Article

International Journal of Qualitative Methods
Volume 18: 1–9

DOI: 10.1177/1609406919865840
journals.sagepub.com/home/ijq
SAGE

Explicitation Interview: A Method for Collecting First Person Perspectives on Living Alone in Old Age

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Abstract

How can older adults (OAs) live at home alone when they have health problems? Growing numbers of OAs live with chronic health problems and yet are determined to remain in their homes as long as possible. The risks associated with living alone are a source of grave concern not only for OAs but also for those around them. Knowing how OAs cope with the risks they face is a central issue for home care and support services. The present article describes the advantages of coupling an existential anthropology approach with an explicitation interview (EI) methodology as a means of understanding the details of how OAs manage their lives at home alone. Using this introspective methodology, we encouraged 20 participants aged 80 years or older to share very detailed elements of their subjective daily life experiences of coping with the risks inherent to their solitary lifestyles. Different types of risk coexisted with one another; some risks were physical, while others were existential. Physical risks appeared to be subordinate to other major fears: loss of identity, disintegration of one's internal coherence, lack of autonomy and control over one's personal situation, and decline in self-esteem and self-image. These fears acted as incentives for developing various practical coping mechanisms for their daily lives, including measures that involved taking risks with regard to their physical safety. Using our existential anthropology approach, supported by the EI methodology, we closely examined the details of interviewees' realities.

Keywords

explicitation interview, evocation, subjective experience, consciousness, existential anthropology, older adults, community dwelling, risk management

Introduction

How do older adults (OAs) with health problems who are living at home alone cope with the risks they face? We aimed to answer this question by using a research methodology inspired by Vermersch's explicitation interviews (EIs; (Vermersch, 2000; Vermersch & Maurel, 1997). This qualitative interview method enabled us to reveal the intimate subjective realities of OAs' life experiences, which are difficult to grasp using traditional interview methods. We tested this methodology in a study with the objective of identifying the views of persons aged 80 years or older who were using social and home health-care services on the risks they faced by living at home alone. The choice of this method was dictated by the need for a fine-grained exploration of how OAs manage combinations of unavoidable risks as they carry out their ordinary activities of daily living. The study aimed to reveal the efforts made by OAs to counteract anything that, in their view, was a menace to their well-being or their ability to remain living at home alone. Furthermore, the study fits into the domain of research on clinical practices (Morse, 2016) linked to OAs' health. Indeed, the widespread desire to grow old in one's own home, despite potential health problems and functional limitations, is a significant worry for health-care professionals and demands a response from public health authorities (Gaymu, Ekamper, & Beets, 2008). Backed by a discourse that sees OAs as a homogeneous group whose demographic growth represents a major social problem (Ennuyer, 2015), especially with regard to the

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high costs of institutionalization, today's social and health policies seek to encourage care services enabling very old adults to remain in their homes for as long as possible. Safety and health risk reduction for OAs living at home is, therefore, becoming a crucial challenge.

A common sense understanding of risk frames it as a potential—and to some extent predictable—danger inherent to a particular activity or situation. Health-care authorities and home care professionals use an epidemiological reference model for risk assessments, which includes models based on standardized checklists corresponding to essentialized situations: falls, dehydration, infections, social isolation, and so on (Alaszewski, 2006). From this perspective, risk is characterized as an observable and objectifiable phenomenon that professional intervention should be capable of identifying and reducing, for example, by encouraging the adoption of new behaviors or by working to reduce environmental barriers (Kuhne, Chappuis, & Bedin, 2013).

This approach fails to take into account subjective perceptions related to individual circumstances and thus engenders resistance from patients to the changes introduced by careers. By contrast, the comprehensive approach (Alaszewski, 2005) examines how individuals represent risks to themselves, without neglecting the influences emanating from the social and family context (Burton-Jeangros, 2004; Gilbert, 2003). The comprehensive approach considers that any appreciation of what does or does not constitute a risk, as well as the decisions resulting from that appreciation, depends on individuals' different value systems, as well as how they represent risk, which is in turn influenced by the socioeconomic and cultural context in which they live.

To affirm this, in a previous study, we relied on the results of a 2013 study involving 20 triads, each composed of an OA living alone, his or her closest relative, and the intervening health-care professional (Droz-Mendelzweig et al., 2014). The study examined the individual perceptions of each of the triad's members with regard to the risks facing the OA concerned. Although all three generally recognized that risk was "a fundamental part of the lives of people living alone," we noted discrepancies between the way the elderly person considered the risks to which he or she was exposed by in remaining at home and the points of view held by the home care professional and the caregiver (Droz-Mendelzweig et al., 2014). The study thus demonstrated how attempts to objectify risk could only be partial, given that OAs do not simply face a single risk every day but rather a range of risks contingent on situational and relational parameters—and what is more, those risks evolve dynamically and axiologically.

