



## Agency in talk about old age and health

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### ABSTRACT

There is a strong drive in ageing research, policy programmes and the media today to promote the agency of older people. In this paper, agency is approached as a discursive and interactional phenomenon. The data consist of group discussions with people aged 70 or over. Although the interviews were designed to focus on questions of health, the participants also raised other topics, including their interests, social activities and social relations. The main focus of the analysis was on the participants' descriptions of themselves and on their scope of action in health issues. The aim was to establish whether being old was constructed as an agentic position and to identify the meanings attached to agency in age-talk. The participants described themselves in agentic terms and agency was assigned diverse meanings, but whenever the category of old was mobilized, agency became problematic.

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### Introduction

One of the major focuses of ageing research and ageing policies today is to promote the agency of older people. With older people, it seems, agency is a more ambiguous and problematic issue than it is with younger people. Cultural discourses feature dualistic notions of agency in old age, with the images of older people ranging from needy and dependent objects of others' actions to self-sufficient and active senior citizens who take charge of their own lives. There is a growing body of ageing research and media reporting that represents a 'new ageing' discourse (Katz, 2005: 140–141). The new ageing discourse underlines the meaning and importance of individual choices and actions in the way that the individual grows old, or manages to postpone ageing. This discourse promises that retirement and old age can offer opportunities for self-realization and involvement in social activities, and provide release from previous social obligations, and on the other hand the possibility to be an active and productive member of society. Individual agency, then, is brought into the focus of interest as a way of challenging what is seen as an overly deterministic

discourse of decline. (Gilleard & Higgs, 2000; Featherstone & Hepworth, 1995; Hepworth, 1995; Katz, 2005).

Yet, as has been made clear in studies on the lives of older people in institutions (Gubrium, 1997; Paterniti, 2003), interactions between nursing staff and older people (Hockey & James, 1993; Kontos, 1998; Morgan, Eckert, Piggee, & Frankowski, 2006), doctor–patient interaction (Coupland & Coupland, 1994; Coupland, Coupland, & Giles, 1991) and familial relations (Hockey & James, 2003), people who are assigned to the category of old run the risk of losing their agentic position. Older people are addressed as if they were children, and most of their decisions are made by other, younger people. Older people are constructed as objects of others' actions, reducing their prospects of being seen as actors entitled to making their own decisions.

The concept of agency is a slippery one and its definitions vary. Human agency can simply refer to the idea that 'people are the authors of their own thoughts and actions' (Burr, 2003: 121), which brings forth the human ability to ascribe meaning to objects and events and to act on those meanings. However, the efficacy or ability of individuals to engender change in themselves and in social order is seen as an essential requirement of true agency (Burr, 2003: 182; see also Barker & Galasiński, 2001: 45), as is the availability of choices and the individual's capabilities to make and enact those choices (Morgan et al., 2006).

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Much of the earlier research on old age and agency has been concerned to explore how older people's agency may be inhibited or promoted by their social or physical environment, health status or by other people. Agency itself is taken as a matter of course. Wray (2004) criticizes the assumption that 'experiences of agency are somehow fixed and unmarked by diversity' (p.24), and calls for conceptualizing agency as creative, generative and relational (p.26). Also, even if we accept the principle that human beings are inherently agents, this does not mean that people necessarily see themselves as agents or as having the possibility to enact their agency. It is important to study people's self-descriptions and their accounts of everyday life situations to see if they themselves cast their own actions and decisions as enactment of agency (Gubrium & Holstein, 1995).

In this study I approached agency as a discursive and interactional phenomenon by analysing a set of group discussions focusing on health issues. I was interested to find out how the participants talked about themselves and others as old people and about their potential and chances to act in health issues or other areas. My aim was to see whether they constructed being old as an agentic position and to identify the meanings ascribed to agency in talk.

