



Volition to risk taking in the ordinary activities of daily life of older people living at home alone. A study using explication interviews

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Older people (OP) living at home alone face several health risks. Health professionals are increasingly called upon to contribute to the prevention of these risks. In this article we develop an analytical framework to look at volition to risk taking in the ordinary everyday activities of OP living at home alone. We conducted a qualitative study to explore how OP think about risk throughout their actions, how risk influences them in their activities and the place they give to risk in the ordinary activities of their daily lives. Twenty participants (twelve women, eight men) living alone at home in French-speaking Switzerland were interviewed using the specific explication interview method. Focusing on micro-action sequences, the participants were asked to convey their subjective experiences while performing these actions. Occupational and activity choices seem to always have underlying motivations rooted in a set of values, such as maintaining a sense of control over one's own existence, competence (perceived self-efficacy), and identity congruence. Risk taking was closely associated with OP's intimate volition to maintain their own personal trajectory. The way in which OP understand the risks they face in their daily lives and what they do to cope with these risks serves as an analytical tool for studying ageing. We consider that a more detailed understanding of which risks affect or benefit OP, and how, makes a valuable contribution to studies of ageing and to studies into the nature and role of risk in everyday life.

Keywords: Risk perception; risk taking; older people; volition; explication interview; community-dwelling

Introduction

In this article, we develop a study of the volitional feature of risk in the everyday lives of older people (OP). Current understandings of the place of risk and risk management in the daily lives of older people remain incomplete; consequently, this is an under-researched topic. Given the links between risks and values, this study shows that the axiological significance of risk, that is, the value that risk takes in what guides the person in the process of acting, deserves particular attention. To analyse volition to risk taking in

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the ordinary everyday activities of OP living at home alone, we developed a qualitative approach based on the explicitation interview (EI) method.

Based on data from a qualitative study carried out with older people (OP) in the canton of Vaud (Switzerland) and using the explicitation interview (EI) method (Vermersch & Maurel, 1997), in this article we aim to show that risks are omnipresent in the everyday life of OP. In particular, it shows that risk taking gives rise to concrete behaviour driven by the individuals' volition. Volition is the process by which an individual translates motivation into a particular course of action (Zhu, 2004). In this article we propose to examine how the category of risk shapes perception in the context of growing old alone at home. We show that what drives OP to either act or to renounce acting can be informed by the concept of volition. The analysis we develop in this article shows that the ways in which OP balance actions of prevention, precaution, exposure to risk and risk-taking are closely linked to the ways in which the individual represents the coherence of his or her own personal identity. The actors' accounts offer detailed insight into the rationalities underpinning their choices and their pragmatic ways of facing risk in their daily lives and the fine judgements they make.

Context

Similar to the residents of many of the wealthier countries in the global north, older people (OP) in Switzerland express a desire to stay at home as long as possible (Gaymu *et al.*, 2008; Höpflinger *et al.*, 2011; MacLeod & Stadnyk, 2015). Staying at home despite health problems and possible functional limitations is now a real possibility for many OP (Sugarhood *et al.*, 2017). In this context, home safety and risk prevention are major issues in the management of daily life at home, both for the OP concerned and for their relatives, health professionals and policy-makers (Cott & Tierney, 2013; Droz Mendelzweig *et al.*, 2014; Lang *et al.*, 2007). To promote the wellbeing of ageing citizens – and to reduce future costs – actions such as the prevention of falls, dehydration, and the worsening of existing health conditions have become an important component of most healthcare policies and services (Büla *et al.*, 2012). This 'intrusion' of risk into the discourse of health professionals is sometimes called a *risk epidemic* (Heyman *et al.*, 2010; Skolbekken, 1995).

Both prevention and risk are complex concepts that encompass various specific understandings. Grounded in a realist epistemology, the first perspective sees risks as objective phenomena existing in the natural world (Dennhardt & Rudman, 2012). In the domain of health, epidemiology refers to risks as objects that can be impartially and rationally assessed (Kermisch, 2010). Models for risk assessments, which include models of measures of general and specific risk-taking are based on risk as essentialized situations (Alaszewski, 2006; Bran & Vaidis, 2020). The second perspective, which is the underlying perspective in most health psychology literature, considers not only objective risks but also the subjective perception of objective risks. The third perspective, into which the present study fits, considers risk to be a social construction. In this view, risk stands as a social phenomenon conveyed by discourse and practices (Heyman *et al.*, 2010). Following this perspective, risks can be observed as created, filtered and disseminated objects in the social world, which are subject to conflicting perspectives and power struggles to define reality.

