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Changing the negative narrative of aging: A case study on sexual wellness services for women in later life

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Abstract: The global longevity trend requires a paradigm shift in the design of services related to later life. Traditionally centered on the negative narrative of aging, service interventions have targeted sectoral domains such as assistance and healthcare. Instead, a silver society demands services for the mainstream market, addressing the desires of individuals who lead fulfilling lives at all ages. This paper examines a case study investigating sexual wellness in women's later life. Service design elevates this marginalized topic in active aging discussions to a common concern in a cultural service as output. The methodology combines ethnographic research and participatory design: it involves interviews and co-design sessions with experts and women in later life. Emphasizing the significance of a participatory process, the study underscores the virtuous circle of learning from participants and providing them with tools for reflecting on their life experiences, positioning design as a political and empowering practice.

Keywords: Service Design, Design for Longevity, Sexual Wellness, Co-design

1. Background: On aging, ageism, and how can service design help to build a positive narrative

The trend of longevity has a global impact. According to the World Bank Open Data (2020), life expectancy at birth has soared from 51 years in 1960 to 72 years in 2020 and continues to increase of more than 2 years every ten years (Vaupel et al., 2021). Aging population is caused by many factors, mainly: the shift from infectious to chronic diseases (Vaupel et al., 2021), minor fertility rates (Directorate-General for Economic and Financial Affairs, 2021), and healthcare and quality of life improvements. The proportion of people in older age groups increases and inevitably redefines societal, economic, political, cultural, and organizational structures.



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These changes require a discussion on how different perspectives on aging can generate promising opportunities instead of creating passive adaptation, as happens when it is perceived as a negative issue.

This paper reflects on how service design can change the narrative around aging by presenting a case study elaborated as an experimental thesis for a master's degree in the design field. It is about a service to improve sexual wellness in women's later life, in which the application of service design plays a role in elevating this marginalized topic in active aging discussions to a common concern in a cultural service as output.

Services and policies dedicated to later life become even more important in the Italian context, where the research and project are set. Currently, Italy is the first EU country for proportion of population aged 65 and over (Eurostat, 2023), and the demographic forecasts of OECD (2021) on aging see one-third of the Italian population being aged 65 and over by 2050. The data indicates that the country is massively subjected to the trend, and it will persist over time.

Hence, the importance of active aging is crucial to have a healthy population at any life stage. The term was first introduced by Kalache (1999) as the promotion of activities directed towards rectifying misconceptions of aging, designed to affect the whole dimension of human life: it intends not only health as physical well-being, but a wider one including mental well-being, education, employment, and social activities. Active aging also became part of the World Health Organization (WHO) framework on aging which describes it as a strategy to promote active research and maintenance of health in later life (WHO, 2002).

The construction of policy frameworks related to the promotion of health and overall well-being in later life introduces an important concern related to the trend: the stereotypes connected to aging, internal and external in one's life, heavily impact the quality of life. In 1969 Butler coined the term "ageism" to refer to age-based discrimination: "a prejudice by one age group against another age group" (Butler, 1969, p. 243). The narrative of aging is therefore crucial to achieve wellness at any life stage, and the messages portrayed in the media and societal roles influence experiences, expectations, and behaviors in later life (Ayalon & Tesch-Römer, 2018). Self-directed, interpersonal, and institutional dimensions of ageism create a vicious circle (WHO, 2021) which can create social rejection, and it is often a pathway for loneliness (Swift et al., 2017).

Active aging is a relevant framework because it aims to 'exploit' longevity as a resource. Under this lens, wisdom, intergenerational exchange, and good health and well-being are fostered, and also economies can benefit from a non-ageist society. The Silver Economy, defined as the expenditure capacity of people aged over 50 (European Commission et al., 2018), plays a crucial role in countries' wealth: in 2015, a contribution of 3.7 trillion euros was estimated (European Commission et al., 2018). The needs and desires of people aged over 60 become crucial in generating benefits for this consumer target and the whole society.

Despite this evidence, most of the economic activities related to people from older age cohorts refer to niche markets which see them as people in need of care (McGinley et al., 2022), and therefore most of the goods and services focus on assistance. The medicalization of older people's life does not contribute to changing the narrative of aging nor does it comprehend the opportunities given by a holistic vision of health.

