



Indispensable chairs and comforting cushions – Falls and the meaning of falls in six older persons lives

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ABSTRACT

The aim of the study was to illuminate the meaning of falls for older adults in an everyday perspective. In narrative in-depth interviews, four women and two men, 80–94 years old, told their stories from a daily-life perspective; they had experienced falling several times. The methodological approach used was interpretive phenomenology, in order to grasp the meaning of the participants' situations and everyday practices. The women had learned and used a special technique; they had disciplined their bodies with exercises and training activities, although they suffered from several chronic illnesses. In order to cope with the falling episodes, the women had equipped sofas and chairs with cushions to soften the process of getting up again, whereas the two men sat in a chair moving as little as possible. In handling the falls, each participant showed individual coping strategies and adaptive resources to achieve a life, experiencing a feeling of being well.

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Introduction

Denmark has the highest mortality in the Nordic countries as consequence of falls (Healthy Ageing, 2006). Falling accidents must be considered a public health problem among the elderly, not only in Denmark (Faldpatienter I den kliniske hverdag, 2006), but also in Sweden, Norway, Iceland, Europe and the USA (Profane 08). For 25 years, comprehensive research has been carried out and much is known about the multi-factorial prevention of falls (Close, 2005). Physical training and activity are essential for the prevention, but so are nutritional state and indoor/outdoor environments. Screening programmes, recommendations for examination and risk assessment scales have been developed in order to identify people at risk (Tinetti et al., 1994; Tinetti, 2003; Mertens, Halfens Ruud, & Theo, 2007). The epidemiology of falls can also be categorized in intrinsic and extrinsic factors (American Geriatric Society, 2001). Intrinsic factors include normal age-related changes, concurrent diseases, impairment in the neurological, musculoskeletal, sensory

and cardiovascular systems, and cognitive changes. Extrinsic factors include poor lighting, slippery floors, lack of handrails and certain classes of medication.

Old age is often seen as a homogeneous category, and some gerontological research has contributed to this notion by constructing a uniform picture of old persons. Feminist and intersectional research on ageing and ageism has shown that if research does not change that category, it will be reproducing and stressing cultural prejudice (Krekula, Närvänen, & Näslman, 2005). In our study, growing old is understood as a manifold idea and it has different meanings depending on experiences in the lives of women and men. Nevertheless, advanced old age often comes hand in hand with a variety of health problems, situational constraints and increased dependency. Ageing implies greater risk of loss, but at the same time ageing is an individual process dependent on background, life experiences and living conditions, which vary considerably, as do coping strategies (Lazarus, 1999) and daily-life competence (Torres & Hammarström, 2006). The heterogeneity is reflected in generations, gender, socio-economic background, life style and life situation.

Falling is a vulnerable situation for an old person, as the mortality rate shows (Gillespie et al., 2003). Changes in

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relationships as well as loss of functional capacity and autonomy can also be part of the ageing process (Sarvimäki & Stenbock-Hult, 2004). Coping in a meaningful way and managing everyday life (Gubrium & Holstein, 2003) with such challenges can need enabling support (Berg, Sarvimäki, & Hedelin, 2006). To fall is a disruption of life, where the body becomes strange and must be relearned (Becker, 1999). The ageing body perceives and experiences the spatial change in falling just as the person's bodily experience is challenged in coping with ordinary routines of daily life. The body has a dual meaning: on the one hand, it is fundamentally a lived body, which refers to the person as an individual and a subjective body. On the other hand, it is a socially constructed body and institutionalised body (Turner, 1996). To describe the body acting in times of illness, Frank (1997) has developed a model with four ideal types: the disciplined body, the mirroring body, the dominating body and the communicative body.

Some studies have been done focusing on older persons' attitudes towards fall-prevention programmes. Rosell, Svane, and Beyer (2005) have studied the attitudes of participation, concluding that the older persons would participate in programmes if they found participation useful in their daily lives. Usefulness in daily lives and relevance (Bowling, Seetai, Morris, & Ebrahim, 2007; Hughes et al., 2008) are found important to good quality in later life. In the established professional conception of falls, however, the older persons' own perceptions and experiences of falling from a daily-life perspective have not usually been considered a topic for research (Shiu, 2001; Davies, Ellis & Laker, 2000).

