



Being and becoming ‘a frail older adult’: Meaning-making and resistance through storytelling.

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ABSTRACT

By inquiring into older adults' narrations about their lives in the present, past, and future, this study aims to learn more about home-dwelling older adults' lived experiences of being and becoming “frail”. This article is based on a dialogical narrative analysis of interviews with three home-dwelling older adults identified as frail by the home care services. We conducted a series of three interviews with each participant over a period of eight months. Our results demonstrate that while some older adults experience frailty as inevitable and irreversible, others experience it as a transition. Some narrated frailty as a comprehensive experience, while others' narratives were more situational and transitional. Being able to live at home was crucial and moving to a nursing home was associated with the risk of becoming frailer and the loss of valued relations to family and their home. Experiences of frailty were framed and shaped by the past, present, and future. Faith, fate, and previous capacities to overcome adversities were crucial in the older adults' narrations. Older adults' stories provide an opening to diverse and changing experiences of living with frailty. By telling stories about the past, present, and future, older adults can maintain identity, a sense of belonging, and balance in the midst of adversities. By engaging with older adults' stories, health and care professionals can support the older adult in the ongoing process of being and becoming ‘a frail older adult’.

Introduction

Although the concept of frailty is frequently used in the gerontology literature, there is no international consensus on how to define the condition (Collard, Boter, Schoevers, & Oude Voshaar, 2012; Dent, Kowal, & Hoogendijk, 2016; Rodríguez-Mañas et al., 2013). “Frailty” is often used as a concept to describe older adults' reduced capacity to sustain physiological homeostasis to stress and the following risk of developing disease when something out-of-the-ordinary occurs (Clegg, Young, Iliff, Rikkert, & Rockwood, 2013; Wyller, 2020). Advanced age is a risk factor for frailty (Collard et al., 2012; Kojima, 2017), and the condition is dynamic, involving both improvement as well as decline (Clegg et al., 2013). In some conceptual models, frailty is defined as a physical syndrome, whereas in other models, psychological and social aspects are included (Fried et al., 2001; Gobbens, van Assen, Luijkx, Wijnen-Sponselee, & Schols, 2010; Lally & Crome, 2007). A growing body of research indicates the relevance of a biopsychosocial model of frailty and suggests the need for moving away from an organ- and

disease-based approaches to frailty toward a more holistic, health- and wellness-based approach in geriatric care (Gobbens, van Assen, Luijkx, & Schols, 2012; Gobbens, van Assen, et al., 2010; World Health Organization (WHO), 2017). Cluley, Fox, and Rador (2021) argued for the need to replace the conceptualization of frailty as a bodily attribute with a relational understanding of frailty as an “assemblage”. Within this “assemblage”, materialities beyond the human affect the on-going becoming of the frail body. Frailty cannot solely be understood as something experienced here-and-now but must also be understood in light of the life an old person has lived, where they live, and the relationships they are currently in and have been a part of. Acknowledging the complexity of this assemblage is, according to Cluley et al. (2021), essential to making sense of frailty and how to support and enhance the lives of older people living with it.

Internationally, aging in place policies are a response to population aging (Lewis & Buffel, 2020), and studies have reported that older adults prefer to live in their own homes (Lehning, Kim, Park, & Dunkle, 2022). Aging in place is considered both a cost-saving solution for healthcare

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services and a symbol of independence and autonomy for older adults (Lewis & Buffel, 2020; Scharlach & Diaz, 2016). Living in a familiar environment is considered to have a positive impact on the wellbeing of older adults and contribute to positive experiences in later life (Van Dijk, Cramm, Van Exel, & Nieboer, 2015). As a consequence of aging in place policies and personal preferences an increasing number of older adults, including people living with frailty, continue to live in their own homes, even with severe adversities.

In a qualitative systematic review, Lekan, Collins, and Hayajneh (2021) found that few studies and no meta-syntheses focused on the lived experience of frailty in community-living older adults with frailty. By inquiring into older adults' narrations about their lives in the present, past and future, the aim of this article is to learn more about home-dwelling older adults' lived experiences of being and becoming frail.