Most of the literature on risk considers risk to be a negative phenomenon, a threat, a potential loss, a danger, a hazard, an adversity, an uncertainty, a misfortune, and similar

related terms (Heyman et al., 2010). Indeed, OP living alone face health and social risks (Kharicha et al., 2007). However, considering OP as being ‘at risk’ can lead to the harmful social control of deviant behaviour and may convey stigmatisation accompanied by problematic effects such as psychological distress (Dennhardt & Rudman, 2012; Rook et al., 1990).

In fact, the positive aspects of risks and the right to take risks are stressed by several authors (Felton et al., 2017; Heyman et al., 2012; Lupton, 2013; Marsh & Kelly, 2018; Woodman et al., 2020). A large part of the literature underlines the essential and unique place of risk in human life and the positive effects that risk taking and risky behaviour can have in one’s life in terms of personal self-development and self-esteem. Thus, many studies show that risks – in the form of exposure to risk, risk-taking or the prevention of risk – play an important role in maintaining meaningful activities, routines and identity (Kalniecka & Shawe-Taylor, 2008; Laliberte Rudman et al., 2010; Peterson et al., 2010; Piguat et al., 2017). In their study on stroke survivors, Alaszewski and colleagues observed that voluntary risk-taking may be understood as an opportunity to re-establish stroke survivors’ social standing (Alaszewski et al., 2006). To Clarke (2009), risk has a ‘dual nature’, both positive and negative.

A sense of risk is at stake in many of the situations in which OP live. These situations are linked to the experiences of living with health problems as part of a constant struggle to maintain engagement in valued and necessary occupations while dealing with risk (Laliberte Rudman et al., 2010; Sugarhood et al., 2017). The placement of risk at the heart of the daily lives of older people living at home can be observed according to how a person takes into account several risks simultaneously in his or her course of action (concomitant risks), how he or she selects the most important risks to be taken into account in a specific situation and how he or she analyses the disadvantages and benefits of taking risks in action (Ballinger & Payne, 2002; Droz Mendelzweig et al., 2014). In the following section, we will analyse this question with the help of Schütz’s theory of action and the volitional theory of overt action (McCann, 1998).

The interplay between risk, motives, volition and action

Volition and its narratives arise from the interplay of a person and the environment (Barrett et al., 1999; Helfrich et al., 1994). Referring to DeCharms (1968), Kielhofner (2007) developed the concept of volition as the meaning that humans construct from their encounters with the world. Volition is an emerging property of these encounters and integrates a person’s values, interests and personal causation (DeCharms, 1968). Volition guides one’s overall activity and occupational choices (Kielhofner, 2007, pp. 15, 48), which are actualised in roles that are provided for older people by their families and communities (Mallon, 2007). These choices reflect who individuals think they are in the context in which they do things. For example, a person may choose to take the stairs rather than the elevator (to exercise, but at the risk of falling) or put their medication next to their watch (so they do not forget it in the morning). Some of these links with risks are explicit and can be reflected in verbal exchanges, such as regular interviews. For Schütz (1967), such explicit motives can be of two types, namely, ‘in-order-to’ motives, which are linked to a project situated in the future, or ‘because’ motives, which are linked to explanations retrospectively situated in the past. However, ordinary language blurs this distinction and allows the translation of ‘in-order-to’ motives into ‘pseudo-because’ motives, for example, the statement ‘Because I want to prevent a heart attack, I take

my pills every morning'. On the other hand, 'genuine because' motives are statements grounded on pre-existing situations. According to Schütz, the 'in-order-to' motive explains the act in terms of the project, while the 'genuine because' motive explains the project in terms of the actor's past experience. Therefore, Schütz's (1962) interactionist perspective introduced a useful potential for the understanding of acts of daily life, in others words, those that are carried out mechanically. By postulating that there is interchangeability between the actors' points of view on the actions performed and that there is a shared system of relevance between the actors, Schütz gave us tools with which to interpret private and singular experiences and to draw out their meaning within a common world.