The stories about falling episodes are multi-voiced narratives about the lived life with cultural differences, symbols and metaphors (Polkinghorne, 1988). The world can never be spelled out completely, and the interpretation must respect the individual's voice and experience as an embodied and lived understanding of the falls. The stories are grounded in a culture of oral communication, a culture in which the narrators grew up as members of a generation, and which also have a social function in enabling one person to be recognised and seen by another (Heikkinen, 2004). In telling fall stories, the narrators tell illness narratives and construct what falling and the falling episodes mean to them (Riessman, 1993; Riessman, 2008). Kleinmann (1988) calls stories in this genre "illness narratives", differentiating from "disease narratives" expressing the voice of medicine. Young (1989) calls them narratives as an enclave of the embodied self within the medical realm. The fall stories in this study are in the realm of the life world and lived experience.

To fall is a symbol of losing control. Falling can be experienced as loss of dignity, and it can be a challenge learning to live with loss of control, cope with a new situation in life and simultaneously develop strategies to avoid falls and minimize the consequences of falling. Turning the falls into stories can be a kind of meta-control; nevertheless, fall stories have not often been treated as legitimate; partly because health professionals usually have a ready-made list of what to do for and with the fall victims (Katz, 1996, 2000); partly because the older persons tend to regard falls as inevitable and trivial (Yardley et al., 2006).

The aim of the present study was to illuminate the meaning of falls for older adults in a daily-life perspective. The specific study questions are: What are the characteristics of

the narrated experiences of falls in older adults' lives? What do falls mean in a daily-life context?

Method

Two men (Arthur, Ernst) and four women (Anna, Birgitte, Illona, Olga) were chosen from fall-registration sheets and from a course on fall-prevention. In the community where the study was carried out, falling accidents are recorded; the staff fills in a registration sheet and hand it in to the Public Health Department in order to monitor falling accidents. To include the oldest persons, the interviewer (M.M.) went through the fall-registration sheets. The selection criteria were variations in gender, socio-economic background and aged over 80. Statistically the 80th birthday is a turning point in old age, after which illness, disease, hospitalization and death could occur any day. The interviewer first contacted the district nurse to verify if the proposed person would be able to go through an interview. Terminally ill and persons with dementia were excluded.

The participants' ages ranged from 80 to 94 years; in their working life they had been social workers, unskilled mechanics, children's nurses, civil servants and housewives. One woman had never married; another woman was divorced 17 years ago, the others had been widowed within the previous 10 years. They all lived alone at the time of the interview. They received home help; four of them had a helper in the morning and in the afternoon, one received only help in the morning, and one woman got help with cleaning, shopping and bathing twice a week. One woman and one man received meals on wheels every day; the others were connected to a local community purchase arrangement. The participants were also visited regularly by district nurses. They had been offered visits from the preventive health team, but only two had accepted this. The participants lived in the same area in a big town, an area with a diverse social structure with both working-class, middle class and immigrant population.

The interviews took place in the daily living surroundings in the homes of the participants. The interviews were carried out in a narrative way (Riessman, 2008), where the interviewer first told about the study and then asked the participants to tell about the falls, what they had thought and what the falls meant to their daily lives. The first question was: "Would you please tell about...." And then "would you please tell more about what it meant to you?" After some reluctance, the fall situations were carefully described, and the participants returned to the scenes and situations in their minds. The interviews lasted as long as the participants wished and had strength to speak, usually one to two hours. The interviewer fetched tea, coffee, water or whatever else they wanted to cheer up during the interview. The interviewer said as little as possible, only asking focusing questions when clarification was needed, but was actively listening. The interviews were held in an open and permissive atmosphere. All the interviews were tape recorded and transcribed verbatim. All pages in the written text were not explicitly about the falling episodes, since the participants also told the story of their lives into the interviews. The entire text of each interview was analysed, but this article focuses on the falling episodes. The interviewer wrote field notes after

every interview about the impressions, the atmosphere, mimic and gestures. By writing a research diary during the whole process the interviewer's reflective sensitivity was strengthened.