Based on these findings, we subsequently undertook further research aimed at discovering the implicit logic behind the choices made by OAs living at home alone and subject to health problems during their *lived experiences* and their daily risk-taking (Piguet, Droz-Mendelzweig, & Bedin, 2017). Furthermore, we purposefully strengthened our comprehensive approach by adopting an ethnographic, existential anthropology approach (Piette, 2014). Exploring the problem of risk from this perspective made us look at it through a subjective, single-case lens. By focusing our attention on the existential continuity of "the individual in a state of being," we were able to discern the modalities and adjustments that compose the reality of individuals dealing with specific situations faced in their life experiences and that are in many respects unique. By examining individuals in their own right, by looking at what they do alone or with others, and by questioning them about things that they do or that happen to them, existential anthropology reaches into the existential depths of the situations lived by the subjects observed, however unassuming or insignificant they may seem. The essential portions of our participants' life experiences—those that we need to study—take form via their *words* about what they have lived or felt, not via an ethnographer's *description* of those experiences. The EI, as theorized by Pierre Vermersch, provided us with the methodological resource to develop our approach consistent with the aim of the study.

The goal of the present article is to document our methodological approach, which is original in the health-care context and particularly with OAs. As a form of guidance to introspection (Petitmengin, 2006; Vermersch, 2012, 2018a), EIs have been used in a variety of contexts (teaching, sports, the arts, technology, or management) to reveal the *ongoing cognitive process* at work within the framework of performances or complex activities (Maurel, 2009). However, to the best of our knowledge, only one study has applied an EI methodology to the health field, and this was in research on the experience of anticipation in epilepsy (Petitmengin, 2005).

Below we will position our methodology within the context of its theoretical anchorings and then provide a detailed presentation of our working approach and what we consider to be our most pertinent findings. We will strive to show the essential contribution of this methodological approach as well as the limitations encountered in relation to the object of study.

Theoretical Underpinnings of EIs

The theory underpinning EIs is psychophenomenology (Vermersch, 2012). In comparison to other methods of recollection (Rabardel, 2005; Samurçay & Pastré, 2010; Schon, 1994), what characterizes psychophenomenology is its emphasis on the scientific consideration of goal-oriented subjectivity, defined as "finalized mental acts" (Vermersch, 2018a). This approach, which has been developed and formalized in several stages since 1994 by Vermersch (2000, 2012, 2018), fits into a movement common to all of the cognitive sciences, notably cognitive neurosciences, to examine the knowledge built up via subjective experiences (Depraz, Varela, & Vermersch, 2011). In accordance with the theories put forward by Piaget and Husserl, Vermersch's psychophenomenology considers the nonconscious dimensions of actions by postulating that there exists a *prereflective consciousness* (Mouchet & Cattaruzza, 2015; Vermersch, 2010). EIs aim to understand a phenomenon, or the individual's experience of that phenomenon, in the greatest detail. By using introspection, EIs allow researchers to

reveal actors' *prereflective knowledge* (Vermersch, 1999, 2009).

Formalizing the EI methodology enabled us to develop a research program to collect information that interviewees become aware of (*discover*) under the guidance of the EI. Thanks to the mental exercise of *evocation*, the EI first enables a reflection about *prereflective* acts and then the verbalization of those acts from an embodied speech position. The EI involves two interconnected elements: actions and the thoughts that support them. The *introspective verbalization* that is developed under the interviewer's guidance is an important source for the activity analysis. In a recent article, Vermersch (2018a) redefined the principles of EIs with regard to the framework around the *communication contract* between the interviewer and the interviewee as well as around the evocation and its principal correlate, which is the link between the recollected activities and a specific situation. An EI follows precise methodological criteria, and as in all qualitative research, it fits into the specific context of its field (Cefaï, 2003). As a result, adjustments related to the specificities of a field remain indispensable. Below, in the section on conducting EIs, we will develop the central elements of our methodology in light of our study.

Method

Design

Knowing that OAs living at home alone face a series of overlapping risks, we wished to highlight the actions inherent in managing those risks. We wished to understand what OAs living autonomously do to deal and cope with risk. The objective was not to collect general information or opinion about how they represented risk but rather which specific actions carried out by OAs worked and were useful in helping to maintain their lives in their own homes (the "finalized acts"): What do OAs do (and not what is their point of view on) to enable themselves to remain at home for as long as possible and in the best possible conditions?