To move in the direction of problematising the analysis of action according to the perspective developed by Schütz, it seems useful to us to complete our understanding of volition with McCann's volitional theory of overt action (1998). Indeed, in our opinion, the value added by McCann's theory for the analysis of OP's relationship to risk is related to the factor of agency that it introduces. McCann analysed the concept of volition from two aspects: that of the activity performed (the 'deeds') and that of the 'ongoing', which is understood as a sequence of events, not necessarily planned in advance, characterised by the performance of intentional actions. In his view, some motives are implicit amid dynamically changing incentives for action, while some motives are never completely transparent, either to others or to the person him or herself. We understand these two features as being constitutive of volition. They are the way in which individuals exercise their agency (McCann, 1998). These two perspectives of the analysis of action and volition will be mobilised in our examination below of what older people told us about what they were doing to handle risk in their daily lives. We will see that in some narratives, we find motivations for action that correspond to Schütz's 'in-order-to' category, while in others, the 'because' motive is more prominent.

Methodology

The purpose of this qualitative study is to explore how people think about risk while acting action. We describe how risk does or does not influence them in activities. More specifically, we aim to identify the concomitant risks perceived by OP as having the potential to affect their quality of life. We describe the efforts undertaken and the marks of volition depicted by OP to control those concomitant risks. We explore the incentives underlying the volition governing choices in coping with the risks faced or perceived by OP, with the aim of developing answers to the following core research question:

What governs the choices made by persons aged 80 years or older who are living alone and benefiting from home help and health-care services as they try to manage the concomitant risks that may affect their activities of daily living and their quality of life?

To highlight the reasons for the actions related to risk, we choose to focus on ordinary activities that present difficulties. To place the reasons for these actions within context, we developed an approach based on the explication interview (EI) method for collecting and analysing the study data (Vermersch & Maurel, 1997). The EI is a method inspired by phenomenology, which consists of the description and microanalysis of action sequences. The method helps participants recall their past actions as closely as possible to the subjective experience they had during the recalled activity. This technique helps people to become aware of the implicit aspects of their actions (Faingold, 2004). The

method requires that the interviewee's attention be focused on a specific activity. The interviewee is asked to describe the process of performing that activity by focusing on the sensations he or she experienced and the reflections he or she made during the action (Vermersch, 2012). In this study, the participants were asked to choose an ordinary activity of daily living during which they take a risk.

Setting and participants

The current study relies on a convenience sample. The participants consisted of clients from two home healthcare organisations located in the canton of Vaud, Switzerland. To promote variety in the socio-demographic characteristics of the participants and the activities analysed, one of the home healthcare organisations chosen is active in urban areas, while the other is active in rural areas. The inclusion criteria for the study participants were as follows: being 80 years or older, living alone in his or her own home, receiving home care services, having no cognitive problems, having the ability to communicate in French (we took care to avoid any selection bias for minority populations), and having the mental capacity to make an informed decision about taking part in the study. The participants were selected on a voluntary basis. Home care professionals from both organisations identified participants who met these criteria and provided them with oral and written information on the objectives of the study and the conditions under which the research was to be conducted. Thirty-three people meeting the selection criteria were contacted. Eleven people did not follow up after initial contact or were hospitalised in the meantime. We conducted two interviews with two people to test the use of EI with OP. Twenty people were included in the final sample. Following a potential participant's agreement to enrol in the study, a researcher arranged an appointment to visit him or her at home.

The participants are on average 87.4 years old (SD: 4.3) and had generally lived alone for several years (average: 17.5 years, min: 3, max: 60). Twelve participants were women, and eight were men. The majority had a lower level of initial education (primary: 11, secondary: 7, university: 2). Most of the people we interviewed had moderate to severe disabilities affecting their daily lives (chronic pain, mobilisation difficulties, double lower limb amputation in two cases). All the participants used at least one auxiliary device to move (cane, walking frame, wheelchair). Eighteen out of the 20 participants had been hospitalised at least once in the six years preceding the study. Table 1 shows some additional data from the healthcare centre. With the expected exception of the level of education, the differences between the populations of the two recruitment centres were minimal. The hobbies or social activities that four of the participants mentioned were activities related to seniors' associations or participation in village events (lotto, card games). The other 16 participants reported not engaging in

Table 1. Sociodemographic data.

	Rural centre	Urban centre
Gender (F/M)	6/4	6/4
Children (Y/N)	5/5	3/7
Educational level (Primary/Secondary/Higher)	9/0/1	5/3/2
Age range	81–89	82–93
Age (mean, ET)	86.6 (3.6)	88.5 (4.8)

social activities, although some of them mentioned solitary activities such as reading and watching TV. In addition to the visits of home care professionals, the relational circle of the interviewees consisted of family and neighbours; these significant contacts are met with a frequency ranging from weekly to once a month.