The method used was inspired by Benner's interpretive phenomenology (Benner & Wrubel, 1989; Benner, 1994), which is based on the philosophy of Heidegger and Merleau-Ponty. The aim of interpretive phenomenology is to understand the participant's practical world in the framework of the phenomenon and its context; the goal is to study the phenomenon on its own terms. The primary source of knowledge is narrative accounts of everyday concerns and practical activity, in order to uncover naturally occurring concerns and everyday taken-for-granted meanings.

The analytical process incorporated two interrelated stages:

1. The thematic analysis:

The interview texts were read several times in order to obtain an overview. This led to an interpretive plan with focus on the reading of the narrator's situation, concerns, actions and everyday practices. From this emerged themes enlightening the meaningful patterns and concerns in the perception of falls in everyday life. This process involved moving back and forth between parts and the whole of the text, and the stance shifted from understanding to distancing and questioning the participant's world.

2. Analysis of specific episodes and incidents according to the emerged themes:

In accordance with aspects of commonalities and differences in the particular situation, the participants' responses were analysed together to capture the meaning in such a way that they could be recognised in another situation. Theoretically, the collection of exemplars is open-ended because it is not possible to completely explicate or freeze particular cultural meanings, concerns or habitus (Benner, 1994).

Ethical aspects

The older persons involved were first contacted by phone, to hear if they were ready to participate in the study. It was emphasised that participation was voluntary. In the conversation they were told about the study and the researcher. If they were interested in taking part, they received a letter describing the interview, the study and their rights. At the start of the interview visit they received a consent form to sign. Because interpretive phenomenology studies everyday practical knowledge, it was important the participants felt at ease in a comfortable atmosphere. To show gratitude for the possible inconvenience, the participants received a small flower of the season. This study has been approved by the internal security system in the municipal administration and follows the *Ethical Guidelines for Nursing Research in the Nordic Countries* (2003). The participants were promised confidentiality and anonymity. Their names have been changed.

Findings

The participants were reluctant but relieved to tell about the falling episodes. It was their main impression that no one

was interested in hearing their specific stories about phenomena such as falls and their thoughts when the accident happened. Three of the narrators told the interviewer in different ways that falls were commonly regarded as trivial and boring. Birgitte asked, "Are you really sure you want to listen to this? No one is interested in falls."

The thematic analysis and the main themes will be presented, and after that specific episodes bound to the theme will be described.

The overall thematic analysis resulted in three main themes:

1. The meaning of getting up again (physical/body)
2. The meaning of a home in transition (social/well-being)
3. The meaning of the struggle for life (mental/existence).

Theme 1. The meaning of getting up again

The falling body and the bodily strength to get up.

All six persons spoke about the importance of getting up again after falls. Falling and not being able to rise was seen as a potential threat to their lives, even though they have had an emergency alarm installed so they can press the button and call for help or, at worst, be taken to the casualty ward.

Anna had experienced many falling accidents; they happened mostly at night on her way to the kitchen or the bathroom. Anna told: "Shortly after midnight I went into the kitchen with something – it was dark. I am sure...my feet turned to go back but forgot my body! I fell hard on my right side." A particular falling accident was difficult for Anna to forget. As a consequence, she was lying between two chairs so far away she could not use them to climb up. Yet up she came because of her strong will and "the mermaid method", a position she had learned to manage to get up when she was alone. Sitting in an upright position and crossing her legs, she was able to turn around on her knees and arms and crawl to the phone and call for help. She had dislocated her hipbone.