Frailty, narrative, and narrative agency

This study adheres to conceptualizations of frailty acknowledging physiological, psychological, and social aspects (Gobbens, Luijckx, Wijnen-Sponselee, & Schols, 2010; Junius-Walker et al., 2018). We consider frailty as a dynamic, relational, situated, and partly socially constructed and maintained phenomenon. We acknowledge that the older person may become both more and less frail over time (Clegg et al., 2013), and that other people's perceptions of the person and the place and environment in which the older person lives frame the experience of frailty (Bjerkmo, Helgesen, Larsen, & Blix, 2021). Moreover, we consider the older persons' experiences of frailty as shaped by their stories about the past, present, and future. As such, this study is positioned in the field of narrative gerontology, described by de Medeiros (2013, p. 34) as the combination of "interdisciplinary approaches to the study of narrative with interdisciplinary approaches to the study of older age". In this study, narrative is not understood as a mirror of the world, but rather as a social process (Mishler, 1995) through which meaning is co-created in specific contexts (Bamberg, 2012; Riessman, 2008). In the literature, the term narrative is employed in a variety of ways. While some narrative researchers use the term to refer to big stories, which "entail a significant measure of reflection on either an event or experience, a significant portion of a life, or the whole of it" (Freeman, 2007, p. 156), others have argued in favor of devoting greater attention to small stories, that is, "tellings of ongoing events, future, or hypothetical events" (Georgakopoulou, 2006, p. 123). In this study, the data consist of both big stories and small stories, and the interviews consist of stories about events with both a clear beginning and a clear end, including tellings about life here and now as well as reflections about the future.

Stories about our lives are not "playbacks" of life events (Bamberg, 2006). Rather, stories are always told from a vantage point ("point of view"). Stories told in the present are shaped not only by how the storied events are remembered but also by later experiences and our expectations for the future. Freeman (2010, p. 4) used the term "hindsight" about looking back on life, seeing events in a new light, and drawing new connections that one was unable to see when the event occurred. According to Raggatt (2006), the story one tells about oneself is always one of several possible alternatives. Stories are shaped by who they are told to. According to Bruner (2003, p. 210), "...we constantly construct and reconstruct a self to meet the needs of the situations we encounter, and we do so with the guidance of our memories of the past and our hopes and fears of the future". As such, our stories are shaped by the contexts in which they are told. Hence, we do not have one life story that can be told regardless of audience, "in one voice" (Bruner, 2003, p. 222). Rather, experience is developed through life and the storying of life, and experience shapes new experiences (Dewey, 1938, p. 27). As such, experience and narrative are always changing and developing (Caine, Clandinin, & Lessard, 2022). Frank (2012, p. 12) has described story-telling as an act in which people "hold their own"; moreover, the stories that people know set the parameters for what they can imagine as their own to hold. Narrative agency depends upon being able to express

oneself in a form that is recognizable as narrative and having the opportunity to express oneself narratively (Baldwin, 2006). In other words, narrative agency is about both a person's capacity and opportunities to tell his or her stories (Baldwin, 2006). Based on this, we consider older adults' narrations as an opening to their experiences of living with frailty, over time, and in specific contexts.

Method

Study design

To inquire into how older single-living adults' experiences of frailty are created and expressed through narratives about life in the past, present and future, this study was conducted using a qualitative, longitudinal design that involved a series of three interviews throughout a period of eight months. A longitudinal design with repeated interviews provides opportunities to build relationships based on respect and mutual understanding between participant and researcher. Moreover, this design provides the opportunity to follow up on loose ends in subsequent interviews (de Medeiros & Rubinstein, 2015). A qualitative longitudinal design allows for a deeper understanding of a particular phenomenon and is well suited to study continuity, change, and complexity (Calman, Brunton, & Molassiotis, 2013; Kvale & Brinkmann, 2015; Saldaña, 2003).

Recruitment and participants

The study was conducted in two rural municipalities in the northernmost part of Norway. The number of inhabitants in the municipalities is 6000 and 2000, respectively. In both municipalities, the settlements are scattered, and several settlements are located far from the municipal centers.

Personnel in the home care services distributed written information about the study to persons who met the following inclusion criteria: Persons 80 years or older, identified as frail by the home care services, living alone in their own home, receiving home care services, and capable of giving informed consent. Individuals who wished to participate in the study returned a signed consent form to the first author, who then contacted the participants by telephone to arrange a time for the first interview.

Eight persons, six women and two men, were included in the study. During the first interview, their age ranged from 82 to 93 years. They were all widowed and had lived alone for three to 30 years.

Interviews

Over a period of eight months from June 2019 to February 2020, through the seasons of summer, autumn and winter, the first author conducted a series of three interviews with the eight participants in their homes. In the periods between the interviews, the first author maintained telephone contact with the participants. Fieldnotes were written after each interview and during and after the telephone conversations.

The length of each interview was between 50 and 100 min, and the series of three interviews had a total length of 150 to 300 min per participant (a total of 26 h and 28 min of audio recordings). Thematic interview guides were used in the interviews. The first of the three successive interviews was the most comprehensive, and the participants were invited to talk about their lives and their current life situations. The introductory question in the interview guide consisted of an open-ended question (Can you tell me about your life? You can choose where and when to start), followed by several points that suggested possible topics for the interviews, such as childhood, adulthood, family life, working life, life changes, significant others, old age, and frailty. The focus of the subsequent interviews was the participants' current everyday life, past, future, and changes in their life situations between the interviews.

