ON THE MAKING OF AGE

A CONSTRUCTIONIST STUDY ON AGEING AND LATER LIFE IN THE FAROE ISLANDS

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On the making of age. A constructionist study on ageing and later life in the Faroe Islands

ABSTRACT

The aim of this thesis is to explore how older people living in the Faroe Islands make sense of ageing, how political intentions and strategies resonate with the lived reality of ageing and how theories on ageing compare with this reality.

This thesis builds on two data sets. The first set is derived from interviews with women aged 60 to 65 years old who suffer from long-term urine incontinence, a disorder commonly associated with old age. The second set is derived from group and individual interviews with community-dwelling men and women aged 68 to 91 years old.

The results are presented in four papers, each of which addresses aspects of ageing. Health, which appeared to be a strong determinant for how old age was constructed and negotiated, was one aspect considered. The meaning of home or one's affiliation to a place of living was another important aspect studied. The results of that study indicated the necessity of understanding home as a multifaceted notion that goes beyond a house of residence. In particular, for participants living in small island villages, the notion of home was found to embrace a whole community or island rather than a house of residence, which should promote new thinking about services in remote regions.

These results compare with gerontological theories on ageing. However, the findings demonstrate the importance of acknowledging that the concepts of ageing and old age do not carry any predefined meanings but should be understood as contingent on social, cultural, historical and geographical conditions.

ACKNOWLEDGEMENTS

In memory of my father

CONTENTS

LIST OF PAPERS

The thesis is based on the following papers:

PAPER 1

Róin, Á. and Nord, C. (2015) Urine incontinence in women aged sixty to sixty-five: Negotiating meaning and responsibility, *Scandinavian Journal of Caring Science,* Article published online: 27 JAN 2015 | DOI: 10.1111/scs.12190.

PAPER 2

Róin, Á. (2015) The multifaceted notion of home: Exploring the meaning of home among elderly people living in the Faroe Islands, *Journal of Rural Studies*, 39: 22-31.

PAPER 3

Róin, Á. (2014) Embodied ageing and categorisation work amongst retirees in the Faroe Islands, *Journal of Aging Studies*, 31: 83-92.

PAPER 4

Róin, Á. (submitted manuscript) Is there a 'fit' between theories on and the way in which older people make sense of ageing in their everyday lives?
Findings from the Faroe Islands

1. INTRODUCTION

This doctoral thesis is on ageing and later life among people living in the Faroe Islands. It offers insight into how older people living in a small-scale society, an archipelago in the North Atlantic Ocean, make sense of ageing, negotiate changes with age and interpret aspects of life during old age. As the title '*On the making of age*' indicates, the theoretical point of departure is a constructionist view on ageing and old age that implies that these concepts do not carry any meaning in their own right. Instead, people are considered to make meaning of ageing in their everyday living by drawing on interpretive resources embedded in and contingent on social, cultural and historical conditions. The question that this study attempts to advance is how assumptions about older people that underlie local policies and become visible within public discourses on ageing compare with the way in which older people themselves construct meaning of ageing. This means to critically analyse local findings against what is suggested to be 'the truth' about ageing adduced within various academic disciplines and policies regarding older people.

For decades, scholars have documented findings from studies on ageing. Various theories have been proposed to conceptualise what it means to grow old, and these theories have, to a certain degree, informed policies on ageing in most Western countries. Especially activity theory, which suggests that staying active will increase one's possibility to age 'successfully', seems to have gained a hegemonic position within research and seems to govern both national and trans-national policies on ageing (Lassen and Moreira, 2014). This has also been the case on the Faroe Islands. A new bill on elder policy, proposed by a working group selected by the Ministry of Social Affairs, is intended to frame future policies concerning older people (Almannamálaráðið, 2013). The bill rests especially on two assertions: Staying active postpones dependency in old age and staying home for as long as possible is what older people want and, at the same time, the best way to counter the economic burden of the increasing number of older people living in the Faroe Islands. I do not intend to rebut these assumptions. Instead, I attempt to look 'beneath and beyond the taken for granted, the unproblematic, asking the 'yes, but' questions' (Holstein and Minkler, 2007: 26). One such question relates to the previously mentioned coherence between activity, health and successful ageing, a coherence that is taken for granted and seldom problematized (For exceptions, see Katz and Calasanti, 2015; Lassen and Moiera, 2014; Tulle, 2008). The 'yes, but' questions could include the following: are older people with, e.g., physical impairment or chronic diseases excluded from ageing well or successfully? How do these people construct the meaning of ageing? How do these constructions unfold and compare with the taken for granted coherence between activity, health and successful ageing? Riley (1987:1) has noted that 'There is a continuing interplay between ageing and social change'. This raises another question concerning the influence of social structures on the possibilities for ageing well or successfully. Following Riley's statement, it is necessary to explore how the interplay between ageing and social change unfolds, not in general terms but within a specific society to conceptualise ageing as a process that is subjected to social and

moral discourses within a specific social context. The above mentioned bill on the policy on ageing is an example of how taken for granted knowledge about ageing and old age becomes institutionalised without attention to how age and ageing is constituted in the respective society. A survey was conducted in 2010 to inform policies on the living conditions of pensioners in the Faroe Islands (Fróðskapasetur Føroya, 2010). The survey provided important knowledge about general conditions such as economy of elders, housing, family relations, and mobility. However, surveys do not give voice to older people. Instead, they reflect how dominant cultural images of older people influence the commission and conduct of a survey (Coupland, 2009). Giving voice to older people presupposes a research approach that is sensitive to the various ways in which age is constructed and negotiated by those who have experienced being old. To quote Gubrium and Holstein (2000: 3): 'What is missing [in social gerontology] is a distinct view of the everyday life of older people...[which] comprises a field of meanings centred on how people *themselves* interpret and discern what it's like to grow old in today's world'. The Faroese anthropologist, Firouz Gaini, has explored how it is to be *young* in today's Faroese society (Gaini, 2004, 2006). However, to date, no qualitative research has explored how it is to be *old* in today's Faroese society.

BACKGROUND

The Faroe Islands have undergone great changes and developments within a short span of time compared to other Nordic countries. The leap from being a traditional society of farmers and fishermen to today's highly modern Faroese society has been substantial, but it has happened within just a few generations (Gaini, 2004). An economic and social crisis in the early 90s resulted in major structural changes in the country. The fishing industry suffered great losses, and many fillet factories and firms of ship owners went bankrupt. Before this change, fillet factories were scattered across the islands, with almost every village of a certain size having its own factory and thereby local jobs available for unskilled workers. The crisis caused the unemployment rate to increase substantially. During the 90s, a total of 10% of the population emigrated to Denmark or other Nordic countries, and many smaller islands villages were marked by a vast outmigration of both young people and adults in their working age. Gaini (2004: 6) has contended that the 'adult Faroese population is standing with one leg in traditional society and the other in the global late modern world, but the youngsters, born in the late 80s and 90s, have both feet planted in post-crisis society, representing a new generation with new opportunities and preferences'. The question is where older people are 'standing' in today's Faroese society. It has been argued that the young people in the Faroe Islands live in a late modern society, while the older generations still cling to values and preferences from their childhood (Hovgaard and Gaini, 2003). The former argument about the young people has been supported by empirical findings, but the latter argument concerning older people still stands as an unsubstantiated assertion.

During and after the social and economic crisis, discourses on ageing and older people have changed in the public debate. Longevity is still acclaimed to be the benefit of medical and social improvements. However, new images of needy older people causing fiscal problems and

challenging the stability of the welfare state have entered into the public debate concerning future prospects for the Faroese society (Stenberg, 2014). A stereotypic view of older people that associates old age with illness and functional incapacity and characterises old age to be a period of inevitable decline has entered into the rhetoric on ageing and older people. This stereotypic view of older people has been documented and discussed in the international literature by several scholars (see Powell and Longino, 2001; Blaakilde, 1999; Elmelund-Præstekær and Wien, 2005; Bytheway, 1990, 2001), and researchers have analysed how these stereotypic images have worked through in media texts (see Nilson and Jönson, 2009; Rozanova, 2010; Uotila et al., 2010). An important question to ask is how these images affect older people. Therefore, as part of exploring how older people in the Faroe Islands make sense of ageing, I inquire into how societal images of old age enter into the way in which older people construct meaning of ageing, including both physical and social changes with age.

HOW THE STUDY EVOLVED

The thesis builds of two data sets. The first set originates from an earlier study on urine incontinence (UI) among women in their sixties. With a background in nursing, the impetus for this study was a growing concern about how age is used to explain various health problems in old age by both professionals and lay people. I start by elaborating on the background for including data from this study in the current thesis and subsequently describe how the second data set was created and how this part of the doctoral study evolved.

Some illnesses or disorders are commonly connected with old age and are regarded as a natural part of growing old. As a consequence, people abstain from seeking professional assistance for illnesses that could have been treated with good prognoses. Instead, they accept their problems and develop strategies to cope with them in their daily living. One such disorder is UI, and numerous studies have shown that untreated UI is common among both older men and women (Hunskaar et al., 2004; Teunissen et al., 2006). A few years ago, a colleague and I conducted a survey to investigate the prevalence of UI among all women aged 60 to 65 living in the Faroe Islands (Róin and Høgadalsá, 2010). The women were asked about UI, how UI impacted their lives and if they had sought help from professionals. Findings from this survey showed that 49% of the women were suffering from various degrees of UI. However, only 23% of these women had sought help from professionals. Our findings corresponded with findings from several other studies (O'Donnell et al., 2005), but neither this nor other surveys could fully explain the reason why older women apparently accepted a life with UI despite the fact that their disorder might be treatable and their condition improved. The survey was followed up by interviews to explore how the women made meaning of and interpreted their condition. The findings from this study, which are presented in paper one, supported my conviction that it is of great importance to explore age and ageing as socially constituted and subjected to societal and cultural discourses rather than merely as a personal experience. Therefore, in 2011, I commenced a qualitative study on how older people make meaning of ageing in more general terms within a contemporary Faroese context.

During the winter and spring of 2013, group and individual interviews were conducted with people living on the islands. The interviewees had all past retirement age (67 in the Faroe Islands) and were living on their own or with a spouse in private houses. The interviews were open ended and were carried out as conversations about growing old in the Faroe Islands. Thus, issues that were important to the interviewees were elaborated on during the interviews and successively discussed during the interviews that followed. Health and ageing as an embodied process was a recurrent subject of discussion in both the group and the individual interviews. This was not surprising, but what triggered me as a researcher was the way in which common sense knowledge about ageing and old people, knowledge that is shared by people in normal, self-evident routines of everyday life (Berger and Luckmann, 1966: 23), was constructed by the interviewees as 'facts' about ageing and how ageing was largely subjected to moral norms and values. Analysing ageing as an embodied process and examining how the interviewees constructed the category 'old' was the subject of the second paper included in this thesis. Another issue that occupied the interviewees was their affiliation to their home or place of living. Having in mind the political strategy to have people stay in their own homes for as long as possible, 'home' being a social political concept, and the various ways in which the interviewees constructed the meaning of home during the interviews, urged me to further analyse the concept of home from the view of the participants. The findings of this analysis are presented and discussed in the third paper included in this thesis. Finally, examining how the interviewees constructed meaning of ageing in their daily living and mirroring these findings against commonly accepted theories on ageing within gerontology, it became of special interest to further explore how dominant theories on ageing 'fit' with findings within a Faroese context. The afore-mentioned bill on policies on older people (Almannamálaráðið, 2013) presupposes that there *is* a fit and that knowledge about ageing and older people that is gathered in different parts of the world can be transferred and implemented into policies on older people living in the Faroe Islands. Thus, in the fourth paper, I analyse and compare local findings on meaning-making of ageing and predominant theories on ageing within gerontology.

AIM AND RESEARCH QUESTIONS

The aim of this doctoral thesis is to explore how ageing is constructed and negotiated by older men and women living in the Faroe Islands and to investigate how various discourses on ageing travel and become visible in the way in which older people make sense of ageing in their everyday lives.

The overarching research questions of the thesis are as follows:

- How do older people living in the Faroe Islands make sense of ageing and growing old?
- How do political intentions and strategies comply with the lived reality of older people living on the islands?
- How do older people's ways of making sense of ageing compare with gerontological theories on ageing?

RELEVANCE OF THE STUDY

Faroe Island is a small-scale society with limited scientific and economic resources available for research. Although surveys have been conducted to obtain insight into the living conditions and health issues of retirees living on the islands, there have been no qualitative studies on ageing to prepare politicians and professionals within the field of elder care for the task of developing strategies based on local findings. The solution has been to adapt results from the international literature and trans-national recommendations and translate these into local policy frames concerning older people's welfare (in chapter 3, I clarify and elaborate on this subject).

I consider the relevance of this thesis to be twofold. First, it will hopefully contribute to form an empirical basis for developing future policies and care programs for older people in the Faroe Islands. At the same time, the thesis offers an opportunity to consider how major trends concerning ageing societies resonate with or impact how older people on a small and distant archipelago make sense of ageing in their daily living, which also makes this thesis relevant within a larger scientific context. In the following part, I provide an overview and discuss research on ageing relevant for this study, emphasising studies that consider ageing and old age to be socially constructed concepts that people use and relate to in different ways.

CONSTRUCTING AGEING AND OLD AGE, AN OVERVIEW

Major concerns about the ageing of societies has resulted in a large number of studies directed at understanding what it means to grow old in today's societies, especially why some people manage well or successfully into very old age and why others do not. The focus has largely concentrated on physical ageing and how to prevent physical decline with age. Lamb (2014: 42) has noted that this might partly be because the successful ageing discourse largely originated from the field of biomedicine, 'a field particularly prone to be viewed as culture free'. Higgs et al. (2003: 242) have further argued that scales that use health and disease as proxy measures for quality of life should be viewed as 'age-blind, disease-specific measures rather than quality of life measures'. As a consequence, stereotypic images of older people as a group constituting social problems associated with illness and functional incapacity have been prominent within research. In recent decades, these stereotypic images and conceptions of old age have been contested within and across disciplines. Especially Peter Berger's and Thomas Luckmann's well-known and often-cited book *The Social Construction of Reality* (1966) has inspired gerontology researchers and encouraged empirical attention to the ordinary, taken for granted reality-construction of everyday life in old age (see: Gubrium, 1992; Paoletti, 2004; Paulson and Willig, 2007; Jones, 2006; Lundgren, 2010).

Several studies have demonstrated how older people take a dualistic position when constructing the meaning of ageing and bodily changes. Findings have shown that older people tend to deny being old or express attitudes implying that their physical appearance somewhat 'conceals their essential identity' (Featherstone and Hepworth, 1993, Andrews, 1999) and that while the

external appearance changes with age, the essential identity does not (Powell and Longino, 2001). Instead, the predicate 'old' is used on others 'less fortunate' in terms of health and social engagement (Hurd, 1999; Townsend et al., 2006; Jolanki, Jylhä and Hervonen, 2000).

For the last decades, studies have documented how ageing and growing old has increasingly become an issue that is subjected to moral, ethical and aesthetic norms (Katz, 2000; Jolanki, 2008, Rozanova, 2010, Coupland, 2009). Advertisements for rejuvenation treatments of various types are blooming in media. These advertisements are mostly directed at the 'young old' or 'third agers', i.e., older people who are not suffering from bodily or mental illnesses and older people who are living an active life after retirement (Laslett, 1989). However, ageing is an embodied process (Powell and Longino, 2001; Laz, 2003, Twiggs, 2007) and denying physical changes with age is denying oneself as an older person (Andrews, 1999). In 1970, Simone de Beauvoir wrote:

> When we look at the image of our own future provided by the old we do not believe it: an absurd inner voice whispers that *that* will never happen to us-when *that* happens, it will no longer be ourselves that it happens to. Until it is upon us old age is something that only affects other people (Beauvoir, 1970: 11).

Old age, however, is not merely a matter of how it is talked into being. It must be read against particular social contexts (Coupland, 2009) and take into consideration the norms and values that characterise the specific context under investigation (Torres, 3003; Jolanki, 2009; Coupland, 2009; Chapman and peace, 2008; Hsu, 2007; NG et al., 2011). The present thesis takes up this challenge and contributes empirical findings on how older people in a specific social and cultural context construct meanings of ageing in everyday life.

2. THEORETICAL FRAMEWORK

A CRITICAL APPROACH TO SOCIAL GERONTOLOGY

In their reflections on critical gerontology for the 21st century, Holstein and Minkler's (2007) emphasise that critical gerontology must engage in permanent critique and always challenge what we know and how we know it. They end their paper by asking the following question: 'Being a gadfly was good enough for Socrates, why not for us?' The articles included in this thesis all challenge the taken for granted knowledge about ageing and older people by asking new questions and giving voice to older people.

One of the concerns of critical gerontology has been to understand the way in which knowledge about ageing informs policy and to critically determine the underlying methodological approaches used to gather this knowledge (Baars 1991; Holstein and Minkler, 2007). Surveys and large quantitative studies on different aspects of ageing provide insights into the ageing

experience; however, as Vincent et al. (2008) have argued, it is important to question the extent to which these insights provide an appropriate basis for policies for older people. In this regard, Bacchi (2010) has criticised what she considers to be 'evidence-based policy'. In her view, such policy relies on a correspondence paradigm of knowledge, accepting the possibility of direct access to 'reality' and thereby assuming knowledge to be neutral.

The claims that activity has a positive impact on health and quality of life are not new within science. For decades, such claims have been highly influential in, e.g., social work, physiotherapy, occupational therapy and in my own field of nursing practice. However, it remained a niche phenomenon until age became a matter of major political interest due to demographic changes and economic challenges for the welfare state (van Dyk, 2014; Forster and Walker, 2015). As mentioned in the introduction, activity as a way to postpone or prevent loss of physical and mental capacity with age has become an important part of trans-national strategies to 'unmake old age'. The key to 'successful ageing' (Rowe and Kahn, 1997) was viewed as the continuation of activity in older age, retention of values typical of those in middle age, and denial of the onset of old age (Walker, 2002). However, as elaborated on in the fourth paper included in this thesis, the problem with defining activity according to middle-aged or youthful perspectives is that these perspectives may not be congruent with the experiences of older people (Walker and Forster, 2015).

Lassen and Moreira (2014) have critically analysed the concept of active ageing within WHO and EC proposals for national strategies concerning the ageing societies. The main goal of both organisations is to 'unmake the concept of old age' by engaging in the plasticity of ageing, but they come from two different sets of political and epistemic grounds (ibid). The 'unmaking of old age' is itself an ageist attitude that makes the measurement of successful ageing more concerned with how individuals should age than how people view themselves as ageing successfully. For instance, even if older people experience ill health or disability, they might not identify themselves as ageing 'unsuccessfully'. They might still engage in a variety of activities and manage their everyday life by compensating for what they are not able to do due to physical impairment, which my data seem to indicate. The intersection of age and impairment does not necessarily deprive the interviewees of agency. Instead, as also suggested by Grenier and Phillipson (2013), agency should be viewed as existing on a continuum where adapting to bodily changes and lowering expectations are ways in which older people manage their lives without losing their right to make their own choices. However, as Walker and Forster (2015: 85) have noted about the dominance of the concept of successful ageing in science and research: 'There is a risk that it is reduced to an exclusionary, ageist, and even discriminatory perspective—a professional dogma with no room for human agency'. Calasanti (2003), likewise, has opposed the way in which policy makers and researchers seem to consider old as 'being the middle-aged, only older' (p. 215). In her contribution to the anthology *The need for theory. Critical approaches to social gerontology* (Biggs, Lowenstein and Hendricks, 2003), she ends her conclusion by writing the following:

'Old people will achieve equality with the middle-aged when "old" carries positive content rather than stigma as disease, mortality, or even absence of value. Only then will old people no longer need to be "exceptional" or spend their time "staying young" to be acceptable; only then will they be free to be frail, or flabby, or have wrinkles-to be old in all its diversity' (p. 215).

In the Faroe Islands, as in other countries, activity as a strategy to counter the challenge of the ageing society has been generally accepted. On the individual level, the desire to age successfully by staying active seems to have become a mode of life for most of the participants in the present study. What is worth noticing, however, is the way in which staying active appears as a moral issue and an obligation that some of the interviewees take upon themselves. Foucault's concept of governmentality is helpful to understand these mechanisms through which discourses work. 'Governmentality is a special kind of modern, liberal governing-mentality, where governing has to work by turning the governing to the self-governing of the individual' (Villadsen, 2007: 158). Foucauldian-inspired researchers within critical gerontology have argued that health provides an increasingly common conceptual framework for views about ageing, old age and the lives of old people (Katz, 2000; Jolanki, 2009). What becomes important to add from this study is that this common conceptual framework is not limited to views *about* ageing and old age. Rather, it also has an effect *on* older people themselves, which becomes especially noticeable in the study about women suffering from UI (paper 1) and the analysis of ageing as an embodied experience (paper 3). 'Disciplining is a way to individualise the diversity and is practiced on the bodies of the individuals' (Foucault, 2008: 18). The individuals, however, are seldom given a voice of their own in research or in public (Nilsson, 2008; Nilsson and Jönson, 2009). They are the "disqualified"—to use a Foucaudian term. In 'The order of discourse', Foucault (1981) has developed an understanding of how dominant discourses determine what is true knowledge, from what positions the truth can be told, and who has the position to speak. In this perspective, health professionals from various fields have had privileged positions from which to speak 'the truth' about ageing and old age (Biggs and Powell, 2008; Foucault, 1981). This might explain why activity theory has gained such a dominant position within gerontology and policies on older people. Foucault has argued that because we can only have knowledge of things if they have a meaning, discourse, rather than the things in-them-selves, produces knowledge (Hall, 2001).

Knowledge about ageing and theories that aim to understand what it means to grow old have taken various directions depending on dominant social discourses on ageing and different scientific perspectives. In the following part, I therefore provide an overview of and discuss the most prominent theories on ageing as a backdrop for understanding and comparing the ways in which older people in the Faroe Islands construct meaning of ageing.

THEORETICAL DEVELOPMENTS IN AGEING

As noted by Gubrium and Holstein (2000), social gerontology has come a long way since the understanding of the ageing experience was limited to disengagement and activity theories. From a disengagement perspective, withdrawal or disengaging was considered a natural, universal, biological-based and normal part of ageing that was assumed to be positive and 'functional' for both the individual and society (Rose, 2000; Estes, 2003). The intention underlying disengagement theory and theories that came to follow these early attempts to conceptualise the ageing experience was to form bases for policies on ageing and produce knowledge to support strategies directed at making later life 'a good life'. For the last decades, the concept of 'successful ageing' has overtaken the arena in social gerontology as *the* concept that theories have to engage with or relate to. However, as noted by several scholars (Bowling 1993, 2007; Torres, 2003; Phelan et al., 2004; Depp and Jeste, 2006; Johnson and Mutchler, 2013; Martin et al., 2014), there is no consensus on how to define the term 'successful ageing'. However, most scholars seem to have agreed on two ways of operationalising successful ageing, namely, describing the characteristics of a satisfying life in older age and referring to the process by which individuals can optimise well-being in late life (Johnson and Mutchler, 2013).

Rowe and Khan's (1997) model of successful ageing incorporated three criteria for successful ageing: low risk for disease and disability, maintenance of physical and mental capacity and active engagement with life, thus focusing largely on physical and health functioning and risk factors. From a comprehensive review of studies measuring successful ageing from different perspectives, Depp and Jeste (2006) have found that the most frequent appearing component of existing definitions of successful ageing is physical functioning followed by cognitive functioning. Critiques of these health-focused approaches to successful ageing have addressed the exclusionary nature of such models 'as they place success within reach only for older adults of means, social resources, and those enjoying good physical health' (Kahana et al., 2003: 156). The Rowe and Khan model implies that successful ageing is what everyone should strive for, which Glass (2003) has argued poses both a promise and a danger of the concept. The promise comes from envisioning the possibility of staying healthy and well-functioning by means of health promotion and prevention of disease. The danger, however, lies in the conclusion that sickness and dependency constitute a 'failure' in ageing. 'To the extent that we conceptualize successful aging as not aging, as only disease-free aging, our concept [and our policies] will be impoverished' (ibid: 382; see also Grenier and Phillipson, 2013).

Atchley's (1989) continuity theory, which introduced psychological ideas about coping and identity into social gerontology, offered different understandings of success and failure regarding ageing. Continuity theory provided an understanding whereby the individual could achieve continuity despite changes in life by negotiating changes into his/her sense of self or identity without experiencing crisis or breakdown and thereby 'fail' to age successfully. 'Optimum continuity means that the individual sees pace and degree of change to be in line with personal preferences and social demands and well within her or his coping capacity' (Astchley, 2000: 50).

Baltes' (1997) model of successful ageing is based in part on continuity theory and considers individual development as a life-long adaptive process. The model suggests that people who use strategies of selection, optimising and compensating to adjust expectations and activities with advancing age, will be able to optimise self-efficacy and personal satisfaction while compensating for changes with age. Ageing well or successfully from this perspective thus refers to the individual's ability to use these strategies to compensate for loss and decline. The model may have less explanatory power in relation to 'the oldest old', whose resources for coping may be reduced by the extent of their illness or impairment (Baltes and Smith, 2003). However, as noted by Grenier (2012: 51), 'the model is unique in its explanation of how processes of adaption can be used in late life to compensate for loss and decline'.

The dichotomy, success/ failure, seems to be prevalent in all the presented theories, although not as explicit as in Rowe and Kahn's (1997) definition of the term 'success'. Regardless of whether policies or practices indicate that success rests on activity, continuity or adaption to changes with age, they construct a type of pressure on the individual to correspond to the underlying assumptions of health, control and independence that are increasingly promoted in current discourses on ageing. As noted by Biggs and Powell (2001: 96), 'the approved possibility to age successfully comes along with the social expectation and moral duty to do so'. What has not been taken into account sufficiently is how both personal and structural constraints may deprive an older person of agency or the right to choose how to live his/her life in old age. However, older people may feel content with their lives despite constraints and dependency (Grenier and Phillipson, 2013), but contentment with life is seldom included as a criterion for ageing successfully.

3. CULTURAL CONTEXT: THE FAROE ISLANDS

CULTURAL CONTEXT AND AGEING

Common for the above- mentioned models of ageing is that they in part ignore cultural differences, or they do not take into account that the concept 'successful ageing' is also culture dependent. Scholars have explored the values that people relate to the term 'successful ageing' in different cultures (Collins, 2001; Chou and Chi, 2002; Hsu, 2007). Although some of the determinants of successful ageing are consistent across cultures, their relative contribution to well-being may vary, and other more subjective or culturally bound values may assume more importance in certain cultural contexts (Torres, 1999, 2003; Gilliard and Higgs, 2002; Martin et al, 2014). The Faroe Islands is part of Scandinavia, Europe, and the Western world. However, being a remote cold-water archipelago and a small scale society with only approximately 50 000 people, the islands have their own history and culture, which in many ways depart from, e.g.,

other Scandinavian countries. The strong dependence on values derived from making a living on the sea to survive, harsh weather conditions and strong family bonds are just some of the characteristics that have marked the Faroese culture. Apart from this, the Faroe Islands have been subjected to Danish laws and regulations until the mid-20th century, which, together with a strong familistic tradition, has caused a delay in the national promotion of welfare services for older people (Jákupsstovu, 2007). This might influence or buttress values that either promote or detract from the subjective feelings of 'success' experienced by older people living on the islands.

In the following part, I will give a description of the Faroe Islands, which might not be well known among people outside the Nordic countries. The description will include both geographical and demographical facts and an overview of the historical course of Faroese social policies concerning older people. At the end of the section, I will refer to a new law on services for older people and the earlier-mentioned bill on elder policy and discuss these against recommendations from the WHO and EU concerning strategies to counter the challenges caused by the growing number of older people.

THE FAROE ISLANDS

The Faroe Islands form an archipelago consisting of 18 islands in the North Atlantic, of which 17 are inhabited. The distance to the closest neighbours is 300 km to Shetland (to the east/south-east), 450 km to Iceland (north-west) and 675 to Norway (east and north-east).

A total of 48.351 people lived on the islands at the beginning of 2012 (Hagstova Føroya), and 6505 people were 67 years of age or older, equivalent to 13,5%. The capital area, where almost 40% of the population live, is the political and administrative as well as the industrial and the service centre (Hovgaard, 2004). In Tórshavn, including the suburbs of Hoyvík and Argir, the population equalled 17.947 people in 2012; of these, 2086 were 67 years or older, equivalent to 11,5%.

After years of infrastructure development, bridges and tunnels, today approximately 85% of the population is connected with at most one hour travel time separating Tórshavn from surrounding areas. These developments have also created good conditions for commuting, and several of the municipalities on the main islands can today be described as commuter Communities, with a large part of their working age population employed in Tórshavn (Hovgaard et al., 2004).

The geographically remote islands characterised by low population and, typically, problematic transportation either by boat or helicopter to the central part of the archipelago, are all considered marginal, with a decreasing population and extensive migration of particu-larly the young generation to the main areas.

The administration and distribution of services and care of senior citizens has to date been a national matter. For the last decade, there has been political agreement on decentralising this area and allowing municipalities to assume responsibility. This has been executed January 2015.

Older people and housing

In the Faroe Islands, laws and statutory instruments concerning older people have existed through the centuries. The Gulatinglaw from 1274 imposed a tithe, of which one quarter was to be used on the old and poor. In 1687, the imposition of the "Norske" law moved responsibility for the old and the poor to the church to maintain by money collections.

The most common structure, though, has been three generations living together in the same house, so that taking care of children and the frail elderly was a family matter (Kristiansen, 2009). The Community Law from approximately 1800 allowed the community to place lonely older people in the homes of certain families who, in turn, would receive these elderly peoples' law-bound rent in return. This rent was only meant for people without any means.

The public and the authorities have, to a certain extent, ignored the growing number of older people in need of care and housing in later life (Kristiansen, 2009). It was not until the nineteen thirties that a debate on housing for lonely elderly people began. This debate resulted in the construction of the first old peoples' home in Tórshavn, the capital. Other municipalities showed no interest at this time in altering the familistic solution to problems concerning housing and care for older people. One consequence has been that until late in the sixties, hospitals in the Faroe Islands have served as homes for the elderly without family to take them into care (Kristiansen, 2009; Joensen, 2004).

In the political discussions in the Faroe Islands, the traditional social order was not challenged until in the beginning of the nineteen seventies, when women became in demand in the growing fishing industries (Jákupsstovu, 2007). Women's entry into the labour market, together with a growing number of older people in need of care, finally resulted in the construction of residential homes for the elderly around the islands in the seventies and eighties. For the last forty years, approximately 500 new accommodations for elderly in need of care have been established around the islands (Kristiansen, 2009).

In the Faroe Islands, people have traditionally lived in private houses. Altogether, housing has been a private matter, which might explain why an official housing policy has still not been framed. The earlier-mentioned survey on living conditions for pensioners in the Faroe Islands from 2010 showed that 92% of the participants lived in private houses (Fróðskaparsetur Føroya, 2010). In 2011, 85% on a national level own their home, which is the same percentage as in 1977, when the last census was performed. Of the persons older than 60, 22% lived alone (Hagstova Føroya, 2013). Alternative housing such as rental apartments or smaller sheltered accommodations have not been an option up till this date. Older people who might want to move to more manageable accommodations are not offered any alternative but to stay or apply for a room in an old peoples' home or nursing home. Some have solved the problem by handing over their house to a son or daughter under the condition of the right to stay in, for instance, an apartment created for them in part of the house.

Older people and the economy

In 1959, a law for a national pension scheme was passed by the Faroese government, which guaranteed all people at the age of sixty-seven a law-bound pension independent of income and private means. The law was a result of proposals from the Danish government to implement parts of the Danish welfare model, which to a certain extent evolved from an universalistic perspective on welfare (Joensen, 2004; Jákupsstovu, 2007). The law has been adjusted several times to tailor it to social and economic changes. For the first ten years, for example, every person had to pay 1% of his or her wages to help finance the pension system. Today, the pension scheme is financed through taxes (Almannapensjón, 1991).