More precisely, our research had the following objectives:

(1) To identify the concomitant risks perceived by OAs as having the potential to affect their quality of life.
(2) To describe the efforts undertaken and the resources exploited by OAs to control those concomitant risks.
(3) To explore the underlying elements that govern how OAs manage choices in coping with the risks faced or perceived by them.

Our research question was the following:

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?

We centered the design of our research methodology on the EI method, but rather than using this method exclusively, we adjusted it to our research context. Indeed, the age of our interviewees, on the one hand, and the uncertainty about their goals for the meetings solicited by our researchers, on the other, made it necessary for us to alternate between moments of *pure* EI and moments of ordinary semi-structured interview conversation. The EIs enabled us to reach and make intelligible the implicit, nonconscious dimensions of the lived experiences of OAs. We asked our respondents to choose an experience they had been through in their own homes that they considered to be risky. We then guided them through their evocation of this experience by using mental imagery, their thoughts and intentions, internal dialogues, and the cognitive and emotional perceptions that they experienced as they coped and dealt with the risk. The different portions of the interviews, which used the methodological principles of EIs, examined OAs' subjective experiences of unique or specific situations, centered on a detailed description of the successive procedural aspects of the actions and thoughts during their coping actions: What was done, how it was done, and which thoughts accompanied each stage of their coping mechanisms. Instead of asking respondents to offer general descriptions of their actions, the emphasis was on them revealing what they—as individuals—actually *did* to manage their chosen situation and what they considered risky, that is, we aimed to understand how these individuals were engaged in a finalized and productive action that was beneficial to a final goal. In contrast to other methods for gathering phenomenological data, which examine lived experience, it was not discursive data on OAs representations of the risks they face on a daily basis in their residential environment that we were looking for, but the subjectivity of respondents as it is embodied in the actions actually carried out by them. We did not seek the interviewees' opinions on their chosen situations per se or what their general thoughts were about home care for OAs (Mouchet & Cattaruzza, 2015). We used this method because, away from the semi-structured interview, the specificity of EIs is that they focus on the effective realization of action as a way "to make reliable inferences on the functional knowledge and on the actual goal of the person involved" (Vermersch, 2018b). "EI is a structurally directive technique, and non-inductive in terms of content" (Vermersch, 2018a). The EI is a qualitative inquiry method that approaches the participants' constructions of meaning and emotional experience through the narrative of their fine and precise experience. The EI seeks to know the expectations and knowledge mobilized in the action. This difficult and delicate retroactive operation requires high concentration from the respondent. The conduct of this type of interview in accordance with the formalized methodological criteria is based on the training of researchers in the method. As a result, EI can only take place over short periods of time. This is particularly the case when the participants are older people.

The Research Team

The present study was carried out by three researchers from Lausanne's La Source School of Nursing Sciences in

Switzerland. To acquire the necessary practical knowledge enabling rigorous use of the EIs and to understand the epistemology of the method, two of the three researchers participated in an introductory course organized by the *Group for Research on Explicitation*, founded in Paris in the 1990s by the approach's designer and theorist, Pierre Vermersch. The two trained researchers conducted the EIs.

Five times during this study, the research team met with a group of three scientific experts: (1) a sociologist and certified trainer in EIs, (2) a geriatrician, and (3) a professor in the field of occupational therapy who had taken part in the 2013 patient–carer professional study on risk perception, outlined in the Introduction section. Furthermore, the results of our data analyses were shared twice with home care professionals who facilitated our contacts with the OAs.

Study Population and Recruitment Methods

The present study took place in the Canton of Vaud, in the French-speaking part of Switzerland. Two home health-care organizations—one working in rural areas, the other in urban areas—supported the study by identifying potential interviewees. Inclusion criteria were as follows: being aged 80 years or older, living alone in one's own home, receiving home care services, having no cognitive problems, having the ability to communicate in French, and having the mental capacity to make an informed decision about taking part in the study. The two organizations' home care advice professionals identified 20 participants fulfilling these criteria. These advisors provided the identified OAs with written and oral information about the study's goals and how it would be conducted. Following a potential participant's agreement, a researcher arranged an appointment to visit him or her at home. Despite having previously agreed to participate, some OAs declined to be interviewed when telephoned. Four mentioned that their situation had deteriorated, three could not remember having been told about the study, and one was no longer interested. Furthermore, three OAs had been hospitalized since being informed about the study. The study's rural population was composed of six women aged 83–92 and four men aged 81–89. The urban population was composed of six women aged 85–98 and four men aged 82–93. All of the persons interviewed used a mobility aid (walking stick, walking frame, or wheelchair) and presented with mobility problems of varying severity (including one double amputee). One person was visually impaired, and several had documented somatic problems. The two researchers trained in the EI method conducted equal numbers of interviews. The home visits began with another explanation of the study's goals and methods. 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 will be destroyed at the end of the research. This study was not subject to the requirement of funders to ensure access to qualitative data