Dialogical narrative analysis

All interviews were transcribed and anonymized by the first author. In the initial phase of the analysis, we spent time acquiring an overview and orienting ourselves in all the interview material. We read each interview several times with a focus on the stories told. The total interview material (24 interviews) has been the subject of analysis in a previous publication (Bjerkmø et al., 2021). Through this process of close reading all interviews, we became aware of the diversity of the participants' experiences, which in turn guided our choice of interview series for further analysis. In this article, three series of interviews with Hans, Anna, and Marie (pseudonyms) are the subject of special attention. These series of interviews were chosen because they were rich in stories and metaphors and because they represent diversity in experiences of frailty. The first author wrote a comprehensive summary for each of the three participants' interviews. In the next phase, the first author further condensed the summaries and organized them in four sections: introduction - life in past - life in present - expectations about the future. We agree with Riessman (2008) that rather than "finding" stories in the interviews, researchers actively participate in the creation of the stories by deciding what is to be presented. The researchers' participation can be described as "reconstructing the told from the telling" as we "reconstruct an order of the told from the telling(s) [which] becomes the narrative for further analysis" (Mishler, 1995, p. 95). The presented quotes from interviews were translated from Norwegian into English by the first author in collaboration with the co-authors.

The further analysis was a dialogical narrative analysis, as suggested by Frank (2005, 2010, 2012). Dialogical narrative analysis "studies the mirroring between what is told in the story - the story's content - and what happens as a result of telling that story - its effects" (Frank, 2010, p. 71). Frank (2012) suggested that dialogical narrative analysis begins with questions. Frank suggested five types of questions to "get analysis moving" (Frank, 2012, p. 44). The first set of questions are resource questions. These are questions regarding what narrative resources shape how the story is being told, and what resources shape how listeners comprehend the story. The second set of questions are circulation questions. These are questions regarding who tells which stories to whom. The third set of questions are affiliation questions - questions drawing our attention toward who is excluded and included in the story "we". The fourth set of questions are identity questions - questions drawing our attention to how the story teaches people who they are and who they might become, while the fifth set of questions suggested by Frank concern what is at stake (Frank, 2012, p. 46). All these questions focus on how the storyteller is holding his or her own in the act of telling that particular story or how the stories convince them of what they have to do and be to hold their own (Frank, 2012). Such questions may help researchers become aware of their pre-suppositions and set aside previous assumptions about a phenomenon (Dahlberg, Dahlberg, & Nyström, 2008).

We read Hans', Anna's, and Marie's narratives several times with each question suggested by Frank (2012) in mind. The first author did the first reading of each narrative and presented her initial analysis to the other authors. The three authors had noticed different nuances in the narratives, and as such, the dialogue in the author group provided both depth to the analysis and moved the analysis forward. Moreover, the successive nature of the analysis, reading each narrative through the lens of Frank's proposed questions, drew our attention to similarities and contrasts between the three narratives. Next, we presented and discussed our initial analysis with a reference group consisting of two older adults and one family member living with an older adult with frailty. The group were recruited from The County Council and through snowball sampling to safeguard the user perspective in the project. The first author read Hans' narrative and introduced Frank's proposed questions to the reference group. The group was then invited to share its thoughts and reflections on Hans' narrative guided by the questions. Our

discussion with the reference group resulted in further revisions and refinement of the analysis. For example, feedback from the group moved the analysis forward by drawing our attention to aspects we had not reflected on previously, such as Hans' narrative resources. Moreover, members of the reference group provided important contextual information about the historical period in which the participants had lived their lives. For example, they reminded us that storytelling had been a significant part of northern Norwegian culture.

Our analysis was dialogical on several levels. The data was generated through several dialogues between the interviewer and the participants. The participants' narratives were gradually co-composed over time. The longitudinal design allowed the interviewer to follow up on loose ends and inquire into issues that remained unresolved or unclear in previous interviews. As such, data generation and the early phases of the analysis thus took place in parallel. Next, analysis was conducted in dialogue among the authors and between the authors and the reference group. Moreover, Frank's proposed questions served as an opening for dialogue between ourselves and the narratives.

Ethics

The study has been approved by the Norwegian Center for Research Data [reference number 508120]. Written and oral information about the overall purpose of the research was communicated to the participants. They were also assured of confidentiality. The participants gave written informed consent at the outset of the study, and further oral consent at the subsequent interviews. The participants were informed of their right to withdraw from the study without having to provide any justification. There is generally a risk that some older adults living with frailty will be unable to participate throughout a longitudinal study (Calman et al., 2013; Saldaña, 2003). However, in this study, the eight participants participated in all three interviews. During each interview, the interviewer safeguarded that the participant understood who she was, why she was there, and the purpose of the conversation. As the participants were identified as frail by personnel in the home care services, we acknowledge that we may have imposed an identity of frail older adult on the participants. However, through our engagement with the data material and analysis of the three narratives presented in this article, we became aware that the participants to various extents nuanced, resisted and/or embraced this identification.