Data collection

The explicitation interview (EI) was based on querying the participants' memory of an experience. Once the framework and modalities of the process had been explained and the socio-demographic data had been collected, the investigator invited each participant to explore a recent situation of his or her choice in which the person felt he or she had taken a risk. The prompt for the story was as follows:

'I propose, if you agree, to go back to a moment from recent days when you were particularly careful when you encountered a risk—a specific moment.'

Or, as we stated it in French: 'Je vous propose, si vous en êtes d'accord, de laisser revenir un moment, récemment, où vous avez rencontré un risque – un moment spécifique.'

Then, the participant was invited to relive the action and describe what he or she was doing. In general, such refocused questions aim to explore what a person takes into account in an action and what that action is intended to do.

Refocused questions particular to EIs are asked to maintain the state of evocation/recollection, to focus the participants' attention and to unravel the thread of actions. These questions make it possible to discover not only the circumstances of the action but also the beliefs, values and meanings that the person attributes to a behaviour, in particular those that he or she identifies as being linked to risk. While considering goal-oriented subjectivity, defined as 'finalising mental acts' (Vermersch, 2018), in an EI, researchers aimed to distinguish between contextual, declarative, procedural, intentional (including volitional) and axiological elements.

The data were collected between 2014 and 2015. The interviews, recorded on audio tape, lasted between one and a half and two hours. They took place at the interviewees' homes. Many people expressed their surprise at our interest in the insignificant aspects of their daily lives. All the participants indicated that they enjoyed the interview.

Ethical issues

In keeping with ethical considerations, all of the interviewees signed a written informed consent form, which included guarantees of anonymity and confidentiality, the assurance that participants could freely withdraw from the study at any time without any penalty and that the material would be destroyed at the end of the research. This study was not subject to the requirement of its funders to ensure access to qualitative data. Ethical approval was granted by the Ethics Commission for Research on Human Subjects of the Canton of Vaud (438/13).

Data analysis

The audio recordings were transcribed by the interviewer. Vermersch (2012) stressed the importance of the interviewer performing the transcription him or herself, as this task is useful for capturing the data more accurately and meaningfully. This work also helps the

researcher to determine what information is truly related to how people think about risk through action and how risk engages them in activities and to identify some unexpected insights.

Following Vermersch's (2012) recommendations for the analysis of EIs, the data analysis took place in two stages. The first stage involved an analysis of each of the 20 interview transcripts (Vermersch, 2018). In line with the research question and our research objectives, the research team formulated four coding categories that were validated by external experts: 1) the emergence of risk, 2) what prompted the OP to do what they did, 3) what the OP actually did to avoid the problem happening/becoming worse/happening again, and 4) what the OP said and how they said it to themselves regarding the relevance of their choice in the course of the action.

Each interview's verbatim transcript was thus progressively divided into units of meaning. In the second stage of the analysis, the split statements from the first stage were used to identify recurring ideas and similar elements and to group units of meaning into broader categories. In accordance with an inductive qualitative approach, these emerging categories illustrate the place of risk in the motivation for action. Throughout the process, individual moments, which the researchers analysed separately, were followed by a systematic comparison that cross-checked the analyses. To strengthen the data reliability, the analytical categories and data interpretation were discussed and adjusted with external experts, researchers ($n = 3$) and clinicians ($n = 3$). Each step of the analysis was documented in detail. The external expert researchers advised us on the methodological approach, such as the choice of analysis categories and their coding. The clinicians verified the relevance of our results and their implications and perspectives in the professional practices of home care.

Findings

Situations chosen by participants and identified risks

The situations chosen by the interview participants are generally very ordinary situations in their daily life, such as routines that the participants linked to risk (17/20) including getting up in the morning, making/unmaking the bed, preparing breakfast, making payments, doing laundry, preparing meals, shopping, going to the doctor's office, washing windows, baking cookies, walking home from a restaurant, picking up mail at the mailbox, making coffee, and going to sleep. Some of the situations mentioned were not related to the presence of a potential risk but to the realisation of an apprehended risk: the person fell ($N = 4$) or became uncomfortable ($N = 1$). In the case of both actual and potential risks, the risks were explored and related to the reasons for taking that particular risk in the situation.

