

GUIDELINES FOR ERA 2009 FULL PAPER SUBMISSION

- **Note: papers that do not conform to these guidelines (including referencing guidelines) will not be accepted.**

General requirements:

- Your written paper should be between 1800 and 2000 words and not exceed 5 A4 pages, using the formatting below and including references, tables, figures and abstract.
- All text therein should be in Times New Roman 12 pt font (excluding title which is 14pt).
- Single line spacing is required.

Margins:

- Top and bottom=2.54 cm (Word default)
- Left and right=2.54 cm (Word default)
- All text (excluding headings) should be justified.
- Include figures and tables within the text.

Handy tips:

- Use Australian spelling e.g. spell ageing with an “e” unless it appears otherwise in direct quotes or titles of papers/journals
- Use conventional academic style language and grammar e.g. do not use “n’t” – that is, write “would not” rather than “wouldn’t”
- Keep the style clear and simple and avoid (or at least briefly define) jargon or specialist terminology

Fonts and headings:

- Title of paper – 14pt capitals, bold, centred, blank line below
- Author’s name – Sentence case, centred, bold, blank line below
- Author’s Faculty or Centre and University – Sentence case, italics, centred, blank line below
- No more than 3 levels of headings
- Heading 1
 - You must include headings at this level and suggested headings are provided below.
 - Sentence case, aligned left, bold, blank line above.
- Heading 2
 - Not necessary (i.e. only include if required)
 - Sentence case, aligned left, italics and underline, blank line above.
- Heading 3
 - Not necessary (only include if required)
 - Sentence case, italics, justified (part of paragraph)

Main headings:

Please use the following headings (or approximations):

- Abstract
Your abstract should be no more than 250 words.
- Research Question
Briefly outline your research question, the relevant background and why it is important.
- Methods
Outline the methods you have used/will use (e.g. participant observation, semi-structured interview, survey, content analysis, etc) including participants and how they were recruited, independent and dependent variables etc. Describe the issues you have faced or anticipate facing (if any) and how these will be resolved.
- Results to Date (if any)
- Implications for policy and practice
Emphasise the impact, or potential impact, of your research. Provide evidence of cross-disciplinary links and/or relevance where appropriate.
- Summary
- References

Referencing:

Must conform to the American Psychological Association (APA) guidelines as per <http://www.lib.monash.edu/tutorials/citing/apa-a4.pdf>

Limit number of references to 15.

If you are writing a literature review or systematic review, you are able to have as many references as you require.

- **To submit** your paper please **save** it as “**ERA2009 Full Paper Your Surname**” in **Rich Text Format** or **Word** and **email** to era2009.sphc@med.monash.edu.au by **31 July 2009**.
- You will be **notified** of your **paper** being **received** within **5 days**.
- You will be **notified of** the **review** process by **15 September 2009**.

Example of formatting (below)

An extract from a correctly formatted paper is provided below for your information.

AN EXPERIENTIAL APPROACH TO BODIES: THE RELEVANCE FOR POLICY AND PRACTICE

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Abstract

Traditionally, ageing policy and practice has been guided by the biomedical model which gives little attention to the experiential dimension of ageing bodies. In Western developed countries, where fewer people are dying of communicable diseases as compared to diseases that are impacted by lifestyle decisions and behaviour, it is increasingly important to understand the qualitative experiences of individuals and the basis of their decision-making. My study suggests that attitudes to the body, health and ageing have a major impact on self-care and health related behaviour. Therefore an understanding of these attitudes could assist in the development of strategies to encourage people to make healthier lifestyle choices. This paper briefly discusses some of the preliminary results of a phenomenological study of the experience of bodies, and suggests possible implications for policy and practice, especially in the public sector.

Research question

Although researchers understand ageing in bodily terms, it is a certain kind of body that dominates our understanding: the biomedicalised body. As a result the lived experience of bodily ageing has been largely neglected. There have been some attempts to quantify such experience (e.g. comparing the variable 'age' with various indices of 'body image', usually levels of body satisfaction or concern), but these attempts have oversimplified the lived experience of bodily ageing, and have resulted in a very limited understanding of what it means to have an ageing body.

My study attempts to redress the neglect, or oversimplification, of the lived experience of bodily ageing. The aim is to explore the embodied experience of ageing as described by the participants themselves, and the changes to this experience across the life course.

Methods

Rather than conflating the process of 'ageing' with the category 'aged' (old age), as is the case in most ageing research, I am approaching ageing as the process that occurs across time from birth to death, or to the present (as suggested by Cavanaugh 1999). Because of the time restraints inherent in PhD research this study focuses on the comparative experiences of individuals from three age groups: 20-30, 45-55, and 70+ years old.

I am currently conducting semi structured, qualitative interviews of these age groups. So far I have interviewed 18 individuals and have conducted 5 focus groups. NVivo is being used to aid analysis of the interview material. As I am using a grounded theory approach the categories and themes emerge from the data and are constantly being revised on the basis of new data, and the revision of previously collected data. Analysis of the data has also informed the direction of further data collection.

Results

In this section I will focus on several themes that are emerging from preliminary analysis, and which require further investigation. As gender differences seem to be significant, especially in the 70+ age group, they will be the focus of this paper.

Attitude to ageing or retirement

In general, women seem to regard the ageing process in a more positive light than men. Women of all age groups mentioned 'making the best of what they had', and one 45-55 year old saw bodily ageing as an adventure. Women of 70+ years understood ageing and retirement as a process of increased freedom. Several women from the older age groups (45-55 and 70+) saw ageing as increasing time for themselves ('my time'). As a result of this one 70+ woman mentioned that she had recently joined a gym.

The 70+ men saw retirement in a very different light. For example, in one focus group of 70+ men there was a discussion of retirement as part of a process of programming them to think they were 'old' or 'finished'. Retirement resulted in their acceptance of stereotypical views that they were 'over the hill' and 'out to pasture', and resulted in feelings of inadequacy for some men.

Health and exercise

Women: Women were more likely than men to mention that they enjoy exercise, and the affect of exercise on their mood, motivation and mental energy levels. They were also the only ones to state that they needed to, or had to, exercise (whereas men only stated that they should exercise). Two 70+ women were exercising to prevent certain health conditions from developing or worsening.

Men: Men were more likely to mention that they did little or no exercise. Men aged 45-55 and 70+ were the most likely to do things that were detrimental to their health. For example these men were the only ones to still smoke (although other participants had smoked in the past). A 70+ man was the only one to consume alcohol in a 'high risk' manner (as defined by the National Alcohol Strategy 2003). As a member of Healthtrac he had been advised to attend Alcoholics Anonymous but had dismissed the suggestion as 'absurd' and unwarranted:

For the remainder of this paper please see ERA proceedings 2003.

References

Cavanaugh, J.C. (1999). Theories of aging in the biological, behavioural and social sciences. In J.C Cavanaugh and S.K. Whitbourne (eds) *Gerontology: An Interdisciplinary Perspective* (pp346-357) Oxford: Oxford University Press.

Mellers, B.A. (2000). Choice and the relative pleasure of consequences. *Psychological Bulletin*, 50(2), 49-52.