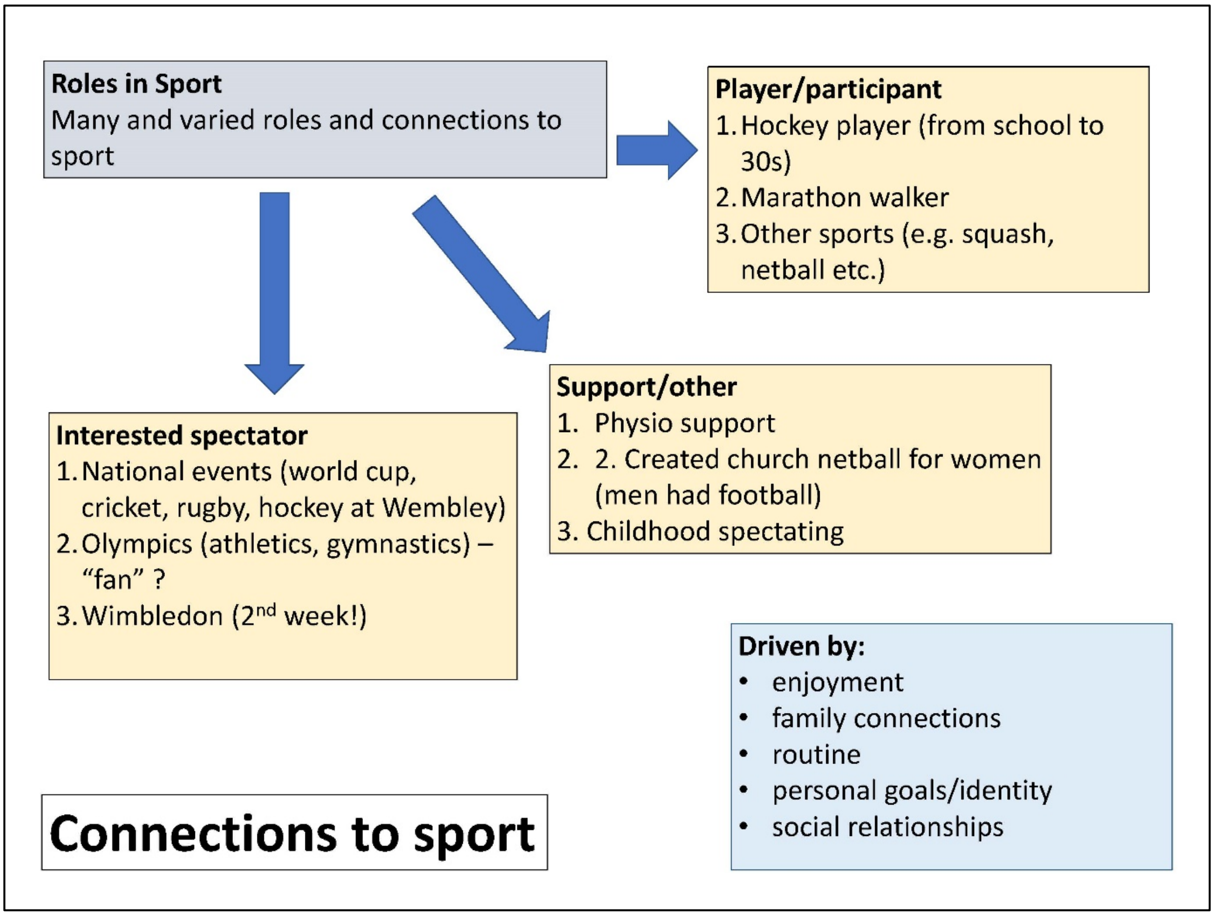
1. I have been consulted about my relative’s participation in this study. ☐
2. I have had the opportunity to ask questions about the study and understand what is involved. ☐
3. In my opinion she would have no objection to taking part in this study. ☐
4. I understand I can request that she is withdrawn from the study at any time without giving any reason and without her care or legal rights being affected. ☐