Strengths and limitations

This study involved relatively few participants and was conducted in a specific geographical context. The inclusion of participants was based solely on the home care staff's identification of the persons as frail. It is reasonable to assume that we have not managed to include the users of the home care services affected by frailty to the extent that they would be unable or unwilling to participate in a series of three interviews. Our results must be used and read concerning these limitations.

This article is based on a series of interviews with three of the eight participants included in the study. According to (Frank, 2012, p. 43), choosing stories for focused attention is based on "practical wisdom gained through analytic experience". From this perspective, the interpretation and discussion of the three stories is informed by the knowledge developed through engagement with the stories of all participants in the study. Furthermore, we did not choose the three specific life stories because we considered them as representative of the total interview material, but rather because of their diversity with respect to the phenomenon explored. We acknowledge that choosing other stories for focused attention could have provided other insights into the experiences of being and becoming 'a frail older adult'.

The first author, a middle-aged white woman, conducted all interviews. She is a specialist nurse in geriatrics and mental health with more than 25 years of clinical experience from the primary and specialist healthcare services. She has worked with older adults and their relations

with relatives, care professionals, and volunteers. Consultations with older adults, including the use of cognitive therapy, have provided her with experiences that were useful in the interviews. While the interviewer was familiar with visiting older adults and talking with them in their homes, she was less experienced with conducting qualitative research interviews. By being attentive and listening actively, a common room was co-created in which experiences of frailty could be explored.

The feedback from the reference group and the authors' different clinical, theoretical, and methodological expertise provided rich opportunities for investigator triangulation to reduce the risk of biased interpretations (Polit & Beck, 2021). The participants in the study were not presented with and invited to comment on the final analysis. We acknowledge that "member checking" could have provided new and deeper insights. However, we also agree with Riessman (2008) who noted that member checking has limitations as stories are not static, and memories and meanings change as time passes. Moreover, our interpretations, as researchers, are guided by theory that may or may not be meaningful to the participants.

Results

In the following, we present three narratives based on three successive interviews with Hans, Anna, and Marie (pseudonyms), followed by a dialogical narrative analysis.

Hans: Once quick as a wild cat, but no longer the man he used to be

Hans was born in the 1920s. Since his wife passed away, he has lived alone in his home. Hans' adult son, who has a serious illness, lives close by, in the neighborhood. Hans describes his life as "... a normal, good and proper life [...]. I've had a good life. And it's true, the madam [wife], I miss her thoroughly."

Hans describes himself as "a man of the sea". He started as a fisherman at the age of 15–16 and also served in the navy. Later, he worked on a fishing boat until he retired. After retirement, he continued fishing from his own boat. About life at sea, Hans says: "Talk about fellowship! [...] The sea has been my workplace. I have been working there in storm and calm." The skipper he worked with still phones Hans every week.

Throughout the three interviews, Hans repeatedly returns to the story about how he, due to being drafted into the military, escaped a shipwreck in which the rest of the crew died: "If I had not been drafted into the military, I would not have been here [...] It seems to me that he who is to be saved will be saved. He who is destined to hang is not going to drown."

Several other of Hans' stories about life at sea also regard survival. He fell into the sea twice, once two men fell into the sea from their respective boats, and "the other man perished, and I was saved." About life here and now, Hans says: "Oh no, I'm not the man I used to be. That's for sure. Not in any way."

Hans tells about difficulties doing housework, walking difficulties and poor balance, as well as problems getting out of the house and reduced contact with other people. He has been offered to attend the day center, but finds this difficult due to a hearing impairment:

They have been good to me in the nursing home. They have invited me out there for coffee and dinner, and to sit with them. I've tried to be there once or twice, but I stopped because they're sitting there talking, but I can't hear a thing. [...] It was a nuisance, for both me and them.

Hans describes himself as "a warrior". Being a warrior is also crucial in Hans' story about his recent femoral neck fracture: "You know, all the people here who learned that I managed to get up in the chair and call for help were surprised. But it's amazing, when you have to."

Hans describes his experience of "frailty" as "falling off the wagon": "I have fallen off the wagon, as far down as possible. [...] There is almost nothing left. Earlier, I was both nimble and quick, like a wild cat. Now

it's hard even to walk from the living room to the kitchen."

About the future, Hans says that "it will be as it gets", but "it may still take a while before I die". After the femoral neck fracture, Hans was offered a place at the nursing home. However, Hans' son would be left alone at home if Hans moved to the nursing home. Thus, out of concern for his son, Hans ultimately declined the offer of nursing home placement.