The demographic picture of the Faroese population is, as everywhere else in the developed world, rapidly changing in a direction where there will be fewer employed and more on national pension. It has therefore become clear that the national pension, financed through income taxes, will come under tremendous pressure in the future. In 1991, the government tried to reduce the problem by establishing a fund outside the reach of politicians, where every person under 67 year pays 1,5% of their wages and likewise every employer pays 1,5% of wages, whereupon all persons at the age of 67 and older receives a contribution to her/his national pension from the fund (Sølvará, 2012). Apart from this, trade unions have negotiated systems where the employers and employed pay a certain percentage of wages monthly to a private pension fund to secure a sufficient personal pension in old age (Sølvará, 2012; Jakupsstovu, 2007). The survey from 2010 on living conditions for pensioners in the Faroe Islands showed that a little more than half of the respondents have incomes from state pension only. This was particularly the case for respondents outside of Tórshavn and pensioners age 80+. Most respondents owned their houses and did not have expenses for rent or any debt at all (Fróðskaparsetur Føroya, 2010).

Apart from the economic conditions concerning pensions and housing ownership, the Faroe Island have traditionally had a subsistence economy, and a social structure based on utilising and distributing natural resources, e.g., sheep and fish, pilot whales, potatoes, etc. Today this subsistence economy is mainly a village phenomenon, but it has been argued that this surviving tradition has influenced the development of the Faroese welfare system so that it is slower, less intensive and slightly different than in other Scandinavian countries (Sølverá, 2012).

Current policy frameworks concerning older people

On January 1, 2015, the responsibility for service provisions and elder care was formally handed over from the state to the municipalities to manage. This was confirmed in a new law, Løgtingslóg number 121 (2014). The purpose of this law is to provide coherent service to older citizens. In §1, subsection 2, this purpose is further explained by the following intermediate aims: 1) to prevent disease, 2) to stimulate mental and physical health and well-being, 3) to offer rehabilitation to persons who have become disabled, 4) to support the individual to take care

of him/herself and 5) to offer nursing and care. The focus on health is incontrovertible and the entire law draws heavily on the WHO proposals formulated in *Active ageing: A policy framework* (WHO, 2002). This policy framework was partly based on earlier recommendations (WHO, 1998, 1999) and linked to a reformulation of ageing policy as encompassing early interventions to prevent or to push functional decline forward through health maintenance (Lassen and Moiera, 2014). The concept of active ageing was officially established as a key policy area in the WHO along with the initiatives comprising the UN 'International Year of Older Persons' in 1999. The theme of the year was 'Towards a society for all ages', which included the concept of active ageing 'whereby people of all ages are encouraged to take steps to ensure greater health and well-being in the later years for themselves and for their communities' (WHO, 1999:22). This concept is highly reflected in the new law, which only addresses attention to people in need of care in one out of the five intermediate aims. Instead, the law focuses on how to support people in staying healthy (or regaining health), thereby allowing them to stay active and to take care of themselves. The political strategy appears to be to 'unmake old age' by prioritising preventive steps and interventions and diminishing the number of 'old' people, meaning people in need of care due to physical or mental disability. The bill had not received much attention nor had it been the basis for discussions in the media or among lay people at the time when I conducted my interviews. However, the strategies embedded in the law resonate with the ongoing rhetoric in the political debate and in the media around the increasing number of older people in the Faroe Islands. My data indicate that the influence of this debate is prevalent in the interviewees' talk about growing old.

Compared to the WHO, proposals from the EU mainly draw on demography, political economy and labour economics instead of health prevention. Active ageing is still a goal; however, within an EU framework, this rather resonates with the concept of productive ageing: 'Living longer, working better-Working longer, living better' was written as a catchphrase in a pamphlet handed out to the Public Policy Exchange Symposium in Brussels in May 2012 (cited from: Lassen and Moirea, 2014). The EU thus emphases the necessity of pension reform, age integration in the labour market and the extension of retirement to provide people the opportunity to stay active and healthy in old age. In the proposed bill on elder policy that was handed to the Minister of Social Affairs in the Faroe Islands in 2013, one of the proposals was as follows:

> 'It is recommended that elder citizens have the opportunity to maintain connection to the labour market as much as possible because this is a way to stimulate health and the ability to work for the individual. At the same time, staying connected to the labour market furthers the ability to maintain social connections. Apart from this, the older generation with experiences and knowledge is an important resource for both the work place and the economy' (Almannaráðið, 2013) (my translation).

The resemblance to proposals from the EU is noticeable and is one example of how trans-national discourses enter into national policies on ageing. However, policy proposals and recom-

mendations are of little benefit unless they are accompanied by appropriate actions (Forste and Walker, 2015). This raises the question of whether resources will be available to implement new working conditions for older people in the labour market, for instance, part-time or sheltered work. Apart from this, the question is whether these policies will be accepted as a 'way of life' by older people themselves. One serious concern applies to older women who have not been involved in paid employment or only been employed for a shorter period and paid hourly. The women and men who participated in my research project have very different working life experiences, but common for all is a desire to continue with their activities, although at a slower pace. For especially the women, this means keeping the house and doing needlework, activities that are not included in the more productive and economic perspectives presented in the bill.

Another proposal included in the bill concerns housing for older people. From my findings, it is noticeable how the place of living is considered a major issue for the interviewees, and in paper 2, I analyse how the concept of 'home' is constructed by the participants. The point of departure for this exploration is, apart from the interest shown among the interviewees, to address the dominant view among politicians and scientists proclaiming that older people should stay home for as long as possible. In the new proposals for elder policies, this view is explicated although also tied to the problem of a very narrow market for housing in the islands, as mentioned earlier.

> 'It is recommended that efforts are made to build up a more differentiated and smoother housing market that can support the aim that older citizens in this country are able to maintain their rights concerning their own housing conditions and have the possibility of staying in their own home for as long as possible'(ibid).

The proposal reflects images of an ideal world where all older people have the right to choose where and how to live in old age. However, taking both geographical and demographical conditions into consideration, this does not reflect the real world for older people living in, for instance, small remote island villages. In the introduction to the bill, it is emphasised that the overall objective of the bill on elder policy is to be a point of departure and the basis for all political decisions and initiatives in the future regarding older people. Again, as noted earlier, policy proposals and recommendations are of little benefit unless they are accompanied by appropriate actions and, especially, if the appropriate resources to make these actions possible are not available.

The final proposal that I will mention concerns the role of relatives in the care of older people. The tradition of relatives taking care of frail older people still has influence, although now it is explicated as an effort or contribution that deserves respect and acknowledgement.

> 'It is recommended that collaboration with the relatives becomes an integrated part of elder care and that this collaboration is based on a wish from both parts. The relatives should be acknowledged for their partaking in care giving' (ibid).

The use of the word 'collaboration' signals notions of volunteerism. However, this requires that the public services available be sufficient to support older people in need of help to manage in their daily living. This has not been the case up until now. In some areas, public services and home care are only offered during the day time, which makes demands on relatives to take over in the evenings and nights.

4. METHODOLOGY AND METHODOLOGICAL CONSIDERATIONS

The study is a qualitative inquiry into meanings of ageing among older people. Data derive from research interviews with older people living in various parts of the Faroe Islands. Research interviews were chosen as a method for several reasons. First, as contended by Kvale (1997), the qualitative research interview is a 'place' where knowledge is produced and where both interviewees and interviewer contribute to the process of sense-making of a social phenomenon. Secondly, I do not expect interview responses to give direct access to knowledge that is 'already there'. Instead I believe that knowledge is actively constructed, 'involving activities which themselves demand analysis' (Silverman, 2010: 44). This means that my main analyt-ic question is *how* knowledge is constructed in the course of the interviews, whereas *what* is constructed 'pertains to the issues that guide the interviews, the content of questions, and the substantive information communicated by the respondents' (Holstein and Gubrium, 1995: 4)

As earlier mentioned, asking questions about how people make meaning of ageing implies an approach that is sensitive to the various ways in which age is constructed and negotiated by those who have experienced growing old. Chronological age is 'true' in an objective sense. However, the position taken in this study is that the category 'old people' does not refer to a real division. Instead, 'old people' are viewed as a socially constructed category embedded in a specific historical and cultural context. The study therefore draws on social constructionism as the theoretical orientation underlying the analytic methods used to answer my research questions. I am not interested in exploring 'the truth' or taken-for granted knowledge about ageing or in using age as an 'unproblematic background variable' (Nikander, 2009) because, as noted by Weinberg (2008: 15), 'the quest to discover universal truths can be downright harmful because it encourages us to think fatalistically about the status quo and to naturalize aspects of our existence that are not inevitable and ought to be challenged and changed '(Weinberg, 2008: 15). This study instead challenges taken-for granted knowledge about ageing and explores how the subjective reality of ageing stands in relationship with an 'objective reality that is socially defined' (Berger and Luckmann, 1966: 149).

SOCIAL CONSTRUCTIONISM

Social constructionism has come to form both the epistemological and the ontological basis for a number of approaches (Burr, 2003, p.1). Although these approaches take multifarious forms in research, they all share certain mutual premises (Jørgensen and Phillips, 1999, Burr, 2003). Ontologically, they all share an anti-essentialist understanding of people. In the present study, this means that I do not engage in exploring some 'inner' pre-given core or content with the participating men and women. Additionally, the aim is not to study what the interviewees 'know' about a certain topic but rather to examine how this knowledge is constructed during the interviews. Thus the interviewees and the interviewer are considered social beings that construct reality and make meaning of the world by drawing on the social categories, interpretations or resources that are available to them. These resources are specific to the present Faroese society and culture; however, they are also specific to each interview as an interactional event of knowledge-production. They could have been different at another time or in another place (Berger and Luckmann, 1966; Burr, 2003; Nikander, 2009). In paper 2, where the meaning of home is explored, these ontological premises are at the forefront of the analysis. In contrast to a positivistic approach, I am interested in how the interviewees construct notions of home, what meanings they ascribe to home and how these meanings are constructed and co-constructed through dialogue.

Epistemologically, the ontological premises imply a focus on language as the empirical source for studying how individuals make meaning of reality. Related to this, Berger and Luckmann (1966) have emphasised the importance of recognising language as a human product that "has its base in the lives of concrete individuals and has no empirical status apart from these lives" (p. 128). The only way people can apprehend the world and construct knowledge of the world is through social practices, activities people do together through interaction by using language and the shared symbols within it.

In the introduction to *Handbook of Constructionist Research*, Gubrium and Holstein (2008) state that constructionism belongs to no one and to everyone and that the term constructionism has come to virtually mean both everything and nothing at the same time (p.5). In this study, by claiming constructionism to be the theoretical and methodological point of departure, the various analytic approaches that I use all share the view that the analytic focus is on what people construct in interaction and how these constructions unfold. The respective research questions, however, entail the use of different analytic lenses. Apart from the above-mentioned approach to performing constructionist inquiry into the specific phenomena of home and using interactional analysis, discursive psychology, membership categorisation analysis and constructivist grounded theory comprise these lenses. They all contribute, each in their own way, to form a picture of how older people in the Faroe Islands make meaning of ageing and the issues related to the experience of growing old.

In the following section I will go into more detail about discursive psychology, membership

categorisation analysis and constructivist grounded theory. I will describe the methodologies and implications for the selected approaches and elaborate on how these are translated into concrete analytic strategies

DISCURSIVE PSYCHOLOGY

Discursive psychology can be seen as theory and methods of discourse analysis for empirical research on psychological topics based on social constructionism (Wetherell, 2001). The first paper included in this thesis explores how women make sense of being urine incontinent. Having in mind the great impact this disorder has proven to have on self-esteem and quality of life, I considered a discursive psychology approach to be most fruitful for addressing this topic.

The discursive psychology research tradition, which began in the UK in the 1980s, rejects the idea that people have or possess an identity or 'inner essence' accessible through language; this is consistent with a social constructionist view. People's accounts of their lives are not mere transparent descriptions of different events in their lives but must be understood as constructions of different versions of reality. The 'self' is seen as distributed, and identities are considered discursive, meaning that identities are constructed in various ways depending on the situation and context (Jørgensen & Phillips, 1999; Wetherell, 2001).

Potter and Wetherell (1987) outline three principles in their approach to discourse analysis: function, variation and construction. These principles exemplify the critique of language as transparent, neutral and 'do nothing' (Wetherell, 2001). Talk always has a function e.g., to persuade, to convince, to calm somebody, or to identify, present or position oneself, and a great variety of versions are constructed depending on the situation. The object of thought and talk will in this view always be constructed through discourse instead of being a simple already present entity. The versions might not be consistent or coherent but, from a discourse psychological view, this is not a problem as it is in more classic attitude research. Instead, the inconsistency and variations should be the focus of the analysis (Potter & Wetherell, 1987). Variations and inconsistencies stem from how people create meaning of events and objects by drawing upon what Potter and Wetherell (1987) call *interpretive repertoires*. The object of thought in the first paper is 'life with urine incontinence' (UI), an object that the participating women are asked to elaborate on. UI is a physiological fact; however, the way that women make sense of UI might vary depending on what interpretive repertoires they use to construct meaning of UI and how the meaning of UI is negotiated during the interviews. In the analysis, I therefore look for inconsistencies and variations in the interpretative repertoires the women draw upon in the meaning-making process. Jørgensen and Phillip (1999) have noted that it is not a question of whether the interpretive repertoires that people use are true or false reflections of the world. The important analytic question to ask is how some interpretive repertoires are considered truer than others and how social practices bring about different ways for people to position themselves by drawing on the available interpretive resources. In the paper, the 'truer' interpretations of UI, which are the dominant common sense views on UI that the women

draw upon, comprise the themes around which the analysis is structured. The main point about interpretive repertoires is that they are relatively coherent ways of talking about objects and events in the world. They might be looked upon as 'part and parcel of any community's common sense, providing a basis for shared social understanding' (Edley, 2001: 198). Compared to the concept of "discourse", interpretive repertoires are viewed as much smaller, more fragmented and less monolithic than the concept of discourse and they offer the speaker an entire range of rhetorical opportunities (ibid). At the same time, they offer me, as a researcher, insight into the common-sense knowledge about UI that is prevalent within the Faroese culture.

MEMBERSHIP CATEGORISATION ANALYSIS

In the paper about embodied ageing (paper 3) the aim is to look into how the interviewees construct different categories by connecting certain activities and predicates to the categories in use during the interviews. I am interested in how the category 'old' is constructed. What does it sound like? How do the interviewees use categorisation to position themselves? Further, how does ageing as an embodied experience come through during the interviewees' categorisation? These questions led to the option of applying membership categorisation analysis (MCA) as the methodological approach for analysing data. An additional argument for applying MCA is that it has proven suitable for answering these types of questions in several earlier studies (see: Paoletti, 2001, 2004; Nikander, 2000, 2002; Pietilä and Ojala, 2011; Pietilä et al., 2013).

Membership Categorisation Analysis (MCA) is a method for analysing interactional practises (Stokoe, 2012) and exploring 'the knowledge that members in society have about the society' (Sacks, 1992; cited by Paoletti, 2002). Instead of the researcher explicating some empirical material, for instance looking into the resources people use to construct the meaning of a phenomenon, as in discursive psychology, the focus in MCA is on what people are doing, how they categorise each other as certain types of members of society (Nikander, 2000). The aim of MCA is to elucidate people's own analysis or, as Schegloff (2007: 477) noted: 'The issue is, after all, not whether *we* [the analyst] can or should make a category out of it, but whether *they*—the parties to the conversation—do so, and, if *they* do, what that sounds or looks like' (original italics). I therefore analyse how the *participants* orient to categories; what activities and predicates *they* tie to the categories in use; what the interactional consequences of a category's use looks like and how participants build and resist categorisation in the course of the interviews.

MCA began in the works of Sacks (1992), who was interested in the way in which categorisations rely on social categories and how these might be organised into collections, known as membership categorisation devices (MCD). The classic example from Sacks is how the expression 'The baby cried, the mommy picked it up' is understood. As Sacks has contended, if we hear the rendering of mommy and baby as two categories belonging to the same device, then we hear and understand it that way. MCD refers to the apparatus through which categories are understood to belong to a collective category (Stokoe, 2012). In the example from Sacks, baby and mommy will probably be understood as belonging to the MDC 'family'.

The participants in this study were all retirees. Categories may belong to various MCDs and the category 'retiree' may belong to the MCDs of, for instance, old people (stage of life) or people unable to work for whatever reason. Belonging to a certain MCD thus depends on what category-bound activities, predicates and also moral and normative implications are linked to the categories (Paoletti, 2001; Housley and Fitzgerald, 2009; Nikander, 2009; Stokoe, 2012). Activities and predicates can be described in ways that make relevant the membership in a particular category (Nikander, 2002). If, for instance, a person does not work (activity) and receives a monthly payment from some public source (predicate), this typically mobilises notions for the category 'retiree', but it might also refer to a person who is unemployed and receives unemployment benefits. However, if the predicate 'old' is added, this would probably eliminate the second category. 'A particular woman may also be correctly categorised as a 'mother', 'lady', 'wife' or 'daughter', but each category carries a different set of category-bound activities, predicates, or rights and obligations that are expected for an incumbent of that category to perform or possess' (Stokoe, 2012: 282).

The notion of category-bound activities and predicates has become quite general in MCA research. However, as mentioned by several researchers (Paoletti, 2001; Nikander, 2002; Schegloff, 2007; Stokoe, 2012), it is important to note that applications to a certain category are always bound to concrete situations of categorisation. 'It is important to note that categories, activities and predicates do not 'go together' in a decontextualized way, independent of any given stretch of discourse. Rather, their 'going together' is achieved and is to be found in the local specifics of categorisation as an activity' (Stokoe, 2012: 282) or 'the understandability of an utterance, a category etc. depends and gains its definition in the circumstances and occasions of its use' (Nikander, 2002: 47). From reading the interview text, categorisation work and positioning the self from others appeared to be especially noticeable during the group interviews. Health and ageing as an embodied process was repeatedly the object of discussion among the participants and categorising selves and others as old or not old appeared as a common activity through both of the group interviews. This was not, however, a general impression from the individual interviews. Instead, the interviewees appeared more engaged in distancing themselves from their ageing bodies and emphasising a distinction between physical appearances and how they felt 'inside' instead of positioning themselves in relation to others.

Schegloff (2007) has warned against taking the obviousness of activities or predicates to be tied to certain categories such as 'crying' to be bound to the category 'baby' in the aforementioned example from Sacks (1992). The 'obviousness' of it is not the analyst's resource but should be the analyst's problem (Schegloff, 2007: 476). If this is not taken seriously, it can 'become a vehicle for promiscuously introducing into the analysis what the writing needs for the argument-in-progress' (ibid). To avoid this, Schegloff (1992, 2007) emphasises the importance of showing how claims are grounded in the conduct of the parties, and not in the beliefs of the writer. This requires the researcher to make detailed and 'rich' transcripts of the activities that form the material for analysis. Therefore, the excerpts included in paper 3 are rather long and detailed, and the original texts in Faroese language are enclosed in the paper

CONSTRUCTIVIST GROUNDED THEORY

Charmaz (2011) has explained that developing constructionist grounded theory (CGT) was occasioned by a wish to 'move the more classic grounded theory into a social construction-ist paradigm' (p.148). Social constructionism has already been expounded upon earlier. In this section, I will highlight some important issues concerning the CGT approach and how social constructionism has informed CGT.

Constructionism informs CGT with the notion that data do not provide a window to reality. Rather, 'the 'discovered' reality arises from the interactive process and its temporal, cultural, and structural context' (Charmaz, 2000: 524). Additionally, one of the claims in CGT is that the researcher and the researched co-construct data and data are a product of the research process itself, not simply observed objects of research. This is one of the issues that differentiate CGT from the classic grounded theory approaches developed by Glaser and Strauss (1967). In these earlier versions of grounded theory, the researcher should 'bracket' any knowledge and theories about their topic of investigation, start out as 'tabula rasa' and gather findings 'emerging' from their inquiry to generalise through abstraction. According to Charmaz (2008), this separates the completed grounded theory from the conditions and contingencies of its data and analysis (p. 402) and creates abstractions removed from the 'particularities of time, space, and situation' (Charmaz, 2012: 168). In this study, rather than developing an abstract theory on ageing, the purpose is to look into if and how commonly accepted, but decontextualised, theories fit with the 'real' world of older people in a concrete context.

The analyses as yet have been data-driven, and an inductive approach is used in the process of bringing forward research questions. During the interviews and through analysing data, new perspectives arose that came to inform and widen my knowledge (and scepticism) about the 'facts' on ageing presented in the literature, policies and, not least, in media presentations of older people. Scholars within CGT stress the importance of the researcher engaging in reflexiv-ity throughout the research process. Reflexivity, from their view, encompasses the researcher's experiences within the field of inquiry, knowledge of the relevant literature and knowledge gathered continuously during the research process (Charmaz, 2008, 2012; Thornberg, 2012; Mills et al., 2006). From this view, reflexivity 'enhances sensitivity to subtle nuances in data and stimulates questions during the analysis' (Thornberg, 2012:245). One such question that matured during the research process is how knowledge about ageing as explicated in various theories on the subject resonates with how older people themselves experience growing old and how they make meaning of the physical and social changes accompanying age.

CGT adopts the analytic strategies of grounded theory because they provide explicit tools for studying processes and foster the possibility of developing tentative interpretations grounded in data (Charmaz, 2012; Birks and Mills, 2011). This means that I was engaged in a process of coding and continuously writing down memos on how these codes are grounded in data for the purpose of making tentative interpretations. I constantly compared codes with data and other

codes, a process that enabled me to elevate those codes that better accounted for data to 'tentative categories' (Charmaz, 2011; Birks and Mills, 2011) or themes. Each of these was carefully examined to identify the properties that characterised them. The representation of the analytic findings was then structured according to these themes.

DATA COLLECTION AND PARTICIPATION

As noted earlier, the thesis includes material from two sets of data. The first data set derives from a study that was conducted before I started my doctoral education. The other set of data was collected as part of the current project on the meaning making of ageing among retirees. I will start by explaining how contacts were made with interviewees and how the interview sessions were planned. Subsequently, I will elaborate on the course of the interviews and expound the theoretical background for using 'active interviewing' as suggested by Holstein and Gubrium (1995).

During 2008 and 2009 I was involved in a larger project on urine incontinence among women in the Faroe Islands. The study was partly a quantitative study, where postal questionnaires were sent to all women aged 60 to 65, and partly a qualitative study to obtain insight into how women with long-term UI made meaning of and managed to cope with the disorder in everyday life. In an accompanying letter, the women were invited to participate in an interview to further elaborate on living with long-term UI. Nineteen women volunteered for interview. We decided beforehand to exclude women for whom UI was part of a larger pathological condition such as neurological or congenital disorders and only include women for whom UI was a condition that restricted them in their daily living. Only seven women met these criteria. They were contacted by telephone and arrangements were made for where and when to conduct the interviews. Six women wanted the interview to take place in their homes and one woman preferred an office at the university. An interview guide was worked out to ensure that the major questions about living with long-term UI were discussed. These questions were as follows:

- When and how UI started
- How UI affected them in daily living
- If they had received or sought for help

As noted earlier, the study on UI among older women was a major incitement to further investigate how people experience growing old in today's Faroese society and how they make sense of ageing. Expecting age to be 'done' and negotiated differently among peers than between an interviewer and an interviewee, I decided to include both group and individual interviews. Additionally, by starting out with the group interviews, I expected to obtain a broader picture of various issues on ageing that would benefit the subsequent individual interviews.

For the purpose of finding volunteers for the first group interview, the manager of a house

for activities for pensioners in the capital of Tórshavn was contacted and asked if she would inform volunteers about the possibility of participating in a group discussion about ageing and everyday life. A written note on the overall objective of the study was read aloud and three people, one man and two women, volunteered. The note presented me as responsible for the project, the purpose of the study and provided information about anonymity and confidentiality concerning participation. The same procedure was followed when selecting participants from an island that can only be reached by boat or helicopter. One woman and two men volunteered for interview. They lived in different villages but met weekly at an activity house in one of the villages. Both group discussions took place in the respective activity houses in quiet rooms made available by the managers.

For the individual interviews, ex-students of the author from a former university course were contacted and asked to propose participants from their region, town or village around the islands. They were informed about the purpose of the study and the criteria for participating. The participants should be home-dwelling, have reached retirement age and be cognitively well functioning. If the proposed men and women agreed to participate, the interviewer contacted them by telephone and a time and place for the interviews were arranged. All individual interviews took place at the homes of the participants. No decision was made in advance on the number of participants to be included. The aims were to select data as broadly and inclusively as possible and to provide a balanced sample in terms of gender, age and location (Taylor, 2001) as well as to gather a variety of stories (of ageing) from people who have experienced aging and who could be encouraged to speak about the subjects of concern in this research (Holstein and Gubrium, 1995; Kvale, 2004).

In the following table, the participants are presented according to sex, age, marital status, place of living and educational level. Those who participated in the group interviews are marked with a g.

Table 1: Overview of participants (all names have been changed)

Name and Sex	Age	Marital status	Place of living	Educational level
Kata, female g	75	widow	Small island community	Secondary school
Hans, male g	73	married	Small island community	Middle-range training
Poul, male g	84	widower	Small island community	Primary school
Lisa, female	68	married	Small islands community	Secondary school
Jason, male	86	married	Small island community	Middle-range training
Hilde, female	84	widow	Small island community	Secondary school
Joen, male	76	married	Small island community	Secondary school
Elin, female	74	widow	Small island community	Secondary school
Anders, male	71	married	Small island community	Primary school
Stina, female	82	widow	Small island community	Secondary school
Jonna, female	91	widow	Small island community	Primary school
Asa, female	76	widow	Larger village	Middle-range training
Eydis, female	83	unmarried	Larger village	Middle-range training
Tora, female	73	widow	Larger village	Secondary school
Leo, male g	73	married	City	Secondary school
Eyð, female g	75	widow	City	Middle-range training
Lia, female g	86	married	City	Secondary school
Hjalte, male	91	married	City	Primary school
Jette, female	83	married	City	Secondary school
Berit, female	84	married	City	Middle-range training
Jon, male	83	widower	City	Academic training

Instead of asking a list of questions, I asked the groups and the persons who had volunteered for individual interview to talk about living in the Faroe Islands in their own terms and to discuss the subjects they felt were important to them. I had worked out a thematic guide before the interviews to maintain a focus on the aim of the study. The following topics were written down to make sure that the interviews would include reflexions regarding

- Meaning of ageing;
- Daily living as an elderly citizen;
- Important conditions for having a good life in old age;
- Future prospects or concerns.

The meaning of ageing was the main topic throughout the interviews. To capture the experience of ageing from an everyday perspective, the participants were asked to tell about their daily lives, their activities during the day, their interests, family and so on. They were further asked to reflect upon the future, to discuss both prospects and concerns and to talk about conditions that would support or threaten their ability to manage their daily lives.

All of the interviews were more similar to conversations than to traditional interviews where the interviewer proposes questions and expects concrete answers. Instead, informed by a constructionist view on performing qualitative research proposed by Holstein and Gubrium (1995), I consider the interview to be a social action where the interviewer and the interviewees jointly engage in meaning making of a phenomenon and legitimating both parties as active knowers. My role was to listen, ask clarifying questions, suggest alternative perspectives and encourage the interviewees to reflect on issues that were important to them (Holstein and Gubrium, 1995; Silvermann, 2006). Thus, the interviews were open-ended and characterised by flexibility and active listening.

All interviews were recorded on tape. After each interview, I made notes on how the session had proceeded. These notes encompassed the general sentiment, remarks on who was present other than the interviewee if anyone, if any disturbances or interruptions occurred during the interview or anything noticeable or important occurred that would not be possible to grasp from the recordings.

DATA TRANSCRIPTION AND TRANSLATION

All of the interviews were initially transcribed verbatim, meaning word by word with an emphasis on *what* was said and not on *how* the interaction between participants progressed. I then listened to the recordings and made notes in the transcripts regarding e.g., lowering of voice, stressing words etc. After deciding what themes to subject to further analysis, I returned to the recordings and transcribed sequences related to the subjects in more detail using a selection of symbols proposed by Jefferson (1985), presented by and elaborated on by Wooffitt (2001) and

Taylor (2001). These included signs for pauses, for overlaps in the speech, for stressed words, etc. However, these detailed transcriptions were often left out or simplified when writing the manuscripts for publication. As noted by Nikander (2008: 275), the level of detail in a presentation will always be dictated by journals' and editors' 'established conventions for data presentation' (see also Taylor, 2001). Silverman (2010: 275) has criticised this development and has argued that the demand of journal editors for shorter and shorter articles means 'that the researcher is reluctantly led only to 'telling examples'. When I submitted my first paper, many of the comments from reviewers focused on the way data were presented and the 'illegibility' of the excerpts used in the paper. Instead they suggested the findings be presented as a coherent story and the interview material only to be used to validate findings.

Analyses were conducted in the original language, Faroese. Translation to English was not performed until a final decision was made on what exerts to include in the presentation of the analytic findings. These translations were often a balance between being fully loyal to the original 'talk' and to ensure loyalty to what was 'meant' by the participants. For instance, when the participants used proverbs that were meaningful within a Faroese context, I had to ensure that the meaning could be transferred to another language and another cultural context. I therefore had a bilingual non-academic friend read the transcripts and my translations to determine if the meanings were retained. Using a non-academic was purposely chosen to ensure that the translations were kept within everyday language. Before submitting papers to academic journals, all manuscripts were further proofread by professional editors.

One way of improving the trustworthiness of analytic findings is to provide the reader with access to the original data. This appeared, together with the above-mentioned problems with the level of transcript detail, to present another problem caused by different journals' publication policies. For three of the papers included in the thesis, a restricted amount of words allowed and other restrictions such as not permitting appendices, made it impossible to provide the reader access to the original data and thereby ensure validity through transparency. Only paper three, where the original transcripts are included as appendices, lived up to the principles of transparency. Therefore, all of the excerpts are presented in the original language in the included appendix.

ETHICAL CONSIDERATIONS AND REFLEXIVITY

Ethical Guidelines for Nursing Research in the Nordic Countries (NNF, 2003) and the International Counsel for Nurses' Ethical Codes (ICN, 2012) guided me during the research process from the earliest draft to presenting results in journal articles and writing this thesis. No formal approval was necessary for the study according to Ethical Board in the Faroe Islands.

Ethical concerns are always relevant because of the power relations between the researcher and the project participants (Brinkman and Kvale, 2005). Taylor (2001) noted that, although the term 'participant' is used rather than 'subjects', it would be an exaggeration to suggest that

the researcher and the participants meet as equals. During the data collection, I have been conscious about this inequality and therefore made an effort to inform the participants about the project, the background and the purpose throughout the process in order to lessen the inequality as much as possible. Before each interview, I spent time explaining the purpose of the study, the intended use of the research and what their participation in the research entailed (Silverman, 2010). This was done to make sure that their consent to participate was informed, which is part of the ethical principle of autonomy regarding research in nursing and other disciplines (NNF, 2003; ICN, 2012; Silverman, 2010; Taylor, 2001). The participants were also informed that they had the right to withdraw from the research project at any time and for any reason (Närvänen and Näsman, 2006; ICN, 2012).

Autonomy also covers confidentiality, which is safeguarded by, among other measures, making the data anonymous (NNF, 2003; ICN, 2012). The participants were informed that all data, both the recordings and the transcripts from the interview, would be stored safely and only be available to me. Their participation would be made anonymous in such a way that none of them could be identified. In particular, the last part about anonymity was a challenge when presenting the findings. As noted by Taylor (2001), problems may arise when participants are drawn from small communities, which I realised during the writing process. Changing names was often not enough to anonymise the participants if other features were important for the presentation of findings. For instance, being a widower, aged 86, a retired school teacher and living in a small island community could be enough information for an interested reader to identify the person. The same synonyms (and age) were used through all the papers in the thesis but other data about participants were sometimes changed to prevent possible identification. The Faroe Islands is a small archipelago where family connections have played an important role for personal identity and as a conversational topic. It is often said among the Faroese people that if you go back five generations, you will find that everybody is related to one another. Although the participants in the individual interviews were selected using an intermediary, and although I did not know the persons on the face of it, it often appeared that they knew quite a lot about me, my family, my husband, my work or could prove that we were related. These occurrences illustrate how anonymity might be a difficult task when studies are conducted in small scale societies and that respecting the principle of autonomy/ anonymity often requires more than just using pseudonyms.

