

ESREA - Annual Conference 1-4 March 2018, Torino, Italy
'Togetherness' and its discontents
Connectivity (as well as belonging, cooperation, conflict and separation) in
biographical narratives of adult education and learning

Meaning of living alone in old age: continuity of existence despite existential threats

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Introduction

Living frequently alone, people over 80 are considered at risk of several health problems. It is a matter of concern especially for social and healthcare professionals. Staying at home as long as possible requires great investment in terms of care support services. In order to promote living at home independently in old age – and to reduce future costs linked to institutionalization – risk prevention becomes an important component of most healthcare policies and services. However, knowledge of how older people see risks in their everyday life is very limited. In particular, it is important to consider what they perceive as a risk and how these perceptions affect their daily activities and their quality of life.

Based on research that investigated how elderly persons manage risk (Piguet, Droz Mendelzweig & Bedin, 2017), this paper describes a methodological approach to reach the first person point of view. The “explicitation interview” enables extended and deeper narratives. It provides a better understanding of the experience of living alone at home in very old age, moreover, when one is facing serious functional limitations. While questioned about their vulnerability and the risks to which they are exposed, older people reveal, above all, positive attitudes towards maintaining their self-determination and a coherence in their biographical history continuity. Through their stories, older people demonstrate their willingness to stay in control of their own lives. Risks to their physical integrity are subordinated to existential threats, such as loss of self-esteem, of their self-determination and a sense of continuity of identity.

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Context

In Switzerland, as in many other countries, the number of people over 80 will double over the next two decades. Twenty-five percent of them will need support and care at home. In this context, health risks receive a more prominent place in clinical practice, especially in community and home-based services. They are most often referred to as “risk assessment”, “risk management” and “prevention” (Crowe & Carlyle, 2003). Consequently, the prevention of age-related health risks has become a major concern for both professionals and public health decision makers. Indeed, while facing loneliness and experiencing functional disabilities, older people face concomitantly many risks. How do they manage with this complexity?

Risk can be broadly characterized as a potential undesired event situated in the future occurring in specific circumstances or activities. The academic literature mostly addresses the phenomenon under its negative perspective, as a threat, a potential loss, a danger, a hazard, from the point of view of the adversity, the uncertainty and misfortune. Focus is put on prevention of falls, of dehydration, of the worsening of existing health conditions. Starting from praiseworthy purposes, the prevention of risks can sometimes take the form of ambiguous and mixed effects. Some authors suggest to address the risk issue with caution as considering people “at risk” might also be linked to social control over deviant behavior (Crowe & Carlyle, 2003; Rook, Thuras, & Lewis, 1990). This perspective highlights a kind of resistance by older people to be labelled as persons “at risk”. In a previous study, (Droz Mendelzweig, Chappuis, Vuilleumier, Kuhne, Piguet & Bedin, 2014) older people acknowledge taking risks in their everyday life and they depict positive effects this risk taking can have on them in terms of personal self-development and self-esteem. From this perspective, many phenomena – commonly categorised as risks – are no longer experienced as such. At this stage, decline in mobility, in strength, in cognition, in sensory perception point to the usual components of the ongoing personal experience of growing old, and are not necessarily apprehended as risks. In addition, we have shown that risk management in older people is a matter of interplay between various factors, mainly conflicting interests, values and identity. The study from which this presentation has been drawn has been conducted in order to investigate how older people deal with the complexity of living alone at home and with the multitude of risks they face.

Methodology

Aim of the study

The aim of this study was to provide a better understanding of how risks are experienced by people over 80 in the course of their daily activities and to identify their resources to cope with these risks.

Setting and participants

All participants lived in the French speaking part of Switzerland (Canton de Vaud). Two home-based care facilities participated in the study. One of them was located in an urban area, the other in a rural area. The two settings helped in finding and contacting respondents fitting our criteria to join the study. Inclusion criteria were: being aged 80 years or over; living alone in one's own home; receiving home care services; absence of cognitive problems; ability to communicate in French; and mental capacity to make an informed decision about taking part in the study.