Anna: I've overcome everything, I'm not looking back

Anna was born in the 1920s. She married and had children. One of her sons died in an accident while he was a child.

Anna says her childhood home was good. Her father had a job and a fishing boat. They lived with her grandparents until she was almost an adult. She worked as a maid at a time when they fetched water in the river, and they had to chop holes in the ice during winter: "When I think back, I've had a lot of work. It was just work and we used the body for everything."

Anna talks about several things that have been important in her life: being active, being outdoors, and caring for others. If she had nothing else to do, she used to bring an ax and a saw to the forest. Sitting still and doing nothing has never been her style. Instead, "That is a great interest of mine. To be outdoors, working."

Today, Anna likes to attend various activities. She is a member of the pensioners' association and plays bingo - "... that's where you meet people" - but she also thrives in her own company. For example,

I play radio bingo and then I solve crossword puzzles. I've been interested in that all my life. I'm so happy about that, because then you cannot think about anything else. I remember after he [husband] died, I was alone here. I sat down with crossword puzzles. Then everything else, all thoughts, were gone.

Anna does not feel lonely, but the child she lost is often in her mind. When everyone moved away from her local community and she was the only one left behind, it affected her. She says that earlier, people had more contact with each other, and that almost no one visits anymore, "Earlier, it was like no matter what time of day you looked outside, you could see people. No, I do not miss people so much now. I'm used to being alone. Everything is a transition."

Anna thrives at home and will not move unless she must. She is familiar with nursing homes, both as a relative and through short-term stays, but she did not thrive there.

I will stay here as long as I can, until I get sick and have to go to a nursing home. The last time I went to a funeral, people came to ask if I should move. No, I said, when I move, I will move to the cemetery. I dread having to move. I see how they deteriorate. They die, one after the other, when they get there [the nursing home].

Anna says she has experienced frailty:

I had back pain last year. Then I was frail. But I did not give up. I'm not good. I was chopping ice this spring, and then I had the wheelbarrow and tipped it across the road. [...] The wheelbarrow was a little frail. Oh my, how my back hurt. Then I was frail. No, then things looked a little dark, but it has passed.

About the future, Anna says:

I'm not thinking about tomorrow. I only see if I wake up. That I can get up and move. Something can happen suddenly. But I have had so many kinds of diseases. I have overcome everything. I'm not thinking back.

Marie: Used to manage everything but the future is in God's hands

Marie was born in the 1920s. She grew up in a forest village. She has been widowed for almost 30 years. Marie has been active in

organizational activities and church work. She used to enjoy working in the garden, walking in the woods picking berries, and doing housework and needlework. Marie's husband was driving a taxi and the local ambulance. She used to arrange the bed linen and the stretcher. She says: "When I think back, I do not understand how I managed everything." Gardening was of great help for Marie after her husband passed away. Now she cannot manage the garden herself.

Marie has good eyesight, but hears poorly; at times she struggles to sleep at night and has poor balance. She needs help to get out of the house. Marie makes dinner, watches TV, solves crossword puzzles, and reads. She enjoys watching the birds and animal life outside the window.

Many ask me, isn't it boring to live here? No, it's not boring. [...] There are so many birds to watch, and I live next door to a farmer, and something's going on all the time. They will set up a new barn. There will be something to watch. And then I have neighbors around here, and I know everyone in the area. But think of all those who were my age and a little older, they are all gone now. It's strange to think about how many there were of us.

Marie notes that she needs more rest than before, "The body demands more rest. Because after I turned 90, I have to say, that when I was in the 80s, it was nothing. But after I turned 92, and I will turn 93 by the summer, resting for an hour does me very good."

Before she fractured a leg Marie used to attend the day center, but now she no longer has the desire or energy to be there. She does not like winter much anymore. "Now I cannot go out to shovel snow." Marie is grateful for being as well as she is,

It's going well. As long as I am allowed to be like this. I'm so grateful in the morning that I'm allowed to wake up. I must thank the heavenly powers for allowing me to wake up and rise. And that I get to be clear in my head. That means everything.

About living at home, Marie says:

Yes, you know, I think that means everything. Because here I know all the things and I know where everything is. And being at home is something special. Yes, it's nice to live here. I could not imagine moving.

When asked if she ever feels "frail", Marie answers:

The day I cannot stay at home, it's good that there's a place to come to. I know I'm getting help, it's a reassurance. I can't do anything close to what I did before, and I get dizzy and very soon a little tired and weary. I notice that I do not remember very well and that I do not understand things as fast as I used to. I notice that I do not have the power that I had before, neither in my arms nor my legs. I felt that I was starting to get a little frail, so it was so good to get help.