Active aging is indeed systemic promotion of the many facets of life, by refusing to see aging as a process of decline. Despite the basic and situational vulnerabilities connected to aging (Sanchini et al., 2022), aging is highly variable in each individual, as the result of a unique combination of interconnected factors (WHO, 2020), and it is strategic to extend health and wellness activities to a holistic level, including education, society, and culture.

However, the concept of active aging itself is stereotyped. There are relevant aspects missing in the public discourse. One of these topics is sexual wellness in later life. Despite diffused prejudice in seeing older adults as asexual (Kenny, 2013), sexuality is a life-long matter, as stated by the WHO definition: "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction" (WHO, 2006, p.5). For sexual wellness, the authors refer to wellness as the combination of sexual pleasure, sexual health, sexual justice, and sexual wellbeing, as the four pillars for public health in relation to sexuality suggested by Mitchell et al. (2021). In addition, Syme et al. (2018) point out how sexual wellness in mid and later life is understudied and propose a model defined as a mosaic of biological, psychological, social, and cultural aspects, from which diseases are not excluded.

Ageist stereotypes can decrease sexual wellness by preventing people from becoming aware of sexual diseases and seeking help or living their own sexuality with a positive mindset. Moreover, internalized stereotypes generate ignorance and misconceptions in older adults towards their own sexuality (Syme, 2014). However, literature clearly shows how regular sexual expression can improve cardiocirculatory system, well-being, immune system, self-awareness, and is even linked to better memory (Lee et al.; 2015; Whipple et al., 2007). Despite common challenges related to body issues such as loss of desire, vaginal dryness, and climax inability (Lindau et al., 2007), sexual wellness is part of active aging (Træen & Villar, 2020) because it impacts quality of life. Therefore, sexual wellness should be integrated and balanced with the other factors contributing to a more holistic well-being and health.

The case study presented in this paper focuses on older women's sexual wellness, as it is worsened by sociocultural norms related to their image, youth, and beauty (Waite & Das, 2010; Lai & Hynie, 2011): women are more dissatisfied than men (Træen et al., 2016) with their physical appearance, and low self-esteem leads to a decline of sexual desire or its frequency (Koch et al., 2005), therefore impacting its wellness. The result is a double discrimination, ageist and sexist (Lai & Hynie, 2011), toward women pursuing sexual wellness.

The authors think that, in the current scenario, service design can change the negative narrative of aging from two perspectives: as a field and as an approach.

From the field perspective, it is a human-centered design process to develop services through a multidisciplinary approach (Blomkvist et al., 2011; Holmlid & Evenson, 2008; Joly et al., 2019). Given the importance of service-based economies, service design as a discipline impacts aging societies and economies by proposing more mainstream services tackling active aging and targeting service topics such as sexual wellness which were before not connected to new lifelong societal needs and desires. It is also socially transformative by changing attitudes and behaviors of people (Sangiorgi, 2011).

A structural change in attitudes toward the aging narratives is fostered by the methodological nature of service design, which also involves co-design. Originated from the notion of participatory design developed within the Scandinavian school (Ehn, 1988, 2008; Björngvinsson, Ehn & Hillgren, 2010) and the user-centered approach from the US tradition (Kelley, 2001) it is defined by Sanders & Stappers (2008) as “collective creativity as it is applied across the whole span of a design process” (p.6). Following this statement, co-design means to involve those affected by the service, building upon the Scandinavian principles emerged from a political vision of the 70s (Ehn, 1993), which aimed at democratizing design decisions considering users as experts of their own experiences (Bannon, 1995; Sanin, 2020). Meroni and Sangiorgi (2011) explain the value of Human Centered Design (HCD) in the service field as a process to understand people’s “experiences, interactions and practices” (p. 203) and as a driver to design services. Under this perspective, the co-design methods aim to gather and critically discuss user knowledge, who is seen as a fundamental resource for developing a new solution (Manzini, 2015). The case study that will be then described precisely presents a service co-designed with the active participation of its potential users, i.e. a group of women in their later life.

Finally, this paper adopts the concept of service design not as the design of services, but as design for services. Meroni and Sangiorgi (2011) highlight in their book ‘Design for Services’ the importance of this new concept due to the complexity of services in terms of involved human aspects, behaviors, and experiences: “[we accept] the fundamental inability of design to completely plan and regulate services, while instead considering its capacity to potentially create the right conditions for certain forms of interactions and relationships to happen” (Meroni & Sangiorgi, 2011, p. 10). It is necessary to rethink design processes and outputs under the wider aspects of human and systemic complexities, considering the output designed not only as a service but as a means to impact the wider environment in which it is set.