When I introduced myself to the participants, I included my name, my occupation and my nursing background. If anyone asked, I also told them my age, where I lived, who my parents were and to whom I was married, which, especially the last two questions, are common questions asked when talking to older people in the Faroe Islands. All the individual interviews were conducted in the homes of the participants. I often came to set up tables, which made me feel more like a visitor than a researcher or intruder and made the context more intimate than expected. These experiences made the concept of reflexivity, a basic feature of social research suggesting that it is impossible to separate the researcher and the research in any meaningful way, very relevant to have in mind. It has been the underlying assumption through the research

process that the researcher is part of the meaning-making processes that take place during an interview. 'If this is accepted, the researcher moves from the 'service' role of a faceless technician—which is implied in a positivistic research tradition—to a central and visible position (Wetherell, 2001: 17).

Apart from these considerations, I was conscious to not approach the participants as an insider who shared their situation as retirees or older people in a chronological sense but simply as an outsider, curious to learn about their experiences (Taylor, 2001).

5. FINDINGS AND SUMMARIES

The main reason for conducting the four studies included in the thesis has been an interest in gathering knowledge about how older people make sense of ageing. My intention has not been to come up with general conclusions or to add to the corpus of theories on ageing. Instead, the project has been an investigation into how old age and ageing in the context of a specific society and culture, the Faroe Islands, is constructed by those who have the experience of ageing on the islands. Additionally, my ambition has been to analyse these findings against the theories on ageing that are prominent in the literature and that appear to inform local policies on issues regarding older people.

In this chapter, I will present the findings from each of the studies included separately. After discussing the results I will sum up the findings and suggest answers to the overarching research questions that have guided this thesis.

PAPER 1

Urine incontinence in women aged sixty to sixty-five: Negotiating meaning and responsibility.

The paper explores how the meaning of long-term urine incontinence (UI) is discursively constructed and negotiated by women aged 60 to 65 in the context of research interviews.

The result of this paper shows that the women primarily related their disorder to their age and positioned themselves within the category 'old women' for whom UI is considered a normal condition. This type of self-inflicted ageism in relation to health has been documented earlier. Coupland and Coupland's (1993) interactional analysis of data from consultations in a geriatric clinic in Wales showed that one of the most central and most frequent ways of expressing low expectations for own health was by referring to own-health-in-ageing. The women in this study often used disclosure of age as an argument such as "*now I am 61...when I get older it will most likely get worse*" (Hanna). The notion of age as its own explanation for health ailments is

often found in the talk of older people themselves (Jolanki, 2004), which, as noted by Coupland and Coupland (1993), invokes in one way or another, 'the stereotype of ineluctable age-graded health degeneration' (p. 288). A serious consequence of perceiving health problems as a normal part of ageing is, as findings from this study show, that it makes a person reluctant to seek help from professionals and, in the case of UI, even abstain from talking about the problem with others. This does not only relate to UI. As mentioned earlier, e.g., problems related to bad hearing and sight are often made light of or even ignored because the problems are conceived as 'normal for age' (Haanes et al. 2014).

Some of the women had mentioned their problem when seeing their general practitioner. However, none of them had been offered further examination or treatment. Instead, they were confirmed that UI for women their age was 'natural' and a condition they had to live with. Thus, the women were not only suffering from self-inflicted ageism. They also experienced what must be considered ageist attitudes when consulting their general practitioner. The doctor's attitudes represent what Phelan (2010: 896) has named 'a reductionist approach informed by a bio-medical discourse of old age', which privileges physiological and pathological perspectives that purport ageing as a time of physical decline. As part of the analysis, I looked for variations and also inconsistencies or contradictions in the ways the women negotiated meaning of their disorder in interaction. They did subject themselves to a discourse connecting old age with physical decline. However, during the interviews, they were not consistent in their choices of interpretive possibilities. They also opposed the idea that their condition was inevitable, which made them accuse the general practitioners of negligence by failing to take their problems seriously. Another interpretive thread that the women included in their repertoire was notions of 'healthism', which refers to a moral discourse on health that imposes a duty on the individual to stay healthy (Kirk and Colquhoun, 1989; Jolanki, 2009). They did, to a certain extent, take responsibility for their problems by stating that they themselves could have done more to prevent UI earlier in life by doing necessary and recommended exercises.

Apart from the practical constraint caused by UI in their daily living, the result from the paper also showed the strength with which moral and aesthetic norms regarding appearance and conduct constrained these women. Avoiding public exposure restricted their daily lives, and embarrassment overruled any wish of actively addressing their present condition.

The main contribution of this study is that it points at how ageist attitudes and self-inflicted ageism among older people causes medical problems to remain untreated. Apart from this and referring to Mittenes and Barker (2000: 323) 'incontinent elderly people are under a double threat: age alone makes their competence socially suspect, and public knowledge of their incontinence would confirm that suspicion'. This study adds that being elderly, incontinent *and* a woman places an even stronger pressure on the individual woman to live up to aesthetic norms and avoid public exposure. As contended by Clark and Bennet (2010): 'women learn from an early age to be concerned with appearances and the achievement of idealised feminine beauty'. However, further research including elderly men is needed to further explore UI from a gender perspective.

PAPER 2

The multifaceted notion of home: Exploring the meaning of home among elderly people living in the Faroe Islands.

The results of this paper showed that all of the interviewees were more or less attached to their place of living. For some, it was the house, and for others, it was the entire community that made them feel at home. Length of residence, personal history, and memories of significant events in the past appeared to strengthen the interviewee's affiliation to their place of living.

The results revealed a noticeable difference in the way 'home' and attachment to place were constructed between participants living in the city and participants living in small island communities. For the interviewees living in the capital of Tórshavn, the house was of special importance because it was the symbolic factor that made them proud of what they had accomplished in adult life. The city or the environment was constructed as appropriate for satisfying their need for leisure activities more than for contributing to any sense of belonging. In contrast, for the participants living in small communities, affiliation to the village was of great importance in their meaning-making of home. The meaning of home went beyond the house and the nearby neighbours, but rather embraced the entire community. Home was constructed as a matter of belonging to a place with other people and attachment appeared to be a function of people connections.

Another noticeable result from the paper was the marked difference in attitude towards residential or nursing homes among the interviewees. For the participants living in the city, sending in an application form for future institutional accommodation was considered from a pragmatic view and a sensible preventive action to take regarding the future. The participants living in small communities were, on the contrary, quite dismissive of the idea of moving into an old people's home. This difference might partly be explained by the two group's different ways of feeling attached to their place of living. For the participants living in small island communities, moving to a residential home would mean leaving the community or even the island, and thereby loosing not just their private home but also the community that means home to them.

Among the participants living in the city, there was a somewhat condescending attitude towards life in small communities. Rural or 'outer' populations were believed to be 'lagging' behind with activity options reduced to bingo and knitting clubs. People from small island communities had similar strong ideas about life for older people in the city. They pictured life in the city as a life where people were sitting in their houses staring out at nothing but roads and houses, with no meaningful outdoor activities to engage in.

The results reveal aspects of ageing and place that are not usually taken into consideration in social policies on housing for older people. Staying home for as long as possible has been the

policy ideal regarding life in old age and also the residential strategy that most people prefer. What this paper calls for is a more nuanced understanding of the meaning of home when making proposals for future housing for the elderly. Home is a multifaceted concept and strategies to support people to stay home for as long as possible should reflect this diversity. On a concrete level, care houses, for instance, albeit smaller in size, could be located in rural communities instead of clustered in central areas, which might make a transition to institutional care, if necessary, less devastating for people living in small island communities. Parallel to this, health promotion initiatives must be part of the political strategy to support people in staying home as they age. In a new study on the meaning of home in relation to health promotion, Mahler et al. (2014) analysed and reflected on the literature on the subject. One of their conclusions was that only by taking into consideration the meaning of home and the resources of each individual older person can home function as a health promoting setting. Additionally, a study on the meaning of home among very old people living in Sweden showed that home seems to have a direct impact on health and well-being through its mediating role in supporting everyday competence and through its capacity to nurture and sustain psychosocial processes (Haak et al., 2007).

PAPER 3

Embodied ageing and categorisation work amongst retirees in the Faroe Islands.

In this paper, the processes of categorisation are analysed using membership categorisation analysis (MCA). The aim of the study was to explore how the category 'old' is constructed in interaction and how age as an embodied experience becomes salient in communicative exchanges among the participants. By using a MCA approach, the focus shifts from looking *for* age categories in the interview data to looking *into* how these categories are constructed, what they 'sound' like when constructed by the interviewees. The results show that the interviewees, especially in the group interviews, primarily connected ill health and inactivity to the category 'old'. In so doing, they were able to distance themselves from others who in their view were 'the old' and thereby sustain their 'healthy' self through the construction of 'unhealthy 'others (Crawford, 1994). They made an effort to prove themselves to be 'not old' by emphasising their own good health and their engagement in various physical and social activities. As noted by Katz and Calasanti (2015), the binary of productive/ not-productive ageing has been replaced by active/ non-active ageing to account for various ways of categorising older people in the social sciences. Activity is closely linked to the notions of positive or successful ageing, which poses a threat for those who are not able to be physically active because of physical disabilities. These people are deemed 'unsuccessful' if activity is the only parameter allowed to measure quality of life in old age. Liang and Lou (2012) have argued that successful ageing is itself ageist in nature (see also Andrews, 1999). They further contend that successful ageing has become a 'normative, standardized discourse that embodies an ideal for good old age, while it fails to recognise or appreciate the diverse experiences and meanings existing in the lives of elders' (p. 328). They therefore argue for a shift in social gerontology from successful ageing to harmoni-

ous ageing. The results from this study do not point to any alternative to activity and a healthy lifestyle as the means for accomplishing success when ageing. Data for the analysis derived primarily from the group interviews. Only data from one individual interview was included. This might explain the focus on activity and engagement during the interviews because, as noted by Pietilä and Ojala (2011: 382), 'in group interviews people are confronted with the need to make collective sense of their individual experiences and beliefs', which does not seem to leave room for other versions of success than those versions that are culturally accepted.

 Apart from showing how age categories are used, the analysis demonstrates how health as a moral discourse is actualised during the interviews. The interviewees talked about staying healthy and taking care of one self as a moral obligation, an obligation that made them feel responsible for staying 'fit' for as long as possible to avoid becoming a burden to society and their families. This was in part related to experiences of being bound or tied down by parents or parents–in-law in need of care, which had been common among women before the first nursing homes arrived in the late nineteen sixties. However, feeling responsible for staying healthy into old age also demonstrates how public discussions of the burden of the increasing number of older people have entered into the subjective meaning-making of ageing. Active ageing and successful ageing are positive notions on ageing that are foremost aimed at promoting the health and well-being of old people. However, the interviewees have been exposed to negative stereotypes of older people and political debates on how to counter an upcoming demographic imbalance regarding the age distribution in the Faroe Islands. This, together with the representation of the active 'busy body' as the ultimate ideal of an ageing body (Katz, 1996, 2000), shows how the discourses and practices of the Foucauldian concept of governmentality influence the sense-making of ageing on the islands. The interviewees practiced 'self-governing'. They took upon themselves the responsibility for staying healthy, not only for their own sake but for the sake of the state.

Data for this study, as mentioned earlier, derived primarily from the group interviews. Another study applying MCA on data from the individual interviews is needed. Although other studies have shown no difference in the sense-making of ageing between group and individual interviews (see Pietilä and Ojala, 2011), the impressions from the interviews conducted for this study do point at some differences. An interim impression is that the interviewees from the individual interviews do not make an effort to prove themselves healthy. Rather, the focus seemed to be on how to overcome and adapt to the failing physical functioning caused by ailments of various types for the sake of being able to continue a life on their own premises and their routines.

PAPER 4

Is there a 'fit' between theories on and the way in which older people make sense of ageing in their everyday lives? Findings from the Faroe Islands.

The aim of this paper is to explore how older people make sense of ageing and to discuss how theories on ageing compare with empirical findings from interviews with people aged 68 to 91 living in the Faroe Islands.

Both national and transnational policies and strategies to counter the ageing of societies and the expected burden of a growing number of older people in need of care have to a large extent been informed by general accepted theories on ageing, in particular activity theory. These theories seem particularly to have one purpose, which is to postpone physical decline with age or even, as contended by Lassen and Moiera (2014), to unmake old age. The question that this paper asks is how these theories, decontextualised as they are, resonate with real life experiences among older people in a specific context at a specific time.

In the paper, I first analyse data from both group and individual interviews with retirees living around the Faroe Islands. I use constructionist grounded theory as the methodological point of departure to evolve categories covering the main issues of importance to the interviewees regarding ageing. The analytic findings are subsequently discussed against the theories on ageing that are prevalent in the literature and implemented in policies regarding elder care and, in the case of the Faroe Islands, especially in structuring services in the primary health sector aimed at older people.

The analytic findings suggest three main issues of importance for how older people make sense of and negotiate the meanings of changes with age. Physical changes and the necessity of downsizing physical activities were constructed as part of getting older. However, the interviewees rejected the idea of feeling old 'inside'. Instead they all emphasised that even if the body did 'let them down' at times, this did not affect how they felt inside. They compensated for their decreased physical abilities by downsizing expectations, goals and pace. Social change with age was a second category that arose from data. Various transitions such as retirement or becoming a widow/widower formed events, which the interviewees constructed as biographical disruptions that necessitated adaption to new roles or statuses. Growing old was constructed as an ongoing process characterised by changes and, even more distinct, by a sense of continuity, which came to form the third category arising from data. The interviewees 'took one day at a time' and held on to activities that had always been part of their lives although sometimes at another pace or level.

The above-presented findings do compare with theories on ageing. However, ageing is a multidimensional ongoing process that cannot be explained or understood from a single theory. Activity is often mistakenly understood as activities outside of the home under public man-

agement and disconnected from everyday activities. What this paper shows is the importance of recognising activity as an integrated part of daily living, which should be acknowledged by health care providers when encouraging older people to stay active to prevent physical decline.

The interviewees considered themselves as being active and they expressed contentment with their lives. However, only few of the interviewees would meet the objective criteria for successful ageing as defined by Rowe and Khane (1997). They had various diseases, although taken care of and under control, and their physical capacity was for some reduced to 'just pottering around' doing the minimum of what they had been able to earlier. However, a sense of continuity in life was achieved by negotiating changes in life into their sense of self by adapting to these changes and compensating for losses of physical abilities. Thus, findings from the interviews did resonate with Aschley's (1989, 2000) continuity theory and Baltes' (1997) theory on selection, optimising and compensation as ways to obtain 'successful ageing', but the findings indicate that these theories should be used in combination and not separately. Overall, the findings indicate that ageing must be understood as a multidimensional process, which none of the most widely accepted theories on ageing alone are able to capture. Instead, the findings suggest that including the subjective sense-making of ageing when developing strategies to promote health and prevent impairment will further the possibility for older people to age 'successfully'.

6. DISCUSSION

The aim of this thesis was to explore how ageing was constructed and negotiated among older people living in the Faroe Islands. Furthermore, it was my ambition to investigate how various discourses on ageing travel and become visible in the way in which older people make sense of ageing. The empirical findings are presented in four articles that have each investigated aspects of ageing from the view of older people and explored how these local findings relate to various discourses on ageing, including those embedded in predominant theories on the subject.

Theories suggesting ways in which to age successfully (Row and Khan, 1997), especially activity theory (Atchley, 1989, 2000), and theories weighting adaption as the prime means to achieve successful ageing (Baltes, 1997) were noticeable throughout the findings. The findings of this study suggest that prominent theories on ageing travel across borders and oceans and become visible not only in local policies on ageing but also on a micro level in the sense-making of ageing among older people in the context of the Faroe Islands.

The discussion is structured around the following research questions: How do older people living in the Faroe Islands make sense of ageing and growing old? How do political intentions and strategies comply with the lived reality of older people living on the islands? How do older people's ways of making sense of ageing compare with theories in gerontology? I end the discussion with some reflections on the methodological positions taken during the research process.

MAKING SENSE OF AGEING: THE IMPORTANCE OF HEALTH

Health was a prevalent subject for discussion through all the interviews. Good health was commonly constructed as a premise for having a good life in old age, although the perception of what a good life and good health means varied across the interviewees. In paper 3 on embodied ageing, which primarily included data from group interviews, good health was constructed as a goal that every responsible person should strive for by staying active and socially engaged. Staying active was thus constructed as a moral obligation that the interviewees took upon themselves. This moral discourse resonates with Foucault's concept of governmentality, where top-down governed rules and obligations are replaced with social technologies or biopolitics, which encourage the individual to practice self-discipline and self-government for the sake of the state and the individual (Foucault, 2008). The interviewees resisted the notion that the term old applied to them, and the prime argument was that they were in good health, which made it possible for them to distance themselves from the 'real' old who are characterised by sickness and dependency. Andrews (1999) has contended that this resistance to be called old should be understood as an indicator of a positive self-identity in the context of the ageist environment in which older people live. One of the primary goals of activity houses, such as the one in Tórshavn where one group interview was conducted, is to help people stay active and engaged. The goal is to 'provide pensioners in the municipality of Tórshavn possibilities for having an eventful everyday life'. The activity house offers 'a varied number of activities with preventive and health-promoting options in a comfortable environment' (Tilhaldið, 2014). Wilinska (2012) has called environments such as this 'spaces of (non-) ageing' because their main goal is to prevent 'old age' and they seem to exclude people for whom bad health legitimises others to characterise them as 'too old'. The findings of this study showed that the group participants characterised themselves as ageing well and 'not old' compared to those who did not make an effort to stay in good health and engage in social life. Laz (2003) has indicated the importance of taking into consideration the social setting and contexts in which people 'act their age'. From interviews with older people attending university courses, she found that interviewees 'accomplished' age through narratively addressing issues such as fitness, activity and health to position themselves as youthful. This resembles the findings of the group interviews in the current study. The group members were continually emphasising their engagement in various activities and their active lifestyle to position themselves as 'healthy not-olds'. However, the setting might have placed a certain pressure on the members to 'do their age' in a positive way to live up to or consent to the norms and ambitions of the activity house as well as socially prevalent images and moral norms concerning health and ageing. An earlier study (Hurd, 1999) supports the view that centres that offer various activities for those who are typically called 'seniors' often exclude people who do not live up to the images of ageing well or successfully. This type of exclusion is not intended; rather, it is mobilised through ageist attitudes among the people attending the centres. Lund and Engelsrud's (2008) fieldwork among users of an activity centre in Norway showed a reverse type of ageism among peers. Some of the participants in their study made an effort to distance themselves from the other users of the centre by uttering remarks on their own participation as being 'only occasional' or 'a mistake' because they did

not belong among all the 'old people' attending the activity house. They felt 'too young' even though they were the same age or older than the users who they were referring to.

Degning's (2007) study on culturally imagined boundaries of old age showed that oldness was attributed to individuals by their peers through interpretations of their behaviour, comportment, speech and appearance. In paper 1, the women suffering from long-term urine incontinence (UI) attributed oldness to other women who were not able to conceal that they were suffering from UI and thus had to use napkins. Although they connected UI to their age and exerted what could be characterised as self-inflicted ageism, they distinguished between themselves and others 'less fortunate' because they managed to keep up their appearances as 'not old' by avoiding public exposure. Other visible signs such as the use of a walking cane or the need to ask younger people for help to perform certain physical tasks were also interpreted as indications of reduced health and oldness by some of the interviewees (paper 4).

Compared to how the group participants constructed meaning of ageing, the people participating in individual interviews mostly constructed meaning of ageing differently. Discussions of health issues were prevalent during these interviews, but reduced physical capacity was constructed as being part of ageing rather than being something necessary to conceal. Instead of resisting the term old, the interviewees distinguished between their ageing bodies and being the same inside. This is not new within gerontology research (Featherstone and Hepworth, 1993; Hurd, 1999; Paulson and Willig, 2008), but scholars have conceptualised or interpreted this phenomenon in different ways. Andrews' (1999) and Calasanti (2003) have contended that this distinction is ageist in its nature. It leads to what Andrews has called a 'seduction of agelessness', which 'causes us to cut ourselves off from ourselves' (p. 301). Her main argument is that ageing *is* an embodied experience through which people gradually adapt to and negotiate changes with age (see also Laz, 2003; Tulle, 2003). The interviewees in this study upheld a distinction between their ageing bodies and their inner self. However, this dualism was constructed as an attempt to monitor and manage changes with age rather than to deny age. They compared their present with their earlier selves and incorporated the past into their present experiences, thus acknowledging ageing as a lifelong process. 'If it was not for that stupid knee' (paper 4) and similar remarks, objectifying certain body parts, helped the interviewees to adapt to changes in physical capability and thereby maintain a sense of control in daily living. Monitoring physical changes, although with regret, made the participants change some activities, for instance, abstaining from walking in bad weather or during the winter or allowing others do the spring cleaning (paper 4). They did not 'cut themselves off from themselves' (Andrews, 1999: 301); rather, they maintained a sense of continuity by doing what they had always done but at a slower pace or by lowering their goals. They did not express a sense of self that is ageless, as Kaufman (1986) has suggested; rather, they maintained continuity 'despite physical and social changes that come with age' (ibid: 319).

Overall, the findings discussed in this part support the view that 'old age is not entirely of our own making any more than it is merely the expression of biological destiny. It reflects the

places in which we are ensconced and the social resources that come from our associations' (Hendricks, 2008: 111), which, as the findings of the present thesis show, include the various interpretive resources available within a specific locality.

POLITICAL INTENTIONS AND THE LIVED REALITY OF OLDER PEOPLE IN THE FAROE ISLANDS

Social, cultural, demographic and geographic conditions contextualise individual ageing (WHO, 2002). In the case of the Faroe Islands, although inhabited by fewer than fifty thousand people, the findings of this study indicate the importance of acknowledging that especially the geographical setting constitutes diverse conditions and possibilities for life in old age. In paper two, for instance, the result showed how differently people in the city and people in small island communities constructed meaning of home and how this influenced their attitudes towards institutional care. Participants from island villages expressed strong reservations about leaving their local community even if they needed formal care in an institutional setting, whereas participants living in urban areas were mainly positively disposed to the idea of moving into an old people's home if needed. Another example of the diversity among the participating older people in this study was connected to how and what activities they were engaged in in their daily living. People in the city emphasised activities outside of the home, whereas participants living in smaller communities tied activities to daily doings in the house, needlework or in connection with animal husbandry.

The bill on elder policy (Almannamálaráðið, 2013), which has recently been passed in parliament, is intended to form future strategies to counter the growing number of older people on the islands. The bill is thus rooted in population ageing and its consequences for public finances. The focus seems to be to 'unmake old age' by concentrating on activity and social engagement as means to postpone physical impairment with age and thereby lower the pressure on welfare services (see chapter 3). One strategy is to encourage and enable older people to stay connected to the labour market. Another strategy is to encourage and support people to stay active and healthy and thereby enable them to stay in their own homes for as long as possible. These are overall strategies. However, the reality for older people, especially those living in small remote villages, contradicts the notion that such strategies will have an impact on their choices in daily living. Staying connected to the labour market is not an option because there are no workplaces in many of the smaller villages due to the economic crisis in the 90s. Apart from this, the men have mainly been working with farming and fishing, for which there is no specific age for withdrawal from the labour market, although they receive retirement pension after turning 67. For the women, some were employed part time in the fishing industry before the crisis or as unskilled workers in shops or various service trades (Poulsen and Strøm, 2015). Apart from this, they have been taking care of the home, children and parents or parents-in-law. These people living in remote areas are thus excluded from the target group that the pronounced strategies are directed at in regard to staying connected to the labour market. A

number of the participants were suffering from ailments, and for some, their physical capacity was heavily reduced. These men and women were equally excluded. Boudiny (2013) and Foster and Walker (2015) have criticised many Western countries' tendency to only place economic aspects at the centre of what he calls their 'unidimensional active-ageing policies'. The Faroese bill on elder policy might be described as an example of a 'unidimensional active-ageing policy' given its focus on continuous connection to the labour market and staying healthy by staying active and engaged, which van Dyk (2014: 94) has called the 'exclusive character of achievement- and continuity based positive images of ageing'. The policy thus excludes older people with ailments that reduce their ability to engage in activities that are traditionally included in active ageing definitions (Boudiny, 2013; Davey and Glasgow, 2006). Angus and Reeve (2006) have argued that policies on ageing are often characterised by a dichotomy, targeting either healthy older adults by promoting active participation and self-responsibility or dependent older people by viewing them as recipients of care. This raises the important question put forward by Boudiny (2013: 1086): 'How can the active-ageing ideal be realised under circumstances of declining health?' Recent publications have shown an increasing interest in finding answers to this and similar questions regarding how to make active ageing policies more inclusive and meaningful for all older people independent of their health status (Katz and Calasanti, 2015; Forster and Walker, 2014; Lassen, 2015). I return to this question and discuss possible answers in the next section.

EMPIRICAL FINDINGS AND GERONTOLOGICAL THEORIES ON AGEING

Within both policy frameworks and gerontology research, the coherence between activity and health is taken for granted. The aim of the WHO (2002) policy framework for active ageing is to 'inform discussions and the formulation of action plans that promote healthy and active ageing' (p. 2). Within a Faroese policy framework, this coherence between activity and health is emphasised, and activity theory is easily retrieved in the policy text (see chapter 3). The findings of the present study show how some of the interviewees, especially the group participants, constructed activity as a prerequisite for staying healthy in old age. Furthermore, activity and good health were constructed as premises for ageing successfully or ageing well by the same participants. The model of successful ageing (Rowe and Kahn, 1987) developed from perspectives of activity theories. The key to successful ageing was viewed as the continuation of activity in older age, retention of values typical of those in middle age and denial of the onset of old age (Foster and Walker, 2015). While findings from the group interviews implied a strong influence from an active ageing discourse as the means to successful ageing, findings from the individual interviews showed that the interviewees related ageing well to life satisfaction through experiencing a sense of continuity in life rather than success according to a Row and Kahn understanding. Continuity theory (Atchley, 1989, 2000) and Baltes' (1997) SOC-model for successful ageing thus seem to make greater sense regarding the meaning-making of ageing among most of the interviewees living in more remote areas in the Faroe Islands.

Scholars have warned against understanding activity in terms of traditional 'youthful' activities with a strong emphasis on health and independence (Boudiny, 2013; Angus and Reeve, 2006; Foster and Walker, 2015).

> 'We should be aware to make the same mistake as activity theorists by becoming too idealistic once again. Overly ambitious conceptions of active ageing are problematic, as they may generate a form of 'new ageism', in which the generalised fear of ageing is replaced by fear of ageing with disability and in which dependent older adults suffer from discrimination' (Boudiny, 2013: 1093).

As contended by Macnicol (2004: 23), 'age is the most virulent of discriminations, since it is the least acknowledged and thus most likely to be accepted as 'normal' or 'inevitable''. Linking successful ageing to health, independence and productivity does have discriminatory effects on those who do not meet the criteria for successful ageing. 'If one is not active and does not keep fit, then one has only oneself to blame' (Tornstam, 1992: 323). The Faroese policy framework weights those for whom activity and rehabilitation is expected to lead to a healthy and successful life in old age. Thus, the policy framework is informed by theories on ageing that might lead to discrimination of those for whom this goal is unrealistic. Phillipson (2015: 89) has argued that participation in activities associated with antiageing will become even more stratified than they are at present, 'with the likelihood of a 'socially excluded' group of older people with limited access to commercialized health enhancement but lacking also access to good quality public care'. Older people living in small remote villages and people suffering from physical or mental impairments might be considered as such 'socially excluded' groups of people who will hardly benefit from the political strategy to promote health in old age.

Another strategy influenced by accepted truths on ageing in policies and science is the political strategy to support people in staying in place for as long as possible. The findings demonstrate how this strategy responded to the need and wishes of the interviewees living in remote villages. However, taking into consideration the above mentioned reservations regarding activity options for people in remote areas, the discrepancy between political goals and the reality of developing health-promoting initiatives and practices that support older people outside the main area becomes noticeable.

It is not activity as a means to ageing well that I contest. To contest this notion would be to contest evidence gathered throughout decades by scientist within various fields of research. Rather, my intention is to highlight the exclusionary consequences of understanding activity in an overly narrow sense. Boudiny (2013) has used the title "Active ageing': from empty rhetoric to effective policy tool' for an article. The title resembles my reservations regarding the Faroese policy frame for older people when this is held up against the reality of everyday life that the findings of this study show. Those who are ageing well or successfully, free from sickness and engaged in activities, will undoubtedly benefit from an increased focus on activity as a way to promote health if the political strategies are transformed into concrete practices. However, the approach is problematic for those who are constrained by physical (or mental)

impairment and those who live alone in remote villages without access to health-promoting activities and limited possibilities for support in everyday life due to infrastructural conditions and a lack of economic and/or professional resources.

It has been suggested that the self becomes increasingly disembodied with age (Kaufman, 1986; Hurd, 1999). Tulle (2008) and Lassen (2015: 15) have rejected this idea and suggested that embodiment is situated and that 'it varies from situation to situation in different spatial and material practices'. Lassen has suggested that keeping disease at an arm's length is a form of situated embodiment in which disease is both present and absent. 'When the self faces chronic disease, a certain distancing is required to resist being overwhelmed by the disease: the self uses activity to create this distance' (p. 15). The findings of this study show how especially interviewees suffering from chronic diseases such as diabetes or arthritis use activities to distance themselves from their diseases and thereby 'keep disease at an arm's length'. However, these activities are activities of everyday living, i.e., keeping the house, baking, taking care of animals and doing needlework, which are meaningful to them and have been such throughout their lives. If the political strategies to promote health and support people in their wish to stay home for as long as possible are to be more than 'empty rhetoric', it is important to recognise these activities and to recognise the home as a setting for health promotion. Activity strategies should include and support well-being among older people independent of their place of living and, importantly, in corporation with the older people themselves. For activity to enhance life satisfaction, there are conditions that need to be met. These conditions include activities that are freely chosen and match the needs and capabilities of the older people (Davey and Glasgow, 2006). To quote Katz and Calasanti (2015: 31), it is important to 'think historically about the concepts we promote and their exclusionary consequences for the people we care about, and to see clearly which interests are served and knowledge mobilized by the ideas we espouse'.

REFLECTIONS ON THE METHODOLOGICAL DECISIONS MADE DURING THE RESEARCH PROCESS

My methodological point of departure was constructionism, which has framed and guided the research process from its very start to the end. As stated several times, my aim was to explore how people construct meanings of ageing in later life as contrary to gathering 'true' knowledge about ageing. 'Active interview' as suggested by Holstein and Gubrium (1995) was chosen because of its emphasis on interview as a social interaction in which both the interviewer and the interviewee contribute to the production of knowledge. Different analytic methods were used for the separate sub-studies presented in the four articles included in this thesis. They were all built on a constructionist philosophy of social science, but they took different positions regarding what to 'look' for and what themes to subject to analysis. These positions were influenced by the research question and aim of the respective sub-studies. The themes of the sub-studies were not decided forehand; rather, they were data-driven and a result of working inductively through the research process. Pure induction, however, is an illusion (Charmaz,

2008; Thornberg, 2012). Although not explicitly formulated, I am influenced by and part of the Faroese society and culture. However, I am also influenced by my schooling and training within a critical approach to taken for granted knowledge and to the transferability of 'evidence-based knowledge'. This has undeniably had its influence on the choices made throughout the process of performing this doctoral thesis.

Empirical research based on constructionist methodology has been criticised for substituting micro-social analysis for macro-analysis rather than seeking to conjoin the micro and macro (Baars et al., 2006). In this study, the data were derived from interviews. However, and referring to Wetherell and Edley (1999: 337), I argue that when people speak, their talk reflects not only the local pragmatics of that particular conversation but also much broader or more global patterns in collective sense-making and understanding. The choices of analytic methods used in this thesis have enabled me to extend beyond 'the local pragmatics' and explore the macro-level forces that are often beyond 'the sphere of knowledge of the experienced reality of everyday life' (Baars et al., 2006: 4). I am aware that the multifarious analytic approaches used in this thesis may be regarded as eclecticism or lack of consistency; however, they are all rooted in the same philosophical tradition and serve to explore different aspects of and perspectives on ageing.