Name of Consultee	Date	Signature

Relationship to participant

Name of Person taking consultee consent	Date	Signature

APPENDIX G: Schematic diagrams summarising Carol’s interview transcripts



Roles in Sport
Many and varied roles and connections to sport

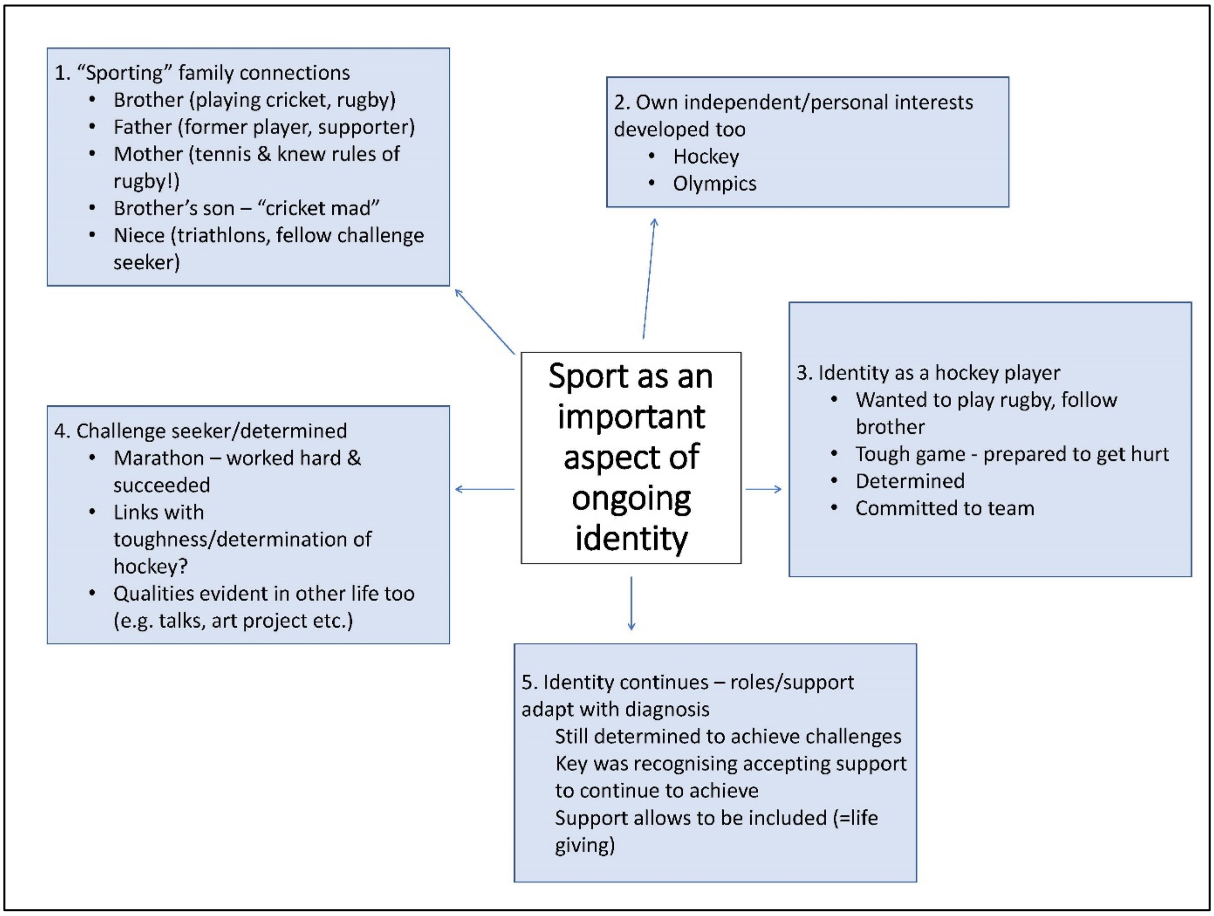
Player/participant
1. Hockey player (from school to 30s)
2. Marathon walker
3. Other sports (e.g. squash, netball etc.)

Support/other
1. Physio support
2. 2. Created church netball for women (men had football)
3. Childhood spectating

Interested spectator
1. National events (world cup, cricket, rugby, hockey at Wembley)
2. Olympics (athletics, gymnastics) – “fan” ?
3. Wimbledon (2nd week!)

Driven by:
- enjoyment
- family connections
- routine
- personal goals/identity
- social relationships

Connections to sport



Sport as an important aspect of ongoing identity

1. “Sporting” family connections
- Brother (playing cricket, rugby)
- Father (former player, supporter)
- Mother (tennis & knew rules of rugby!)
- Brother’s son – “cricket mad”
- Niece (triathlons, fellow challenge seeker)

2. Own independent/personal interests developed too
- Hockey
- Olympics

3. Identity as a hockey player
- Wanted to play rugby, follow brother
- Tough game - prepared to get hurt
- Determined
- Committed to team