2. The “Ancóra” case study

The case study presented in the paper is “Ancóra”, which in Italian has a triple meaning: “again”, “still”, and “even more”. The terms are connected to the common stereotypes associated with older women’s sexual life: after menopause their sexual life is over, and they are not interested in sex anymore. Its objective is indeed to create a counternarrative on the topic of sexual wellness in later life.

The case study is described with a focus on its participative methods, highlighting a selection of insights that inform the whole design process. Starting from the insights of a desk research which is summarized as the background knowledge of the paper, it initially involved interviews with experts in ageing, ageism, design and sexual wellness fields. This phase (phase 1) also included interviews to older women to understand their experiences and wishes on sexual wellness. After the formulation of four preliminary concepts, a set of co-design sessions were held to better deepen the topic and specify the final concept (phase 2). Then, to refine the service solution, a set of validation interviews with experts were carried out together with a prototyping session (phase 3).

The project is situated in the local context of Bologna, a metropolitan city in Northern Italy with a well-known history of attention to welfare, cultural offer, and high and a deep-rooted tradition of diffused political participation (Troilo, 2013). Therefore, Bologna could be a favorable place in the Italian context to initiate a project which is based on sharing a different vision toward internalized, stigmatized issues. The study was conducted in a setting of liberal thinking environment and involving participants from a very homogeneous society: all the users are Italian, as only the 2.1% of the residents aged 65 and over are immigrants (Istat, 2023a; Istat, 2023b).

2.1 Phase 1: Research

After having identified the problem on the current gap of sexual wellness as part of the active aging discourse, the research focused on this topic and targeted women in later life as users. From these inputs, the research consisted of 11 semi-structured interviews. The process was structured into three different steps, and each step reports the insights which summarize relevant knowledge from the experts' recorded answers.

The first step concerns deepening the knowledge on designing for aging population, design against ageism, and understanding how to best involve the user target. The experts interviewed were 4 (see Table 1), coming from different fields and from some of the most relevant international organizations dealing with the theme of longevity. They were recruited by contacting them via e-mail.

Table 1 Interviewed aging, ageism and design experts.

	Expertise	Related Organization	Location
Expert 1	Anti-ageism activist	Old School	New York City (USA)
Expert 2	Social gerontologist	NICA, VOICE®	Newcastle Upon Tyne (UK)
Expert 3	Design for Longevity researcher	MIT AgeLab	Cambridge (USA)

Expert 4	Digital cultures and inclusive design researcher	Royal College of Arts	London (UK)
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The main insight concerning design and age is that designing for longevity means caring about people's richness and quality of life, and not focusing on the length of life (from Expert 3). The older the age cohorts, the ever more diverse life experiences they have, and cultural preference is based upon lived experience, hence designing for older age groups implies designing for the hyper-personal (from Expert 4). Therefore, asking life-relevant questions through smaller, tangible examples and artifacts in co-design helps to structure a discussion and build interest in people's participation (from Expert 3). Design against ageism should trigger preconceptions and awareness, and emotional events radicalize awareness (from Expert 1). To involve the user target in dealing with social taboos, adapt language and formats to build trust: finding the right communication style and media is crucial (from Expert 4).

The second step involved 3 experts from the sexual wellness field (see Table 2), and the interviews aimed at knowing the most relevant changes to sexuality in later life, common issues and benefits, and strategies to communicate and implement a different narrative of sexuality in later life. They were recruited by contacting them via e-mail.

Table 2 Interviewed sexual wellness experts.

	Expertise	Profession	Location
Expert 5	PhD in Human Sexuality, older adults' sexual wellness	Sex Educator and trainer for elder care professionals	Northampton (USA)
Expert 6	Sexual wellness	Sex coach, divulgator, founder of a sexual wellness business	Milan (IT)
Expert 7	Inter-generational sex education	Sex Educator	Padua (IT)

The findings from the sexual wellness experts show that female sexual pleasure is underexplored (from Expert 6), and many physical challenges of aging bodies can be fixable (from Expert 5). Body image is the most diffused issue according to all the experts interviewed, and inclusive beauty standards showing a plurality of sexual expressions should be part of sex education, at any age (from Expert 7). Facilitation of experts is needed in collective discussions around sexuality to avoid misleading opinions and advice (from Expert 5).