Marie does not think she is frail at the moment. "No, I'm not, no. Because I desire to do things, and I desire to be at home." About the future, Marie says:

But it is obvious that you never know when there will be illness and such, but you cannot go around thinking about that. I take whatever the day brings. And I know that higher powers decide. I just put it in the hands of God, I must say.

Dialogical narrative analysis

Frank (2012) suggested an open-ended set of questions to "get analysis moving" (Frank, 2012, p. 44). In the following, we use these questions as a lens through which we inquire further into Hans', Anna's, and Marie's narratives. As noted by Frank, the questions have different utility with respect to the different stories. While some questions made us aware of the unnoticed, others were useful for thinking about why they did not apply to the story.

The first set of questions suggested by Frank are resource questions.

Hans describes his experience of frailty as *not being the man he used to be*. However, through his use of narrative resources, he reminds the listener, and perhaps himself, that his life was not always like this. Once he was *quick as a wild cat* and *a man of the sea who worked both in storm and calm*. While Hans describes his frailty as inevitable and irreversible (*falling off the wagon*), Anna refers to it as *a transition*. Anna's story is strongly marked by a presence in the here and now. In her own words, she *does not think about tomorrow*. Even though Anna states that she *does not look back*, the child she lost is often on her mind. Yet, through storying previous experiences of *overcoming everything*, she reminds the listener that her frailty is not necessarily a permanent condition. In Marie's story, the here and now is present in her watching the birds and farm life outside her window. Like Anna, Marie *takes whatever the day brings*. Anna demonstrates narrative agency through emphasizing her capacity to overcome adversities throughout her life course. In contrast, Marie puts her future in the *hands of God*, and Hans emphasizes the impact of destiny in his life (*he who is destined to hang is not going to drown*).

The second set of questions suggested by Frank are circulation questions. This set of questions is a significant reminder that stories are always told in contexts and relations, and Hans', Anna's, and Marie's stories were told in the context of a qualitative study inquiring into experiences of living with frailty. Thus, they might have framed their stories differently if aspects of life in old age rather than experiences of frailty were the focus of the interviews. Nonetheless, Hans, Anna, and Marie all relate to the term frailty, although in different manners. While Hans and Marie describe frailty as a comprehensive experience (*it's hard even to walk from the living room to the kitchen* and *I'm lacking the power I used to have in my arms and legs*), Anna's description of frailty is more situational and transitional (*My back hurt last year. I was frail then. But I did not give up*).

The third set of questions suggested by Frank are affiliation questions. Hans, Anna, and Marie all wish to continue living at home. They do not want to be part of the "they" of nursing home residents. For Anna, "those" who live in nursing homes are the ones who are frail, and they become frailer by living there (*They're just sitting there. [...] They die, one after the other, when they get there*). Also, for Anna, the "we" of the neighborhood has shrunk. Although Anna expresses appreciation for the community of the pensioners' association (*... that's where you meet people*), she expresses acceptance of not being part of a "we" in the same way as before (*No, I do not miss people so much now. I'm used to being alone*). In Hans' story, the situation is different. He describes himself as someone who involuntarily stands outside the "we" of the care center (*I've tried to be there once or twice, but I stopped because they're sitting there talking, but I can't hear a thing. [...] It was a nuisance, for both me and them*). In Hans' story, there is another significant "we" - the fellowship of the sea which is kept alive through the weekly telephone conversations with the skipper. His family "we" was reduced when his wife died (*And it's true, the madam, I miss her thoroughly*), but is still strongly present in Hans' concerns for his son. For Marie, it is reassuring to know that the nursing home is a place to come to get more help the day she needs it. Nonetheless, Marie does not describe herself as part of the "they" of nursing home patients because she still has a desire "to do things" and "to be at home". Previously, she had been part of the "we" of the day center, but after she fractured her leg, she has had no desire to go there. Marie describes herself as part of the community of the neighborhood (*And then I have neighbors around here, and I know everyone in the area.*), although this community has been reduced (*... all those who were my age and a little older, they are all gone now*).

The fourth set of questions suggested by Frank are identity questions. By describing himself as once *quick as a wild cat*, Hans communicates that he has not always been the way he is now. Hans states that he is not the man he used to be, while simultaneously stating that *it may be some more time before I die*. Moreover, Hans describes himself as a survivor (*He who is destined to hang is not going to drown*). In Anna's story, work has a central place. *Sitting still and doing nothing* is not her style. Yet, she has adapted to the pain limiting her activities, and has found joy in other

activities. At the same time, by telling the story of the wheelbarrow, Anna communicates that she can still perform heavy physical work. Anna says that she does not think about tomorrow, but she keeps the possibility open that there may be sudden changes in her situation. Work also plays an important role in Marie's story (*When I think back, I do not understand that I managed everything*). However, she has adapted to changes in her life (*But after I turned 92, and I will turn 93 by the summer, resting for an hour does me very good*), and she finds joy in the wildlife outside her window. Her faith in God helps her in everyday life and when she looks into the future. She knows that illness may come, but that is something decided by *higher powers*.