Anna, Birgitte and Olga had had injuries and hospitalizations as consequences of falls, and they were worried about and aware of the risks of falling. Birgitte said, "I was scared afterwards; I thought it was frightful, and I am scared of falling again, however I tell myself to take it easy and not move too fast". Anna and Birgitte spoke about how to gain balance, pay attention to bodily imbalance and be aware of sensitive bodily situations. Birgitte also told about the transition in her perception of falling as part of normal ageing. At the time of the interview she was convinced, she could do something to prevent falling – she had the will to strengthen her muscle function and to train her physical balance. Birgitte had not fallen since this change, and it had led to a process in which she was aware of her strength and has regained her former interest in gymnastics.

On the one hand, Olga told about the falling accidents very seriously with the consequences they had; on the other hand, she also related episodes with an ironic distance to ease the seriousness of the situation. Olga visualized the falling accidents by saying that flags in all corners in the city could mark her falling accidents. Although nearly blind, Olga told her story richly picturing it to make her points understood. There was one fall, which had made a deep impression and had been decisive for how she organized her life. In her effort to manage daily-life practices, Olga with her swollen feet had

climbed a ladder and from this position she fell backwards. “*It hit me,*” was her expression for the accident. It happened at a time when her son and daughter-in-law were on a journey, and Olga felt uncomfortable when they were away and out of reach.

Shyness and shame

To handle the uncomfortable fall situations, the participants had learned a method of getting up again which Anna, Birgitte, Ernst, Illona and Olga successfully had used. Anna had learned the method at the training centre, “*I once asked the physiotherapist, could you tell me how to get up if I fall again? I would like to manage on my own. Then she told me, and I have used it several times. Lying on the floor, I manage to get up and sit like the little mermaid. It is easier for me to show you. Then you stretch your leg backwards and put your hand in front of the knee. In this way you turn on all fours like a cat and can crawl to a chair and get up. It is hard to the knees!*”

Unmistakeably it is easier to turn to this method because of the bodily exposure and awkwardness when you are at home, and therefore Olga asked, “*Does it not look quite crazy with an old woman on all fours in the middle of the street?*”.

Illona remembered an episode of a fall in public when she fell in the street. She felt it was humiliating and disgraceful, when she turned on arms and legs to get up. This episode of shame motivated her efforts to avoid it happening again by systematically training her muscle function and mobility. She got a wheeled walker, although she thought it a symbol of frailty. She felt it was a difficult decision, because she had looked forward to go by bike. But since her decision, she had handled the wheeled walker professionally, and she gave her good advice to neighbours and people she met in the street. She had written to the lord mayor of the city to complain because other old persons did not receive the same good instruction, and she had called for standard instructions and for systematic wheeled walker training indoors and outdoors. She had bought a pedometer and a mobile phone to monitor her walking ability and to call for help if necessary.

The only thought in Arthur's head when he fell was how to get up; neither he nor the home helper could manage to get him up again; therefore, he pushed the emergency button and was helped to bed by two strong men. He felt this was very disgraceful.

Ernst did not want to do anything to get up; he would not experience to fail to get up on his own. Instead, he immediately called the emergency team for help and afterwards he spoke of the accident as a trivial matter, which maybe hadn't happened at all.

The balanced body

To the six participants, the body was dominated by strengthening regimes, coping with frailty and avoiding falling.

Anna flourished and was close to nature, she perceived her body as a tree. Her home was furnished to let nature be seen with flowers in the living room and with flowers at the veranda. Anna tried to compensate for her bodily imbalance by creating harmony in her surroundings with the nearness of nature, in colours and in the food she ate. To Anna the falling accidents were an indication of frailty, the nearness of death

and of disturbances of her inner bodily equilibrium. She suffered from several chronic diseases, she had uterus cancer and had lost weight. The bodily training, gymnastics, daily respiratory training, blood circulation training on the stairs and muscle strengthening were the important approaches to Anna's experience of well-being as well as to her maintaining a diet to gain weight.

Arthur suffered from diabetes and he was bound to regular medication and diet to maintain mental and physical balance and to avoid falling. His life was changed after the diagnosis and he focused his attention on his diet.