The interactional perspective on agency adopted here meant that once the different aspects of agency had been acknowledged, they were 'bracketed out' (Holstein & Gubrium, 2000: 41–43), and the analysis concentrated on 'the way in which 'doing things' was represented in discourse, including who was positioned as doing what kind of things, in relation to what, or whom' (Barker & Galasiński, 2001: 144). In addition, efficacy here referred to the way that causality of action was represented in talk, while the agent was 'the participant that causes things to happen' (p.144). In this study I was particularly interested in explicit or implicit self-descriptions and group descriptions concerning decisions, choices and action or wishes and aspirations to act, in whether the participants would consider themselves to have influence over their own health or over other matters discussed, and what meanings they would give to age and old age in this context. The study participants were not explicitly asked about agency, but the concept of agency serves instead as a heuristic tool with which the researcher can address the data. As a result, following Holstein and Gubrium (2000) I took agency to have no absolute or concrete standing in the participants' lives and instead treated agency as a practical outcome of the interpretive work done by study participants as they presented their decisions, choices and actions as a topic for discussion (p. 42).

### Data and analysis

The data consist of four group discussions with six participants each, including myself. The discussions took place in the city of Tampere, southern Finland, in 2000. The participants were recruited by convenience and purposeful sampling. The groups were thus rather heterogeneous, since the aim was to trace different perspectives and experiences. I started out by recruiting participants from amongst people to whom I had easy access (they were members of the same art club that I go to) and asked them to recommend other suitable participants. Based on my experiences with the first

group, I contacted the manager of a local service facility and asked her to help me with recruiting further participants. This service facility is a municipal service centre that provides services for retired people aged 60 or over. Service users pay a small service fee, but most of the funding comes from the local council. The services include meals, physiotherapy, barbering and hairdressing, library and internet access, as well as various free time and recreational activities. In addition, the service centre provides housing services for older people who are unable to cope with everyday activities in their own homes, but who do not require care in a nursing home or hospital.

The participants ranged in age from 71 to 86 years. Each group had five discussants (11 women, 9 men). Lasting from 60 to 90 min, the discussions were audio-recorded with the participants' consent and transcribed verbatim (~130 pages; see Appendix A for transcription notation). Background information (age in years, education and occupation at the time of retirement, marital status, housing, health status) was collected after the discussions by self-report questionnaires.

Group 1 had five male participants, all of whom attended the same art group, and the discussion was held at the place where that group used to meet. The participants of the three other groups were resident and non-resident clients of the service facility, and these groups met on the premises of the facility. Group 2 consisted of two married couples and one single woman, all of whom belonged to the service centre's literature circle. Group 3 consisted of five women, two of whom were residents. Group 4 consisted of two men and three women, all of whom were residents. Groups 1 and 2 represent pre-existing groups, but in groups 3 and 4, too, the participants knew one another at least by sight, some of them were friends. All of them took part voluntarily.

To initiate the discussions, I introduced myself and described the research project. I said I was interested in the participants' own views about health in general and their own health in particular, and also in what health means to them in their everyday lives. The discussions then proceeded according to a set agenda, although largely on each group's own terms. This procedure provided a common basis for the discussions, but allowed different views to emerge within and between the groups. The topics focused on definitions of health, the individual's own responsibility for health, to what extent health can be influenced by individual action, the most important things in one's own health, and possible future concerns about one's own health. Another topic was the relationship between age and health, but that was raised in the discussions without prompting. As a result, the discussions in each group were framed by ageing and old age. These topics were covered in all groups, although the weight they received differed from group to group. Although the main concern was with issues of health, other topics also evolved in the flow of the discussions. The exact wordings of the questions varied slightly between the different groups (see Appendix B Interview Guide), because I adjusted the questions according to the interaction and the atmosphere in each group. Questions were not addressed to individual discussants, but to the group. The transcribed text was loaded into Atlas.ti, a qualitative data software package that was used in the preliminary stage of analysis to help organize the data and to gain an overall view of the content. This stage included

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