Finally, 4 interviews with older women (see Table 3) were done to understand their beliefs, needs and wishes on sexual wellness emerging from their life experiences. They were recruited through the designer's personal network in Bologna. This recruitment choice is determined by the advantage of being a designer embedded in a sensitive context. Therefore, following a community-centered approach (Meroni, 2007), the designer used personal connections to contact and select participants to obtain wider participation and more diversity.

Table 3 Interviewed users.

	Age	Sexual Orientation	Partnered Status	Children	Education
User 1	68	Heterosexual	Married	2	Degree
User 2	63	Bisexual	Has a female partner	no	High School Diploma
User 3	65	Heterosexual	Married	no	Degree
User 4	62	Heterosexual	Divorced, no recent partners	2	High School Diploma

From the user interviews, the findings were various as the facets building sexuality are many and combined with unique experiences. However, a selection with the most promising ones to develop directions is reported. First, sharing concerns and personal learnings with other women is the preferred strategy to explore and gain confidence on one's sexuality: other women are a mirror of self (from User 1). This is shared also in respect to women sexuality in films, articles, and books (from User 1 and User 3). Physical decay and self-esteem generate a change in sexual attitudes and practices (from User 2, User 3 and User 4). There is a quest for light-heartedness to talk positively about sexuality (from User 1 and User 3).

From the insights of this phase, a preliminary scenario building activity was performed, considering 4 macro-areas of service intervention. They are related to the core user actions to improve sexual wellness:

- Orient: a service to orient users in understanding their priorities in sexual wellness and connects them to a local network of experts.
- Share: a service that connects women and stimulate discussion under expert moderation.
- Learn: a service with a lifelong educational purpose.
- Do: this scenario refers to the use of tools and practices such as sex toys or workshops and welfare-driven services such as therapy or physiotherapy. They are strictly related to the use of existing local services.

2.2 Phase 2: co-design

The co-design phase consisted of three sessions, two explorative and one generative (Meroni et al., 2018). They involved 3 participants each (see Tables 4,5,6), recruited through a personal network as in the research phase.

Table 4 Users in 1st co-design session.

	Age	Sexual Orientation	Partnered Status	Children	Education
User 1	74	Heterosexual	Divorced, has a partner	1	Secondary education
User 2	62	Heterosexual	Married	no	Degree
User 3	78	Heterosexual	Divorced, has a partner	3	High School Diploma

Table 5 Users in 2nd co-design session.

	Age	Sexual Orientation	Partnered Status	Children	Education
User 4	72	Heterosexual	Widow	2	High School Diploma
User 5	75	Heterosexual	Married	3	High School Diploma
User 6	66	Heterosexual	Has a partner	no	Degree

Table 6 Users in 3rd co-design session.

	Age	Sexual Orientation	Partnered Status	Children	Education
User 7	70	Heterosexual	Widow	no	Degree
User 8	63	Bisexual	Has a female partner	no	High School Diploma
User 9	62	Heterosexual	Married	2	High School Diploma

The explorative ones aimed at deepening women’s diverse experiences on sexual wellness and create debate around service possibilities. The sessions were structured around two main typologies of boundary objects (Star, 1989): the first were designed to gain insights into participants’ lived experiences by inspiring them to tell stories; the second to reflect on service directions through objects aimed at stimulating discussion and prioritization of scenarios and sexual wellness aspects.

Step 1. A life timeline is used to make participants think about the main events and aspects impacting sexual wellness over their life. They were helped by stickers reporting relevant aspects influencing sexuality such as pregnancy, menopause, and surgery (see Figure 1).



Figure 1 Participant interacting with the life timeline; “Sexual wellness after 60 years old” poster. Pictures by the author.

Step 2. Their journeys are then discussed on the spotlight of the poster “Sexual wellness after 60 years old”, which explains through a visual metaphor the main dialectic of sexuality and aging as a balance of losses and new pleasures and presents sexual wellness as a patchwork of concurrent aspects (see Figure 1). The explanation of the topic is made more interactive through “warm-up” cards and “story cards”. The “warm-up” cards expose positive and negative changes that can be experienced in the sexual wellness journey in later life and were elaborated from interviews to experts and literature review insights on the topic. The outcomes show that some aspects were known (every participant knew about vaginal dryness or loss of libido), and others unknown and unexpected (none of the participants knew about cardiocirculatory system affecting arousal). Hence, the tool helped to stimulate participants to go beyond their own biases on the topic and give them a critical perspective on their own and others’ experiences. The “Story cards” connect the examples of real-world stories of peer women on the topic to inspire them, providing a more detailed idea of how to talk about sexual wellness and show the boundaries they can cross when sharing their own experiences. The stories were mirrors of their own wellness, and some sentences were discussed in comparison with their current situation. Involving resistant partners to improve

sexual wellness (from User 1, User 3 and User 6), being updated on new practices to understand their benefits (from User 1, User 2, User 6), and experts' ignorance toward aging bodies (from User 1, User 3, and User 5) were relevant directions to consider for the concept generation.