For 10 years Ernst had suffered from Parkinson's syndrome and he thought it was scary how the illness had taken over his life. To cope with his condition, he had developed sensitivity to when he was able to do what he wanted to do. Most days he sat in his big armchair watching television at it's loudest to compensate for his bad hearing. He thought it was OK because his big interest was watching sport. “*The error is up here, not in my legs,*” as he said pointing to his head. He remembered his own time as a good sportsman, and he admired personal achievements.

Illona was part of a medical research. She participated in several studies at the hospital, where in different medical settings she was getting measured and weighed, and given tablets and pills at different times of the day. Although Illona spontaneously talked about falls and imbalance as physical conditions and difficulties due to age and lack of training, she told about falls with examples from social and mental aspects of life and with her existence and well-being as key points. The instrumental fall approach was in this way a symbol for life equilibrium.

Olga told that she had lately lost weight and strength, which in combination with her reduced sight made it more difficult to maintain balance. She assumed the falling accidents were signs of frailty, and she was afraid of the consequences. Olga regarded herself as an energetic woman, doing well and having a good sense of humour.

Theme 2. The meaning of a home in transition

The core of home

Changes in the home were like life changes for all six participants, and the changes all took place in agreement with the lives they lived. Anna's home smelled of garlic, porridge, flowers and fresh air. Anna had a strong family feeling and an extended family. She had good relations with her neighbours, their children and their pets. She suffered from the injustice in the world, especially in the third world and did what she could to live sustainably and ecologically. It was decisive for Anna to manage her life on her own and get up without help even if she made an emergency call. Her home was the centre of her life integrating memories and images.

The disease and the “*as-if-not falling accidents*” made Ernst wish to stay at home and be in his own comfortable surroundings. He did not want to go to a nursing home or day-care centre, because he had tried it, and it was a disappointing experience “*meeting so many old people*”. In his home Ernst handled his home-helpers with care and strength as well as any employer; his daughter had recently entered what Ernst called

"the helping army", she helped him every other day. Once a week a physiotherapist came to train Ernst's functional mobility; nevertheless, it was no success and Ernst felt sorry about her failed efforts. The only kind of mobility Ernst wanted to learn was to manage his wheelchair to regain some freedom.

The borderline between the interior home and the outside world was marked by Illona in a concrete way: "You know I change clothes when going out and vice versa when back again; I never wear the same clothes in the street as at home".

The falls had reduced Olga's freedom of movement; home was now the apartment and the memory of the neighbourhood. She had moved into her dead husband's study, she told in an emotionally touched tone: "Yes, I moved in here, here I have the phone, I also have a phone in there...Television...what do I have more in here... The desk where my late husband always sat". She had switched off the heating in the other rooms, it was a sign for her family that she was withdrawing from her former life. She had moved into a warm and bright room, where she slept on a couch. She had an armchair with a table and a television and tape recorders, and she enjoyed sitting at her late husband's desk feeling the sun shining through the window. She had set her will on life, a will, which made her organize her life in a practical way and keep pleasure within reach. She used the telephone every day to be in contact with family and friends.

For different reasons, Birgitte and Arthur had moved to specially built flats for old-age pensioners, where accessibility was part of the concept. They had not moved far from their former homes and they were still in a well-known neighbourhood. They had both created places of attachment.

Home, in its form as house or a flat had become a symbol of the self, reflecting self-identity, integrity and the position from which the world was seen. The participants' homes were furnished each in its own way and equipped with books, papers, knick-knacks and things from a long life to be remembered. Each home had its own smell.

All six persons had the framework for accommodations suitable to their daily lives with handgrips in the bathrooms, no doorstep to allow the wheeled walker free passage and no cables or wires on the floor as pitfalls. These arrangements adjusted the homes in a way so the inhabitants still could rule, to certain degrees be active, do practical things and have their own daily routines. They had a place to be together in private with family and friends. Their life situations affected by contingencies and risk of falling had nevertheless called for a process of adjustment to the falls. Each person had done this with a personal touch in the micro cosmos to create a framework for well-being under sometimes difficult conditions.