Conducting EIs: A Communication Contract and Refocused Questions

As with all qualitative interviews, an EI requires a relational and ethical framework. Within the context of a request to recollect personal life experiences, during which the specific and introspective recollection of a past event is required, there must be some form of commitment on the part of the interviewees. We were afraid that the technical aridity of the EI would prevent respondents from being willing to participate in our interviews. To avoid this, we alternated the semi-structured interview method with the moments of EI, always starting with the semi-structured interview to set the respondent's life context first. Before starting the actual interview, the researcher spent a considerable amount of time asking about the person's life situation. Once the interview's context had been established, its goals and methods were repeated to the OA again, but this time in a way that would bring about his or her active participation. The emphasis was placed on the researcher's interest in the OA's expertise in dealing with his or her own personal situation. The invitation to carry out this act of introspection was made in the following manner:

> You live alone at home. You have been receiving home help and home care services for a few months now. With your help, we would like to better understand the factors that help older adults in the same situation to remain healthy and thus continue to live in their own homes. During the interview, I will ask you to recollect a moment from your daily life that you can choose from among all those that you have lived through recently. I will then help you to recollect what you did at that moment and who allowed you to do what you wanted to do.

This introduction helps to establish a *communication contract* concerning shared goals around the interview (Vermersch, 2006, 2018a). The contract aims to create suitable conditions for interviewees to accept putting themselves *at the service of* interviewers so that they can be guided through an exploration of the information that both parties need to reach the interview's goals. Not only the communication contract is essential for starting interviews on the right footing, the participants continue to develop it together throughout the interview. This way, the communication contract sharpens its definition as the interview's full meaning becomes clear—especially for the interviewees. This development and definition process sometimes requires several negotiations and adjustments during the EI.

The interviewer's main task is then to facilitate the interviewee's act of recollection. The aim is to invite the interviewee to bring a particular lived experience back into his or her consciousness. This relates to the concept of "memory's consciousness" as described by Husserl (Eustache, 2010). Because the EI is an introspective technique, compared to other interview techniques, interviewees frequently need a longer time to become accustomed to it in order to grasp the evocation mechanism. The researcher's task is to progressively

encourage interviewees to allow themselves be guided toward their recollection so that they can provide a detailed description of the mental actions that led to their physical actions during their lived experiences. To do this, interviewees' thoughts about a short sequence of their lived experience must be kept on track to reveal aspects of their implicit cognition through this evocation.

The particular context of this study conducted with elderly people required attention both to the strain generated by the interview and to the motivations of the participants. Indeed, initially, EI is a method designed to answer questions that come from the respondents themselves. As this was not the case here, we alternated the semi-structured interview with the EI style of interviews in order to maintain the ethical balance with the interviewees. It was clear to us that their primary motivation was the opportunity to break from the isolation of their day-to-day lives and not to discuss with us how to better manage their risks at home. Moreover, as introspection is particularly demanding of both interviewees and interviewers, to avoid tiring the OAs, short moments of introspection were coupled with moments of semi-structured interview.

One difficulty is keeping interviewees on one train of thought—not allowing them to divert off track—about the story of the actions that occurred so that the interviewer can unravel every thread of detail. This exercise shows how difficult it is to focus an interview on actions while leaving to one side any discourse about thoughts. The need to reveal the chain of actions and events requires even greater effort when interviewees are in no way prepared to keep a mental record of their actions at the time. This is not an insurmountable problem, however, and all the OAs took part in the exercise enthusiastically.