Step 3. Participants used the life timeline to understand what mattered in their sexual journey in later life the most, and how that experience, behavior or aspect influenced their wellness and how they created, lived with or overcame it. Physical and psychological changes were the main aspects related to each user sexual life and aging, while new relationships mattered in Users 1,3, and 6.

Step 4. The second part of the session presents the 4 scenarios as the object of cubes (see Figure 2). Each face has a service aspect under the form of touchpoint or user action. They are used in synergy with the aspects the users would like to improve, already acknowledged in the first part. They are given a paper sheet which helps them through multiple and open-ended questions to choose their best service scenario according to their needs and desires. Despite each participant having unique tailored preferences, the scenarios of sharing and learning were considered priorities by all the users in both sessions, except for User 2 and 6.

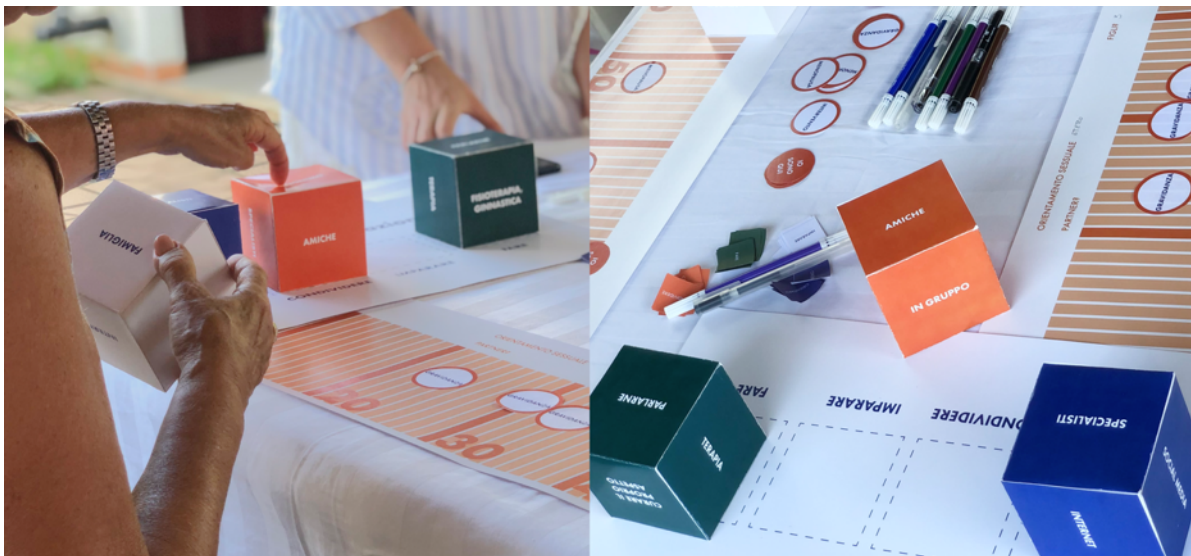


Figure 2 Participant interacting with the scenario cubes; examples of faces of cubes. Pictures by the author.

Step 5. The service priorities in terms of modalities (touchpoints, key user activities) and aspects of sexual wellness were ranked on a scale from most important, important, to least important, to generate discussion on their chosen scenarios. In both sessions all the users agreed on the need for a comprehensive, more mainstream and generalist service including different aspects of sexual wellness.

From the explorative sessions' insights, a raw concept was defined. Ancóra is a service that informs users on sexual wellness changes in later life, orients women in understanding which aspects to improve and how, by mapping local experts and providing contacts. It also helps

them to create spaces in their agendas for sexual wellness and supports them to be constant through a network of experts and women by sharing experiences.

The second co-design session aims to validate the service offer by understanding preferences of touchpoints and prioritizing activities. It also wishes to test how the current narrative of making sexual wellness a new, positive habit is perceived. It mainly consists of two steps.