The motives for the action/what guides a person in the course of an action

Based on the detailed step-by-step explanation of the activities chosen by the participants, most of which are routine, risk emerged as an omnipresent dimension. Risks were expressed in a dialectical dynamic between risk taking (people play with the risks they were aware of) and/or risk avoidance (people implemented strategies to continue doing what they valued, taking into account the related risks). In any case, such risk seemed to stimulate older people to maintain their power to act in their daily lives. They described being actively engaged in the action, varying in the resources needed, and they actively

sought ways to remain in control of their own daily existence and to continue to recognise themselves in the continuity of their own identity. The volition to remain active in their lives was clearly stated.

Below we present illustrations of the place of risk in the motivation for action by emphasising the margin of freedom in the routine activities that the person was engaged in.

Deciding to take a risk – and deciding when to give up

The situation explained by Mrs. S., a cultured woman who loved to read but suffered from limited vision, related to the activity of remaking her bed in the morning. For her, this process was an effort during which she became tired and ‘risks losing her ability to balance’. She could remake her bed more simply, yet she did not give up on adding the bedspread, as long as she felt she had the strength to do so. The prettiness of the addition of the bedspread outweighed the risk of falling because it allowed her to continue to direct her actions according to her values and aesthetic desires. The room for manoeuvring lay in the choice to be made: to continue or to give up.

‘So, it’s the bedspread, putting on the bedspread that is difficult for me . . . I might not do it, I could just leave it unmade like that, but I think it’s prettier if there’s a bedspread. (. . .) I can do it, put on this blanket; yes or no, it depends on me. (. . .) if I find it too difficult for me, I will no longer put it on’. (Mrs. S.)

From her description, Mrs. S. was postponing the moment when she will judge that the action ‘is beyond her strength’, distinguishing in passing between her current, difficult situation, and another, later situation, that could be even more problematic. She did not formally intend to take a risk, but she freely consented to it: the risk of falling or getting tired was not one of her first worries. In contrast, what she was concerned about was deciding by herself to give up on trying.

Try something risky as long as you can and before it is too late

For some people, as was the case with Mrs. B., going outdoors was an opportunity to measure their abilities. Mrs. B. was 98 years old, and she had mobility and hearing problems. In the situation she chose to describe, risk was not an element that modulates the action; rather, it was the object of the action itself. She put herself explicitly in a risky situation to consciously test herself. Instead of taking the safest route during one of the trips she usually made outside her home, she sometimes chose to take a shortcut through a meadow.

‘I always risk falling. I still have to be careful. There are always risks for a 98-year-old person (. . .) when I come back [from the nursing home where she takes her meals] I can take a shortcut; instead of staying on the path, I can go down through the meadow. I think to myself, “Here . . . you still want to try this one more time again?” So, I ask myself the question “Are you taking the road or are you trying once again to get down there?” And then I think to myself, “Oh, it’s dry, I’m going to try again one more time to go down the shortcut’. (Mrs. B.)

Mrs. B. knew that this shortcut was more difficult and that she might have fallen. Regardless of her caution, risk, both explicit and conscious, was intrinsic to this action. She played with risk and uncertainty (‘you try’), mobilising her skills, and showed

herself that she was still capable ('once again'). Similar to Mrs. S., this experience allowed Mrs. B. to distinguish her present situation from a future situation in which this choice would no longer be possible.

Constantly concentrate and control everything you do – otherwise you are done for

In contrast to these two cases, Mrs. L. chose to describe a situation that suggested that risk avoidance was a constant concern and was strenuous for her. She was 86 years old, she had no family, and she had severe motor difficulties that required daily help. What was usually done automatically required a considerable effort of concentration on her part to control each of her actions. Each movement required constant vigilance to avoid falling. She organised her environment to suit this situation and changed her ways of acting, in particular by fragmenting her activities and sequencing their components.

'Then, everything is calculated, I tell you. It's almost a (piece of) clockwork! I sometimes say my life is a bit like theatre. There's scene one, there's act one, all this is happening. But it's a matter of concentration (...) My life is made up of an awareness of what I have to do'.
(Mrs. L.)

The detailed orchestration of her activities, actions and gestures was described as leaving no place for chance or variants that could lead to an accident. She constantly strived to bring risks under control by organising her activities. The risk was that a hazard or a disturbance, however small, could have disrupted her life and force her to leave her home. Her story was closed, built on risk avoidance. Schemas of this type were also present in other participants' narratives and were sometimes limited to particular activities, such as picking up the mail, according to Mrs. D.