The fifth set of questions suggested by Frank are questions about what is at stake.

In all three stories, being able to live at home is crucial. For Hans, falling further "off the wagon" would imply the need for nursing home placement and leaving his son behind, alone at home. Even though he has fallen *as far down as possible, the warrior holds on and continues to fight*, to be there for his son. Anna does not rule out the possibility of one day having to move to the nursing home (*I will stay here as long as I can, until I get sick and have to go to a nursing home*), but she also states that she wants to stay in her home until she dies (*When I move, I move to the cemetery*). Marie expresses a strong *desire* to continue living in her home. However, she has put the decision in *God's hands*. For Marie, being *clear* in her head means *everything*.

Discussion

By zooming in on three older adults' stories using a narrative dialogical analysis, this study demonstrates a variety of experiences of living with frailty in old age. Our results concur with Cluley et al. (2021, p. 2) who demonstrated that "the ageing body may be acknowledged as a complex, fluid, relational and changeable – *becoming* as it interacts with its physical and sociocultural environment from moment to moment" and who suggested to replace the conceptualization of frailty as a bodily attribute with a relational understanding of a "frailty assemblage". Within this "more-than-human assemblage" (Cluley et al., 2021, pp. 1–2), materialities establish the on-going becoming of the frail body. This understanding challenges and expands previous conceptualizations of frailty as a phenotype (Fried et al., 2001) or cumulative deficit (Rockwood et al., 2005), and nuances the definition of frailty proposed by The World Health Organization (WHO) (2015, p. 63) as "a progressive age-related decline in physiological systems that results in decreased reserves of intrinsic capacity, which confers extreme vulnerability to stressors and increases the risk of a range of adverse health outcomes." Our results demonstrate that while some older adults experience frailty as inevitable and irreversible, others experience it as a transition. Some participants in our study narrated frailty as a comprehensive experience, while others' narratives of frailty were more situational and transitional. In all three narratives subject to analysis in this study, being able to live at home was crucial, and moving to a nursing home was associated with the risk of becoming frailer and the loss of valued relations to family and the home. The participants' experiences of frailty, then, were framed and shaped by their past, present, and future. Stories from the past, about destiny and previous capacities to overcome adversities; as well as stories about the present, commitments and relationships with people, animals and places; and thoughts and hopes for the future, were integrated into the participants' experiences of frailty. Through story-telling, older adults practice and demonstrate narrative agency. Storytelling serves to maintain identity and continuity in life, but stories about the past, present, and future are also powerful reminders of change. According to Nicholson et al. (2013, p. 1172), frailty should be understood in terms of re-establishing stability, as the "potential capacity – a state of imbalance in which people experience accumulated losses whilst working to sustain and perhaps create new connections." Narrative agency, that is, having the opportunity and ability to tell and compose one's own stories in dialogue with others

(Baldwin, 2006), can be an opportunity to process experiences of frailty and re-establish balance. Our results demonstrate that older adults' stories about the past, present and future are valuable sources of insight into diverse experiences of frailty. Through their stories, participants in this study reminded the listener that they and their lives had not always been as they are in the present, and the narratives about the past served as a contrast to the present. Through their narrations, the participants demonstrated their capacity to take whatever the day brings and overcome adversities throughout the life course. Furthermore, they reminded the listener, and perhaps themselves, that frailty is not necessarily a permanent condition. The participants demonstrated a strong presence in the here and now, for example in stories about relationships and the wildlife outside their homes. Based on qualitative interviews with 121 frail older adults, Dury et al. (2018) reported a diverse range of coping strategies, and that balancing factors at the individual level, such as accepting the situation or remaining positive, were significant for how the older adults experienced their own frailty and their quality of life. Based on our results, we consider narrative agency as a way to cope with adversities and balance experiences of frailty, by accepting the situation and finding joy in quiet activities or maintaining hope for the future.

Faith and fate were crucial in the older adults' narrations, the former expressed as "putting the future in God's hands" and the latter expressed through the emphasis on the impact of destiny earlier in life. As such, faith and fate can frame and shape experiences of frailty. Faith and fate, as expressed by participants in our study, fit within MacKinlay's definition of spirituality, that is, "... an essential dimension which brings meaning to life" (MacKinlay, 1998, p. 36). Based on focus groups with African American men and women, Lekan, Hoover, and Abrams (2018) identified spirituality as a significant driver in the prevention and mitigation of frailty. In another recent study, MacKinlay (2021) demonstrated the presence of self-transcendence and inner strength in frail older adults' stories about loss and disability. Elsewhere, MacKinlay (2022) argued that the spiritual journey is about connecting with our individual and community narratives, finding meaning at the end of our lives, and knowing that our lives were lived well and that they have meaning. For some participants in our study, faith in God was crucial, in their stories about the past, their everyday life here and now, and their narrations about the future. They knew that illness and adversities may come, but that was beyond their control and rather something they could place in the hands of God. According to MacKinlay (2021), processes within and between individuals may affect the onset and progress of frailty. In our study, relationships in the past and present served a crucial role, both in the stories about life in the present and as reasons for not leaving the home.