We conducted 20 face-to-face interviews with elderly people, aged from 80 to 98 years: 12 females and 8 males. All of them had functional impairments, some had visual impairment, chronic pain or limb amputation.

Data collection: the method of explicitation interview

To explore the way in which participants experience risk in their everyday life, we chose the method of explicitation interview. This approach, developed by Pierre Vermersch (2000, 2012), stems from Piaget's cognitive psychology and from Husserl's phenomenology. Its purpose is to guide the subject to explore a specific lived experience, focusing on the actions undertaken while it occurred rather than on the thoughts that accompanied it. The explicitation interview solicits autobiographical recollection of many details that made up the specificity of one particular action. When conducted thoroughly, the approach gives access to a passive memory by mobilizing sensory feelings and body sensations such as hot, cold, smell, or the posture experienced in the course of the activity.

Under the researcher's guidance, the subject strives to recover sensations, gestures, thoughts and a variety of implicit aspects which constituted the concrete past situation. This method stands in contrast with "voluntary memory", i.e., memories produced due to a conscious effort so as to recall events, people, and places. The main advantage of the explicitation interview is that it offers a first person's fine description of lived experience (Mouchet, Vermersch, & Bouthier, 2011). It avoids general explanations about the subject's intentions and focuses on what was actually been undertaken in the situation. The researcher addresses some specific questions to the interviewee in order to invite him or her to foster an introspective posture.

In accordance with the goals of our research, the respondents were asked to choose a moment in the past week, in which they took a risk (leaving the definition of risk open-ended). Here is an example of the kind of questions used to guide the subject during an explicitation interview on the subject of *doing the laundry*, freely chosen by the respondent:

Researcher:

“you are going to go back to the moment when you arrive in front of your washing machine.... What was your body’s position at this precise moment ?....And -just at that moment- what did you do ?....and afterwards ?.... And just before you put your laundry in the machine what did you pay attention to? In this situation, what was the most important thing to you?”

The questions are formulated in an open-ended format, using the respondent's words. The challenge is to “maintain” the subject in the evocation of the situation as long as possible while giving him/her the opportunity to explore details of the lived experience.

Results and discussion

Each participant chose to recall one or more specific activities and accepted to describe, step by step, how he/she performed them. Most narratives evoked mundane activities such as bathing, laundry, bedmaking, getting up in the morning, shopping or collecting the mail.

Narratives relate not only to practical facts, but also to values involved in the situations and decisions made in the course of action. Participants are aware of risks such as falls and worsening pain sensations. Nevertheless, these features are not presented as major threats, at least not in the course of the action depicted. Rather, in the participants’ eyes, the main risks that surface are those related to their identity, to their wish of self-determination and self-esteem. In their view, remaining involved in occupations and simultaneously taking some controlled concrete risks enables avoidance of bigger existential and social threats. We find consistency in the dialectic balance between the “micro” – choices in mundane activities and one’s own identity and values.

As an illustration of this immediate link between micro-acts and values, here is a situation chosen by Mrs B. This 86-year-old lady, diabetic and blind, never receives visitors. When the researcher asked her to choose a specific moment, she said:

“Cleaning the window. It was the moment when the sun wasn’t shining yet, because when the sun is shining, we do not have to clean the windows”.

And she added:

“I think if tomorrow I am gone at least it’s clean. I’ve always been like that. If ever there is a problem..... it’s clean. It’s my usual habits.”

Routine activities shed light on the importance of continuity for the subject. The “modus operandi” of each actor is an expression of his/her own expertise in the accomplishment of tasks. While describing the way in which they proceed, the actors carry out an identification process. For example, the depiction made by an 88-year-old man of his bedtime as a kind of meticulous ritual. In his eyes, the precise order of these activities is clearly associated to his

personality. Once he has settled down as he sees fit, he quietly surrenders himself to what he likes to do: thinking and dreaming.