'I put my cane on top of the mailbox so that it can stay there while I open the mailbox; it is better if it does not fall because if so, you have to bend down to pick it up ... ! As I climb the stairs to get into my apartment, I take my cane with my left hand to be free with my right hand to hold the handrail'. (Mrs. D.)

From this quote, we interpret the place that tiny details take in constructing the realm of risk.

Do it to be who you are, through another's eyes

Very often, the most important aspect of the activities for the participants was to continue to recognise themselves and to remain involved in their social environments as autonomous, competent and independent individuals. This recognition of the present self took place in a dynamic of continuity with the past. Some people seemed to give priority to activities that correspond to their identity, even if they were taking risks to carry out these activities. Mrs. O., who was visually impaired, diabetic and allergic to flour, could not resist the temptation to display her expertise as a superior pastry chef.

'I make cookies. The most I have done is 34 kinds (...) I can't stand flour or the steam from the oven in my eyes either ... he told me [the doctor], "You have to stop" or "Well, you're the one who punishes yourself!" Because for his birthday, or when he comes once a month, well, every time, there are cookies! It makes me happy ... the doctor told me, "I'd even go to the moon to get these cookies"'. (Mrs. O)

Through her account, Mrs. O. suggested a balance: the cost of her exposure to risk was offset by the benefits this risk-taking brought to her in terms of the recognition of her identity and effectiveness by others.

Do it to correspond to social norms and avoid stigmatisation

Because of pain and fatigue, Mr. H., who lived in the countryside, chose to renounce going to his orchard. He did not make many visits. It was not to his expertise or character that Mr. H. assigned the most value. Rather, he valued continuing to meet social standards of cleanliness. He did things to avoid the risk of being ‘dirty’, which is a state that he associated with alcohol dependence and decay. He obliged himself to maintain cleanliness and order at the risk of seeing his fatigue and pain reach an unbearable level.

‘Ah, because it’s been waiting a long time [laundry], I knew it was necessary. Nobody told me, but I know that very well . . . I have a good friend, and people have told me “We visit him from time to time, but he is dirty! He has a shirt that sits up by itself. We go at 9:00 in the morning and find him sitting at his table with a glass and a bottle” oh no, I wouldn’t want people to say that about me. I’d be upset, I’d get hurt, I think!’ (Mr. H.)

Here, we interpret Mr. H as showing us how he internalised these social norms. By way of contrast, he told the story of a friend who has not made the same effort to respect these standards, who represented the *spectre* from which one must turn away. Doing laundry therefore became a way to prevent this risk of identity, even if it came with the risk of falling and increasing his pain.

Discussion

This study aims to explore how OP think about risks throughout their actions and how they manage the concomitant risks that may affect their activities of daily living and their quality of life. The OPs in our study described undertaking activities and task-related choices which, even if they were hazardous, seemed to always have underlying motivations rooted in a set of values, such as self-determination (maintaining a sense of control over one’s own existence), competence (personal causation, that is, a sense of personal capacity and self-efficacy), and identity congruence (‘who I am’ in my particular life story) (Dale *et al.*, 2012; Ekelund *et al.*, 2014; Piguet *et al.*, 2017; Ryan & Deci, 2000). Our analysis leads us to suggest that if one wishes to remain consistent with one’s values, one cannot avoid taking risks – or accepting that one is at risk.

The insights brought forth by phenomenological sociology are useful to us regarding the accessing of the meaning of the subject’s lived experience with risk. Thus, the phenomenological position of Mrs. B., with the risk involved in her decision to take the shortcut, becomes meaningful in light of Schütz’s ‘because’ motive of action. The meaning context in Mrs. B.’s narrative illustrates the intention to preserve her autonomy, in accordance with her biographical continuity and with her values. The action she undertook in pursuing this purpose was barely pondered at the time, but was explained and justified in retrospect.

In the same vein, we find Mr. H.’s account of his desire to prevent himself from being perceived as a ‘dirty’ person. Preventing this risk appeared to be his motivation for

action, in this case by taking his laundry down to the basement at the cost of foreseeable back pain and his fear of falling.

Other narratives (Mrs. L. and Mrs. D) fit into the ‘in-order-to’ category developed by Schütz. The sequence of actions described in these narratives are deliberately oriented towards a goal that precedes and motivates them. They are thoughtful, calculated and experienced actions. As in the previous cases, these are also actions that aim to fulfil the project of preserving one’s autonomy and independence. These kinds of risk taking are common to many human activities and are usually labelled ‘risk-taking behaviour’. This behaviour has been well documented in occupations¹ such as sports, business or driving (Ashton et al., 2014; Chen et al., 2019), especially in regard to young people.