Finally, I make a few comments on the sample selection. The interviewees who participated in the group interviews were all users of activity houses. They were active and mainly healthy people who had passed retirement age and reported to live active lives. I am aware that this does not apply to a number of older people living in both the city and smaller villages. The individual interviews, by contrast, contributed a more nuanced picture of ageing, as they were conducted with both healthy individuals and individuals suffering from various physical ailments. The age range was from 68 to 91 years of age. This resulted in an age distribution that contributed to variation among the individuals who participated in the study.

There are important issues concerning ageing that are not addressed in this thesis. For instance, the way gender and social differences affect 'the making of age'. These and other issues will be further explored in future studies.

7. CONCLUDING REMARKS

This study has come a long way since the first attempts to design a study that would contribute new knowledge about ageing in the Faroe Islands. From my work within elder care and as part of the Faroese culture and society, I have often been struck by the absence of voices of older people in the ongoing debate concerning the ageing of the Faroese society. This has been the leading motive for embarking on the present doctoral thesis.

In a Faroese context, this is a pioneer study. No qualitative study on ageing has been conducted on the islands to date. However, within a broader context, the thesis contributes to the literature that compares gerontological theories against the various ways in which older people make meaning of ageing in a specific context.

In conclusion, this thesis offers insight into the different ways in which ageing is talked into being among older people living on the islands. Geographic and demographic conditions were found to have great influence on the way in which ageing was constructed, and health was an equally important parameter in terms of how the participants assessed or rated their contentment with life.

Policies on ageing, including those in the Faroe Islands, are informed by gerontological theories, especially activity theory. The results from this thesis indicate that if the political strategy is to support people in staying in place for as long as possible, it is necessary to widen the understanding of the concept of 'activity' to include and recognise everyday activities.

It is my hope that this thesis will contribute to demonstrating the nuances of older people's lives, needs and wishes to those who have the power to frame and execute future strategies concerning older people. Additionally, it is my hope that the thesis contributes to the acknowledgement that the concepts of ageing and old age do not carry any predefined meanings in their own right; rather, they are contingent on social, cultural and historical conditions.

SUMMARY IN SWEDISH

Denna avhandling handlar om att vara äldre på Färöarna i dag. När det i den offentliga debatten talas om framtidens stora utmaningar orsakade av ändrade demografiska förhållanden med ett ökat antal äldre i relation till antalet förvärvsarbetande i samhället ställs äldre människor i fokus. Dessa demografiska utmaningar oroar politiker och både på nationell och internationell nivå läggs det fram förslag och rekommendationer för att förebygga ekonomiska och sociala problem i framtiden. Vad som förvånar är hur sällan äldre människors egna röster hörs i denna debatt. Syftet med denna avhandling är därför att bidra till att äldre människor på Färöarna får en röst. Samtidigt undersöks i avhandlingen hur politiska intentioner och strategier på äldreområdet överensstämmer med den verklighet äldre människor lever i till vardags och som ett tredje syfte undersöks hur gerontologiska teorier kan fånga in denna verklighet.

Som titeln på min avhandling, *Om att göra ålder*, indikerar, utgår jag från en förståelse av begreppen ålder och ålderdom som sociala konstruktioner, vars mening beror på sociala, kulturella och historiska förhållanden. Det innebär en förståelse av att den enskilda människan skapar mening med åldrandet och de förändringar som sker när man åldras genom att stödja sig på tillgängliga tolkningsmöjligheter. Denna avhandling är således en kvalitativ undersökning av hur äldre människor skapar mening med åldrandet och hur detta kommer till uttryck genom intervjuer i grupp och individuellt. Därutöver undersöks hur politiska intentioner och strategier överensstämmer med den verklighet som äldre människor upplever i vardagen, samt i hur hög grad gerontologiska teorier fångar in hur äldre människor själva konstruerar mening med åldrandet.

Färöarna liknar andra västländer när det gäller befolkningssammansättning. Utöver att det blir fler äldre personer och färre yngre i arbetsför ålder, har landet också varit präglat av utflyttning av i synnerhet yngre människor. En ekonomisk kris på 90-talet medförde att cirka 10 % av befolkningen flyttade till i första hand andra nordiska länder. På den politiska nivån utarbetades 2013 ett förslag för äldrepolitik som fokuserar på hur man kan skjuta upp ålderssvaghet genom att motivera människor att vara aktiva och engagerade. Förslaget bygger i hög grad på rekommendationer från EU och WHO, som i första hand vilar på stora kvantitativa undersökningar och teorier om åldrande. Vad denna avhandling ytterligare problematiserar, är hur dessa rekommendationer uppenbarligen implementeras och institutionaliseras utan hänsyn till de speciella sociala, kulturella, historiska och geografiska förhållanden som kännetecknar Färöarna.

Data från två separata datamängder ingår i avhandlingen. Den första datamängden härrör från en tidigare undersökning om urininkontinens (UI) bland 60- till 65-åriga kvinnor på Färöarna. Denna undersökning var dels en kvantitativ undersökning om prevalens och inverkan av UI på kvinnornas vardagsliv, dels en kvalitativ undersökning av hur kvinnorna konstruerade och skapade mening av sitt sjukdomstillstånd. Data från den kvalitativa delen av undersökningen utgör det empiriska materialet i den första av de fyra studier, som ingår i denna avhandling.

Den andra datamängden består av material från två gruppintervjuer och 15 individuella intervjuer med hemmaboende pensionärer i åldern 68 till 91 år. Intervjuerna genomfördes som samtal om hur det är att vara äldre på Färöarna. Detta möjliggjorde att det under intervjuerna kom fram förhållanden som var viktiga för intervjupersonerna och inte utgjorde svar på förutbestämda frågor från mig som intervjuare.

Avhandlingen består av fyra studier som alla på olika sätt utforskar hur äldre människor på Färöarna skapar mening med att vara äldre. Olika analytiska ingångar användes i de fyra studierna. Den gemensamma utgångspunkten var konstruktionism, en vetenskapsteoretisk riktning som har fokus på hur mening konstrueras i social interaktion. Analytiska verktyg från interaktionell analys, diskursanalys och konstruktivistisk grundad teori , utgjorde dessa analytiska ingångar.

Ett viktigt förhållande som kom fram under intervjuerna var den betydelse deltagarna tillskrev begreppet "hem", vilket sett i förhållande till det politiska önskemålet om att äldre ska bo hem-ma så länge som möjligt, blev fokus i den andra studien i avhandlingen. Kropp och hälsa visade sig ha stor betydelse för hur deltagarna uppfattade och beskrev åldrandet och att bli gammal. I studie 3 analyseras därför åldrande förstått som ett kroppsligt tillblivande. Den sista studien, studie 4, är en analys av i vilken grad gerontologiska teorier om åldrande fångar in det sätt som äldre skapar mening med åldrandet och de fysiska och sociala förändringar som följer av att bli äldre.

STUDIE 1

Urininkontinens bland kvinnor i åldern 60 till 65 år: Hur mening och ansvar förhandlas

I denna studie analyseras hur kvinnor i åldern 60 till 65 år konstruerar och skapar mening omkring att vara urininkontinenta. Kvinnorna relaterade primärt urininkontinens (UI) till sin ålder och ansåg att UI var ett normalt tillstånd för äldre kvinnor. Samtidigt och som en självmotsägelse yttrade de skarpa anklagelser mot sina praktiserande läkare för att inte ta kvinnornas problem på allvar. De refererade till händelser där deras läkare inte bara negligerade problemen utan också lät dem förstå att UI var ett naturligt tillstånd för kvinnor i deras ålder. Dessa "ålderistiska" inställningar, som kom till uttryck i intervjuerna, visade sig ha allvarliga konsekvenser. Dels blev kvinnorna inte utredda för sin åkomma och därmed inte heller erbjudna behandling. Dels slutade kvinnorna att söka hjälp och lade istället all energi på att dölja följderna av UI. Särskilt det sista förhållandet tycktes uppta kvinnorna. UI omtalades som tabubelagt och pinsamt, underlagt estetiska och moraliska regler, vilket den enskilda kvinnan upplevde som en stor press. De måste således hela tiden försöka täcka över och hitta sätt att leva med UI, så att deras tillstånd förblev osynligt för andra.

STUDIE 2

Den multifasetterade uppfattningen av begreppet hem: En undersökning av vilken mening äldre människor på Färöarna tillskriver hem.

I denna studie analyseras vilken mening äldre människor på Färöarna tillskriver begreppet "hem". Politiskt används begreppet entydigt när strategier utformas om framtida möjligheter för att stödja äldre människor att bo kvar hemma så länge som möjligt. Vad denna studie pekar på är nödvändigheten av en mer nyanserad förståelse av begreppet hem. Deltagare från små byar på de mindre öarna konstruerade mening med begreppet hem annorlunda än deltagare från de större städerna. För dem var hem deras hembygd eller ö, medan deltagare från städer i högre grad formulerade hem som deras hus och närmaste grannar. En konsekvens av detta kan ses i de sätt som deltagarna talar om möjligheten att i framtiden flytta in på ett ålderdomshem. För deltagare i städerna var det inte en övervinnelse att bli uppsatt på en väntelista till en institutionsplats och många hade redan skickat in ansökan. För de äldre i byar på de mindre öarna var detta inte formulerat som en möjlighet. Starka uttalanden som "hellre då dö" kom fram bland dessa deltagare. Detta ska ses med hänsyn till att för äldre människor i små byar, skulle en institutionsplats betyda flytt från bygden och ofta den ö där de levat hela sitt liv, där de är kända bland alla och själv känner alla. Studien pekar på nödvändigheten av att förstå hem som ett multifasetterat begrepp. Strategier för framtida boendemöjligheter för äldre måste utgå från den betydelse hem har för den enskilda och insatsen bestämmas tillsammans med den äldre själv och med hänsyn till dennas resurser, önskemål och behov.

STUDIE 3

Kroppsligt åldrande och de sätt som pensionärer på Färöarna kategoriserar sig själv och andra.

Studie 3 bygger huvudsakligen på data från de två gruppintervjuerna, där åldrande formulerades som kopplat till kroppslighet, hälsa och inte minst bevarande av god hälsa. Genom att använda en analytisk tillgång, där det är deltagarna själva som kategoriserar sig själva och andra utifrån bestämda benämningar och aktiviteter, visade studien hur deltagarna kunde distansera sig själva från dem som talade om dem som "de gamla" karakteriserade av inaktivitet och dålig hälsa. Att fortsätta vara fysiskt aktiv talas om som ett personligt ansvar och en moralisk plikt som den enskilde har gentemot sig själv, men också gentemot samhället och familjen. Resultat från denna studie visar hur diskurser om äldre människor själva konstruerar meningar om åldrande. Resultaten från denna studie visar hur diskurser om äldre människor som en börda för samhället, blir synliga genom det sätt äldre själva konstruera åsikter om åldrande.

Idén om att åldras framgångsrikt är oftast kopplad till aktivt åldrande vilket denna studie också visar. Vad studien problematiserar är de konsekvenser ett sådant förgivettaget samband mellan aktivitet och framgång har för äldre människor, för vilka aktivitet inte är en möjlighet på grund av sjukdom, funktionshinder eller sociala förhållanden.

STUDIE 4

Hur passar teorier om åldrande samman med de sätt som äldre människor själva skapar mening med åldrandet i sin vardag? Resultat från Färöarna.

Inom gerontologin har det de senaste årtiondena utvecklats flera teorier för att förklara varför vissa människor blir kallade "framgångsrikt åldrande" och andra inte blir det. Framgång har särskilt kopplats till god hälsa. Att fortsätta vara fysiskt och socialt aktiv har fått en närmast hegemonisk status när det gäller att bevara god hälsa och därmed att åldras med framgång.

I den fjärde studien var syftet att undersöka i hur hög grad dessa teorier avspeglade hur äldre människor själva formulerade sitt liv som äldre när det gäller upplevelse av framgång eller hur nöjd man var med livet. Studien visade förhållanden som hade särskild betydelse för hur deltagarna skapade mening med och upplevde sitt liv som äldre. Fysiska förändringar och nödvändigheten av att ändra eller tona ner vissa aktiviteter formulerades som en del av att bli äldre. Samtidigt var det ingen av deltagarna som uppgav att de kände sig gammal "inuti". De kompenserade för de saker de inte längre orkade genom att sätta upp lägre mål och använda mer tid till att uppnå det de skulle klara av. Att bli gammal konstruerades som en fortlöpande process karakteriserad av förändringar och ännu viktigare, en upplevelse av kontinuitet i livet, som var återkommande uttalanden bland deltagarna.

Resultat från denna studie pekar på nödvändigheden av att förstå åldrande som en flerdimensionell process som inte kan fångas in av en enda teori. När man tar med i beräkningen att politiska strategier ofta uteslutande vilar på aktivitetsteorin, visar denna undersökning nödvändigheten av att ta med de äldre själva i beslut om vilka hälsofrämjande åtgärder som ska vidtas för att skapa ramar för ett gott liv i ålderdomen.

Sammanfattningsvis pekar denna avhandling på att åldrande måste förstås som en process, som är formad av och inbäddad i ett samhälles demografiska, sociala, kulturella och historiska ramar. Samtidigt visar respektive studie betydelsen av att de äldre själva tas med i utarbetandet av hälsofrämjande och sociala strategier, när det gäller framtida interventioner på äldreområdet.

Utifrån de resultat som denna avhandling visar, sammanfaller inte alltid de rekommandationer som den färöiska äldrepolitiken bygger på och den verklighet de äldre lever i. Detta kommer särskilt till uttryck genom de olikartade sociala, demografiska och inte minst geografiska villkor som karakteriserar Färöarna som samhälle.

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EMPIRICAL STUDIES

Urine incontinence in women aged sixty to sixty-five: negotiating meaning and responsibility

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Urine incontinence in women aged sixty to sixty-five: negotiating meaning and responsibility

Background: Urine incontinence (UI) has been the focus of a considerable number of research projects; yet, there is no evidence that the research has had an impact on the prevalence of UI. Despite great impact on daily living, women seem to be reluctant to seek help from professionals or talk about the problem. Apart from this, scholars have noted that healthcare practitioners rarely ask older women about this health aspect and seem to minimise the problem when confronted with it.

Aim: The purpose of the study was to explore how meaning of UI was discursively constructed and negotiated by women bothered with long-term UI in the context of research interviews.

Method: Seven women aged 60–65 living in the Faroe Islands were interviewed to elaborate on daily living with long-term UI. The interview texts were analysed by means of discourse analysis.

Results: Three main themes emerged from the interviews. All the women related the disorder to their age and positioned themselves within the category 'old women' for whom UI was considered a normal condition. At the same time, they opposed to the idea that the condition was inevitable and accused their general practitioners of negligence by failing to take their complaints seriously. They felt ashamed of being incontinent and seemed to subject themselves to moral and aesthetic views about people who were not able to control their bladder function.

Conclusion: All the women used different cultural discourses to make meaning of UI and continuously negotiated these meanings. Avoiding public exposure of their leaking problem restricted their daily living, and the embarrassment of not being able to control their bladder function seemed to overrule any wish of actively dealing with their present condition.

Keywords: urine incontinence, women, ageing, interview, discourse analysis, interpretive repertoires.

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Introduction

Urinary incontinence (UI) is a common and well-documented health problem that affects both women and men and increases with age (1, 2). Researchers have shown that UI for some women greatly impacts their daily lives (3, 4). Additionally, women seem to be reluctant to seek help from professionals or discuss the problem with caregivers in the healthcare system (5–7). Scholars note that general practitioners and other professionals rarely ask older women questions about this health issue and, to some extent, minimise the problem if confronted with it, although minimal care programmes have been developed and provide a good prognosis (2, 3, 8–12).

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Over the last few decades, UI amongst older women has been the focus of many research projects; yet, there is no evidence that the research has impacted the prevalence of UI amongst older women (13). Scholars have suggested that self-perception plays an important role in women's reluctance to consult health practitioners. Melville et al. (14), for instance, found that several women believed that UI was simply a normal part of being women, and several other studies have shown that older women tend to accept UI as a normal part of the ageing process (4, 15–19). Congruent with these findings, Skoner and Haylor (20) also found that women perceive and manage UI within a framework of normality, whereas health practitioners assess and treat UI within a disease framework. Most studies on UI in women are focused on the very old and frail and/or institutionalised women (21) or are population-based studies investigating women from in their twenties to groups aged 60+ or 65+ (3, 22). In this study, the participants were all women in their early sixties. They were too young to be called 'old'

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and too old to be 'middle-aged' from a societal perspective, but they all suffered from a disorder commonly associated with 'old age'.

The purpose of the study was to explore how the meaning of UI was discursively constructed and negotiated by women bothered with long-term UI in the context of research interviews.

Methods

Participants and data collection

During 2008 and 2009, the first author conducted a survey to investigate the prevalence of UI amongst women living in the Faroe Islands, an archipelago and autonomous country within the Kingdom of Denmark that has a healthcare system similar to other Nordic countries (23). All women aged 60 to 65 (n = 1548) received a posted questionnaire based on the Incontinence Impact Questionnaire (1). In the accompanying letter, the informants were invited to participate in an interview to further elaborate living with long-term UI. Nineteen women volunteered for an interview. Women, for whom UI was part of a larger pathological picture (e.g. related to a neurological or congenital disorder) were excluded, and only women who experienced problems that restricted them in their daily life due to UI were included. Seven women met the criteria for inclusion. The interviews were conducted during 2009 and 2010. The last two interviews did not add essential new perspectives on living with UI, so no further interviews were conducted. Six interviews occurred at the homes of the women, and one was in the office of the interviewer. The first author conducted the interviews. After presenting herself and explaining the study purpose, she asked the women to discuss their disorder, how it started, whether they had consulted healthcare practitioners, how UI affected their lives and how they managed in daily life. The discussions proceeded as conversations instead of interviews, which resulted in variation in the wording of the questions. The interviews lasted from 24 to 38 minutes. They were recorded digitally and transcribed verbatim.

Ethical considerations

The women had all volunteered for interview. This meant that no formal ethical approval was required. Before the interviews, the women were informed that they could discontinue their participation at any time (24) and that they were guaranteed anonymity and confidentiality.

Analysis

Initially, all of the texts were read and reread several times. Recurrent themes of meaning making of UI were identified, which resulted from discovering shared patterns in the way the women explained, discussed and described life with UI. Excerpts that addressed the themes were bracketed and analysed in more detail using discourse analysis. Discourse analysis is an umbrella term. In this study, we applied social constructionism (25–27) and discourse psychology (28–30). Both of these methods of understanding emphasise the importance of language and interpretive practice as an interactional process through which people construe and represent reality (31). We explored how the women positioned themselves, how they positioned other people and what interpretive repertoires they used to make meaning of being urine incontinent. In addition to reflecting the conversational context, we also expected the interviews to reflect broader patterns from a collective sense-making and understanding of the phenomenon (29). Therefore, in the Findings section, a few references are included to illustrate how discourses on ageing and health feature in the women's accounts.

Findings

Three main themes emerged from the interviews. The women all related their disorder to their age and positioned themselves within the category 'old women' for whom UI was considered a normal condition. Additionally, they seemed to oppose the idea that the condition was inevitable and accused their general practitioners of negligence by failing to take their complaints seriously. To a certain extent, they also assumed responsibility for their problems and admitted that they had not done enough to prevent their present condition. The third theme or aspect of living with UI, repeatedly stated in all of the interviews, was how the women tried to live according to the existing aesthetic and moral norms for public appearance in their daily lives.

For analytic purposes, we will present the findings according to the following themes: urinary incontinence as part of normal ageing, urinary incontinence as a medical condition and urinary incontinence as a moral and aesthetic issue. During the interviews, however, these themes often overlapped.

Fictitious names were used for the participating women in the cited extracts, and 'Int' was used for the interviewer. We were not concerned with the fine details of the conversations. Therefore, the quotations are somewhat cleared of filler words and repetitions. The following transcript signs are used: (.) indicates a pause in speech; underlining a word means that the speaker puts stress on the word; and brackets indicate a comment by the author.

Urinary incontinence as part of normal ageing

UI as part of normal ageing was a common understanding amongst the women. It provided them with a

meaningful explanation and a sustainable and consistent rationalisation of many aspects of their disorder, including how the condition started and how it would develop in the future.

The following excerpt is from the beginning of the interview with Hanna who had been suffering from UI for years:

Int   Can you tell me when your problems with leaking started? How did it start?

Hanna   It has become a problem little by little. I don't remember having the problem before I was in my fifties (.) now I am 61. Maybe it is a sign of aging? I don't know. When I get older it will most likely get worse.

Hanna related UI to her age and made a distinction between life before 'the fifties' and after. By her remark 'now I am 61', she seemed to reason that her present condition was normal or at least expected for her age. She used the phrase 'sign of ageing' as if ageing itself connoted particular symptoms. Tove also used the phrase 'sign of ageing' when she said *I have taken it as a sign that I have become so much older, an old woman.* She positioned herself within the category 'old women' and used the categorisation to make meaning of her condition. Within cultural discourses on ageing, older people have been categorised as a homogeneous group characterised by particular inevitable symptoms (32, 33). Both Hanna and Tove partly subjected themselves to this discourse on ageing and seemed to accept ageing as an ongoing physical decline.

Vera explained how her leaking had worsened with increasing age, and the interviewer asked her directly if she connected UI with her age:

Int   So do you connect your leaking with your age?

Vera   Yes you can say that and that is also how I understood the general practitioner (.) that I just have to live with it. He also said something about deliveries, but **really** we only have three kids so, (.) no I think it has more to do with my heavy work (in a nursing home) and now me being in my sixties.

Vera was confirmed by her general practitioner that UI was a condition she had to live with. In addition to being part of normal ageing, Vera also related UI to her multiple deliveries, a common perception that causes problems in later life. In her own case, however, this reason was rejected because she, as she said, only had three children. She was convinced that this factor was not why she had to struggle with UI and raised her voice to stress her discontent with the doctor's suggestion.

All of the women had mentioned their problems when consulting their general practitioner, and five were strongly confirmed in their understanding of UI to be a normal condition for ageing women. The doctors seemed to view UI as a disorder that had to be endured. Anna explained what happened when she mentioned her problems to her general practitioner:

Int   Did you ever tell your doctor about your problem?

Anna   I mentioned it (the leaking) to the doctor but he just told me that san pads today are very good. That's what I am told every time and I'm never offered an examination.

Int   So you were never referred to a specialist?

Anna   No, no you get like the impression that they say that it is normal and the san pads are good enough, that's the only thing I'm told.

Anna's problem was obviously associated with her age, and she was encouraged to deal with it using san pads. From this perspective, further examination would be redundant. The interviewer, however, did not agree on the disposition of fate and asked whether Anna had been referred to a specialist. By asking, she introduced an alternative to the discourse of inevitable decline for ageing people by asking a question that implied that UI was a medical disorder that might be cured if addressed by a specialist.

Urinary incontinence as a medical condition

In the following excerpt, the interviewer contributed more actively to change the conversation about UI from an age-related condition to a disorder that required examination from a qualified specialist. Years ago, Anna had been told that she had a sunken bladder:

Int   Was something done about it then?

Vera   No, no that was not mentioned at all but (.) I have often thought about it. A colleague of mine had her bladder sewed or what or how they do it and she was well afterwards.

Int   Have you been to the doctor since that time?

Vera   Oh yes, I have been to the general practitioner several times but she doesn't say anything (.) does not mention any treatment (.) oh yes, I have to squeeze and tighten up the pelvic floor but that's it.

Int   So you have not been referred to a gynaecologist again, then?

Vera	No, that has never been discussed or mentioned so, I just have to live with it. What do you think?
Int	I would think that you ought to be referred to a gynaecologist so you could have a proper examination.

Up to this point, Vera had been explaining how she lived with UI. In the above excerpt, positions changed and the interviewer was directly asked a question (what do you think?) and thereby positioned within the category of healthcare professionals and therapists. At the same time, the pronoun 'you' gave the interviewer the possibility to express a vocational and personal opinion that might differ from the general practitioner. The interviewer answered in a moral way using words as 'ought to', implying a moral obligation, to be at stake and 'proper', implying that the general practitioner did not offer the women what they were entitled to.

To some extent, all of the interviewed women placed the responsibility of being incontinent on themselves. They had all heard about the importance of doing pelvic floor exercises. They were told about this in connection with childbirth, but none of them had received any concrete instructions on how to perform the necessary exercises. Additionally, they had listened to radio programmes and read articles in magazines that addressed the subject. They all made excuses for not having done the recommended exercises. Mona said that she had too much to do when she had her children so she *did not put any effort in strengthening the pelvic floor.* Tove had always considered herself a healthy person, but now she concluded: *I should have done more pelvic training.* The women seemed to blame themselves for not having done enough to prevent their present condition. In the past few decades, 'successful ageing' has emerged as a dominant discourse (34–36). Within this discourse, health becomes a personal matter and responsibility and associates moral obligations to the way people live their lives and to what degree they manage to age successfully by being active and, overall, living a healthy life. The women drew upon interpretive resources stemming from this discourse of successful ageing and seemed to partly position themselves as 'failures' by not living according to the norms of successful ageing.

Urinary incontinence as a moral and aesthetic issue

All of the women had developed strategies to cope with UI. These strategies included the use of sanitary pads or nappies, logistic planning, restricted intake of fluid and abstention from various activities. Overall, the women conveyed that living with UI involved ongoing planning of which items to bring and where to go to avoid embarrassing situations. Petra noted how this daily vigilance was needed: *You become cautious to go anywhere. You don't want to pee your pants, well, it rules your daily life. If you want to go for a ride, well, you cannot bring a bucket along.*

The influence of UI on the women's everyday activities became clear, and UI dominated their social relations. Participation in social life was possible, but it was circumscribed by various factors that the women had to consider to overcome the problems that incontinence created. As Hanna said: *I have to, all the time, to adapt myself to the circumstances; find a toilet, use san pads, remember clean panties in my bag, and so on.*

The women had to acknowledge their fate as an incontinent female and accommodated their lives to the condition. As Liljan said: *I think you get used to the state of things and adjust your everyday life but it is annoying, that's for sure.* This adaptation also meant abstention from activities that formerly were part of their social life and leisure time. *You know, I used to love dancing but now I can only watch others having fun on the floor* (Mona). The women felt ashamed of being incontinent. They subjected themselves to common moral and aesthetic views about people who were not able to control their bladder function. Mona, for instance, for whom san pads were not enough to absorb her leaking, used humour in talking about buying nappies *No, san pads are not enough (.) no, I buy baby nappies like the other mothers (laughs).*

Overall, UI was considered a taboo subject and a condition surrounded by silence.

Int	Have you talked to anybody about it (the problem with UI)?
Vera	No, yes with my little sister. She is 15 years younger than me. I have talked to her about it (.) she lived with us for a while and we have stayed at their place so she has **seen**, you know, how I run for the toilet all the time and then she has asked me.
Int	So apart from your sister (.) you don't talk about it?
Vera	No (.) no not like that. It is embarrassing or like that (.) very personal.
Int	At home then?
Vera	No, we don't talk about it (at home). I think people think of it as shameful.

Vera considered UI to be a shameful condition that she had to keep to herself. She used the term 'very personal' to clearly state her meaning, and people in her immediate environment, except for her sister, shared the view that UI was a personal matter that 'we' do not talk about. In the last sentence, she generalised this view to apply to all 'people'.

In the following passage, Mona was asked to reflect on why UI was such an embarrassing condition. The interviewer started by asking general questions but changed her question to focus on Mona's personal opinion:

Int   Why is it so embarrassing, why (.) what do you think?

Mona   If it was something like nose bleeding, then you wouldn't think of it but now it is something in such a part of your body, you don't want to put focus on. However, many women have this (.) but you don't hear anybody talk about it and nobody is going to ask you how, you know, like I am so bad at peeing my pants, do they? And if you suddenly go (.) my sister and I used to talk about this and laugh about it. She had the same problem but that is not something you bring up in a "bindiklub" (knitting club) or at a dinner party (.) Jesus (.) do you pee your pants, I do and no you don't do that, I don't know why but I think it is embarrassing, I do.

Mona distinguished between different parts of the body regarding moral norms and accentuated that internal female problems are particularly not discussed. Although 'a lot of women' have this (leaking problem), UI was still surrounded by moral and aesthetic norms. The problem remained a personal matter, something that was private, and the women categorised themselves as members of a large group of women who were equally constrained by the condition.

The moral and aesthetic norms that guided the women's strategies to avoid exposure were also directed at other women:

Liljan   However, you get nervous (.) you don't dare to wear clothes where it will show.

Int   Yes, yes so it is more the fear of?

Liljan   Yes, yes it is (.) nobody is to see it (.) it is shameful (.) you don't want (.) like (.) it to be obvious that you are using large san pads (.) but then you use something that doesn't show on the outside (.) I can tell you about somebody else I have met or?

Int   Yes?

Liljan   And then there is (.) I never forget that a well groomed lady, always so ladylike, you know and I happened to walk behind her up the stairs in SMS (centre) and then I thought, oh poor you (.) you certainly don't have a daughter who can tell you that, that my dear, don't wear those light trousers that you have

always been wearing and (.) they were smart and nice when you were younger. She was always so noble and then you see her wearing san pads 'cause it has come down the trouser leg.

Int   So it was visible?

Liljan   Visible yes and maybe it (.) then it is such a shame (.) it doesn't have to be that way.

Liljan positioned herself as more fortunate than other incontinent women who did not manage to conceal their disorder and live according to common aesthetic norms. Concealing the disorder seemed to be a more important task than the condition itself. Visible representation and physical appearance have become increasingly important cultural markers for age identity and even a benchmark for whether ageing is considered successful (34, 36). Liljan was indirectly referring to this common understanding of age identity as related to personal appearance, and the interviewer interacted by asking 'so it was visible?' In Liljan's view, the other woman had failed to adapt to new conditions, both concerning her age (the trousers she was wearing were nice and smart when she was younger but now she was old) and the way she dressed (you should wear black in case something happened). It was 'a shame' that she exposed her leaking problems and thereby also her age. Using the phrase 'poor you', Liljan seemed to assign the women a childlike patronised status. Exposure of illness or health problems by elderly people has shown to cause these types of patronising attitudes (37).

Discussion

Our findings suggest that UI is a condition surrounded by moral norms and is a condition in which women in their early sixties negotiate meanings by drawing on various cultural interpretations.

All of the women related their condition to their age, which is congruent with findings from several previous studies (4, 14–18). This belief about UI was supported by their general practitioners who appeared unresponsive to, or dismissive of, their queries regarding urine loss. Bush et al. (38) noted that healthcare providers may contribute to reinforcing the myth of normalcy regarding urine loss in old age by showing an unresponsive attitude. Media presentation of UI in women has equally contributed to normalising UI as a 'female thing', especially in old age. For instance, Peak and Manderson (6) have argued that marketing san pads as 'panty liners' for daily use contributes to normalising urine loss by associating UI with menstruation. A woman in our study explained how she bought nappies like the other 'mothers'. She laughed while saying this, but similar to findings from

other studies, she considered buying nappies to be more stigmatising than buying san pads as other 'normal' women did (39, 40).

By referring to physiological decline as the fate of all women, the women were able to avoid feeling guilty about being incontinent. UI was not simply a normal condition for their age; they could also disclaim any responsibility for their problems and resigned to being incontinent, which was how most of the women in the study, started their accounts.

When they were asked about their actions to address their problems, they disassociated themselves from the understanding of UI as part of normal ageing. They showed discontent and felt neglected by their general practitioners for not considering their problems seriously and repudiating their queries by referring to their age. In doing so, they contradicted their own arguments on UI to be part of normal ageing. Researchers have noted that the most striking aspect of UI is its contradictions and ambiguities; 'it is a condition that is regarded as normal yet is embarrassing, it is extremely common yet unable to be discussed, biologically grounded yet subject to self-control, a medical speciality yet a social and hygienic problem' (6, p. 39). These contradictions all appeared in our study. The women made meaning of UI by drawing on various cultural discourses, and these meanings were continuously negotiated during the interviews.

Jolanki (37) has argued that bodily failure and loss of bodily control usually endanger the adult status. To an increasing extent, old age has become a health matter dependent on individual decision-making and consequently a matter of individual responsibility (34, 41). A discourse of 'healthism' seems to further the differentiation between those who manage to age successfully and those who fail to do so, which might place additional strain on the individual older person. Robert Crawford has even claimed that we live in an era of a new health consciousness in which being unhealthy signifies moral laxity (42). The women in our study assumed responsibility for UI by admitting or rather regretting being too indifferent about doing preventive exercises both currently and in the past. Although the women did not use the word 'lazy' about themselves, our findings support the argument by Peake et al. (39) who stated that women might associate their own continence problems with perceived personal failings (e.g. lack of exercise) and see the condition as a symbol of their lack of moral worth.