In all three narratives, home and place were significant. Continuing to live at home, being in a familiar environment, where they knew the people and surroundings, was important for their quality of life and experiences of frailty. Aging in place policies are based on the assumption that living in a familiar environment has a positive impact on the wellbeing of older people and contributes to positive experiences in later life (Van Dijk et al., 2015). Aging in place is also about attachment to place, as a place brings with it certain social connections, security, familiarity, and a sense of identity (Wiles, Leibing, Guberman, Reeve, & Allen, 2012). Staying at home for as long as possible was crucial in the narratives analyzed in this study. By emphasizing home in their narrations, participants positioned themselves as less frail than those living in nursing homes. Nonetheless, for some, knowing that the nursing home was a place to come for more help when needed was reassuring. Although it was important to be part of the "we" of the local community, the participants experienced that this "we" had shrunk. Moreover, they told about difficulties in getting out of the house, reduced contact with others, and hearing impairment that made it challenging to maintain contact with others. Our results are in line with conceptualizations of frailty acknowledging the impact of physiological, psychological, and social aspects of frailty (Gobbens, van Assen, et al., 2010; Junius-Walker

et al., 2018). Our findings demonstrate that the place and environment in which the older person lives frame the experiences of frailty (Bjerkmø, Helgesen, & Blix, 2022; Bjerkmø et al., 2021). According to Butcher and Breheny (2016), attachment to place combines social, environmental, functional, emotional and psychological meanings of place, and this attachment tends to increase over time. They argued that older people prefer to live in an environment surrounded by people to whom they feel attached based on memories and experiences. Others have noted that familiar environments give older adults a feeling of safety and security (Dobner, Musterd, & Droogleever Fortuijn, 2016). The stories of the participants in our study demonstrate that aging in place includes more than a person's home. Aging in place also includes being part of the "we" of the local community and connecting with nature and animal life.

Our results show that older adults' stories about living with frailty are shaped by their memories of the past, the place and their present relations, and their hopes and fears for the future. People construct and reconstruct their stories to meet the needs of the situation they encounter, as a way to balance and master adversities in the present. As such, experiences of frailty are composed through narrative. Stories about who we were and imaginations about who we might become inform who we are in the present. We agree with Sools (2012, p. 101), who noted, "As much as looking back on how we became who we are can aid reflection on the present, looking forward can aid reflection by making us aware of what we hold dear, and where we want our lives to go."

Implications

We consider older adults' narrations as an opening to their experiences of living with frailty, over time, in specific contexts. Through engaging in storytelling with older adults, health and care professionals can gain insights about frailty different from those obtained through the use of screening and mapping tools. Through older adults' stories about the past, present, and future, health and care professionals can gain a more holistic understanding of the older adults' experiences and everyday lives, and care can be individually tailored in line with the older adults' need for support in the continuous process of being and becoming 'a frail older adult'. As such, older adults' narratives about their lives are a resource in the provision of person-centered care (Berendonk, Blix, Randall, Baldwin, & Caine, 2017). By co-composing stories together with the older persons, health and care professionals can support older adults' narrative agency so new stories can be created in which the older person is the actor and identity is maintained and developed in the process of being and becoming 'a frail older adult'.

Concluding remarks

This study demonstrates diversity in the experiences of living with frailty in old age and that the study of older adults' narratives can provide important insight about their experiences. The participants' experiences of frailty were framed and shaped by their past, present, and future. Older adults' stories provide an opening to diverse and changing experiences of living with frailty. As such, older adults' stories about living with frailty are crucial in the provision of person-centered support and care. Narrative agency, that is, the ability and opportunity to tell one's stories, is crucial for experiences of frailty. Experiences of living with frailty in the present are framed and shaped by stories about life in the past, present, and future. By telling stories about the past, present and future, older adults can maintain identity, a sense of belonging, and balance amid adversities. By engaging with older adults' stories, health and care professionals can support the older adult in her or his continuous process of being and becoming 'a frail older adult'.

Statement of ethical approval

The Norwegian Center for Research Data approved the study

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Disclosure statement

The authors report no conflicts of interest.

Data availability

The data that has been used is confidential.

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