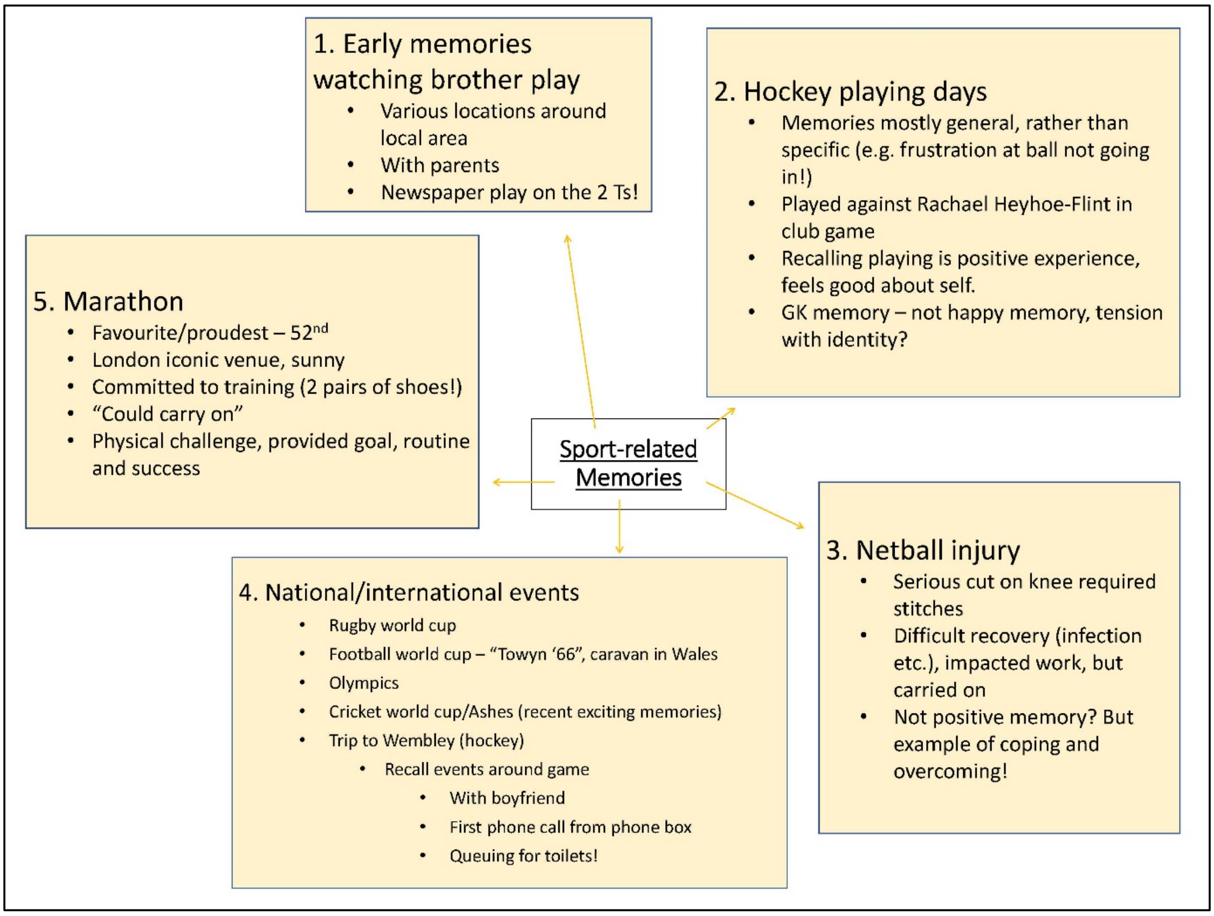
4. Challenge seeker/determined
- Marathon – worked hard & succeeded
- Links with toughness/determination of hockey?
- Qualities evident in other life too (e.g. talks, art project etc.)

5. Identity continues – roles/support adapt with diagnosis

Still determined to achieve challenges

Key was recognising accepting support to continue to achieve

Support allows to be included (=life giving)



<u>Sport-related Memories</u>

1. Early memories watching brother play

- Various locations around local area
- With parents
- Newspaper play on the 2 Ts!

2. Hockey playing days

- Memories mostly general, rather than specific (e.g. frustration at ball not going in!)
- Played against Rachael Heyhoe-Flint in club game
- Recalling playing is positive experience, feels good about self.
- GK memory – not happy memory, tension with identity?

3. Netball injury

- Serious cut on knee required stitches
- Difficult recovery (infection etc.), impacted work, but carried on
- Not positive memory? But example of coping and overcoming!

4. National/international events

- Rugby world cup
- Football world cup – "Towyn '66", caravan in Wales
- Olympics
- Cricket world cup/Ashes (recent exciting memories)
- Trip to Wembley (hockey)
  - Recall events around game
    - With boyfriend
    - First phone call from phone box
    - Queuing for toilets!

5. Marathon

- Favourite/proudest – 52nd
- London iconic venue, sunny
- Committed to training (2 pairs of shoes!)
- "Could carry on"
- Physical challenge, provided goal, routine and success