In addition to the restraints of aesthetic and moral norms regarding their own appearance and conduct, the women also judged other women based on their appearance. This perspective became apparent from especially one interview in which the interviewee explained how a woman had exposed her continence problem publicly. Mitteness and Barker (43) have argued that there is a link between incontinence and incompetence and that incontinence is a classic case of a stigmatising condition because it discredits a person's social identity. Furthermore, they have argued that incontinent elderly people are doubly threatened because age alone makes their competence socially suspect, and public knowledge of their incontinence would confirm that suspicion. Our findings are consistent with these arguments by Mitteness and Barker, which accentuate the importance of not only regarding UI as a physical problem but also to acknowledge the aesthetic and moral norms that older women with long-term UI are subjected to. These norms prevent women from talking openly about their problems and restrain their help-seeking behaviour (13, 38). In a large cross-country study, O'Donnell et al. (22) found that talking to others about UI was a strong predictor of whether women would seek help from healthcare providers. Therefore, it will be very important to create forums in which women suffering from long-term UI could share their problems and thereby possibly improves their help-seeking behaviour. Additionally, it is necessary to publicly disclose the secrecy surrounding urinary incontinence amongst older women and reckon with the conviction amongst healthcare providers and laymen that urinary incontinence is a normal part of the ageing process.

Limitations of this study and suggestions for further research

Only nineteen women volunteered for interviews, which might reflect the stigmatising conditions surrounding UI, and only seven met the inclusion criteria. We are aware that this study was limited by the small number of participants, but nevertheless, our study indicates important cultural factors that influence the way women with UI perceive themselves and deal with their disorder. Additionally, our study indicates that further research exploring both attitudes and knowledge of UI in women amongst healthcare providers is needed.

Overall, our findings imply that more research is needed to explore the complexity of living with UI and other disorders that develop later in life surrounded by moral and social norms.

Conclusion

Our study revealed that women suffering from UI applied various cultural discourses and continuously negotiated their meanings. They positioned themselves within the category of 'old women' in which UI was a normal condition that had to be endured. Additionally, they positioned themselves as women with a medical disorder who deserved to be taken seriously by their general practitioners. They were simultaneously negotiating their own responsibility for being incontinent by positioning

themselves within these categories. Women assumed some responsibility for their condition if they understood UI as a medical disorder that could have been prevented but disclaimed responsibility if UI was part of normal ageing.

All of the women subjected themselves to moral and aesthetic norms. Avoiding public exposure of their leaking problem restricted their daily lives, and the embarrassment of not being able to control their bladder function seemed to overrule any wish of actively addressing their present condition.

Author contributions

The first author designed the study, conducted and transcribed the interviews, analysed the interview texts and prepared the manuscript. The second author was involved in critical revisions for important intellectual content and supervision.

Ethical approval

Ethic Approval was granted by the Data Supervision Office and the Ministry of Justice in the Faroe Islands to allow the National Register to supply the names and addresses of all women aged 60–65 living in the Faroe Islands (2008). No further ethical approval was required. The women were guaranteed anonymity and confidentiality and informed that they could discontinue their participation at any time (24).

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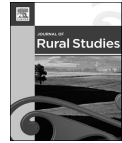
The multifaceted notion of home: Exploring the meaning of home among elderly people living in the Faroe Islands

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ABSTRACT

Ageing in place or staying home for as long as possible has long been the policy ideal regarding life in old age in most Western countries. The notion of home, however, is often used as an unquestioned concept that does not reflect the diversity of living conditions among older people. This paper draws upon data from a qualitative study conducted in the Faroe Islands, an archipelago in the North Atlantic Ocean, during the winter and spring of 2013. It explores how older people living in different small island communities and one urban area within the same national context construct the meaning of home.

The findings supported the assumption that older people want to stay at home for as long as possible, but home as a concept was found to have different meanings for different older people, depending on where they lived, their personal and family history, their social connections and environmental conditions. Differences in the meaning of home for older people living in small remote communities and those living in the city were noticeable.

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1. Introduction

In the Faroe Islands, as well as in other Western countries, ageing in place or staying at home for as long as possible has been the policy ideal regarding life in old age (Keating et al., 2011; Hagberg, 2012; Buffel, 2012; Almannaráðið, 2013) and ageing at home seems to be the residential strategy most people prefer (Gilleard et al., 2007; Froskaparsetur Føroya, 2010). The notion of home, however, is often used as an unquestioned concept among politicians, professionals and lay people. The widespread assumption that all elderly people wish to stay at home for as long as possible has been questioned. Weicht (2013), for instance, has argued that the assumption has been established as an unchallenged and unquestioned 'truth' whereby the preferences of older people are described as self-evident and objectively true by those who are not old themselves (p. 195). Apart from this, the assumption is partly based on the mistaken premise that older people can be viewed as a homogeneous group with shared needs as well as equal contextual options for ageing well. In research and policy there has been a tendency to homogenise rural communities as the

context for ageing without paying attention to the great variety of forms these communities take (Krout, 1988; Rowles, 1993; Phillipson, 2007; Scarf and Bartlam, 2008). Thus, Scharf and Bartlam (2008) demonstrated that the myths about rural communities as good places to grow old do not always reflect the realities of everyday life for a number of older people living in rural communities. In contrast, different dimensions of social exclusion became evident from in-depth interviews with potentially excluded rural older people living in three English counties.

This article explores how older people construct the meaning of 'home'. The entry point was data from group and individual interviews conducted as part of a research project to explore how older people living in the Faroe Islands make meaning of ageing in everyday life. An inductive approach was applied. The interviewees were asked to discuss daily living on the islands as well as prospects or possible concerns regarding the future. Through all the interviews, the meaning of ageing was connected to the place of ageing. Feeling attached to the place of living, and feeling 'at-home' emerged as important aspects of how meaning of ageing was constructed among the interviewees.

1.1. Ageing and the concept of home

Scholars have explored the meaning of home from various

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perspectives and within different disciplines. In a critical review of the literature on the concept 'home', Mallet (2004) concludes that there is no clear answer to the question of how home is or should be understood. 'It all depends' on the actual theoretical and methodological approaches to the study of home that researchers use (p. 84).

Gorman-Murray and Dowling (2007) have argued that home is powerful, emotive and multi-faceted and that the idea and place of home is typically configured through a positive sense of attachment. Place attachment refers to the emotional bond between people and places (Rowles, 1983; Shenk et al., 2004; Burholt, 2006) and thus emphasises the deep inter-connection between home, identities and selves (Gorman-Murray and Dowling, 2007). Referring to the work of Blunt and Dowling (2006), Gorman-Murray and Dowling (2007) have further argued that home as a place and a spatial imaginary constitutes identities; people's sense of self is related to and produced through lived and imaginative experiences of home.

From a study exploring older people's attachment to place in rural North Wales, Burholt (2006) developed a four-domain conceptual scheme to capture the interplay between physical, social, temporal, and psychological aspects of place attachment. Men and women aged 70 or over were asked if they would like to move to a different place and if not, to explain the main reason for wanting to stay. The results showed how the different aspects of place attachment were intertwined and how the psychological and the 'general locational satisfaction' encompassed physical, social and temporal dimensions. Although the study provided a rich framework for describing attachment to place, it did not provide means for ranking the importance of the components of place attachment, which, as Burholt noted, might be particularly important in old age, when there is an increased likelihood of physical or cognitive impairment. For older people, examination of the relation between person and place is even more important to ensure that strategic policy decisions meet the needs of older people who are attached to their communities and wish to age in place (Burholt, 2006: 1109).

Home is always a localised idea and located in space but not necessarily a fixed place (Douglas, 1991; Gorman-Murray and Dowling, 2007). Hidalgo and Hernández (2001) have suggested that attachment to place can be understood as a 'positive affective bond between an individual and a specific place, the main characteristic of which is the tendency of the individual to maintain closeness to such a place' (p.274). They distinguish between different levels of place, the house, the neighbourhood and the city or region, and advocate a more conscious use of the concept of place regarding these different levels.

Similarly, Cuba and Hummon (1993) have argued that there is a need for studies that simultaneously examine how people identify with places of different scales. Although the authors use the concept of place identity and not place attachment, their results have been used for the measurement of place attachment in other studies (Hidalgo and Hernández, 2001). They analysed how migrants who had moved to three different communities in Cape Cod, Massachusetts at age 17 or older, had developed a sense of home with respect to dwelling, community, and region, and to what extent the loci of place identity could be explained by place affiliation, demographic characteristics, and social and spatial activity patterns. They defined "at-homeness" by using three elements of place identity: its existence, its affiliation, and its locus. The analysis demonstrated that place identity or feeling 'at-home' was complex in its spatial structure. The respondents claimed either a singular or an inclusive sense of home across the loci of dwelling, community, and region. Furthermore, the analysis demonstrated that place identities were mediated by a diverse group of social factors: place affiliation, social participation with friends, the spatial pattern of social activity, age and gender and length of residence (see also Cuba and Hummon, 1993b). The study was based on migrants only.

The authors took this into consideration in their concluding remarks and argued that although migration from their study appeared to have little effect on some level of place identification, it was possible that lifetime residents might situate their identity somewhat differently across dwelling, community, and region than do migrants (Cuba and Hummon, 1993a: 127).

Most research on ageing and place has been carried out in either urban or rural areas sustaining a binary of rural and urban environments as research contexts (Wahl, 2005). This has led to an ongoing debate concerning research on ageing related to an urban-rural distinction. Wahl (2005) has argued that the distinction has most frequently been framed as a direct contrast between urban and rural regions, which fails to acknowledge the often pronounced heterogeneity within urban and rural settings. Furthermore, a lack of clear and compatible definitions of 'rural' and 'urban' has resulted in critique of definitions that take 'rurality' for granted (Krout, 1988; Winther and Svendsen, 2012). The importance of understanding 'rurality' as nation-specific has been stressed by Phillipson and Scharf (2005) and has led to criticism of cross − national comparative studies for not taking into account national characteristics and differences (Wahl, 2005).

There are no official definitions of urban or rural areas in the Faroe Islands but the concept 'outskirt area' is commonly used for communities characterised by depopulation and poor infrastructure. In contrast to many other rural areas in the West e.g. Ireland (Burholt et al., 2013), North Wales (Burholt and Naylor, 2005), the United States (Cuba and Hummon, 1993b; Glasgow and Brown, 2012) Finland (Nummela et al., 2007; Jauhianan, 2009), Australia (Winterton and Warburton, 2012) remote areas or smaller islands in the Faroe Islands have not experienced any in-migration or return-migration of retirees which, together with an ongoing out-migration of younger people, has resulted in a decrease in the number of residents and an increase in the relative number of older people in these areas. Local or national strategies directed at attracting retirees to return to their childhood villages have so far not been on the political agenda.

Through a review of the literature published on rural ageing, Burholt and Dobbs (2012) found that a biomedical perspective of ageing has been dominant within this research field which, as they argue, might lead to other areas of research on ageing being neglected (p, 441). Even though older people's attachment to place has been the focus of numerous studies within both rural and urban settings only a few have looked into the meaning of home and attachment to place among both older men and women and in both rural and urban areas within the same country (for an exception, see Paúl et al., 2003).

To my knowledge, there has been no research on ageing and place within a cold water archipelagic country. Such countries, in contrast to archipelagos in warmer regions, do not seem to attract retirees as a relocation option. The Faroe Islands, like other cold water archipelagos, is an understudied area regarding ageing and later life. A quantitative study of living conditions for pensioners on the islands was undertaken in 2010 (Fróskaparsetur Føroya, 2010) but to date qualitative research on ageing has been scarce, and qualitative research on ageing and place, even absent. Thus, this study will help to fill in the gap concerning research on ageing and older people's relationship with their place of living in the Faroe Islands, a small nation and cold water archipelago. The research will also contribute to the relatively small number of qualitative studies on ageing and place that encompass both rural and urban areas within the same country. The overall aim was to provide knowledge about the relationship between older people and place because 'to understand ageing well we need to understand places in which participants are ageing and their relationship with those places' (Chapman and Peace, 2008: 31).

The following research questions guided the analysis: How is meaning of home negotiated in interaction? How is attachment to place negotiated? What qualities are constructed as important regarding place affiliation? Do the interviewees construct the meaning of home differently according to place or community size? Does temporality influence the meaning-making of home?

1.2. The Faroe Islands

The Faroe Islands is an archipelago consisting of 18 islands in the North Atlantic of which 17 are inhabited (Fig. 1). The distance to the closest neighbours is 300 km to Shetland (to the east/south-east), 450 km to Iceland (north-west) and 675 to Norway (east and north-east). There are scheduled flights to Denmark on a daily basis, and on a weekly basis Norway, the UK and Iceland can be reached by plane.

Today, after years of infrastructural developments, about 85% of the population are connected by roads, bridges and tunnels with, at most, one hour of travel separating Tórshavn, the capital, from surrounding areas. These developments have created good conditions for commuting, and today several of the municipalities on the main islands can be described as commuter communities with a large part of their working age population employed in Tórshavn (Hovgaard et al., 2004).

The more remote islands, some of which are only accessible by boat or helicopter, have undergone great population changes during the last decades, especially due to permanent out-migration of younger people. In contrast to many other rural places, return in-migration of retirees to the islands has not been common (Hagstova Føroya).

At the beginning of 2012, 48 351 people lived on the islands. 6505 people were 67 years of age or older, equivalent to 13.5% (Hagstova Føroya). The capital area, where almost 40% of the population live, is the political and administrative, as well as the industrial and the service centre (Hovgaard et al., 2004).

In the capital Tórshavn, including the suburbs of Hoyvík and Argir, the population equalled 17 947 people in 2012. 2086 were 67 years or older equivalent to 11.5% (Hagstova Føroya).

Housing has traditionally been a private matter, which might explain why an official housing policy still has not been framed (Sølvará, 2012). A survey on living conditions for pensioners in the Faroe Islands from 2010 showed that 92% of the participants lived in private houses (Fróskaparsetur Føroya, 2010). In 2011, 85% owned their house, which was the same percentage as in 1977, when the last census was carried out. Of the persons older than 60, 22% lived alone (Hagstova Føroya). Alternative types of housing, such as rental apartments or smaller forms of sheltered accommodation, have not been an option although this is slowly changing. Mostly, older people who might want to move to more manageable accommodation are not offered any alternative but to stay or apply for a room in one of the old peoples' homes or nursing homes.

Up to the present, the administration and practising of care of senior citizens has been a national matter. However, over the last decade, there has been political agreement on decentralising the administration of this issue, letting the municipalities take over responsibility. This is intended to be carried out in 2015 and will require the municipalities to come up with strategies to ensure social services for older citizens in all communities (Almannaráðið, 2014).

2. Method

During the winter and spring of 2013, two group interviews and 15 individual interviews were conducted to explore how older people make meaning of ageing. The study draws on social

Fig. 1. Map of Northern Europe and the Faroe Islands.

constructionism and the idea that the world of everyday life and its constituent elements is constructed by people rather than simply and evidently being 'there' (Gubrium and Holstein, 2008; Burr, 2003). A social constructionist approach 'breaks free from the notion of age as a mere unproblematic background variable' (Nikander, 2009). Instead, the focus is on how age is socially constructed through language in interaction, which is in line with the epistemological point of departure for this study.

From a constructionist view, interviewing is a social action where the interviewer and the interviewee jointly engage in the meaning-making of a phenomenon, legitimating both parties as active knowers (Koro-Ljungberg, 2008).

The 'active interview', a constructionist approach to doing qualitative research, proposed by Holstein and Gubrium (1995), was chosen to guide the process of interviewing as well as my approach to data and my own role within that data. The 'active interview' has proven suitable for capturing meaning-making in terms of its process and product and the meaning-making practices of both the interviewer and the interviewee (Holstein and Gubrium, 1995). The 'active interview' is an open-ended interview that is characterised by flexibility and active listening (Silverman, 2006). The task of the active interviewer extends beyond asking a list of questions: "*It involves encouraging subjective relevancies, prompting relevant possibilities, facilitating narrative linkages, suggesting alternative perspectives, and appreciating diverse horizons of meaning*" (Holstein and Gubrium, 1995, p. 78).

An interview guide was compiled before the first interview. The guide was thematic in the sense that only a few questions were written down beforehand. They addressed the following topics: the meaning of ageing, daily life as an elderly citizen, important conditions for having a good life in old age, and future prospects or concerns. The meaning of ageing was the main topic throughout the interviews. To capture the experience of ageing from an everyday perspective, the participants were asked to talk about their daily lives, activities during the day, interests, and families. They were further asked to reflect on the future, to discuss both prospects and concerns, and to talk about conditions that would support or threaten their ability to manage in their everyday lives. From the group interviews, place of living emerged as an important aspect in the meaning-making of ageing. This topic, therefore, was added to the interview guide and was further explored during the individual interviews. The exact wording of the interview questions varied between interviews and was adjusted over the course of each interview to reflect the specific interview situation.

2.1. Participants

The manager of an activity house for pensioners in the capital of Tórshavn was asked if she would ask for volunteers from among the users of the house to participate in a group discussion about ageing and everyday life. A written note describing the overall objective of the study and giving information about anonymity and confidentiality was read aloud and three people, one man and two women, volunteered. The same procedure was followed when selecting participants from an island that was accessible only by boat or helicopter and characterised by small scattered villages and a high degree of out-migration, especially of younger people. One woman and two men volunteered. Both group discussions took place in the respective activity houses in quiet rooms made available by the managers.

For the individual interviews, ex-students from a previous university course were contacted and asked to propose participants from their region, town or village around the islands. They were informed about the purpose of the study and the criteria for participating. The participants were required to be home dwelling,

Table 1
Overview of participants (all names have been changed).

Name and sex	Age	Marital status	Place of living
Kata, female g	75	Widow	Small island community
Hans, male g	73	Married	Small island community
Poul, male g	84	Widower	Small island community
Lisa, female	68	Married	Small islands community
Jason, male	86	Married	Small island community
Hilde, female	84	Widow	Small island community
Joen, male	76	Married	Small island community
Elin, female	74	Widow	Small island community
Anders, male	71	Married	Small island community
Stina, female	82	Widow	Small island community
Jonna, female	91	Widow	Small island community
Asa, female	76	Unmarried	Larger village
Eydis, female	83	Widow	Larger village
Tora, female	73	Widow	Larger village
Leo, male g	73	Married	City
Eyð, female g	75	Widow	City
Lia, female g	86	Married	City
Hjalte, male	91	Married	City
Jette, female	83	Married	City
Berit, female	84	Married	City
Jon, male	83	Widower	City

to have reached pension age and be cognitively well-functioning. If the proposed men and women agreed to participate, they were contacted by telephone by the interviewer and a time and place for the interview were arranged. All the interviewees preferred the interview to take place in their homes. The interviews were recorded on a digital voice recorder and lasted from 48 to 65 min.

No decision was made in advance on the number of participants to be included. The aims were to select data as broadly and inclusively as possible and to provide a balanced sample in terms of gender, age and place (Taylor, 2001), as well as to gather a variety of stories (of ageing) from people who had experience of this and who could be encouraged to speak about the subjects of concern in this research (Holstein and Gubrium, 1995; Kvale, 2004).

In the following table, the participants are presented by name, sex, age, marital status, and place of living. Those who participated in the group discussions are marked with a g (Table 1).

2.2. Analysis

As pointed out by several scholars, transcription is part of the analytical process (Taylor, 2001; Edley, 2001; Nikander, 2008). Initial transcripts were thus made of all the interviews. These initial transcripts were verbatim in a broad sense. The emphasis was on *what* was said by both interviewer and interviewees and not so much on *how* meanings were constructed in the interaction during the interview.

Each interview's text was read and reread several times. A coding system was then evolved whereby themes were developed from the various points where age became topical in the text (Nikander, 2008). The meaning of home and attachment to place were found to be repeated topics through all the interviews. Text sequences dealing with these subjects were bracketed and transcribed in detail (see appendix for transcription symbols) to broaden the focus from just looking at *what* was said to *how* meanings were constructed in the interaction (Holstein and Gubrium, 1995; Koro-Ljungberg, 2008). This data corpus formed the material for the analysis of the meaning of 'home' for a variety of elderly people living in different communities in the Faroe Islands.

3. Findings

The interviewees in this study were not asked directly about

where they felt 'at home' and why. However, it was noticeable during the interviews and from reading the interview texts that meaning of home differed among the interviewees, depending on geographic location, family ties and neighbourhood, life course events and history, and activity patterns. Common for all the participants, though, was a wish to age in their present homes, no matter how 'home' was constructed or locally defined.

The findings are presented in two parts. The first part deals with how the interviewees negotiated the meaning of home and attachment to their physical houses. The second part widens the perspective and deals with how neighbourhood, community and region contributed to the participants' meaning-making of home and attachment to their place of living.

3.1. House

The interviewees were attached to their places of living. For some it was the house, and for others the whole community that made them feel at home. Length of residence, personal history, and memories of significant events in the past appeared to strengthen the interviewee's affiliation to their place of living. Most of the interviewees from small communities on islands with no road connection to the main area were living in the house where they were born (males) or into which they had moved after marriage (females). Their personal history was closely linked to the house where generations had lived for ages.

The following excerpt is from the interview with Joen, a 76-year-old farmer living in a small community on one of the northern islands. The excerpt demonstrates how memories and family history were important components in the meaning-making of home and in constructing a sense of identity through family history. As we enter the conversation, Joen has been talking about life in the village and how things have changed. He was living with his wife in the old farmhouse. His son had taken over the copyhold farm and was living in a new modern house next to the family house with his wife and children.

I: So you were born and grew up here?

J: Yes I have only had one address my whole life

I: So this is your childhood home?

J: Yes, my grandfather built this house (.) my father lived here and before my grandfather it was my great-grandfather (.)[it must have been in 1800-something?]I remember him [you do?] yes, it was in 47 (.) so I remember him well because we went (.) I walked around here in this kitchen (.)(looks around the room) around his feet (laughs) still, I was 5 when he died [yet, you remember him?] yes, he was 95 when he died.

I: And your father?

J: He was 86

I: So you have all lived here in this house?

J: Yes, we were four generations, I remember that [really?] yes, great-grandfather,he was a widower, grandfather (2) I don't remember my grandmother. She died relatively young, 42 or 43 years old [yes?] before my time, and then mother and father (.) and so later we came too.

I: So you stayed after marriage? Your wife married into…?

J: Yes, yes it was customary at that time (.) today, nobody would submit to that (laughs). (Joen, male, age 76)

Traditionally, the oldest son inherits the copyhold and the farmhouse. For Joen, who had only 'had one address his whole life', the house represented his history and more importantly, his family's history too. Memories from the past and being able to go back and relate to family members through generations were important components of Joen's construction of the farmhouse as home. The house was the significant place that provided him with a sense of 'autobiographical insideness' as it had come to symbolise his identity, who he was, and what he had become (Rowles, 1993) or, as Raymond et al. (2010:432) have argued, 'Individual connection with place is not just a function of experience with nature or social interaction with friends and family in setting, but also how individuals construct their own identity through their residential and farming histories'.

His son had not submitted himself to the family tradition of staying in the farmhouse after marriage. Joen explained this with a laugh. However, the changing patterns of family form and the growth of a more individualistic culture will profoundly modify the meaning of home and lead to increasing intergenerational differences in both the meaning attached to home and the importance of family inheritance, especially in rural areas or smaller communities in the Faroe Islands. Following this line of thought, Joen and his wife will probably be the last of the family to reside in the house that has been the home for generations. Joen and his wife had no intention of moving to another house or community. They were satisfied and did not worry about the future. The son and daughter in law lived nearby, goods were delivered by boat on a daily basis and if medical treatment were needed, a helicopter would provide transport if necessary. Thus, for Joen and his wife, ageing in place depended on maintaining the present service level and support from the family.

Intermarriage was common among the female participants in smaller communities. Their houses were often small, old and inconvenient but none of them expressed any wish to move. Asa was born and grew up in a small village in the north but moved to another village at the age of 19 to teach at the undergraduate school. After marriage, she moved into her husband's house. Her husband had died three years ago and she was now living alone:

I: So you stayed here? [yes, yes] is this your husband's childhood home, then? [yes, yes] and you married into …

A: Yes, yes, I married into the family and there was the father, the brother and the grandfather, yes, in this tiny house (laughs heartily).

I: Three generations, how was that?

A: That was alright. My sister came here to go to school (.) she lived here, too.

I: So there have been a lot of people in the house?

A: Yes.

I: And then you had children of your own?

A: Yes, we had three children (Asa, female, age 76).

The children had all moved out, two lived abroad and one daughter lived in a nearby community. For Asa, the house was where she felt at home. Memories of the past, of her life with the late husband and his family made her want to keep the house. She had no intention of moving and was not concerned about the future. She 'took one day at a time' and was satisfied with her tiny house and being able to keep it in the family despite the fact that she would probably be the last of the family to live there.

Eydis, an 83-year-old unmarried woman who had returned to her childhood home after retirement was similarly attached to her family house. She had moved back to her childhood village, a large

village connected to Tórshavn by roads and tunnels, primarily because she did not want strangers to buy or rent the house that her parents had built and where she had grown up and felt at home. The possibility of her sister's children being able to visit the family house meant a lot to her. With regard to the inconvenience of an old house, she had made some improvements and, as she explained, she could always move her bed downstairs to the living room if she became unable to climb the stairs one day.

For the participants living in Tórshavn and its vicinity, home was constructed as part of their personal history and related to what they had accomplished in adulthood. In contrast to the small and old family houses in the small remote communities, the houses owned by the participants in the city were often large and built to accommodate not just the nuclear family but also visiting family members coming in from more remote areas. Most of the participants had moved to the city as teenagers for work or educational purposes and had settled down, married and built their own house. Eyð was a 73-year-old widow living in the capital of Tórshavn. She grew up in a small community but moved to the capital at the age of 16. For her, home was the house she and her husband had built and where they raised their children. In order to demonstrate how Eyð negotiated the meaning of home a rather long excerpt is included.

E: We built our house in '73 (.) three children, but we built for guests, too; we had guests all the time [staying over?] always, always (.) communications were not so good so people came, they came for treatment, they came to go to the dentist (.) yes, constantly (.) we had room for that, you know [okay] (.) and it had its charm, too (.) then fixed links came and then it totally disappeared.

I: So now (.) maybe not that many people drop by?

E: No, not like that now, not villagers, they don't stay over, they come by (.) they come by car and then they come in and then they leave again and the young ones that came then, they are adults now (.) that was (.) well, a lot of young people came to Tórshavn, too. It was a lot of fun, but [yes, yes] (.) you built your house by yourself and you used your life to pay for it (.) you don't want to get rid of it just like that (.) like that without (.) no, no.

I: The soul is there?

E: Yes (.) and also for the grandchildren, they know where their grandmother lived and where we are (.) that's important, I think.

I: Exactly, so (.) stay as long as you can?

E: As long as you can, yes (Eyð, female, age 75).

The dialogue had been on why people cling to houses that from a pragmatic point of view are too big and in many ways inappropriate for older people living alone. The way Eyð negotiated the meaning of home was in many ways typical for the participants living in the city. Pride, ownership and memories were important components of their construction of home. They had built their houses themselves and had used years to pay for them. Memories of a time when having a big house in the capital meant having people staying over, young people visiting and 'having a lot of fun' strengthened the attachment to the house as the place of feeling at-home. The interviewer contributed to the meaning-making of home by suggesting the metaphor 'soul' to depict attachment as more than a physical sentiment or matter of bricks and mortar, which Eyð approved of, adding that for her grandchildren, the house was 'grandmother's home'.

Not all the participants had spent their whole adult life in the same place. For Jette, 83 years of age and living with a physically and mentally disabled husband, their house was also constructed as 'home' even though they had built it as middle-aged people after the children had left home. After years of employment as a porter of a parish hall, which meant living in a rented apartment owned by the community, they had finally built their own house. They had designed the house themselves and adapted the house to their current and future needs and promised each other they would stay there for the rest of their lives. "*Yes, I remember him always telling me that here we will stay, always (.) 'We will always, always stay here,' he said, 'here we will be allowed to stay'*". Living in a flat attached to the husband's job was never 'home' to them. They knew it was temporary and had always dreamt of building a house of their own.

3.2. Neighbourhood, community and region

As the heading indicates, findings concerning attachment to the neighbourhood, the community, and the region are presented together. This does not follow proposals from previous studies (Hidalgo and Hernandez, 2001; Cuba and Hummon, 1993) who, as mentioned in the introduction, argue for making a distinction between these levels of place. However, from the interviews it became evident that for people living in small communities, neighbourhood and community coincided, whereas for the participants living in the city, neighbourhood should be understood as comprising only the nearest neighbours. Apart from the neighbours, only the region or the city and its vicinities formed part of how they constructed attachment to their places of living.

The participants living in small villages felt strongly attached to their community. Knowing people and their families connected the interviewees to the community and made them feel at home. Eydis was asked if moving back to her childhood home in the village was like moving back home. The following excerpt shows how she constructed the meaning of home or 'at-homeness'. Naming people and their families in the surrounding houses was a common way of expressing membership of the community.

E: Yes, because it was almost the same, almost the same neighbourhood (.) you know, well the woman living in that house there, she is, well her grandfather was from that house and her mother was from that one over there [okay] so she lives there and her sister lives further up the road (.) and in the house over there the grandson of (.) you know, they are all people that I [you know?] yes, yes, that I know, yes (Eydis, female, age 83).

Similar to how Eydis explained why she felt at home in the village, Hilde, an 84-year-old widow living alone in a small village, explained how people in the village in general and the nearest neighbours in particular contributed to one's wellbeing and management of daily living:

H: I have good neighbours, that is the best of it [so you can rely on them, they have helped you?] oh yes if I ask for help then I get it and they come over by themselves, too.

I: That sounds good [yes] so you have not been left on your own?

H: No, no, not at all, and the house has a central location (.) by the road and I can sit and watch everyone passing by and they are so nice; they wave and smile and say something [that sounds good, then you feel that people are around you?] yes, that's what you do (Hilde, female, age 84).

Living in a small community meant knowing everybody and 'being known' by everybody. This has been shown to be of great importance to older people's sense of being part of a community

and further illustrates how social 'insideness' translates into attachment to place (Rowles, 1993). To illustrate the importance of belonging to a community, Hans told a story about a teacher who once stayed in the village. This teacher did not have any family links to the place and he made no effort to socially connect with people in the community:

> H: No, I often thought to myself, no I am not going to live like that in (names the home village) when I retire, to stroll like (.) but he had nothing, but I could imagine myself like that if I had been a teacher some other place than (names the home village).
>
> I: So it means something that you have your family and that you grew up here?
>
> H: That's for sure, you have this modern word 'network' [yes] and that network is part of thriving and (.) to have a good life as an old or elderly person [yes, you are probably right] I think so (Hans, male, age 73).

Despite depopulation, outmigration of young people and an increasing average age among the villagers, they did not consider moving to the central area. Hans mentioned having a network as important for ensuring a thriving and good life as an elderly person. Family members such as sisters and brothers and their families meant security and connectedness. "*We were eight sisters and brothers and four of them live in the village [still?] still, yes, so that is (.) that matters*" (Hans, aged 73). Also for Poul, who was living alone in a small remote village, having two sisters and their children in the village relieved any worries about the future. He had no intention of moving closer to the capital even though his children constantly encouraged him to do so.

> We who are born in a village (.) like it better in a village. I have three children in Tórshavn and I do visit them sometimes but God in Heaven, I don't feel like sitting in a kitchen all day while they all go out (.) no, I wouldn't like that [no?] (.) 'cause I wouldn't bother to go to Tórshavn just to sit by the window staring out all day. The only thing to look at is a road and a house (Poul, male, aged 84).

It was noticeable how the interviewees from small communities imagined life in the city and even felt pity for peers who had to live there. Ideas of people just staying inside their houses all day with no reason to go outside were common. Poul even compared people in the city with Danish people who, in his opinion, were living in cages.