The indispensable chair

Arthur and Ernst lived far away from each other in different settings, but they both had humble wishes for the framework of their daily lives: a chair and a table with all necessary items for the day. Arthur's chair was turned to the window with a comforting view of trees while Ernst's chair was turned to the permanently ongoing television "Here I sit having a really good time!" Their sitting rooms were light rooms with few pieces of furniture; their bedrooms were on the dark side of the flats and plainly furnished. Their homes were marked by many helping visitors with nursing utensils

on the tables, plastic gloves and stacks of napkins. But it seemed as if these things did not exist for them when they told about their homes. Ernst emphasised how good it was to sit at home in his own kingdom and Arthur how good it was to sit in his wheelchair with a book.

The comforting cushions

The female participants leaned on chests of drawers, tables, sofa and chairs when they got around in their flats. Illona said: "You will never see me pass the buffet without touching the edge to stabilize myself...it is things like that I have to cope with to feel safe, you have got this to use haven't you?" Illona pointed at her brain. The pieces of furniture were strategically placed to serve this function, although Anna, Birgitte, Illona and Olga had indoor wheeled walkers, but if they were able to they went around without it. Illona said: "I can crawl to a chair or a table and pull myself up again. Look around. There are cushions all over, you have to have cushions within reach to rest your knees and arms when you have to crawl on the floor". They had all experienced falling at home, they had practised getting up again and they had experienced that it was essential to have cushions within reach. They could use the cushions to catch when on the floor to rest their heads, to relieve the pressure on their knees and to have on the backs when they reached a wall to lean up against. Olga was not content only with cushions. She had her blankets within reach to cover herself if she fell on the floor. Her living room was equipped with comforting things within reach.

Theme 3. The meaning of being alive, the struggle to live and survive falling

The interviews contained ontological perspectives, where falling and the fight to get up again were perceived as the first steps towards death; getting up was perceived as a metaphor for coming back to life. Arthur mentioned: "returning to life" when he was helped into bed after his severe fall. Birgitte considered her life near the end when she was 90, and that she could expect her falling to continue, that falling was inevitable. Then life changed and she got the right help at the right moment in the right way to go on.

It was not Ernst's impression that he had experienced falling accidents; nevertheless, in his terminology he can't get up. "I have met my match" he said and described how he let himself fall in contrast to falling accidentally and unintentionally. When Ernst was lying still on the floor after one of his "not" falling episodes, he called it "neutral"; not knowing which turn life will take. The leading values in his life had been work and activity; to him it was dramatic to be laying "neutral" and waiting. But he had the emergency call button, and the staff had been at hand every time he pressed it.

Illona had developed strategies to escape humiliating falls and struggled systematically through the days with exercises mixed with self-ironic humour. Olga used a war metaphor – "It hit me" – to describe what happened when she fell down the little ladder she had climbed. She had felt something scary would happen when in the morning she had thought, "luckily my son and daughter-in-law will soon be back from the holiday". She explained that she was always nervous when they were abroad, but her resilience helped her survive the situation.

In Anna's story a cat was important, "*The cat chose me as a companion so I cannot depart from here*" she said with a euphemism for their relationship. Her responsibility towards the cat made her stay alive.

To continue life was not questioned by any of the participants; being alive was meaningful although struggling as well as dying were parts of everyday life.

Discussion

The solution to old persons' falling episodes is regular activity and training. As a rule twice a week is recommended (Katz, 2000). Activity can be both for leisure and duty, but the activity and exercise designed by professionals is an instrument to better the physical condition. In the beginning of the interview the participants avoided to talk about falling and one person denied falling at all. It is clear that falls in later life are undesirable and some falls are inevitable, others preventable. In order to know more we must try to understand the fall and its impact from the perspective of the individual. To describe the falling accidents the participants used metaphors; the fall itself had a symbolic meaning often used relating to autumn as a symbol of decline. Falling down was the most common expression in the interviews. In everyday language "down" has a negative connotation (Lakoff & Johnsson, 2002), up is good and down is bad. Olga used a metaphor when she told how the fall "hit her", indicating she fought a war; Ernst did the same saying he had "met his match" by falling. In daily speech falling has a negative sound.