He said:

"I still live now as I have always lived with cleanliness... I form a triangle [with the cover], I have a geometric mind so I make a triangle with the cover that I move like this... I have a neat way of doing things you know, the triangle is well prepared... I feel that it's done, that it's done properly because I'm meticulous. I have an intense inner life, a life of the mind. After that, I can let the spirit escape."

Hence, practical details and comments on a mundane activity have the capacity to reveal core aspects. The consistency between one's own biographical identity, one's own values and personal characteristics becomes explicit. Through the narration, the logics of the dynamic continuity of one's own experience is brought forward (Dale, Soderhamn, & Soderhamn, 2012).

The evocation resulting from the explicitation interviews reveals some valuable aspects of the respondents' intimate world and give access to a part of their personal insight. The narratives give voice to the monologues that the subject engages with himself. Sometimes, these dialogues also put forward judgments that the person addresses to her/himself. Older people face pain and difficulties to move. Despite the feeling of exhaustion and hopelessness expressed at different levels by each of our respondents, their narratives are completely pragmatic. They mostly focused on what they undertake in order to do what they want to be done. They highlight a great deal of resources and of practical strategies developed over time, not least self-discipline that appears as an important component of these narratives.

The explicitation interview: an insight on loneliness and "connectivity"

It is well known that, in most situations, proxies are present and available. Nevertheless, it is very seldom that proxies are present 24/24. On average, for the 20 respondents involved in this study being alone was their reality about 22 hours a day. Living alone with important functional disabilities boosts older people to organize themselves so that that their daily living conforms to their wishes. Instead of withdrawing from activities, including from risk taking activities, each one strives to behave in accordance with his/her wishes and preferences. In this sense, we can consider that loneliness in old age triggers elderly people to maintain an involvement in life. Management of daily living sustains to some extent a power of action.

Indeed, living alone in old age is challenging, especially when social contacts are scarce. Older people deal with many losses. The elderly people interviewed in this study demonstrated ability to make decisions coherent with their own life history. Despite immediate threats to their identity and to their social personality, older people assert the continuity of their existence.

The explicitation interview brings visibility of the repeated efforts needed daily in order to perform these activities. The narration generated by the explicitation interview may guide the

participants to develop some insight: it can help them to discover some resources they possess - or raise awareness to new resources that they may be able to develop.

Thus narratives provide subtle ways of living alone in old age. In our view, this approach is a workable method to get the first person's point of view. In addition, the explicitation interview proves to be useful also to the subject himself since it gives him or her an opportunity to put forward abilities he/she was unconscious of, and to take advantage of them. However, this requires expert input from the professional. Learning the technique requires specific training. If properly analyzed, the narratives developed through the explicitation interview can enable the external facilitator to take into consideration certain initiatives that may seem inappropriate at first sight but that occur to be important for the older persons. From this standpoint, the professional can discuss with the elderly person how to draw on existing resources.

Finally, this research offers a new insight into home care activities. It shows that the material risks on which most of the professionals' interventions are focused, are less important than the existential threats. Thus, it suggests that health care should primarily focus on health education (supporting personal resources) rather than on physical safety (avoiding concrete risk). Precisely because the daily existence in old age is fluctuant and more than ever marked by finiteness, and because it involves losses and gains, the existential threats may stimulate creativity. This requires the finding of practical tips and tricks and the learning of new ways of thinking and acting.

Conclusions

This article aims to present a specific methodology that enables practitioners to get closer to the intimate solitary life of the elderly at home.

Based on concrete and daily tasks, the explicitation interviews conducted with elderly persons living alone led the subjects to depict what is most important in their daily lives. The common denominator of the interviews is the emphasis placed by respondents on continuity: their will to remain in action, to remain faithful to their selves and to remain in connection with their social environment. Whereas the narratives we collected were not meant to draw up their biographical history, the technique of the explicitation interview reveals that daily actions are inseparable from each respondent's particular identity. Through the verbalization of the micro-decisions that accompany each specific action, they have reflected the way in which the values that marked their lives shape the persistence of their selves and extend the meaning given to their daily lives.

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