As a whole, participants from smaller communities were more self-sufficient and their activities were more closely tied to daily living in and from the natural environment. Fresh air, the landscape and the possibility of outdoor activities such as animal husbandry and fishing were important features, especially for the men but also for some of the women. Some had sheep to take care of or ducks and hens, and three of the male participants still had boats and went fishing on a regular basis.

For people living in the city, the nearest neighbours were important in their daily living and for their attachment to their homes. For many decades, the municipalities in the main region have set aside new areas for building private houses to comply with a growing in-migration from remote areas and young families. Today, many of these neighbourhoods are characterised by being inhabited by certain age groups, depending on the time of the housing development. This was often mentioned by the interviewees when discussing issues of importance for managing in daily living and future prospects regarding housing. Having known and lived with the same neighbours for many years was considered to add to the value of their place of living and to their attachment to their houses.

When the interviewees from the city discussed life in the region of Tórshavn, most of them emphasised the proximity and accessibility of leisure activities as important for having a good life as retiree. The appropriateness of the environment (Tórshavn and its vicinities) was constructed from a more consumerist view compared to how villagers negotiated the appropriateness of their environment. This was most noticeable from the group interview with Lia, Eyð and Leo in Tórshavn. In the conversation before the part shown in the following excerpt, Lia had explained about all her activities outside the home — her painting courses, swimming lessons, and singing in a choir — and Eyð had told about her activities and how happy she was to live in an area with so many possibilities for staying active after reaching retirement age.

> There are lot of things to do, yes, if that's what you want; there are a wide range of activities of different kinds (in Tórshavn). My brother, who is 85, and I went to a rock concert in the cathedral of Tórshavn (everybody laughs) (.) yes, that was nice (.) you have to make yourself go out, too (Eyð, female, age 75).

When the group participants were asked how they imagined life to be for older people in the villages, they expressed quite negative views.

> E: I left when I was 16, so I don't know how it is in the villages (.) knitting clubs and bingo (.) that I wouldn't enjoy (laughs).
>
> L: But that's what they do.
>
> E: That's what goes on a lot and (.) (L interrupts [yes, yes]) (.) for people who have walking disabilities (.) or something like that (.) they can attend bingo (.) they can sit there and do something, you know, but that does not apply to me, does it? [no, no?] no, but it is good for some people.
>
> I: So it wouldn't have been good for you to grow old in a village?
>
> E: No, that would
>
> L: [that's what we think but if we had stayed in the village all the time, then].
>
> E: Then it would have been different, yes (Group interview, only Leo, Eyð and the interviewer participated in this part of the conversation).

The discussion between the group participants demonstrated how attachment to place was considered to be a question of adaption and also illustrated how time of residency was considered to play an important role in place affiliation. At the same time, when Eyð mentioned what was good for 'disabled' people (playing bingo and knitting) she drew on a common discourse about ageing people in remote areas being in bad health or being a need-based group that burdens the welfare system (Winther and Svendsen, 2012; Walch et al., 2012). From the individual interviews, though, somewhat more romantic ideas based on memories from the interviewees' childhood also came up: "*They take better care of each other (.) in the villages*" (Berit, female, age 84) and "*Really, it's better in the villages, isn't it [yes? I don't know, maybe?] they visit each other more often*" (Hjalte, male, age 91).

To sum up, the findings indicate that older people construct the meaning of home and attachment to place differently, depending on their place of living, be it in a small island community or in the city of Tórshavn. When the discussion was on ideas about future housing, the difference between the two became even more obvious. Only one woman living in a small community had applied

for a room in an old people's home. She had done so on the request of her worried children living elsewhere and because the home was in the village where she had lived all her life and she knew the other residents. This was not common among smaller communities. Usually, older people have to leave their local community and even their island to find alternative housing for older people. For the other participants living in small communities, an old people's home was not an option they would even consider. "*I could never live in an old people's home; I would rather die before that*" (Jason, aged 86). His remark illustrated a common view among the interviewees from small communities, even though not all were equally categorical in their statements. The interviewees in the city expressed a more pragmatic attitude to the possibility of moving to an old people's home. Five had sent in an application form to the local authorities. The waiting list for rooms in old people's homes is rather long so even if the participants from the city were managing well living in their private houses, they were on the list and could "*always say no*" (Eyð, aged 76) if the time was not right.

4. Discussion and conclusion

The aim of this study was to explore how the meaning of home and attachment to place was constructed among retirees living in the Faroe Islands. The data was derived from a larger research project on how older people make meaning of ageing in their daily living. The meaning of home and attachment to place emerged as important issues in the interviewee's accounts of ageing and demonstrated empirically how one of the key issues for understanding ageing well relates to 'understanding places in which participants are ageing and their relationship with those places' (Chapman and Peace, 2008).

Differences between participants living in the city of Tórshavn and in smaller island communities were noticeable. For participants living in the city, the house was especially important for how they constructed the meaning of home. They took pride in what they had accomplished in adult life, building and paying for their own houses, which Wiles et al. (2009) also found to be a symbolic factor that contributed to older people's attachment to their houses. Life in the neighbourhood did not appear to be of any special significance. Hidalgo and Hernández (2001) have noted that the neighbourhood in larger cities, where distances are greater, might be of greater importance to older people's attachment to place than is the case for people in smaller cities. Their study was conducted in the city of Santa Cruz de Tenerife, with 200 000 inhabitants. This might partly explain why people in Tórshavn, which has fewer than 20 000 inhabitants, did not consider their neighbourhood to be of any significant importance for their attachment to place of living. The city or the environment was constructed as appropriate to satisfy their needs for staying active in later life. Thus, the proximity of and accessibility to leisure activities outside the home was central in their accounts of daily living in the city. The environment or the appropriateness of the regional conditions were convenient for leisure activities but did not appear to contribute to any sense of belonging or attachment to the city as part of their meaning-making of home. In contrast, for the participants living in small island communities, affiliation to the village was of great importance in their construction of what home meant. Remarks like '*We who belong here*' and '*We who grew up here*' suggested that the meaning of home was a matter of belonging to a place with other people, and that attachment was a 'function of people connections' (Joseph and Chalmers, 1995). The meaning-making of home went beyond the house and the nearby neighbours, embracing the whole community. Apart from this, family history and the house being a home for generations were important factors for some of the interviewees living in smaller communities.

Burholt and Dobbs (2012) have argued that communities are socially constructed, and for members of island communities this has meant an ongoing renegotiation of community identity or island identity due to both outmigration as well as in-migration. Their study was carried out in two small island communities off the coast of Ireland, where in-migration, especially of retired people, had been common for the last few decades. In contrast and as mentioned in the introduction, the small island communities in the Faroe Islands have not been able to attract migrants; with a few exceptions neither younger people nor retirees have moved to these communities for decades and depopulation seems to be an inevitable fact. The small communities have been stable in their member composition, the same people living in the same places for decades or even generations. Regarding stability, Burholt and Naylor (2005) found that older people living in stable communities were more likely to attach to the community through strong social relations than they were in unstable communities characterised by a high degree of in- and out-migration, which the findings from this study support.

One research question was on differences between the meaning of home and attachment to place for people living in the city compared to small communities. Apart from the above mentioned differences, the comparison yielded some interesting results. First, it was surprising that the participants expressed strong ideas about the lives of peers living in other locations than their own. Participants from the city, though, had somewhat ambivalent ideas about life for older people in small remote communities. On the one hand, they had positive and somewhat romantic ideas that were influenced by their childhood memories, especially in terms of connectedness among people. On the other hand, negative and partly condescending ideas about older people living in small communities with activity options reduced to bingo and knitting clubs were expressed. This might illustrate what Winther and Svendsen (2012) have argued; that it seems to be a widespread belief that a gap exists between a developed urban population and an underdeveloped 'outer' or rural population 'lagging' behind. Also, within a policy discourse there seems to be a tendency to simplify rural life (Walch et al., 2012). People from the small island communities had similar strong ideas about life for older people in the city. They pictured life in the city as a life where people were sitting in their houses staring out at nothing but roads and houses, with no meaningful outdoor activities to attend to. Importantly, activities for the people in small communities were related to outdoor activities such as taking care of animals, fishing and other activities. They took pride in these because they had always been part of being able to provide for oneself. Scholars have analysed attitudes among peers on ageing and 'oldness' or how 'old age' is constructed among peers, especially regarding others than oneself (Hurd, 1999; Townsend et al., 2006; Degnen, 2007) but to my knowledge this has not previously been reported to relate to place of living.

A second noticeable result was the marked difference in attitude toward residential or nursing homes among the participants. For most of the participants from the city, sending in an application form for future institutional accommodation was not considered 'a big deal'. Rather, it was considered to be reasonable from a pragmatic point of view, partly because there were long waiting lists to obtain such accommodation, and partly because there might come a time when leaving the private house was necessary due to problems with managing living alone. Relying on family members or neighbours for help or support in staying in one's home was not mentioned by any of the interviewees from the city.

In contrast, the participants from the smaller communities (except for one woman, as mentioned in the findings) were quite dismissive of the idea of moving into an old people's home. Some had made arrangements with a son or a daughter to take over the

house on the condition that they would be able to remain at home, and some were relying on family and community members to give a hand if necessary. The differences between the two groups might partly be interpreted as a consequence of how they made meaning of home and how attachment to their place of living differed, but for participants living in small island communities, accommodation in a residential home would mean leaving the community or even the island, and thereby losing not just the private home but also the community that meant home to them. Similarly, findings from a study conducted in rural Northern Ireland have suggested that home is not just the place of residence but also the wider extended community within which the older person resides (Ryan et al., 2012). The authors therefore recommend that care houses, albeit smaller in size, should be located in rural communities instead of clustered in special areas, and that this social policy stance ought to be reflected in government agendas (p. 14–15). Recognising the importance of providing the necessary conditions for people to be able to age in place and age well, a similar social policy stance should guide the local politicians in the Faroe Islands, especially since this is a time when great structural changes concerning the administration and practising of care for senior citizens require new strategies to be developed to ensure social services for older people in all the communities within each particular municipality.

Owing to the small-scale nature of this study it is not possible to generalise the findings. However, they provide valuable insights into how older people construct meaning of home and how home is negotiated differently, depending on place of living even within a small scale archipelagic country. Differences were found in the way people living in the city and people living in small island communities constructed meaning of home and attachment to place. The 'rural–urban' distinction was not intended but emerged as an important aspect of how meaning-making of ageing was related to place of ageing and older people's relationship with these places.

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Appendix

Transcription symbols

(.) Indicates a short hesitation/pause in talk and (2) means a longer hesitation/pause in talk of, in this case, two seconds. Underlining a word means that the speaker puts stress on the word. ( ) Brackets indicate the author's comment and [ ] brackets indicate participants interrupting each other.

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Embodied ageing and categorisation work amongst retirees in the Faroe Islands

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ABSTRACT

This paper addresses ageing and embodiment and explores how age is negotiated in interaction using Membership Categorisation Work. Data were derived from group and individual interviews with home-dwelling retirees in the Faroe Islands. The analysis showed that the interviewees negotiated age by drawing on two contrasting categories, placing themselves and others in the categories of 'old' or 'not old'. Good health was the main predicate tied to the category 'not old' and keeping busy and taking care of oneself were the main activities that the interviewees ascribed to the category 'not old'. The analysis also demonstrated how health as a moral discourse was actualised during the interviews. Staying active and in good health were not just talked about as ways to achieve personal well-being. The interviewees talked about having a responsibility to stay 'fit' for as long as possible to avoid being a burden to the society or to their families.

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Introduction

This paper addresses ageing and embodiment and explores how age is negotiated in interaction using membership categorisation work (MCW). Data were derived from group and individual interviews with retired women and men aged from 68 to 91 who lived in the Faroe Islands, an archipelago in the North Atlantic Ocean. The interviews were conducted as part of a larger study on how retired people living in the Faroe Islands made meaning of ageing in their everyday lives.

Powell and Longino (2001:206) have argued that social gerontologists can study people of a certain age, 'but their reality seldom reflects that of the subjects of study when ageing bodies are ignored, because becoming and being old are embodied social processes'. Laz (2003) has similarly argued that social scientists can usefully theorise age and embodiment as mutually constituting accomplishments. From this perspective, growing older means that it is in and through our bodies that we experience both the social and physical realities of ageing (Clarke & Korotchenko, 2011). We are embodied selves. Our bodies do

not just 'hold us'; they are fundamentally part of who we are and how we are (Andrews, 2012:390). Embodiment relates to how people experience growing old in and through the body (Clarke & Korotchenko, 2011), and embodied ageing should be realised as a biological process, something that happens to the body, a social phenomenon, and a personal and individual experience (Andersson, Kvist, Nilsson, & Närvänen, 2012). How people interpret, perceive and act on embodied ageing is not, however, 'the same for all people at all times' (Coupland, 2009). It depends on how experiences from the past and expectations for the future are incorporated into perceptions of the present (Närvänen, 2004; Tulle, 2003). It also depends on the available interpretive resources in social structures and cultural discourses (Coupland, 2009; Laz, 2003; Powell & Longino, 2001).

Age is something people do, something that requires action and effort and something that persists as part of the landscape of self (Krekula, 2009; Laz, 2003:506). All social practices bring the body into play (Tulle, 2003). Although people do not always do it consciously, they do age in different ways depending on the interactional settings, whether they are mundane conversations, interviews, group discussions, public appearances or other situations during which one presents oneself as a certain type of person.

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A number of studies have documented the phenomenon whereby people assert that their chronological age deviates from how they feel (Andrews, 2012; Degnen, 2007; Hurd, 1999; Laz, 2003; Lundgren, 2010; Öberg & Tornstam, 2003). Physical well-being has been shown to have a positive influence on the subjective feeling of age, and defining the self in relation to 'real elderly people', e.g., those who reside in nursing homes, has been demonstrated to reinforce these subjective feelings (Hurd, 1999). Poor health, in contrast, has been shown to make people feel older than their peers (Kaufman & Elder, 2002), and in the case of illness, this often results in what Bury (1982) called a 'biographical disruption', which challenges a person's self-esteem and age identity. Remaining in good health has become a crucial objective for many people, and preventing deterioration by living an active and healthy life has been put forward as the recipe for staying healthy in later life (Jolanki, 2008; Katz, 2000).

To capture how embodied ageing 'is done' in interactions, I draw on membership categorisation analysis (MCA). This tradition, which originated in the work of Harvey Sacks (1995), draws on notions from both ethnomethodology and conversation analysis. MCA has proved fruitful in analysing how (age) identities are negotiated in and through talk (Nikander, 2000) and how speakers proffer their category work as common cultural knowledge (Stokoe, 2012). MCA thus makes it possible to study the practices by which people make sense of embodied ageing by categorisations and how common-sense knowledge of embodied ageing is displayed in interactions. The people who participated in this study had all passed retirement age (67 in the Faroe Islands). Both 'retirees' as a whole and 'old people' constitute what Sacks (1995) called as the membership categorisation devices (MCDs), an apparatus through which categories are understood to belong to certain collections of categories; for example, the category 'retiree' might be heard to belong to the MCD 'old people'.

To date, a number of studies have shown how social interaction can be studied for its identity production processes (Coupland et al., 1991; Henwood, 1993; Nikander, 2000; Paoletti, 2004; Pietilä & Ojala, 2011; Pietilä, Ojala, King, & Calasanti, 2013), and as Paoletti (2004: 136) argued, 'conversational membership categorisation activities are particularly salient features of identity work'. Nikander (2000) analysed how Finnish men and women close to their 50th birthdays used stage-of-life categories when negotiating their age identities. By analysing one lengthy excerpt from an interview with a 50 year-old woman, the author found that two contrasting categories, 'old' versus 'little girl' as stage-of-life categories, were activated in the interviewee's account of being 50 and showed how moral notions about age-appropriate behaviour were mobilised in interaction. Pietilä and Ojala's (2011) study on 'acting age in the context of health' focused on the interplay of age, gender and class in middle-aged working-class men's interpretations of ageing and identity work. The authors found, amongst other things, that age identity was negotiated by positioning oneself between the categories of 'young' and 'old' and that ageing was conceptualised in terms of health and functional ability and as an embodied process. In another study based on the same data, Pietilä et al. (2013) found that the interviewees had negotiated their own age identities solely by distancing themselves from the categories of 'young' and 'old', without tying any predicates or activities to their own category of 'middle-age' men.

The studies mentioned above focused on categorisation work amongst middle-aged men and women. At that stage of life, people are no longer young but are not yet old (Pietilä & Ojala's, 2011), and although they cannot deny their ageing, 'they are neither yet forced to include themselves in the group of old with all the primarily negative cultural meanings attached to old age' (Pietilä & Ojala's, 2011: 381). In contrast to these studies, the research reported in this paper was based on interviews with men and women who were 'old' from a societal point of view. They were past retirement age and thus at risk of being considered old by others (Öberg, 2004; Öberg & Tornstam, 2003).

A number of earlier studies have focused on identity work from the interplay between people of various ages. Coupland et al. (1991) investigated age-categorisation processes between women aged 70–87 and those aged 30–40. They found that age identity was best considered an intrinsically rhetorical projection and that age, health and experiential accounts were important in the construction of age between women of various ages. Taylor (1992) based his study on participants of various ages and genders. The participants in the study were elderly dependent homeowners and college students who lived with them as part of a housing programme in Salt Lake City. The study showed how frailty was used to construct elderly identity and how the construction of frailty could be beneficial if an elderly person wanted to signal the need for affiliation and physical care.

In this study, my aim was to obtain a mixed sample of interviewees with a wide variation of ages (above retirement age), genders, careers and places of residence to analyse how common-sense understandings of ageing were constructed in interactions. What the interviewees had in common was the Faroe Islands as the social and cultural context of ageing. Thus, they shared the experience of living in a small society in which, amongst other social trends, taking care of the elderly has changed from being a family matter to a state matter and where 'old people' have been increasingly considered a social problem (Kristiansen, 2009). As a whole, the Faroe Islands is an understudied area regarding ageing and later life. A quantitative study of living conditions for pensioners on the islands was undertaken in 2010 (Fróðskaparsetur Føroya, 2010), but to date, qualitative research on ageing has been scarce or even absent in the case of qualitative research using a discourse analytic approach. Thus, this study will contribute to filling in the gap concerning research on ageing in the Faroe Islands and to the research on how retired home-dwelling men and women make meaning of ageing.

To explore how retired men and women make meaning of ageing, the following research questions came to guide the analytic process: How is embodied ageing talked into being? Which categories related to age are mobilised during the interviews? What predicates, activities and images do the interviewees tie to these age categories? How do age norms interfere with how embodied ageing is negotiated in interactions?

Material and method

I will start by shortly introducing the context of the Faroe Islands.

The Faroe Islands is an archipelago consisting of 18 islands in the North Atlantic, of which 17 are inhabited. Along with Greenland and Denmark, the islands constitute what is known as the Commonwealth of the Realm. At the beginning of 2012, 48,351 people lived on the islands. Of these, 6505 people were 67 years of age or older, equivalent to 13.5% (Statistics Department, Faroe Islands). The demographic picture of the Faroese population is, as in other western countries, rapidly changing in the direction of fewer employed people and more people receiving the national pension. The main occupation for men has traditionally been within the fishing industry, whilst the women have taken care of children and old people in need of care. This traditional social order was not challenged until the beginning of the 1970s, when women came into demand in the growing fishing industry (Jákupsstovu, 2007). Women's entry into the labour market, together with a growing number of older people in need of care, finally resulted in the building of residential homes for elderly people in the 1970s and 1980s, but there is still an unmet need for accommodations for people who are unable to manage living on their own.

The Faroe Islands have traditionally had a subsistence economy and a social structure based on utilising and distributing natural resources. Today, this subsistence economy is primarily a village phenomenon, but it has been argued that this surviving tradition has had the effect that the Faroese welfare system has developed more slowly, less intensively and slightly differently than those in other Scandinavian countries (Sølvará, 2012).

Participants

During the winter and spring of 2013, two group interviews and 15 individual interviews were conducted. I contacted the managers of two different activity centres for pensioners, one in Torshavn, the capital of the Faroe Islands, and one in a village on a smaller island, and asked if they would inform volunteers about the possibility of participating in a group discussion about ageing and everyday life. A written note on the purpose of the study and information about anonymity and confidentiality in terms of participation were read aloud by the managers in both places. Three people from each activity house volunteered: one man and two women from the capital, and two men and one woman from the village. For the individual interviews, ex-students of the author from a previous university course were contacted and asked to propose participants from their regions, towns or villages around the islands. They were informed about the purpose of the study and the criteria for participating. The participants had to be living in their own homes, have reached retirement age and be functioning well cognitively. No decision was made in advance on the number of participants to be included. The aims were to select data that were as broad and inclusive as possible and to provide a balanced sample in terms of gender, age and place (Taylor, 2001). The objective was to gather a variety of stories about ageing from people who had experienced it and who could be encouraged to speak about the subjects relevant to this research (Holstein & Gubrium, 1995; Kvale, 2004). Ten women and five men, aged from 68 to 91, volunteered for individual interviews. Men and women aged from 73 to 86 participated in the group interviews.

The group interviews took place in the activity centres, in quiet, comfortable rooms that were made available by the managers. All of the individual interviews took place at the homes of the interviewees, which was what they all preferred. The interviews lasted from 48 to 65 min.

For the purpose of this paper, I use primarily excerpts from the group interviews. Group and individual interviews yield different types of knowledge because of their different contexts of interaction. However, in group interviews, the participants are confronted with the need to make collective sense of their individual experiences and to negotiate and justify personal views in a way that individual interviews do not call for (Pietilä & Ojala, 2011).

Method

An interview guide was compiled before the first interview. The guide was thematic in the sense that only a few questions were written down beforehand. They addressed the following topics: the meaning of ageing, daily life as an elderly citizen, important conditions for having a good life in old age, and future prospects or concerns. The meaning of ageing was the main topic throughout the interviews. To capture the experience of ageing from an everyday perspective, the participants were asked to talk about their daily lives, activities during the day, interests, families and so on. They were further asked to reflect on the future, to discuss both prospects and concerns and to talk about conditions that would support or threaten their ability to manage in their everyday lives. The exact wording of the interview questions varied between interviews and was adjusted over the course of each interview to reflect the specific interview situation.

All of the interviews were recorded on a digital voice recorder. As noted by a number of scholars, transcription is part of the analytical process (Edley, 2001; Nikander, 2008; Taylor, 2001), and thus, initial transcripts were made up of all interviews. These initial transcripts were verbatim in a broad sense. The emphasis was on what was said by both interviewer and interviewee and less on the micro-details of the conversations. The text of each interview was read and reread multiple times. A coding system was then developed in which themes were named by concepts that related to points at which age became topical in the text (Nikander, 2008). Changes in physical capacity with age and growing older as experienced within the body (embodied ageing) emerged as recurrent themes throughout all of the interviews. Excerpts that contained these themes were extracted from the texts and analysed in more detail by means of discourse analysis. This meant changing the focus from what was said to analysing how meanings were constructed in interactions.

Discourse analysis is an umbrella term that comprises various levels and analytical designs, each of which offers different analytical tools. In this study, I drew on social constructionism (Bergen & Luckmann, 1966; Burr, 2003; Holstein & Gubrium, 1995) and discourse psychology (Jolanki, 2009; Nikander, 2000, 2009; Potter, 2005; Taylor, 2001). Common to these approaches is the emphasis on language and interpretive practice as interactional processes through which people construe and represent reality (Holstein & Gubrium, 1995). From a constructionist point of view, interviewing is a social action in which the interviewer and the interviewee jointly engage in

making meaning of a phenomenon, legitimising both parties as people who actively "know" (Koro-Ljungberg, 2008). The 'active interview', a constructionist approach to qualitative research proposed by Holstein and Gubrium (1995), was chosen to guide the interview process in addition to my own approach to data and my role within the data themselves. From this point of view, the task of the active interviewer extends beyond asking a list of questions: "It involves encouraging subjective relevancies, prompting relevant possibilities, facilitating narrative linkages, suggesting alternative perspectives, and appreciating diverse horizons of meaning" (Holstein & Gubrium, 1995:78).

Analysis

For the analysis, I drew on the works of Sacks (1995), Silverman (1995), Nikander (2000), Paoletti (2002, 2004), Schegloff (2007) and Stokoe (2012). These works focus on membership categorisation analysis, an analytical approach that evolved from the discourse traditions of conversation analysis and ethnomethodology. The focus is on language use and how categorisation is used in interactions, such as presenting oneself as a certain type of person. The point is not to look into the inner cognitive processes or thoughts behind the spoken words but to analyse how versions of the world, the process of making sense of it and the construction of identity are actively produced through social actions (Nikander, 2000; Wetherell, Taylor, & Yates, 2001). I looked for how categories were used to make sense of embodied ageing, how age identities were negotiated in and through the participants' speech, and how they used membership categorisation to distance themselves or identify with others. This also meant looking for how descriptions of category-tied predicates and category-bound activities (Sacks, 1995; Schegloff, 2007; Stokoe, 2012) were constructed as common-sense knowledge about the categories under discussion. In addition to looking at identity work through membership categorisation, I looked for how discourses on ageing and the local moral order associated with age came into play through the speakers' descriptions of age or the claims that they made about it.

Findings

Throughout the interviews, the age categories and norms that the interviewees associated with the category "old" were used to make sense of bodily changes. At the same time, none of the interviewees "felt" old. This contradiction between physical 'oldness' and mental 'youth' is common in identity work amongst older people, as mentioned in the introduction (Hurd, 1999; Kaufman & Elder, 2002; Nikander, 2000; Paoletti, 2004). The interviewees were not explicitly asked about bodily changes or how these had affected how they made meaning of ageing, but 'body ageing' was brought up as a subject during all of the interviews. Chronological age was used as an interpretive resource to make meaning of bodily changes, but all of the interviewees seemed to distance themselves from the negative predicates that are often tied to the category 'old age'.

For analytical reasons, I present the findings in three parts. I am aware that the selected excerpts cannot be broken down so categorically and that overlapping will occur, but each part presents important findings and refers to the research questions that guided the analysis. The first part illustrates how the interviewees used two contrasting categories, the 'old' and the 'not old', in their identity work and how these age categories were applied and negotiated. The second part shows how the participants in a group interview used 'staying healthy' and 'ageing well' as predicates to identify or distance themselves from the categories 'old' and 'not old'. The third part is an analysis of how moral norms were activated in the interviewees' identity work and how 'staying healthy' was portrayed as a moral obligation.

Pseudonyms are used in all excerpts to ensure anonymity. 'Å' is used for the interviewer. For transcript notations, see Appendix A. For the original transcriptions in Faroese, see Appendix B.

Membership categories related to age: The 'old' and the 'not old'

When the interviewees were informed about the study, they were told, amongst other things, that I was interested in what it is like to grow old in the Faroe Islands. I did not elaborate further on what I meant by 'old'. In the criteria for participating, the only requirements were that the participants should have reached retirement age, be living at home and be functioning well cognitively.

Throughout the interviews, 'old' was used as a category that implied certain truths about what it means to be old. The following excerpt from one of the group interviews is illustrative of how the term 'old' is used as an unquestioned label for a certain age category but also how age categories, age norms and moral orders such as social mores and conventions are constructed in interactions. The group consisted of Kata, a 75-year-old widow, Poul, an 84-year-old widower and Hans, a 73-year-old married male. At this point in the interview, Hans had been talking about his mother, who had left the home very late to move to an old people's home. She was suffering from dementia when she moved. She never settled down but remained unhappy and confused until she died at the age of 89.

Excerpt 1 (group interview)

1. Hans: The worst thing is when your 'head' has gone (points with his fingers to his head) (.).
2. Then, it's too late.
3. Å: But that's probably … that's an experience you gain (.) that maybe comes too late?
4. Hans: Oh yes, it's so human [yes, yes], it <u>always</u> comes too late.
5. Å: Yes, but it's so easy to watch other people growing old, but you don't yourself, do you?
6. Kata: No, that's true, yes.
7. Å: Do you feel old?
8. Kata: <u>I</u> don't feel old.
9. Å: Now I don't know (.) can one ask how old you are?
10. Kata: Yes, one may ask that (smiles). I have just turned 75.
11. Å: And Poul is …? (Turns to Poul)
12. Poul: 84 (.) Are <u>you</u> 75? (Turns to Kata) You run down the road like a little girl.
13. Kata: (laughs) I had an operation (.) I was really disabled (.) I had my hip replaced.

In line 5, the interviewer makes a statement about the subjective experience of ageing compared with what can be

observed objectively. She uses the word 'watch', implying that growing old can be confirmed in an objective way by looking for certain visible signs of ageing. 'Age is visible, within limits, in the sense that we associate individual ageing with specific physiognomic and physiological traits like changes in body shape, skin and muscle tone and posture' (Coupland, 2009: 953). Asked whether she felt old (line 7), Kata answered "I don't feel old". By stressing the pronoun 'I', she seemed to distance herself from others who belonged to the category 'old'. She did not question the interviewer's use of the word 'old', but she rejected the label of 'old' and the implicit accompanying negative stereotypes. Hurd (1999) found that older women who attended an activity house in central Canada all seemed to distance themselves from the category 'old' but that this meant an ongoing struggle to, as she put it, 'establish, and even more important, preserve their membership in the category 'not old'. Kata, along with the other two participants in the group interview, made use of the activities offered by the day centre for pensioners in the region. Later in the interview, she talked about the importance of staying active in later life and how the day centre gave her the opportunity to stay active, both physically and socially. Hence, staying 'not old' requires work to stay healthy.

The interviewer then asks Kata about her chronological age. She does this politely, giving Kata the opportunity to refuse to answer by using the wording, 'can one ask …?' (line 9). Kata smiles when she replies, "Yes, one may ask that" (line 10). There is an old saying that you do not ask a lady about her age in front of others. Kata's smile and verbatim repetition of the question may have been an ironic way of answering my rather 'old-fashioned' form of questioning, but it could also have been covering up her embarrassment in disclosing her chronological age. After she has given her age, Poul reacts by questioning whether she is really 75 years old. In line 12, he says, "Are you 75? You run down the road like a little girl". His remark indicates what Laz (1998: 93) has called 'the mismatch between chronological age and age categories', which she argues causes emotional reactions such as admiration, surprise, disbelief and sympathy. Poul uses the metaphor 'little girl' and the category-bound activity of 'running' to support Kata and emphasise her rejection of belonging to the category 'old'. This exchange of words shows how the interaction of category work and description overlaps with moral work by referring to conventions about what can be expected from 'little girls' and 'old women'. Little girls run, and old women do not. Kata responds to Poul's remark by laughing. I interpret her laughter as a way of taking the sting out of her subsequent confession about having had a hip replacement. Before the operation, she was 'really disabled', and in terms of a stereotypical view, she was in danger of being categorised as 'old'. Instead, medical technologies made it possible to alter not just the meaning but also the very 'infrastructure of the body' (Powell & Longino, 2001). She had her hip replaced and could return to the category 'not old'.

Category-bound predicates, or common perceptions of what old age 'looks like', tend to affect the way in which people see themselves. These signs are often perceived as a 'mask that conceals the real self'. The next excerpt is from an interview with Lisa, who is 68 years old and lives with her husband and a daughter in a small village. The conversation had been about age and how she had experienced getting older.

Excerpt 2 (individual interview)

1. Lisa: No, no, in my thoughts, I'm younger than my bo-(dy) (cuts herself off) (.) or how
2. should I say this? (.) than, than what the birth certificate says or when I look at myself in 3. the mirror and see how old I am.
3. Á: But that's good, isn't it?
4. Lisa: Yes, yes, I think so, yes (3).
5. Á: How about your husband, does he manage to do the same?
6. Lisa: No, no (sighs). I could tell him 1930 should be written on his birth
7. certificate and not 1940.
8. Á: Okay? (Lisa laughs).