Being the body was evident in the fall stories. After falling, daily life is disrupted, the body becomes an unknown terrain that must be relearned (Becker, 1999). The body in different positions was viewed from the inside and outside, and it represented a distinctive mix of the four ideal types: the disciplined body, the mirroring body, the dominating body and the communicative body (Frank, 1997). In none of the stories does the narrator represent only one ideal type; all types are reflected but to different degrees. These narrators' old bodies were marked by illnesses, loss of appetite and weight, reduced sight and chronic conditions. On different levels they were dominated by the contingency of illness; and falling and trying to get up again represented loss and the struggle for control. Loss of bodily control is stigmatizing in modern society and all six worked to discipline their bodies and told about re-establishing their lives to gain predictability. The experience of lack of strength in managing what was previously well known and predictable is challenging in later life. This means integrating contingencies in daily life and creating meaningful ways of coping with change. In this study, the bodily dominance was manifested by the participants' difficulties in getting up again after a fall. In addition to this, they suffered from several chronic diseases, swollen feet, reduced sight and bad hearing. These dominating bodily conditions created the framework for the various ways to think and rethink how to get up, the significance of getting up and what it means to get up again after a fall. As a counter-measure to frailty the participants accepted future contingencies and the contextuality of the body.

In a daily-life context the participants' homes were associated with memoirs in the form of shapes and furniture, colours and smells and with relationships with intimate friends

and family as well as newcomers such as the staff. The homes represented present life connected with the past and the future. All persons now living alone had home as their special place, where they had relative freedom to decide what to do and how to do it. As life changed and their capabilities with it, home had changed in order to create a new framework for life with unnoticed practices and a body of knowledge (Schutz, 2005). The home reflected (Leith, 2006) a framework for feeling peace and for an ongoing effort to stay adjusted to the practical situation. The participants had accepted the help from social workers and the arrangements in their homes to facilitate moving around in order to stay at home and postpone the possible future move to a nursing home.

The stories are also about the balance between being active and passive and the complexity of activity (Polkinghorne, 1995). The men's focus in daily life was the chairs. They resisted activity and exercise; they had placed themselves heavily in a chair in the heart of the flat with a view of the sky and the TV. The women had their homes arranged comfortably around them, with some possibilities of going outdoors, up and down the staircase, and it mirrored the wish to take an active part in daily activities such as dusting, cooking a little and serving tea or coffee. Home had an inside and an outside, and to be conscious of a home placed in a well known and familiar locality was essential. Knowing the surrounding streets, shops, buses, activity centres and people was connected with a feeling of security.

The findings point to some gender differences in the coping with falling accidents. Ageing and masculinity is a topic to come (van den Hoonaard, 2007), whereas women's experiences and perspectives dominate the literature (Dumas, Laberge, & Straka, 2005). Therefore, in the future, health professionals should address gender as it relates to older persons' falls. Smith, Braunack-Mayer, Wittert, and Warin (2007) have suggested independence as the turning point analysing discourses of masculinity and successful ageing. In our study, Ernst took the responsibility to act as an employer to household chores but for Arthur it was essential that his quiet life be respected. They had both experienced the powerlessness of having fallen although Ernst did not wish to express it in words. To lose hold of things is an ontological insecurity in the modern masculine discourse of power, where falling is a threat (Ekenstam, 2007). They developed a bodily sense of well-being when they took it easy, read books and watched TV.

The women, on the other hand, were influenced by the physical activity discourse in their daily lives; nevertheless, they did it in their own ways and adjusted to their former habits or did the exercises necessary to strengthen the muscles. They did this in order to cope with daily life and to honour the experts' wishes for positive, healthy, measurable lives. They translated the professional vocabularies into their personal narratives and talked about muscle strength. In this way, they could get new inspiration in the language embedded in everyday practice. Activity is the positive pole opposite the negative forces of dependency, illness, disengagement and loneliness (Gubrium & Holstein, 1998). This process could also be seen as an individualisation and medicalization of everyday life with a behavioural focus and consequences for everyday life (Crawford, 1980).