In Alaszewski and colleagues’ study on risk management among stroke survivors (Alaszewski, 2006), the authors reported on task-related choices made by the actors, driven by self-attributed goals as aspirations, challenges, or interests, even though some goals may contain a risk of harm. This kind of risk-taking narrative is seldom studied in older people but is nevertheless present. We observe it in the narratives both as ‘in-order-to’ motives and as ‘because’ motives, sometimes even simultaneously, for example, people did things simultaneously because of their character traits and in order to actualise their identity according to their valued traits. While Mr. H. allowed us to observe the principle of the interchangeability of points of view between the actors, as theorised by Schütz (1962), by explaining his actions as his will to avoid losing control over his own existence and to maintain his sense of identity and of continuity.

We notice therefore that risk triggers interplays between action and volition, mixing values in line with the scope of action in OP’s everyday lives. The narratives collected show us a dialectical movement at work in the actions taken in at-risk situations, which prompted the OP to simultaneously undertake something and refrain from doing it; to perform an action with the aim of fulfilling a project, whether it was present in their mind before the action, or whether it was explained retrospectively. This observation raises a problematisation in regard to the understanding of OP’s relationship to risk. It blurs the opposition between ‘being at risk’ – as if risk is a threat independent from the subject’s will – and ‘taking risks’ – as if risk is an active choice between different alternatives of risk – as theorised by Heyman et al. (2010) and O’Byrne (2008). Our results suggest that actors’ thoughts can pertain to both categories at the same time. In other words, risk can play various roles in the course of action. It can prompt older people to undertake an activity and be the very meaning of the action itself.

It can also point to the fact that preventing risks may be the motivation for action. For Mr. H., the action, however risky it might have been, aimed to avoid an even greater risk in the eyes of the actor, that of being perceived as a person who neglected himself. Here, risks were mostly presented as ‘in-order-to’ motives, even if the phrasing sometimes suggested otherwise, for example, ‘because the dirty laundry is waiting’ is not the motive for Mr H.’s action but rather avoiding a social threat to his identity is the motive. In the same vein, to Mrs. O., being lauded for her pastry skills, which fostered her self-efficacy, was worth the risk of triggering allergies and pain by making cookies. In both cases, the benefits that the activity brought were seen as superior to the hypothetical costs of their risks.

Finally, risk could sometimes be presented as the key that explained the whole organisation of actions in an occupation. In Mrs. L’s everyday life, everything was organised ‘like clockwork’ to minimise risks. The risk at stake was seen as being of such great importance in her order of values (leaving her home) that it was worth (re-)

organising all of her occupations, which she conveyed by saying: ‘I have to endure this to stay at home’. Motives were here generally presented as ‘in-order-to’ motives.

Risk taking seemed to be closely associated with OP’s intimate will to maintain their personal trajectories. Our analysis led us to take into consideration the importance of the motives for action, including the values that appeared to be existential in nature, that is, those which threatened the identity of the self (Piette, 2014; Piguet *et al.*, 2017). It was indeed through this concrete and direct confrontation with reality, and through the act of verbalising what they paid the most attention to, that the participants narrate and illuminated their volitional dimension.

The results of the study carried out by Sugarhood *et al.* (2017) converge with our own findings in that they highlight motives for action in life participation. In their theoretical study based on participation in old age in the United Kingdom, these authors referred to volition by drawing on categories such as ‘maintaining autonomy’ or ‘maintaining one’s identity’, but the authors did not focus on risks. Persistence or even increased volition has been associated with increased participation in activities in OP (Pritchard *et al.*, 2014).

The everyday micro-choices that accompany risky acts – or acts that aim to protect against risk – are made in light of values. The present situation is sometimes distinguished from a future situation in which this choice will no longer be possible. At a very old age, there is a more acute awareness of the finitude of life and that, one day, the individual will have to give things up. This could maybe be seen as a challenge to Schütz’s claim that ‘genuine because’ motives can only exist when they are linked to past events (through pluperfect tense verbs). In our narratives, we can see that when the future is certain, as with an approaching death, it can reach a different status than other future hypothetical events – and maybe open the door to ‘genuine pseudo-because’ motives. This existential awareness anchors OP in the here and now of small daily actions (Gagnon, 2018). The challenge that a 98-year-old woman set for herself as she opted for a shortcut instead of staying on the path, as she said to herself, ‘Try it again’, lets us perceive the two-sided nature of risk: the simultaneous awareness of the actual danger of an action and the pleasure of enjoying the moment as long as you can, knowing that you have the power to decide to give it up. Thus, the ‘objective’ risks that can be observed and appreciated and that are part of people’s daily lives seem to be underpinned by these existential threats (Piguet *et al.*, 2017).