Even in this short passage from the interview, a great deal of age negotiation is taking place. In lines 1 to 3, Lisa brings into play three different ways of referring to the category 'old'. She begins with an attempt to distinguish between her 'feelings' of age and the embodied experience of ageing. Then, she cuts herself off. I interpret this as a necessary act to avoid contradicting herself in terms of what she had told me earlier about being physically well and active. She searches her mind for ways of referring to age ("or how should I say this?") to find a way to express herself. There is a short hesitation followed by a repeated 'than' until she comes up with her chronological age as a way of distancing herself from the fact of her age (her birth certificate). In lines 7 and 8, Lisa uses differently the relativity between age in years and the appearance of age. Her husband, she says (though she is laughing when she says it), seems much older than his chronological age. Giving another person negative stereotypical attributes in this way can be interpreted as a form of excluding oneself from the category 'old'. Instead, it serves to 'project a positive personal identity for oneself' (Paoletti, 2004: 142). In line 3, Lisa reiterates the 'fact' of her age in a way that does not correspond to how she feels. She looks in the mirror and sees how old she is. She does not give any details of what she sees, but implicitly refers to what is commonly observed as visible signs of ageing, e.g., skin, eyes, hair colour, wrinkles, etc. (my interpretation) (Coupland, 2009; Rexbye & Poulsen, 2007). In line 4, the interviewer asks whether it is, in fact, good to feel younger than she looks and than what the date on the birth certificate shows. Although Lisa says 'yes', she only 'thinks' so. Her answer is followed by a longer pause. I interpret the interviewer's hesitation as a sign of embarrassment. Her question actually suggests that Lisa looks old, which, from an ethical point of view, could be considered impolite. After the break, she therefore changes the subject and asks about Lisa's husband.

Health, ageing well and staying 'not old'

Most of the interviewees described themselves as being in good health. This did not necessarily mean the absence of chronic conditions such as arthritis, diabetes or heart problems. It seemed to rest more on their efforts to remain active and engaged in daily living. Chronological age was seldom used as an indicator of 'oldness'. Instead, the interviewees ascribed predicates tied to the category 'old', such as inactivity and bad health, to others. Apart from physical and mental conditions, which determined how the interviewees identified with or

distanced themselves from others, the will to stay 'fit' and independent appeared to be important and common in the category of people who were ageing well.

The following excerpt is from one of the group interviews with Eyð, aged 75 and a widow, Leo, aged 73 and married, and Mia, aged 86 and married. The three group members all considered themselves to be fortunate in the sense that they were financially comfortable and in good health and they had supportive families and networks. Eyð had just expressed her doubts about whether they, as a group, were typical of their age group. This led her to question whether they were representative of retirees in the Faroe Islands in general. By expressing these doubts, Eyð was not questioning how relevant she and the other group members were as representatives of MCD 'retirees'. Rather, she was questioning their membership in the category 'old', which is often associated with negative stereotypical attributes such as frailty, dependence, ill health and loneliness (Paoletti, 2004). The excerpt is rather long, but for analytical reasons, I have chosen to reproduce this part of the conversation in full. The excerpt is not analysed exhaustively, but I focus instead on how the participants, including the interviewer, used age categorisations, how category-bound activities are linked to categories and how different predicates or characteristics are tied to categories (Stokoe, 2012) and social norms (Housley & Fitzgerald, 2009; Jolanki, 2008; Silverman, 1995). We join the discussion at a point at which Eyð has just questioned whether she and the other group members can be considered typical and representative of 'old' people living in the Faroe Islands today.

Excerpt 3 (group interview)

1. Å: Oh, but you might say (.) that doesn't matter. There are also a lot like you.
2. Eyð: Yes, yes, oh yes.
3. Å: Both eh (.) you might age well or not so well, so …
4. Eyð: But I would agree with Leo (.) Your health [yes?], it's really important, and we are
5. careful with our health.
6. Å: Yes? (.) Do you have the impression that eh (.) now, I mean you meet a lot of people
7. here (.) is that something that (.) is it important or …?
8. Eyð: How do you mean?
9. Å: To look after your body and …?
10. Eyð and Mia: Yes, yes.
11. Mia: I think it's so important, and I do (.) for ten minutes every morning, [yes?] fitness
12. [yes?] (laughs) [yes?], yes and then (.) I don't go, I go to the sports centre twice a week
13. (.) gymnastics (.) I (.) it's lovely and that's, both physically and mentally and when we
14. are done with the gymnastics we sit down and have a cup of coffee and talk and (.) No, I
15. really believe it's important to keep oneself active.
16. Å: Are the three of you special?
17. Eyð: I don't think so.
18. Leo: No, no.
19. Å: Compared with so many other elderly people?
20. Eyð: No, I don't think so. A lot of them are doing well (.) Yes, yes but …
21. Leo: That's who we see
22. Eyð: Who we see, yes [yes?].

23. Leo: Yes, those who don't go anywhere.
24. 24: Eyð: Those who don't have anything to go to (.) it's a big change for them.
25. Å: Do you have the impression that a lot (.) how should you say this … eh (.) just stop
26. when they retire or (.) let go or …
27. Leo: That (.) that eh (.) I think that more and more people are aware of it [yes?]
28. that it requires that (.) not just to sit down.
29. Å: No, no (.) How do you mean?
30. Leo: Well, you know (.) … those who were older just a few years ago (.) they (.) they
31. just stopped and sat down somewhere (.) I don't think that's so common.

In line one, the interviewer endorses the fact that the MCD 'older people' can include different categories by saying, 'It doesn't matter. There are also a lot like you'. She demonstrates an understanding that there are different ways of referring to 'older people' and that 'different categories carry different resonances and interferences' (Stokoe, 2012:291) or that each category carries with it a 'set of category-bound activities, predicates, rights and obligations' (Paoletti, 2002:808). She proposes two categories of older people, those who age well and those who do not age very well (line 3). Eyð responds by saying, 'Your health [yes?]…It's really important and we are careful with our health' (lines 4 and 5). She presents herself as a member of the category of people who are ageing well with the predicate 'good health', but at the same time, she makes it clear that this means being 'careful with your health'. She uses 'we are careful' to imply that the activity of taking care of oneself is an activity bound to the category of 'people who are ageing well'. When the interviewer asks if taking care of oneself is common to other pensioners who use the activity house (lines 6–7), the interviewees do not understand what she means at first. She then rewords her question to focus only on the body in terms of taking care (line 9), and Mia and Eyð both agree with this. Mia then makes it more specific by saying what she is doing to take care of herself (lines 11–15). She exercises twice a week, and she mentions fitness, though she says it with a laugh. Her laughter could be specially recipient-designed to preclude the other group members from misunderstanding her activity. This may be a way for her to deny her chronological age (see Nikander, 2000:349). The interviewer does not laugh at her or with her but responds with a questioning "yes", either to be sure of what she has heard or to encourage Mia to elaborate on her activity. Fitness training usually takes place in 'fitness centres', not in private bedrooms. Moreover, fitness may not resonate with activities that are typically bound to the MCD 'older people', even though new cultural and more consumer-oriented images of old age have led to a wide range of possibilities for staying active as an elderly person. Mia does not take up the invitation to explain further but restricts her response to confirming ("Yes") that she does fitness training every morning (line 12). As well as recognising the importance of staying physically active, being socially active is considered part of taking care of oneself, and Mia includes this in her description of what she does to stay both physically and mentally healthy: 'We sit down and have a cup of coffee and talk' (line 14). She then continues with 'No, I really believe it's important to keep oneself active' (line 15).

In line 16, the interviewer then asks if the three of them, the interview group, are special. At first, she does not make explicit what she means by 'special', but Eyð responds by saying, 'I don't think so', and Leo just says 'no'. She then refers to the whole category 'elderly', or at least, 'so many of them' (line 19). In line 24, it becomes clear that the group interviewees take 'elderly' to mean 'retirees' when Eyð says, 'It's a big change for them', and the interviewer follows up by asking whether 'a lot just stop and let go when they retire' (lines 25–26). The main premises for ageing well change from physical activity and taking care of one's health to taking part in social life. In line 20, Eyð says, "No, I don't think so, a lot of them are doing well (.) Yes, yes but…" she is expressing her assumptions about the category 'retirees' but at the same time, by ending her statement 'many are doing well' with a 'but', she expresses reservations or modifies her statement, and she takes into account that there are exceptions. It is worth noting the change in the use of 'retirees' from a collection of different categories of people to a category within the collection of 'older people'. Schegloff (2007:469), referring to Sacks, wrote, "If an ostensible member of a category appears to contravene what is known about members of the category, then people do not revise that knowledge, but see the person as an exception, different, or even a defective member of the category". Leo seems to agree that there are 'those who don't go anywhere', but he also expresses the view that this was more common in earlier times (line 30) and that people today are more conscious of the importance of remaining active after they retire (line 27).

Staying healthy: a moral obligation

Throughout the conversation, the interviewees' words are imbued with predicates and forms of categorisation that are moral in character. The interviewees consequently use the pronoun 'we' about themselves as the ones who are 'ageing well' and 'them/they' as the ones who are 'not ageing well'. They tie different predicates and activities to each category by means of contrasting pairs such as active/inactive, social involvement/social withdrawal, awareness/lack of awareness of the importance of staying active. These situated and contrastive devices are drawn from broader discourses on health and old age and reflect the 'ambiguous expectations of older people in contemporary societies' (Jolanki, 2008) and how the pursuit of health has become a moral obligation and a sign of virtuous citizenship (ibid:68). The interviewees present themselves as different from people who could be described as displaying irresponsible or inappropriate behaviour that runs contrary to the dominant discourse of successful ageing that seems to have imprinted itself on the interviewees.

The moral norms that seem to underlie the way they speak about themselves and others in the previous excerpt become more evident later on in the conversation. They had been speaking about how they managed in daily life when the interviewer asked about future prospects:

Excerpt 4 (group interview)

1. Å: How do you feel about the future? (.) What does the future look like?
2. Eyð: I just take one day at a time. I don't think…but…
3. Leo: [but your health, it's your health that lies behind, isn't it so?]

4. Eyð: Isn't it what?
5. Leo: Your health (.) It's your health.
6. Eyð and Mia: Yes.
7. Mia: Yes, yes.
8. Eyð: That's what determines…
9. Mia: But then, then (.) eh I think that you have a duty to take care of your health as well
10. as you can, (.) by going out for instance, (.) eating sensibly and… (2)
11. Å: Duty to yourself or the society, what do you mean?
12. Mia: Eh what?
13. Å: Duty to yourself or the society?
14. Mia: Certainly to yourself but also to the society [yes?]. Yes it is (.) You are a
15. part of the society.
16. Eyð: And to your family so you don't end up a burden to them.

Leo had previously mentioned health a number of times as the most important aspect of ageing and a precondition for ageing well. I interpret his question "but it's your health isn't it" to be a way of expressing negative expectations regarding the future and drawing on what has been called a discourse of decline whereby impairment and frailty are inevitable. Mia and Eyð do not subscribe to this discourse of inevitable decline but suggest that ageing well is a choice you make and a condition for which you are personally responsible, e.g., by going out and eating sensibly (line 10). Similarly, Jolanki, Jylhä, and Hervonen (2000) found that their respondents, who were aged 90 years and older, drew on two contrasting repertoires when they constructed meanings of ageing. These involved a necessity repertoire in which old age was associated with inevitable deterioration and a choice repertoire that undermined the necessity repertoires by arguing for more positive outlooks on old age such that choices could be made.

The moral character of the interviewees' attitudes became clear when the word 'duty' was mentioned (line 9), and it was further displayed as a response to the interviewer's question "duty towards yourself or the society?" (lines 11 and 13). Mia first says that it is a duty towards yourself, but she adds that as a member of society, you also have to do your duty as a responsible citizen (lines 14–15). In line 16, Eyð adds that you also have a duty towards your family, and she implies that if you do not care for your health, you will be a burden to them in the future.

Discussion

The aim of this study was to explore how common-sense understanding of ageing was constructed by means of MCA amongst people who had reached retirement age. The analysis showed that the point of departure for making meaning of ageing was the conviction that remaining 'not old' depended on keeping the 'body' busy and distancing oneself from people who were defined as old. This was done not by chronological age but by making a distinction between people who were ageing well or successfully and those who were not ageing very well in that they did not take care of their health or take part in social activities. The interviewees 'did their age' by drawing on two contrasting categories, placing themselves and others in the categories of 'old' or 'not old', an approach that was also

found in a number of other studies (Hurd, 1999; Jolanki et al., 2000; Jones, 2000; Degnen, 2007; Townsend et al., 2006).

Making meaning of ageing was especially connected to the experience of bodily changes and health. The attention paid to 'health' and 'staying healthy' was noticeable, particularly in the first group interview (excerpts 3 and 4), in which good health and 'ageing well' were the main predicates tied to the category 'not old'. Crawford (1994) has argued that the concept of health is absolutely central to modern identity and that health and the body imagined through it (or vice versa) 'are not only biological and practical, although they are meaningfully these, but are also metaphorically layered, packed with connotations about what it means to be a good and responsible person' (p. 1348). The analysis demonstrated how health as a moral discourse was actualised during the interviews. The interviewees did not talk about 'successful ageing'; how-ever, as defined by Row and Kahn (1997), successful ageing can be imputed to people who have succeeded in staying active, healthy and engaged in life, which was how the interviewees affirmed the values 'by which they distin-guished themselves from others' (Crawford, 1994: 1353). Staying active and taking care of oneself was not just talked about as ways to achieve personal well-being. The inter-viewees talked about having a responsibility towards society and their families to stay 'fit' for as long as possible to avoid being a burden to society or to their families. Studies have shown how caring for older relatives in some cases might be an intense source of stress that involves serious physical and psychological consequences (Jenkins, 1997; Paoletti, 2001). In a Faroese context, this fear of burdening the family might reflect experiences from the past when taking care of the elderly was a family matter and responsibility. Especially for the women, taking care of the elderly was a moral and unquestioned duty because there were simply no alternatives before the first residen-tial homes were built in the 1970s. Other studies report similar findings that reflect a widespread fear of becoming a burden to families and also to society (Minichello, Browne, & Kendig, 2000; Zimmermann & Grebe, 2014), but to my knowledge, the incentive to stay healthy and active out of consideration for the family was not an issue in earlier studies.

The tautological focus on health demonstrated Tulle's (2003: 93) argument that the body can be perceived as a biomedical event that threatens well-being and identity.

Biotechnological advancements have made it possible to reconstruct the body and thus prevent, hide or halt the embodied ageing process to a certain extent (Powell & Longino, 2001), but there is nevertheless a limit, and "an endgame emerges with older people being at war with themselves…as aging gathers pace, it becomes increasingly difficult to 're-cycle' the body through cosmetics, surgery, props and prostheses, thus denying access to the world of choice" (Biggs, 2003:152).

Revealing their chronological ages was not problematic for the interviewees; however, similar to the findings from other studies, societal age-identity predicates were constructed as 'inappropriate and unwelcome' (Bytheway, 2005:476). When I asked the interviewees whether they felt old, I did not explain what I meant by the word, but the interviewees still rejected

the notion that 'old' applied to them. The word 'old' was left to 'speak for itself' (Townsend et al., 2006) and encompassed 'others' who had not managed to 'age well', those who had refused to take up strategies for staying physically fit and active. Minichello et al. (2000) used the word 'villains' to describe these 'others', the people who did not assume responsibility for choosing to remain "not old" though they had the choice. They compared the 'villains' with 'victims', people who did not have a choice because of chronic conditions such as dementia. The moral aspects of placing people in these categories were also highlighted in this study. Apart from depicting moral norms, this discourse about duty and responsibility also resonates with Foucault's concept of governmentality, which replaces top-down, governed rules and constraints on the individual with 'social technologies' and 'biopolitics'. These encourage the individual to practice self-discipline and self-government for the sake of the state and the individual (Foucault, 2008).

Predicates and activities, which the interviewees associ-ated with the respective categories, constituted common-sense knowledge about age categories amongst the partic-ipants, including myself as an interviewer. Schegloff (2007), referring to Sacks (1995:476), pointed out that 'the assertion that some activity is tied to some category is not an assertion about that activity or category; it is an assertion about common-sense knowledge—an assertion that common-sense knowledge asserts such a connection'. Common-sense knowl-edge, however, is not an endogenous resource ready to be used by the individual in social practices. Instead, people draw on available discourses to construct and negotiate different meanings (Edley, 2001; Jolanki et al., 2000; Nikander, 2000, 2009; Wetherell & Edley, 1999). These discourses are embed-ded in a web of historical and cultural norms and in values, knowledge and social practices (Burr, 2003; Pietilä & Ojala, 2011; Weinberg, 2008). The Faroe Islands do not greatly differ from other welfare states in the western world. The islands are experiencing the same demographic changes as other western countries, characterised by an increase in the number of retired people and a decrease in the relative number of people of working age. This has precipitated an intense debate in the media and amongst professionals and politicians. Metaphors including 'wave of elderly' and 'avalanche of old age' have been used in the media to highlight the widespread concerns about the ageing population. Media is doubtless the arena in which societal attitudes are most expressed (Wilinska & Cedersund, 2010), and it is the main source of mediation of common-sense views on age categories (Nilsson & Jönson, 2009; Rosanova, 2010; Uotila, Lumme-Sandt, & Saarenheimo, 2010). Exposure to these negative images of 'old age' might explain why the interviewees made such an effort to prove themselves to be 'not old' and why ageing seems primarily to target the body for intervention and act as a focus for resistance to becoming part of the category 'old'.

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Appendix A

Transcript signs

(.) indicates a short hesitation/ pause in talk and (2) means a longer hesitation/ pause in talk of, in this case, 2 s. Underlining a word means that the speaker puts stress on the word. () brackets indicate author's comment and [] brackets indicate participants interrupting each other.

Appendix B

Excerpt 1 (group interview)

Hans: Tað ringasta er tá bollin er farin (.) tá er tað for seint.
Á: Men tað er nokk, tað er ein erfaring man hevur (.) sum kanska kemur for seint?
Hans: Áh ja, hatta er so menniskjaligt [ja, ja] Tað kemur altíð for seint
Á: Ja, men tað er so lætt at síggja onnur blíva eldri, men man blívur ikki sjálvur, ha?
Kata: Nei, tað er sannheit, ja.
Á: Føla tit tykkum gomul?
Kata: Eg føli meg ikki gamlan.
Á: Nú veit eg ikki (.) kann man spyrja hvussu gomul tú ert?
Kata: Ja, tað kann man gott. Eg eri akkurát fylt 75.
Á: Og Poul is?
Poul: 84 (.) Ert tú 75? Tú rennir eftir vegnum sum ein smágenta.
Kata: Eg fekk operera (.) eg var so grúiliga lamin (.) eg fekk skift mjødnin.

Excerpt 2 (individual interview)

Lisa: Nei, nei tankarnir eru yngri enn krop..ella hvussu skal eg siga tað (.) enn, enn hvat dábsattestin sigur ella tá eg hyggi meg í spegli og síggi hvussu gomul eg eri.
Á: Ja, ja, men tað er jú gott.
Lisa: Ja, ja, tað haldi eg, ja (3).
Á: Hvat við maðurin hjá tær? Klárar hann tað sama?
Lisa: Nei, nei, eg kundi siga við hann at tað skuldi staðið 1930 á dábsattestin og ikki 1940.
Á: Okay?

Excerpt 3 (group interview)

Á: Áh, men man kann siga (.) tað ger onki, tað eru jú nógv sum tit eisini.
Eyð: Ja, ja, áh ja.
Á: Bæði eh (.) man kann eldast væl fyri og minni væl fyri, so.
Eyð: Men eg vil siga sum Leo (.) heilsan [ja?] tað er øgiliga vigtugt og hana røkja vit eisini.
Á: Ja? (.) hava tit inntrykk av tað er (.) nú møta tit so nógv fólk her (.) er tað nakað man (.) hevur tað týdning ella?

Eyð: Hvussu?
Á: At røkja kroppin og?
Eyð og Mia: Ja, ja.
Mia: Ja, tað haldi eg er so vigtugt og eg geri (.) 10 minuttir hvønn morgun [ja?] fitness [ja?] ja og so (.) eg komi ikki, eg komi í badminton høllini tvær ferðir um vikuna (.) gymnastik (.) eg (.) tað er deiligt og tað er bæði fysisk og psykisk og tá vit hava gjørt fimleik so seta vit okkum og fáa ein kopp av kaffi og práta saman og (.) nei, eg haldi tað er virkeliga vigtugt at halda seg í gongd.
Á: Eru tit trý speciel?
Eyð: Tað haldi eg ikki.
Leo: nei, nei.
Á: Í mun til so nógv eldri?
Eyð: Nei, tað haldi eg ikki. Nógv hava tað gott (.) ja, ja men…
Leo: Tað eru tey vit síggja.
Eyð: Tey vit síggja [ja?]
Leo: Tey sum ikki koma nakra staðni.
Eyð: Tey sum onki hava at fara til (.) tað er ein stór broyting hjá teimum.
Á: Hava tit inntrykk av (.) hvussu skal man siga eh (.) stegða upp tá tey fara á pensjón ella (.) setast aftur?
Leo: Tað (.) tað eh (.) eg haldi tað eru fleiri og fleiri sum blíva bevíst um tað [ja?] at tað krevur tað (.) ikki bara at seta seg niður.
Á: Nei, nei, hvussu meinar tú?
Leo: Ja altso (.) tey sum vóru eldri fyri nøkrum fáum árum síðani (.) tey (.) tey steðgaði upp og settu seg niður onkur staðni (.) tað haldi eg ikki er so vanligt.

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PAPER 4

IS THERE A 'FIT' BETWEEN THEORIES ON AND THE WAY IN WHICH OLDER PEOPLE MAKE SENSE OF AGEING IN THEIR EVERYDAY LIVES? FINDINGS FROM THE FAROE ISLANDS

Abstract

This paper explores how older people make sense of ageing and discusses how gerontological theories on ageing compare with empirical findings among older people living in the Faroe Islands. Data derived from group and individual interviews with home dwelling retirees aged 68 to 91. A constructionist grounded theory approach was used. From the analysis, three categories arose that each in their way presented important dimensions of ageing: Physical changes with age; social changes with age and ageing perceived as an ongoing process. No single theory could explain the multifaceted empirical realities of ageing that the analysis showed. The findings from this study underscore the importance of acknowledging ageing as a multidimensional process and, most importantly, that understanding this process requires that older people themselves are recognised as co-constructors of knowledge about ageing.

Key words: Ageing, theories on ageing, continuity and change, adaption, constructivist grounded theory.

Introduction

A neglected dimension of care for older people is the exploration of how older people make sense of ageing and changes with age (Reed and Clarke 1999; Minkler 1996; Phelan et al. 2004; Jopp et al. 2014). The amount of research *about* old people, however, is substantial, especially that directed at developing proposals for how to understand why some people stay well into very old age or age 'successfully' and why others do not. Both national and trans-national policies on ageing and strategies to counter the growing number of elderly people are informed by these types of studies. The aim of this paper is twofold. First, I intend to offer insight into how lay people make sense of ageing and how they negotiate changes with age in the context of research interviews. Second, I will critically analyse how these findings compare with theories on ageing that seem to have obtained a hegemonic position within elder policy and care.

Older adults comprise a growing proportion of individuals in most Western countries, and ageing populations will, in the next quarter of a century, affect all regions of the world (Harper, 2004). Debates in the media echo concerns about the 'problem' of society ageing (Uotila et al., 2010; Rozanova, 2010; Wilinska and Cedersund, 2010); in the Faroe Islands, an archipelago in the North Atlantic with only approximately 50 000 inhabitants, this issue has occupied politi-

cians and professionals, especially those working in primary health care. Extrapolations have shown that in twenty years, there will be 11 000 people aged 67 or older, compared to 6 500 today. Underlying this concern is a perception of old age as a separate period of life that is characterised by certain predictable bodily changes and loss of functions and even loss of independence (Powel and Longino, 2001; Gergen and Gergen, 2002; Öberg, 2004; Townsend et al. 2006).

The history of gerontology might be described as the history of the social construction of meaningful images or metaphors of old age (Hepworth 2004). These constructs comprise various theories on ageing that each uniquely proposes ways to understand ageing and old age. An ageing population is expected to pose a major burden on the health and welfare system (WHO 2002; Almannaráðið 2012; Otto 2013, Townsend et al, 2006). Therefore, theories that suggest possible 'solutions' to the problem of an ageing society have dominated the literature. Activity theory, proposing a way to postpone physical decline with age, is one such theory that has been implemented on both a national and a trans-national level in strategies to counter the burden of a growing number of older people (Løgtingslóg 121, 2014; WHO 1999, 2002). However, as contended by Bytheway (2011), "a model represents 'a truth', not the whole truth about ageing" (p. 75). Models or theories on ageing are abstractions. They are decontextualized, removed from context regarding time, space and situation (Charmaz, 2012), and may not compare with the 'real' world of older people living in a specific society.

Studies and proposed theories on ageing have predominantly progressed from age- and stage-based expectations of the life course (for exceptions, see for instance Hockey and James, 2003; Grenier, 2012). The terms third and fourth age have been used to differentiate between a 'younger' subgroup of the older population and 'the real old'. Although Laslett (1989) added new dimensions to this distinction by applying social and cultural values, his division is based on the assumption that the fourth age is a separate stage characterised by decline and dependency that marks the end the third age (Grenier 2012). The concept of the third age has been closely associated with successful ageing. Staying active and engaged, in combination with the absence of disease and good physical and cognitive function, has been considered an integral part of successful ageing (Rowe and Kahn 1997). Alternatively, as suggested by Menec (2003), successful ageing is considered to be the outcome of a life characterised by activity and engagement.

Scholars have analysed the concept of successful ageing and how it compares with older people's definitions of 'ageing well or successfully' (Phelan et al. 2004; Knight and Ricciardelli 2003; Hsu 2007; Strawbridge et al. 2002, Torres 2003). A common conclusion has been that older people most often rate their 'degree of success' as higher than expected based on objective observations. Strawbridge et al. (2002), for instance, explored self-rated ageing and well-being compared to Row and Khan's health criteria for successful ageing. They found that the percentage of participants rating themselves as ageing successfully was 50.3%, compared with 18.8% as classified according to Rowe and Kahn's criteria including absence of disease, disability, and risk factors. Jeste et al. (2010) suggested that one explanation might be that, whereas researchers tend to focus on freedom from disease and disability, lay people focus on adaption,

meaningfulness and connection. This suggestion corresponds with Ashley's (1989) continuity theory, which offers an understanding of the ageing process that draws attention to the concept of success (and failure) as whether the individual is able to incorporate ageing changes into their sense of self without experiencing rupture, crisis or breakdown. Baltes' (1987, 1997) theory on selection and optimisation with compensation follows this line of thought and suggests that processes of adaption can be used in later life to compensate for losses and decline.

Regardless of which theory is operationalised, the main focus has been on identifying critical determinants of successful ageing. Bowling's (2007) literature review of the concept of successful ageing showed that many models were entirely or largely uni-dimensional, 'reflecting values of specific professional disciplines and their prevailing theories' (p. 274). In contrast, lay views on successful ageing were more multidimensional and overlapped existing models when taken in combination.

Studies that compare older people's views on ageing with existing theories have mostly used questionnaires and a quantitative design (Jopp and Smith 2006; Phelan et al. 2004; Menec 2003; Strawbridge et al. 2002), which limits the participant's freedom to elaborate on their experiences of ageing; instead, they must answer questions related to specific theories on ageing chosen by the researchers. This paper addresses the gap in the literature regarding studies that evaluate how people make meaning of ageing without predetermined decisions on which single theory on ageing to investigate. Instead, an inductive approach informed by constructivist grounded theory (CGT) is applied, allowing various views and issues concerning ageing to be discussed during the interviews. The following research questions guided this study:

- How do people make meaning of ageing in their everyday living?
- How do older people make sense of and negotiate the meanings of changes with age?
- How do the findings from interviews compare with theories on ageing from the literature?

The aim is to explore how older people living in the Faroe Islands make sense of ageing and changes with age and to offer the Faroe Islands as a testing ground for reconciling theories on ageing with empirical findings from a specific cultural context.

MATERIAL AND METHOD

Participants

The study was part of a larger study on the meaning-making of ageing among retirees living in the Faroe Islands. Two group interviews and 15 individual interviews were conducted with retirees living in the Faroe Islands. The group participants were regular users of activity houses for retirees, one in the capital of Tórshavn and one in a small village on an island. They had volunteered to participate after being informed about the purpose of the study. Each group consisted of three volunteers. Before the first interview, a few guiding questions were written

down to ensure that the following themes were discussed during the interviews: the meaning of ageing, daily life as an elderly citizen, important conditions for a good life in old age, and future prospects or concerns. Participants for the individual interviews were selected using intermediaries around the country. These intermediaries were ex-students from a previous university course. They were informed about the purpose of the study and asked to propose participants from their regions, towns or villages. The participants had to be living in their own homes, have reached retirement age and be functioning well cognitively. If the proposed individuals agreed to participate, they were contacted by the author, and arrangements were made for when and where to meet. They all preferred that the interviews take place in their private homes. The group interviews took place in quiet rooms in the activity houses. The age of the interviewees varied from 68 to 91 years; eight men and thirteen women participated. The interviews lasted from 48 to 65 minutes. They were audiotaped and transcribed verbatim.

Ethical considerations

All the participants volunteered for the interviews. No official ethical approval was required. The participants were guaranteed anonymity and confidentiality and were informed that they could discontinue their participation at any time.

Methodological frame

CGT departs from a constructionist paradigm, emphasising ontological relativism and epistemological subjectivism. Charmaz (2008) has emphasised the importance of breaking free from objectivist versions of GT, which assumes that there is a single reality 'that a passive, neutral observer discovers through value free inquiry' (Charmaz 2008: 401). Constructionism is a research paradigm that denies the existence of an objective reality (Charmaz, 2011, 2012, 2008, Mills et al. 2006; Burr 2003). Instead, realities are considered social constructions of the mind and mutually constructed through interaction (Charmaz 2011, Thornberg 2012).

Several scholars have argued that researchers have to accept the impossibility of pure induction in implementing GT as in the 'classic GT' (Charmaz 2008, 2011, 2012; Thornberg; Kelle 2005). The concept of theoretical sensitivity (Strauss and Corbin 1990; Birks and Mills 2011; Charmaz 2012) acknowledges that researchers carry with them literature sources as well as professional and personal experiences, which have to be accounted for in the research process. Thornberg (2012) has proposed what he calls 'Informed GT', referring to a research process in which both the process and the product have been thoroughly grounded in data by GT methods 'while being informed by existing research literature and theoretical framework' (p. 249).

Analysis

Following CGT, the analytic work begins during the data collection process (Charmaz, 2008, 2012). After each interview, the impressions of the course of interaction were written down,

and such questions as what happened, how meanings of ageing were constructed and whether anything surprising arose from the interview were asked. Provisional theorising and open coding were then undertaken to inform subsequent interview sessions; the goal was to raise new questions or note the need for further exploration of surprising or unexpected findings (Charmaz 2012). These actions continued throughout the entire data generation process.

Excerpts in which age and daily living factors became topical were extracted from the transcribed interview texts, and both linear and paragraph coding was used to sort the data (Charmaz 2011, 2012, Mills et al. 2006). Writing memos in connection with the coding was an important part of the analytic process, which included writing down how codes were grounded in data and making tentative interpretations. Codes that arose from working with the data were compared with the entire data set and with other codes. After working back and forth between codes and data, some codes were found to account for data better than others. These codes were then 'raised to tentative analytic categories' (Charmaz 2011: 165) or themes and used to structure the continued analysis. Three themes were found to cover the main findings:

- Ageing and physical changes
- Ageing and social changes
- Continuity and change in everyday living.

The continued analysis included going back to data and gathering passages that constituted the themes, thereby anchoring the themes in data.

Pseudonyms are used for the participants, and the following signs are used in the transcripts: (.) indicates a short hesitation/pause in talk. () brackets indicate a comment by the author, and [] brackets indicate participants interrupting each other.

FINDINGS

Overall, ageing was constructed as a dynamic process marked by both change and continuity. There was no 'threshold in the lives of individuals that marked the onset of old age' (Bytheway 2011: 56). The data did not support an understanding of old age or later life as a stage with discrete entries and exits, although there were particular situations in which the interviewees expressed views on the future that could imply an 'exit', using metaphors such as 'standing on the edge' and "if you 'lose it'", meaning losing control of yourself. The participants compared their present with their earlier self, but this comparison was seldom made within a specific chronological time frame. Rather, the interviewees assessed their current status by referring to their own 'earlier self'.

The findings are structured according to the themes that were found to cover important aspects on ageing from the interviews.