When the narrators told about falling accidents, they spoke from a practical daily-life context with all the silent demands

of flexibility owing to several chronic illnesses dominating their lives and to their situational frailty. Telling their stories enabled them to articulate their capacities and their ways of managing daily life in spite of falling. They had a feeling of well-being, not in the narrow sense of feeling good, but in an ontological sense of being well in the everyday unfolding of life with an orientation towards the future, realizing one's potentials as well as confronting death (Sarvimäki, 2006).

Nygren, Norberg and Lundman (2007) have identified the phenomenon inner strength in their Umeå 85+ study. Anna, Arthur, Birgitte, Ernst, Illona and Olga were not especially chosen because of their strength as the participants in the Umeå 85+ study; nevertheless, it was characteristic for our participants that they also were able to perceive struggling as a part of life, accept it and adjust to it, as well as accepting dying as a part of life. They managed to create meaning in the fall episodes and to integrate the episodes in daily life, even though the falls were life threatening, which corresponds with a salutogenic philosophy of life (Antonovsky, 2000). In this way, they showed inner strength in coping with vulnerable situations. These disgraceful and shameful situations were handled with humour to soften reality, to keep dignity and self-respect. Polkinghorne (1995) points out that telling the story in a daily-life perspective makes it possible to transform a victimized situation into agency. In telling about falls the participants shifted focus from what they were not able to do to how they coped in the best possible way with everyday situations.

Methodological considerations

Interpretive phenomenology creates a framework for de-contextualisation and re-contextualisation of the transcribed text with situations, concerns, activities and everyday practices as points of reference. The interpretation of the interview text went to and fro from the full text to the meaning units, sub themes and themes in order to strengthen its trustworthiness. To establish credibility and critical authenticity, the steps in the research process are made transparent and the participants' statements quoted (Whitmore, Chase, & Mandle, 2001). The interpretation reflects meanings and experiences that are lived and perceived by the participants. Because of interview multi-vocality, the commonalities and the differences had to be balanced in order to be true to the phenomenon studied. It is the authors' intention that quotations attached to the themes in the findings should give the reader the opportunity to follow the process of analysis, interpretation and trustworthiness of the study (Rolfe, 2006). Due to the small sample the gender differences must be seen as suggestive rather than definite.

Conclusion

Stories about falling are usually not treated as legitimate. It is clear that falls of any type are undesirable in later life and falling has been a hidden topic. The voices of the victims have seldom been recorded, even though for many years, registration sheets, physical tests and visible wounds have been concerns of health professionals and researcher. To the persons involved, narrating about falls created a sense of coherence between exterior and interior perceptions of life and coherence in daily-life. The fall stories can give an access

to the understanding of a person's own perception and coping strategies. The stories offered a rich source for understanding individual ways of creating well-being despite contingency and of strengthening identity despite the vulnerable situation.

The stories characteristically contained both vulnerability and well-being. Falling, losing foothold and landing on the ground were not only perceived as humiliating, it was also connected with the difficulties of getting up again. Coping with falls in everyday life was complex and the falls must be understood in context. Home represented a core value for the participants and their homes were on the one hand a place to be at peace and on the other hand a place for activity, although it was altered to ease mobility. In order to rise from falls the women had learned and used a technique knowing it exposed their weaknesses and bodily difficulties. In order to cope with the falling episodes at home, the women had equipped sofas and chairs with comforting cushions to soften the process of getting up again. The two men, on the other hand, sat in their indispensable chairs moving as little as possible.

Falling is both a dramatic and a trivial incident, where life and death could be at stake. The participants in this study had to struggle to find ways to handle the strains depending on their life practices. In handling the falls, each person showed individual coping strategies and adaptive resources to achieve a life with a feeling of being well.

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