Step 1. A poster of the service offer shows the service in its naming, mission, vision, and motto “Sexual wellness is a habit!”. All the participants proposed alternatives to the idea of sexual wellness as a habit, and all agreed on changing the metaphor as it was too linked to the idea of repetition. User 7 proposed sexual wellness as nourishment, as it should be essential and inborn; User 8 proposed to change habit with a holistic term sourcing it from feminist publishing; User 9 proposed to change ‘habit’ to ‘eros’ as the main problem in sex and ageing is being transparent to others’ eyes, and therefore the service should concern the theme of seduction.

Step 2. The offer was reported to be refined in the poster “Service modalities definition and discussion” (see Figure 3) so that each aspect of the offer could be analyzed under a perspective of modalities (the touchpoints), actors (relevant stakeholders involved in the creation, management or delivery of the experience), criticalities and ideas (to motivate them to see each part of the offer under a thorough lens and stimulate critical thinking and generative creativity). To inspire participants for the touchpoints definition stickers with possible examples were provided (see Figure 4).

	INFORM	ORIENT	CONTACTS	AGENDA	SUPPORT
MODALITIES <small>In presence, online, digital format, paper/analog format, website, social media ...</small>					
ACTORS <small>Providers, collaborators, businesses, associations and organisations to be involved</small>					
CRITICALITIES <small>What could not be efficient, or instead create privacy, ethical, organisational, economical issues...?</small>					
IDEAS <small>Do you have a strategy, an idea that could improve the current offer? Write it down and don't be afraid of proposing something wild!</small>					

Figure 3. “Service modalities definition and discussion” poster. Design by the author.



Figure 4 Generative co-design session. Clockwise, from top left: raw offer poster, modalities suggestion stickers, participants writing in the matrix cells, participant discussing written ideas. Pictures by the author.

The outcomes show the centrality of a cultural service which prioritizes the “inform” and “support” part of the offer by suggesting cultural artifacts such as movies, TV series, and books that onboard the users by contextualizing sexual wellness in others’ stories (from the suggestion of User 7) and creates a positive environment to share and learn from peer experiences (from the importance of dialogue with other women proposed by User 8 and User 9).

The refined concept provides these tailored suggestions in a dedicated platform which also includes expert information and older women’s testimony on the facets and changes of sexuality in later life. At its core, the service proposes online and offline spaces for discussion facilitated by experts in circles managed by local associations. It maps the local services and organizations involved in the delivery of sexual wellness related services and provides a moderated community for the creation of thematic user circles.

2.3 Phase 3: Service development

The service solution is refined by two validation interviews with two sexual wellness experts: a private sexologist in Turin and a gynecologist who collaborates with a cultural association

in Bologna, both recruited through the designer's personal network. Two key insights related to expert motivation in joining the circles as moderators were used to develop the concept further:

The moderator benefits from the recognition of their service through CME credits, a system of continuing education recognized by the Italian system through a mandatory number of annual credits for professionals.

Experts need to develop an anti-ageist perspective, too. Joining the circles is a chance for them to understand new user needs and issues which are very variable within contexts, and to learn to empathize with them.

A prototyping session was done by partnering with a local association. The session aims at understanding how to best onboard users and create the right setting for a moderated discussion (see Figure 5), after presenting film clips that talk about pleasure in later life from the perspective of women. The setting was organized by the association and the session was moderated by two experts from the sexual wellness field: a gynecologist expert in menopause, and a psychotherapist and psychologist expert in relationships. Both were contacted by the partner association and were former hosts of dedicated talks in the association. The prototyping activity involved 14 users, who received the invitation from the association or through a Facebook event promoted by the association page. The session was evaluated through observation and a user survey.



Figure 5 Discussion moderated by experts in the Circle prototyping activity. Picture by the author.

Users' answers suggest that they would like to participate in more circles (9 out of 12 survey respondents). From the answers on the inclusion of men and/or sexual partners, 6 respondents out of 12 replied 'Yes'. This indicates that, despite the need to dedicate a service for older women, its future development could include a more holistic offer to older women's partners, as their participation to Circles can provide them information, education and therefore place partners as crucial elements of improving users' sexual wellness.

Given the interest of the local associations, the project could inspire a new cultural program dedicated to the theme or be implemented.