Ageing and physical change

When the interviewees negotiated the meaning of ageing, they often did so by comparing their earlier capacity to perform various activities with their current physical capacity. For the men, this factor was mostly related to outdoor activities, including both work and leisure activities. The following two extracts are from one of the group interviews. The conversation had been about getting out and exercising, which all the group members considered important, although they practiced it at various levels. Hans, aged 73, was staying physically active by helping his brother take care of sheep:

> 'I do a lot of walking (in the mountains) but I feel that it is not the same as it was before, that's for sure'.

In the next excerpt, Poul, an 86- year- old widower living on his own in a small village, did not speak as directly about his former physical ability as Hans:

> 'I really have problems walking now so I don't walk much, I am not up to it any-more, I have to use a stick; otherwise I get totally run down (.) I always endeav-oured to take a walk around the village to get (.) every morning (.) then the pain got so bad that now I only take very short walks'.

However, by shifting between using past and present tense and the proverbs 'now' and 'any-more', he does make a comparison between what he was able to do previously and now. Addi-tionally, he now '*has* to use a stick'. A stick is often used as a symbol of old age, (e.g., in public road signs indicating to road users that 'older people' may be crossing the road and instructing the road users to reduce their speed). By using the expression 'have to', he is able to somehow distance himself from the image of oldness by showing his discontent of being dependent on and forced to use 'a stick'.

The women also compared their earlier and present selves. Stina, a widow aged 82 and living alone, had difficulties accepting herself as a weaker replica of an earlier self:

> 'No, no, I´m fine, I am fine but of course, you get older and you can´t do it all and (.) as long as I was younger everything went brilliantly'.

Later, she adds:

> No, I can't complain but because I have always been so strong and capable of doing what I want, I find it hard to accept (.) I <u>feel</u> that I can manage but it doesn't work (laughs) (.) but I have been up to doing so well, that´s what I find so difficult to deal with'.

Although Stina emphasised several times during the interview that she is satisfied with her life, she constructs old age ('*you get older*') as a time in which one has to accept changes in physical ability and the necessity of downsizing the level of activity, even if it is annoying.

The next excerpt is from the individual interview with Eydis, aged 85 and living alone. She had been talking about all the activities she was engaged in both at home and in the community. For her, the days were too short to accomplish all the things she wanted to. This statement led me to ask whether she ever thought about herself as being old. She replied by referring to a specific situation that made her feel 'a little' old.

> Well, for the last couple of years (.) then I have felt like, a little (.) I have to admit that, also when I go down to the village, when I walk, well you know, sometimes a tiny feeling of(.) I do go, yes, but if it's cold or windy, then I don't go in the winter and that's what I feel now, that I have gotten older because before I just went.

Feeling old was something that just occurred sometimes and obviously not a feeling that she related to leisure time or daily activities. Instead, she interprets her dislike of going out in the winter as a sign of ageing because it had not been present earlier. It was common among the interviewees to make a distinction between their physical ability to perform particular tasks and the way they felt 'inside' about their age. This distinction became visible when, as in the prior excerpt, particular physical performances were at stake. The following excerpt from the interview with Andres, aged 72, shows this discrepancy between feeling young or the same 'inside' and then having to accept that your physical ability is not the same as it was at a younger age. Andres had been a fisherman since age 14 and still went out with his boat. For him, it was annoying to feel that he did not have the strength that he used to have:

> No, I haven't changed, I don't think about it and when I think then I am in my twenties but then, when I go to work (fishing) then I feel that I am not twenty, you know, when you have to ask your son for help.

Asking for help to do something they used to be able to do on their own was constructed as a sign of ageing that could not be overlooked even if the 'feelings inside' did not match the decrease in physical capacity. Similar to Poul, who used the expression 'have to' (use a stick), Andres also showed his discontent with the fact that he could not manage by himself anymore. He also 'had to' ask his son for help, implying that it was only out of necessity.

Constructing ageing as a physical phenomenon that does not correspond with 'feelings of one's age' or distinguishing between a 'physical self' and 'inner self' was noticeable among the interviewees. Especially among the women, a feeling of one's body letting one down was common. For some, it was a particular part of the body that had 'let them down', e.g., '*If it wasn't for that stupid knee...*' (Hilde aged 84) or '*if it wasn't for my back giving me these problems*' (Berit aged 84). Although ageing is a biological process, something that happens to the body, ageing is also a social phenomenon. People interpret bodily changes in various ways and 'do their age' depending on the interactional setting and depending on how they want others to see them. For some of the interviewees, this meant that they positioned themselves as 'not old' by distancing themselves from 'their ageing bodies' and presenting themselves as the same persons they had always been.

Ageing and social change

For most of the interviewees, transitions during the life course had necessitated changes in daily living and caused changes in social identity. Transitional turning points, such as retirement or losing a spouse, were constructed as processes causing what Bury (1982) has termed a temporal biographical disruption. The period following a transitional turning point was often constructed as a liminal period, a period between losing one social status or role and resettling on a different identity (e.g., a retiree or widow/ widower). Eyð, aged 75, had retired at the age of 67. She constructed the first period after retirement as a period of adjustment and adaption to new routines.

> Yes, it's a great change to leave the labour market because (.) I, well I have to say; well I had to get used to the new circumstances. I was used to meeting at eight o'clock (.) but now, now there was nothing to rush for, that, that I felt was somewhat, you know, but (.) then I started to, you know, what to do? I went to the library often, that I did, I made myself go to the library every morning (.) read the papers and then go back home, just to, you know [get new routines?] Yes, a new rhythm, that's what is important.

Leaving the labour market was not just constructed as a question of adapting to new routines. Having a job also meant being socially connected to other people. For some of the interviewees, leaving the labour marked had left a social void. Louisa (aged 68) had retired some years ago because of a bad knee. She missed getting out and being with other people.

> I miss it, every time I go by the place, I miss it, that´s for sure....it's so important to be with other people.

Losing a spouse was a disruptive event that several interviewees had experienced. For some, the death of the spouse occurred without warning, and for others, a long illness had in some way made death expected. However, all the interviewees who had lost their partners described the transition to widowhood as a process that would last for the rest of their lives.

Stina, aged 82, had lost her husband many years ago. Although she had managed well, especially by having her children and good friends around, his death had left a void that sometimes made her bitter.

> I still miss him just the same (after 15 years) ...you never forget and sometimes when I sit by myself I can´t help thinking that now we should be enjoying old age together. He spent so much away from me when he was alive.

Losing a partner was also described as losing the person whom you had planned to spend your life with in old age. "*My wife got cancer (shortly after she had retired), it happened so fast (.) we were supposed to have all the time for ourselves then, the children had left, but it shouldn't be*

like that" (Poul aged 84). Later, he explained how he managed after her death with help from family members and people in the community. He said that it was important to not stay home and moan, and he forced himself to go out and move on with his life.

Ageing and continuity

Living as usual and taking one day at a time were repeated answers when the interviewees were asked about their present everyday lives. Despite the changes described in the prior section, everyday life was marked by daily activities such as maintaining the house, taking care of animals, needlework and, for some, attending activities offered by the community. Lia, a married woman aged 86, reflected on age and daily living when asked what age meant to her:

> I think that (.) I don't think about it [no?] that I am old (.) I know I am old but I just live my everyday life the same way that I always have (.) I think I do the same things that I have done for years so (.) it doesn't bother me to be old.

For most of the interviewees, it was of great importance to continue to do what they felt capable of. The women maintained the house, cooking and doing needlework. Stina, an 82- year-old widow who was suffering from multiple ailments, insisted on doing as much as she could. When asked what she did during the day, she replied:

> Well, I don't know, I tidy up and bake, I kneaded bread today (laughs) and like that, I do that but not cleaning up, I don't do that (.) my daughter normally does that, not by all means though, I can wipe the floor but you know (.) I can dust and things like that (.) I like it here, just to putter about and doing things (.) I have never, never been bored, I have always had enough to do (.) I don't feel old so they sometimes ask me if I know how old I am (laughs), no, I never think about that.

Jason, an 86- year-old married man, had been looking forward to having more time after retirement, but heart problems had caused him to downsize some of the activities he had planned:

> [So you were looking forward to have more time?] yes, and I have enjoyed it every day (leans forward stressing his words) I always keep myself busy because, you know, I have it all, hens, chickens, geese and things like that (.) so I have really enjoyed my life as a pensioner.

In the last two excerpts, it is noticeable how an active life in old age is constructed as being a good life in old age. Overall, the interviewees made an effort to present themselves as active people and position themselves as fortunate compared to people for whom this was not an option because of illness or disability. They attached importance to activities that had been part of daily life and hobbies throughout their lives, even if it required downsizing expectations and levels of activity. The participants accepted that more time was needed to perform a task, and sometimes this difficulty meant simply changing the purpose of the task. Stina, Eydis and Hilde, for instance, had always enjoyed knitting, and it still played an important role in their

everyday lives, but they had moved from knitting big sweaters with complicated patterns to knitting socks and scarfs for family members and various humanitarian organisations.

DISCUSSION

The aim of this paper was to explore how older people experience ageing from an everyday perspective and to critically evaluate how subjective experiences of ageing resonate with established theories that seem to inform social policies and health care. Using the process of constant comparison, three categories that address the subjective experience of ageing arose from the data: ageing and physical change; ageing and social changes; and ageing and continuity.

The analysis showed how the interviewees negotiated meaning of ageing in various ways. They talked about bodily changes and how various physical conditions made it necessary for them to downsize physical activities. However, they all stressed the importance of keeping busy or occupied in their daily living by continuing to do what they had always done but at a slower pace or lower level. For the women, this level of activity primarily included maintaining the house and doing different types of needlework, and for the men, outdoor activities played an important role in their daily living. The future was seldom talked about, but all the interviewees emphasised that they had a good life; they did not feel old and wanted to continue their lives as it was.

Generally, ageing successfully is seen as the outcome of particular preconditions, factors and processes that enable and support ageing in an optimal way (Jopp and Smith 2006). However, as noted by Strawbridge and colleagues (2002: 732), any definition of what it means to age successfully 'must be reflected in well-being to be valid, unless one wants to restrict success to longevity and absence of disability only'. The findings showed that physical health and functioning impacted the lives of the participants, but in regard to subjective feelings, such as satisfaction or contentment with life, the degree to which the interviewees were able to adjust activities to their reduced physical capacity was even more important. Similarly, Jeste and colleagues (2010) have noted that although only a small minority of older adults can be defined as ageing successfully if an objective definition based on physical health is used, a majority believe they are ageing successfully if evaluated using psychosocial criteria. Jobb and Smith (2006) found that although old and very old people experience resource losses, the optimal use of resources available through strategies such as selecting, optimising and compensating, as suggested by Baltes (1987, 1997), may prevent feelings of dissatisfaction with getting old. Only a few of the participants in this study would be characterised as having aged successfully or belonging to the fortunate 'third agers', meaning free from disability or ailments, but they all seemed to have balanced the effect of constrained physical resources by adapting to new conditions using such tools as 'reconstructing their goal hierarchy' (Jopp and Smith 2006). Stina, at the age of 82, was happy to just 'putter about'. She felt 'busy' and never 'bored' and joked about how others evaluated her activities as being 'too much for her age'. Similarly, Menec (2003) found that although activity level declined with age, older age was not associated with less happiness, and

compensating mechanisms appeared to allow people to maintain well-being despite age-related losses. For Jason, downsizing activities had been necessary because of heart problems, but he had compensated for the loss of land and sheep by changing his outdoor activities and was now happy taking care of geese and ducks, which was far less physically demanding than sheep. Thus, it appears that adaption plays an important role in well-being in old age.

In the Berlin Study (BASE), researchers found that the older people get, the greater the discrepancy between subjective evaluation of health and the objective health status. They also found that the subjective estimate of health does not differ with age (Baltes and Smith 2003).

None of the interviewees felt old 'inside', and they all seemed to distinguish between ageing as a psychosocial phenomenon and ageing as a biological process, which corresponds with findings from several other studies (Hurd 1999; Kaufman 2000; Jones 2000; Róin 2014). Ageing was something happening to their bodies and sometimes just to a particular part of the body, as described by Hilde: 'if it wasn't for my stupid knee'. This way of distancing the 'self' from the body has often been described in the literature (Laz 1998, 2003; Paulson and Willig 2008; Lundgren 2010). Westerhof and colleagues (2003) have suggested that when older people reject ageing or feeling old, they do so because they do not want to identify with conceptions of ageing, such as loss and decline (p. 129).

Change in physical capacity was primarily experienced as a process over time, and even if this was not said directly during the interviews, the frequent use of temporal adverbs such as 'now', 'anymore' and 'earlier' related to physical activities was obvious in the interview texts. Westerhof and colleagues (2003), in the German Aging Survey, interpreted an increased use of temporal adverbs among older people as ample evidence that ageing persons do realize and accept that they are growing older. The interviewees in this study did not deny ageing, but they refused the idea that age meant that they should have changed as individuals, as described by Anders, who said "*No I haven't changed, I don't think about it and when I think then I am in my twenties*". It was not until he was physically challenged that he felt that he was not twenty. Similarly, Cremin (1992) found that none of the participants aged 69 to 86 in her study on 'views on troubled aging' felt old. Feeling old for them was a temporary phenomenon triggered by specific types of trouble, and they were able to identify specific occasions when they felt old. This finding did not indicate that they thought of themselves as old. Among the 'very old', Nilsson, Sarvimäki and Ekman (2000) similarly found that there was a great difference between those who felt old all the time and those who did not or did so just occasionally. In this study, the interviewees only felt old occasionally, and the feeling was only related to particular physical performances that had become troublesome to overcome.

Atchley (1989: 183) has argued that 'to the extent that change builds upon, and has links to, the person's past, change is part of continuity'. The interviewees in this study had all experienced changes in later life. The transition to retirement was constructed as a process of adapting to new routines. Although it is an ongoing process, they all seemed to have adjusted to their new

social role as a retiree or been able to 'negotiate the change into their sense of self or identity without experiencing crisis or breakdown' (Grenier 2012: 56). Losing a spouse, too, was a transitional event that several of the interviewees had experienced. Negotiating the meaning of losing one's partner was a process of change and continuity rather than a discrete event or static state (see Kralik 2006 and Grenier 2012). In a study on how widowhood affected older people's social participation, Utz et al. (2002) found empirical evidence that the desire for continuity appeared to dominate the adjustment process following widowhood. Prior social participation was found to be the best predictor of subsequent social participation. Findings from the present study underscored the importance of social participation to facilitate the transition to widowhood. All the interviewees who had experienced losing their spouse emphasised the importance of having family and friends around, and for some, socialising with others outside the domestic sphere was stated as equally important.

In the above text, I have discussed the findings within a theoretical frame encompassing various theories on ageing and referring to other studies in the field. In the following section, I will use this discussion to suggest answers to the research questions put forward in the introduction.

CONCLUSIONS

Ageing was a process that primarily manifested itself in terms of bodily changes and a decrease in physical capacity. The interviewees negotiated the impact and meaning of these changes in various ways. They distanced themselves from their ageing bodies by distinguishing between being old in a biological and chronological sense and feeling 'young' or unchanged in spirit. For those who were living with illnesses and physical impairment, compensatory strategies were used to stay active and accommodate alternative versions of everyday practices and leisure activities, which appeared to contribute to an overall contentment with life. Thus, there seemed to be a connection between activity and well-being as proposed in the literature; nonetheless, it is important to ask whether well-being in old age might relate to other conditions or be confounded by such factors as having strong social connections, which then in part stimulates and encourages the person to actively participate in everyday activities.

The findings offered convincing support for understanding well-being in later life as related to the capability of making sense of changes and a desire for continuity throughout the life course when faced with personal loss and physical impairment. In addition to supporting Atchley's continuity theory, the theory of using selection and optimising with compensation (Baltes 1997) was equally useful for understanding how the interviewees coped with changes that necessitated downsizing personal expectations regarding physical activities in their everyday lives. No single theory, however, could explain the multifaceted empirical realities of ageing that arose from the study. Instead, the findings underscored the importance of understanding ageing as a multidimensional ongoing process and, most importantly, that knowledge of this process can only be achieved if older people themselves are seen as co-constructors of this knowledge.

From a nursing perspective, the findings should remind us that old age is not a separate stage in life. Instead, for congruence with a holistic nursing practice, ageing is an ongoing process that can only be understood from a multidimensional perspective and by listening to the voices of older people themselves.

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APPENDIX

Original transcripts in Faroese

Paper 1.

Int   Kanst tú fortelja mær nær tú fekst trupulleikar við at leka? Nær byrjaði tað?

Hanna   Tað er komið so við og við. Eg minnist ikki at hava havt hendan trupulleikan fyrr
        enn eg var í hálvtrýssunum (.) nú eri eg 61. Kanska tað er tekn uppá eg eldist? Eg veit
        ikki. Tá eg verði eldri, verður tað sikkurt verri.

Int   So knýtir tú tað at tú lekur við tín aldur?

Vera   Ja, tað kanst tú siga og tað er eisini hvussu eg skilti læknan (.) at eg mátti bara liva við
        tí. Hann snakkaði eisini okkurt um barnsburðir, men, heilt erligt, vit hava bara trý
        børn so (.) nei, eg rokni við at tað hevur meira at gera við tungt arbeiðið og so tað at
        eg eri í trýssunum.

Int   Fortaldi tú nakrantíð læknanum hjá tær um trupulleikarnar hjá tær?

Anna   Eg havi nevnt tað fyri læknanum, men hann segði bara, at bind vóru so góð nú. Tað
        er tað eg fái at vita hvørja ferð og eg eri ongantíð kannað.

Int   So tú ert ongantíð víst til ein serlækna?

Anna   Nei nei, tú fært tað inntrykk, at tey siga tað er normalt og at bind eru nóg góð, tað er
        tað einasta eg fái at vita.

Int   Var nakað gjørt við tað tá?

Vera   Nei nei, tað var ikki als umtalað, men (.) Eg havi ofta hugsa um tað. Ein kollega hjá
        mær fekk seyma bløðruna upp ella hvat tey gera og hon fekk tað fínt aftaná.

Int   Hevur tú verið hjá lækna síðan tá?

Vera   Åh ja eg havi verið hjá lækna fleiri ferðir men hon sigur onki (.) sigur onki um nakra
        viðgerð (.) åh ja, eg má krympa og stramma kokubotnin men tað er tað heila.

Int   So tú ert ikki víst til gynækolog aftur?

Vera   Nei, tað er ongantíð diskuterað ella umtalað, so eg má bara liva við tí. Hvat heldur tú?

Int   Eg hevði hildið at tú skuldi verið víst til ein gynækolog so tú kundi blivið kannað ordentligt

Int   Hevur tú snakkað við nakran um tað?

Vera   Nei, jú við yngri systrina hjá mær. Hon er 15 ár yngri enn eg. Eg havi snakkað við hana um tað (.) hon búði hjá okkum eina tíð og vit hava verið hjá teimum so hon hevur sæð, veitst tú, hvussu eg má renna á vesi alla tíðina og so hevur hon spurt meg.

Int   So fyriuttan systrina hjá tær (.) so snakkar tú ikki um tað?

Vera   nei (.) nei ikki so. Tað er so flovesligt ella so (.) øgiliga persónligt.

Int   Hvussu við heima?

Vera   Nei, vit snakka ikki um tað. Eg hugsi at fólk halda tað vera flovesligt.

Int   Hví er tað so pínligt (.) hvat hugsar tú?

Mona   Um tað var at bløða nasablóð, so hevði tú ikki hugsað um tað, men nú er tað nakað við einum parti av kroppinum, sum tú ikki hevur hug at hava fokus á. Men, nógvar konur hava hetta, men tú hoyrir ongan snakka um tað og ongin fer at spyrja teg, veitst tú, so sum at eg eri so ring at pissa í buks, gera tey? Og um tú knapplliga fert (.) systir mín og eg plaga at snakka um hetta og flenna. Hon hevði sama trupulleikan men tað er ikki nakað sum tú tekur upp í bindiklubbanum ella til ein døgurða (.) Jesus (.) pissar tú í buks, eg geri, nei tað gerst tú ikki, eg veit ikki hví men eg haldi tað er pínligt, tað geri eg.

Liljan   Í hvussu so er, man verður nervøsur (.) tú torir ikki at fara í klæðir hvar tað sæst:

Int   Ja, ja, so tað er meira tað at stúra fyri?

Liljan   Ja, ja, tað er (.) ongin skal síggja tað (.) tað er flovesligt (.) tú vilt ikki (.) sum at (.) tað er sjónligt at tú brúkar stór bind (.) men so brúkar tú okkurt hvar tað ikki sæst uttaná kann eg fortelja tær um einari sum eg havi sæð ella?

Int   Ja?

Liljan   Og so var tað (.) eg gloymi ongantíð eina væl hildna kona, altíð so dameslig, tú veist og eg kom at ganga aftaná henni upp gjøgnum trappurnar í SMS og so hugsaði eg, oh stakkals tú (.) tú hevur heilt sikkurt onga dóttir at siga tær at, at hatta har góða, far ikki í hasa ljósu buksurnar, sum tú altíð hevur gingið í (.) tær vóru smartar og pe-

nar tá tú vart yngri. Hon var altíð so fornem og so sært tú hana brúka bind tí bindið var farið niður í buksubeinið.

Int   So tað var sjónligt?

Liljan   Sjónligt, ja og kanska tað (.) tað er sovorðin skomm (.) tað noyðist ikki at vera so.

Paper 2

Int   So tú vart føddur og vaks upp her?

Joen   Ja, eg havi bara havt eina adressu alt mítt lív

Int   So hetta er barndómsheimið?

Joen   Ja, abbi mín bygdi húsini (.) (.) pápi mín búði her og áðrenn abba mín var tað langabbi mín (.) [tað má hava verið í 1800 eitt ella annað?] Eg minnist hann [gerst tú?]ja, tað var í 47 (.) so eg minnist hann væl tí vit fóru (.) gingu runt her í køkinum (.) (hyggur runt í rúminum) runt um beinini á honum (flennur) allíkavæl, eg var 5 tá hann doyði [og allikavæl minnist tú hann?]ja, hann var 95 tá hann doyði.

Int   Og pápi tín?

Joen   Hann var 86.

Int   So tit hava øll búð her í húsinum?

Joen   Ja, vit vóru 4 ættarlið, eg minnist tað [gert tú?] ja, langabbi hann var einkjumaður, abbi (2) eg minnist ikki ommu mína. Hon doyði forholdsvís ung, 42 ella 43 ára gomul [ja?] áðrenn mína tíð, og so mamma og pápi (.) og so seinni vit eisini.

Int   So tú bleivst búgvandi aftaná tú giftist ? Kona tí var inngift?

Joen   Ja, tað var almindeligt tá (.) í dag ongin hevði funnið seg í tí (flennir).

Int   So tú bleivst verandi her? [ja, ja] er hetta so barndómsheimi hjá manninum? [ja, ja] og tú giftist inn?

Asa   Ja, eg giftist inn og har var pápin, ein beiggji og ein abbi, í hesum smáu húsini (flennir hjartaliga)

Int   Trý ættarlið, hvussu var tað?

Asa   Tað var fínt. Systir mín kom her fyri at ganga í skúla (.) hon búði eisini her

Int   So tit hava verið nógv í húsinum?

Asa   Ja

Int   Og so fingu tit sjálvi børn?

Asa   Ja, vit fingu trý børn.

Eyð   Vit bygdu húsini í 73 (.) trý børn, men vit bygdu eisini til gestir, vit høvdu altíð gestir
        [sum yvirnáttaðu?] altíð, altíð (.) sambandið var ikki so gott, so fólk komu, tey komu
        til viðgerð, tey komu fyri at fara til tannlækna (.) ja, konstant (.) vit høvdu pláss
        fyri tí, veitst tú [okay] og tað hevði sína sjarmu eisini (.) so kom fast samband og so
        forsvann tað púrastani

Int   So nú (.) kanska koma ikki so nógv longur?

Eyð   Nei, ikki soleiðis, ikki bygdarfólk, tey yvirnátta ikki, tey koma (.) tey koma í bili og
        so koma tey inn og so fara tey avstað aftur og tey ungu sum komu tá, tey eru vaksin
        nú (.) tað var (.) altso, nógv ung komu til Havnar eisini. Tað var stuttligt men [ja?] tú
        byggir sjálv húsini og tú brúkar alt lívið at betala fyri tey (.) tú hevur ikki hug at geva
        tað frá tær bara so (.) uttan so (.) nei, nei

Int   Sálin er her?

Eyð   Ja (.) og eisini fyri ommubørnini tey vita hvar ommu teirra býr og hvar vit eru (.) tað
        er vigtugt haldi eg

Int   Nettupp, so (.) tú verður so leingi sum tú kanst?

Eyð   Ja, so leingi sum man kann

Eydis   Ja, tí tað var altíð tey somu (.) tað sama grannalagið (.) veitst tú, jú konan sum býr
        í hasum húsinum har, hon er, altso, abbi hennara var frá tí húsinum og mamma
        hennara var frá húsinum har yviri [okay] so hon býr har og systur hennara býr longri
        uppi (.) og í hasum húsunum har er abbasonur hjá (tú veitst, tey eru øll fólk sum eg
        kenni [tú kennir?] ja, ja sum eg kenni, ja

Hilde   Eg havi góðar grannar, tað er tað besta [so tú kanst lýta á tey, tey hjálpa tær?] åah ja,
        um eg biði um hjálp faí eg tað og tey koma eisini yvir sjálvi.

Int   Tað ljóðar gott [ja] so tú hevur ikki verið einsamøll?

Hilde   Nei, nei, slett ikki, og húsini standa so sentralt fyri (.) beint við vegin og eg kann sita og hyggja eftir øllum sum fara framvið og tey eru so fitt, tey vinka og smílast og siga okkurt [tað ljóðar gott, so tú følir at fólk eru rundan um teg?] ja, tað er tað man ger.

Hans   Nei eg havi ofta hugsað, nei soleiðis fari eg ikki at liva í (sigur hvar) tá eg veri pensjóneraður, at spadsera sum (.) men hann hevði onki, men soleiðis hevði eg kanska fyristilt mær at eg hevði gingið um eg hevði verið lærari onkra aðra staðni enn (sigur hvar)

Int   So tað hevur nakað at siga at tú hevur familju og er vaksin upp her

Hans   Tað er heilt sikkurt, tú hevur hetta modernaða hugtakið, network [yes] og tað netverkið er partur av tí at trívast og (.) og at hava eitt gott lív sum eldri [ja, tú hevur sikkurt rætt] tað haldi eg.

Poul   Fyri okkum sum eru uppvaksin á bygd (.) dáma betur á bygd. Eg havi 3 børn í Havn og eg vitji tey eisini onkutíð men, Harra mín Gud, eg tími ikki sita í køkinum allan dag meðan øll fara út (.), nei, tað tími eg ikki [no?] nei tú eg hevði ikki tíma at farið til Havnar og bara sita og gløtt út gjøgnum vindeyga allan dag. Har er onki annað at hyggja at enn vegir og hús.

Eyð   Har er nógv man kann gera, ja, um tað er hvat ein vil. Har eru nógv og ymisk sløg av aktivitetum (í Havn) Beiggi mín sum er 85 og eg fóru til rokk konsert í dómkirkjuni (øll flenna) ja, tað var hugnaligt (.) tú noyðist at fara út sjálvur eisini.

Eyð   Eg fór tá eg var 16 so eg veit ikki hvussu tað er á bygd (.) bindiklubb og bingo (.) tað hevði ikki verið eg (flennir)

Leo   Men tað er hvat tey gera

Eyð   Tað er tað sum er mest (.) (L brýtur av [ja, ja] (.) fyri fólk sum eru illa gongd (.) ella sovorðið (.) tey kunnu fara til bingo (.) tey kunnu sita har og gera okkurt, veitst tú, men tað hevði ikki verið eg, hevði tað? Nei, men fyri onkur er tað gott

Int   So tað hevði ikki verið gott fyri teg at blivið eldri á bygd?

Eyð   Nei, tað hevði

Leo   [tað er tað vit halda men um vit høvdu búð á bygd altíð so]

Eyð   So hevði tað verið øðrvísi, ja.

Paper 4

Hans   Eg gangi nógv í fjøllini, men eg føli at tað er ikki tað sama sum fyrr, tað er sikkurt.

Poul   Eg havi virkuliga trupulleikar við at ganga, so eg gangi ikki nógv, eg klári tað ikki
          longur, eg noyðist at brúka stav, annars verði eg púra ferdigur (.) mær hevur altíð
          dámað væl at spáka mær ein túr í bygdini fyri at (.) hvønn morgun (.) nú er pínan so
          ring, at eg bara spáki ein lítlan túr.

Stina   Nei nei, eg havi tað fínt, eg havi tað fínt men sjálvandi, man verður eldri og man
          kann ikki gera alt og (.) so leingi ein var ungur gekk alt upp á stás.

(Seinni) Nei, eg skal ikki klaga men av tí at eg altíð havi verið so sterk og kunna gjørt hvat eg
          vildi, haldi eg tað er ringt at góðtaka (.) eg føli at eg kann men tað riggar ikki(.) men
          eg havi klárað meg so væl, tað er tað sum eg haldi er ringt at góðtaka.

Eydis   Altso tey síðstu árini (.) tá havi eg følt sum, eitt lítið sindur(.) tað má eg viðganga,
          eisini tá eg fari oman í bygdina, tá eg gangi, ja, tú veitst, onkutíð ein lítil kensla av (.)
          eg fari, ja, men um tað er kalt ella vindur, so fari eg ikki um veturin og tað er hvussu
          eg merki nú, at eg eri blivin eldri tí fyrr fór eg bara.

Anders   Nei eg eri onki broyttur. Eg hugsi ikki um tað og tá eg hugsi so eri eg í tjúgunum
          men so, tá eg fari til arbeiðis (fisk) tá føli eg at eg eri ikki tjúgu, veitst tú, tá tú
          noyðist at biðja sonin hjálpa tær.

Eyð   Ja, tað var ein stór broyting at gevast at arbeiða tí (.) altso eg má siga, altso eg mátti
          venja meg við nýggjar umstøður. Eg var von at møta klokkan átta (.) men nú, nú var
          onki at skunda sær til, tað, tað helt eg var nakað. Tú veitst, men (.) so byrjaði eg, tú ve-
          itst, hvat skuldi eg gera? Eg fór ofta á bókasavnið tað gjørdi eg, eg noyddi meg sjálvan
          at fara hvønn morgun (.) lesa bløðini og so fara heim aftur, bara fyri at, tú veitst, [fáa
          nýggjar rutinur?] ja, ein nýggja rútmu, tað er tað sum er viktugt.

Louisa   Eg sakni tað, hvørja ferð eg fari framvið, tað er sikkurt, so viktugt at vera saman við
          onnur fólk.

Stina   Eg sakni hann akkurát tað sama enn, tú gloymir ongantíð og onkutíð tá eg siti fyri meg sjálvan kann eg ikki lata vera við at hugsa at nú skuldu vit hava nýtt okkara aldurdóm saman. Hann var so nógv burtur frá mær tá hann livdi.

Lia   Eg haldi tað (.) eg hugsi ikki um tað [nei?] at eg eri gomul (.) eg veit eg eri gomul men eg livi akkurát tað sama lívið sum eg altíð havi gjørt (.) eg haldi eg geri tey somu tingini sum eg havi gjørt í áravís, so (.) tað generar meg ikki at vera gomul.

Stina   Nei, eg veit ikki, eg ruddi og baki, eg eltaði breyð í dag (flennir) og sovorðið, tað geri eg, men ikki gera reint, tað geri eg ikki (.) dóttir mín brúkar at gera tað, ikki slett ikki allíkavæl, eg kann feia gólvið, men tú veitst (.) eg kann støva av og sovorðið (.) mær dámar væl her, bara at fjasast við onkrum (.) eg havi ongantíð, ongantíð kett meg, eg havi altíð havt nokk at gjørt (.) eg føli meg ikki gamlan, so onkutíð spyrja tey meg um eg veit hvussu gomul eg eri (flennir) nei, eg hugsi ongantíð um tað.

Jason   [So tú gleddi teg til at fáa meira tíð?] ja, og eg havi nýtt tað hvønn dag , eg haldi altíð meg sjálvan í gongd tí, tú veitst, eg havi alt, hønur, høsnarungar, gæs og sovorðið (.) so eg havi veruliga nýtt lívið sum pensionistur.