In terms of the research methodology we used, we have been able to illuminate the interest contained in the micro-detail accounts collected about activities of daily living. To catch these glimpses of lived experiences, it was necessary for us to focus on specific situations but not to enter into generalities. In other words, it is in the sequencing of concrete actions at the very finest level of detail that the abstract and diffuse dimensions of risk and heightened existential awareness become apparent (Bedin *et al.*, 2019). This work is innovative in the way that it mobilises the EI method; first, for using this method with older people and, second, for doing so away from the work environment. Thus, we show the advantage of the method to simultaneously make explicit the ways in which people do things alongside the thinking that accompanies the performance of their actions. However, while following this attentiveness to concrete actions, we also allowed room for the OP in our study to digress. This represents a shift away from earlier studies using EI that focus on professional activities. We should point out here though that it proved difficult to explore a single situation in concrete detail and not wander off track. For more refinement of the data used in our study, it would have been more appropriate to revisit the respondents at least twice and to not be satisfied with a single interview.

Although a comparison between urban and rural OP was not part of the objectives of this study, the available data lets us perceive some minor nuances (marital status and studies), which are difficult to consider in such a small sample; however, no differences appear between the two living locations (rural and urban).

Conclusion

In this article, we have analysed the place of risk in the ordinary activities of daily life of OP living at home alone. In this article, our fundamental contribution highlights the importance of taking into account OP's willingness to take risks as a means of keeping their social selves 'alive'. Different from perspectives that consider risk at a very broad macro-sociological level with regard to the scale of threats (psychiatric disorders, epidemic, atomic accident, for example), our research has focused on micro-level daily risks and the logic of risk that is generated here. Remaining very close to the point of view of the participants and rooted in the practical and concrete details of daily life, our findings lead us to question the ways in which we look at the health of OP. This work challenges the common social discourse that sees OP as a homogeneous vulnerable group who are 'at risk'.

We do not underestimate the difficulties experienced by the interviewees, whose daily lives are characterised by significant loneliness and suffering from significant functional difficulties. Our findings contribute to an increased understanding of the incentives underlying the volition governing OP choices in coping with the risks faced or perceived by them. We show that risk acts as a mediator of quality of life in the sense that it stimulates the actor's agency. The need to pursue and engage in occupations contributes to the goal of living and feeling healthy (Wilcock & Hocking, 2015). In short, avoiding losing this power to act, and consequently avoiding losing one's status as a person in control of one's own life, was apparent as a major driving force that stimulated people to remain engaged in such activity, even if this meant taking risks. OP struggled to maintain their sense of self over the years, and in doing so, they described striving to preserve the social skills that make us social beings. These efforts involved taking risks.

Drawing from qualitative data provided by the EI method, we develop a perspective which is useful for analysing subjective risk perceptions and behaviours that may be of particular interest for professionals working in geriatric settings. Depending on specific existential situations, our framework makes it possible to better assess the admissibility or inadequacy of assistance and support programmes that are developed for people who live at home in situations of dependency.

The originality of the analysis we propose in this article is that of linking risk and volition to the basis of concrete details of action in daily life. We thus offer a more rigorous empirical perspective that illuminates the dialectic between risk, health and society. Our findings provide a framework for analysing situations that can be used by professionals and which can be a means of empowerment for OP themselves.

Finally, the way in which OP understand the risks they face in their daily lives and what they do to cope with these risks serves as an analysis tool for looking at ageing. We consider that the understanding of which risks affect or benefit OP is a valuable contribution to both the knowledge of ageing and studies about the nature and role of risk.

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Note

1. according to Brea *et al.* (2012) the distinction between activity and occupation is as follows: ‘activity: a structured series of actions or tasks that contribute to occupations’, ‘occupation: a group of activities that has personal and sociocultural meaning, and is named within a culture.’ (p. 15)

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No potential conflict of interest was reported by the author.

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