3. Discussion

This experimental project can be discussed in the light of the notion of Design for Longevity (Lee et al., 2023; Ulrich et al., 2020; Sedini et al., 2020; Justice, 2019). Since focusing on longevity means to focus on the wider experiences of life such as sexuality, the case study could be a reflection-in-practice for designing for the new masses. The relevant question the authors posed toward ensuring a mainstream and inclusive service concerns methodology and design approaches.

The paper 'Towards An Age-Friendly Design Lens' (McGinley et al., 2022) highlights how the design process is currently limited to the idea that designing for older adults means designing for physical or cognitive impairment or designing for vulnerabilities, while the current older age cohorts have most people with average physical and mental skills. The proposed framework (McGinley et al., 2022) places a focus on outputs which are grounded on the social part of living longer, and therefore on more mainstream contexts of intervention. It also suggests a positive narrative of aging which is mainly missing in the design field, together with participatory design. This approach resonates with the authors' direction followed in the case study. Indeed, co-design focuses on people's experiences and motivations to have a deeper understanding of an issue. Universal design aims to design for the widest audience of users (Story et al., 1998), and is now considered as a more theoretical approach as age inclusivity is on the base of physical requirements. On the contrary, inclusive design and participatory methods better adapt to the Design for Longevity concept, as they investigate users' context of life.

However, co-design was used not only to gain findings from potential stakeholders, but also to involve them as catalysts of change. Indeed, the sessions and interviews empowered participants in being aware of the importance of sexual wellness in their life, and they felt active creators of the project through their contribution.

The role of designers has changed according to different approaches. In "Ancóra", the expertise of the designer can embody three main different roles: a facilitator, a change maker, and a cultural operator (Selloni, 2017).

Designer guidance in framing discussions on sexual wellness was a process to awake users' deeper life questions, and this contributed to consider the designer a change-maker not only in the process but also in the delivery of a service centered on creating a counter-narrative on aging. The creation of counter-narratives becomes a crucial designer's task and a strategy to trigger social change as an activist, role attributed to designers by Fuad-Luke (2009): "design activism is design thinking, imagination and practice applied knowingly or unknowingly to create a counter-narrative aimed at generating and balancing positive social, institutional, environmental and/or economic change" (p. 27). As Markussen (2011) states, the creation of new narratives from a designer perspective is distinguished from other types of activism as

design activism involves a *designerly* way of changing people's lives. This also includes content design, co-design and communication design.

Therefore, a focus on the contents of the designed could be crucial to create an effective change toward societal issues such as ageism, which makes the designer a trigger for social innovation processes (Manzini & Rizzo, 2011). In the service development, the choice of cultural artifacts as enablers for discussion is done by the designer in collaboration with cultural realms and sexual wellness experts in the local context. The networking activity of connecting different stakeholders and creating dialogue among them goes beyond a facilitation role and embraces a curatorial responsibility toward the design of the cultural program in the service. It becomes strategic to design contents and themes over time to foster a change which can be understood and joined gradually but benefiting by onboarding more actors.

The case study highlights how designing culture could be a means to change the narrative on aging. The authors suppose that not only the choice of contents is crucial, but also their communication and aesthetics. In other words, the whole narrative of the service could determine its success in creating alternative visions for a fairer society.

Hence, the authors propose a curatorial approach toward content and communication strategies in service design practices, especially when the aim is to question an existing narrative. The management of the process allows to directly create change from the beginning of the process where the communication of the value of participants' contribution is essential. The designers have an overview of the service aims and stakeholder dynamics which make them an efficient resource in defining the best narrative for the developed contents in the service experience. However, their competence should be supported by other expertise. In the case study, the collaboration concerns three different fields.

- The ageism experts can inform the designer on how to avoid stereotypical unintended biases on users and how to use the right wording and imagery.

The cultural experts understand the dynamics of the entertainment sector, its formats and can suggest touchpoints and discussion formats based on the choice of the cultural media.

Sexual wellness experts are a crucial resource to get trustworthy information.

This paper highlights the curatorial role of the designer as a creator of counter-narratives. It consists in the management of cross-disciplinary knowledge to be integrated in the creation of a positive narrative of aging. Designers' capacity of envisioning different futures motivates the service stakeholders and users to become aware and act to influence the current aging discourse, as the benefits of its positive narrative are clear.

This experimental proposal to insert in the service design practice a curatorial approach to the creation of progressive narratives aims at further experimental and theoretical studies in the service design and Design for Longevity fields.

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