When starting sequences of introspective questioning, researchers introduced the idea of evocation with the phrase: "I would like you—if you agree—to think back to a recent moment when you had to be particularly careful" or "... a recent moment when you faced a risk." If interviewees change the subject or deviate to descriptions of similar experiences or routines, the interviewer's task is to redirect them to their evocation of a concrete lived experience. The fragments of recollection/evocation are in a way "dilated" moments in time (Cazemajou, 2011) that help interviewees verbalize the chronological sequence of events of the moment chosen. The introspective approach encourages interviewees to relate to their inner selves before relating to their interlocutors. Indeed, indicators of successful EIs include interviewees occasionally looking away or closing their eyelids: This tells interviewers that the interviewed persons are isolating themselves from their immediate environment to better recollect the past.

Refocused questions particular to EIs are asked to maintain the state of evocation/recollection, to focus interviewees' attention, and to unravel the thread of actions. The questions are always based on what interviewees have just expressed, include no prepared content, and aim to explore the scope of the situations chosen by interviewees with regard to the research question. Refocused questions aim to achieve four objectives: (1) to record the precise moment when the situation began and to set the scene by calling upon the sensory sensations, for example, "Take the time to let those memories come back to you ... - Where you were? Were you seated or standing? Describe your surroundings?"; (2) to obtain precise information by identifying the sensations, for example, "What were you paying attention to? How did you know that ...? How did you see that ...?"; (3) to investigate the decision-making process by questioning the effective realization of action, for example, "What were you doing at that moment? And when you were ... how did you ...?"; and (4) to examine the underlying challenges and values of the action described from actors' points of view, for example, "What was the most important point of the overall moment that we have just explored?"

All of our interviewees managed to evoke some of their lived experiences. However, there was a great deal of variability in the length of their evocations, their ability to stay in the moment without rambling or changing track, their need to give rational explanations, and their fatigue. The most frequently encountered difficulty was trying to identify particular lived experiences that stood out: OAs tended to see the actions or situations in their daily lives as unchanging and *ordinary*.

Analysis

Audio recordings of each interview were transcribed by the interviewer. Vermersch (2012) insists on the importance of the interviewer himself or herself carrying out the transcription, as doing this task is useful for absorbing the data. It helps the researcher identify which information is truly linked to the research question and perhaps recognize some unforeseen revelations. This immersive task favors the development of new hypotheses and lines of analysis. In addition to transcribing the conversations, which corresponded exactly to the EIs, we completed the data available for analysis with sociodemographic data of the OAs and brief descriptions of their life contexts.

Following Vermersch's (2012, 2018a) recommendations, data analysis took place in two stages. The first stage involved a discourse analysis of each of the 20 interview transcripts. In line with the research question and our research objectives, the research team formulated three coding categories that were validated by external experts: (1) the emergence of risks, (2) what prompted OAs to do what they did, and (3) what OAs actually did to avoid the problem happening/becoming worse/happening again. These categories were *tested* by each member of the research team individually and then by all of the members together. Three interviews that were identified by the researchers as representing *somewhat satisfactory*, *successful*, and *undecided* interviews were the basis for this test. The testing resulted in the consensus that a fourth category was needed, namely (4) what OAs said to themselves and how they said it to themselves in the course of the action. The two researchers who carried out the interviews performed the first stage of analysis as follows: With each of the four categories marked using a different color, statements were identified, extracted, and placed in a table organized into three columns: (1) the

interviewer's refocused questions, (2) the OAs' words, underlined with the color appropriate to that category (the descriptive statement of lived experience), and (3) a synthesis of the elements retained as the best illustrations of the risk identified, the measures implemented by the OAs, and the resources mobilized (the interpretative statements about the lived experiences). Each interview's verbatim transcript was thus progressively divided into units of meaning. To deepen the analysis, the third researcher, who had not met any of the OAs but who had critically read the verbatim transcripts, carried out a critical cross-review of each of the original analyses. In the second stage of the analysis, split statements from the first stage were used for the identification of recurrent similar ideas and elements and for regrouping units of meaning into broader themes.

Results

The *microdetails* revealed in OAs' narratives of their activities of daily living highlighted the many efforts they made to remain in their own temporal and existential frameworks. These details were also a function of issues associated with their actions, which were parts of their respective life trajectories.

Different Kinds of Risks

As the researchers encouraged them to evoke the seemingly banal acts chosen (making the bed, moving around, preparing breakfast, baking cookies, doing laundry, etc.), the OAs described what they had paid attention to as the course of that action progressed. Different types of risk coexisted with one another: Some were physical, while others were existential. Although the fears of falling, making pain worse, or wearing oneself out came up in most of the discourses, these risks appeared to be subordinate to other major fears: loss of identity, disintegration of one's internal coherence, lack of autonomy and control over one's personal situation, and decline in self-esteem and self-image. These fears acted as incentives for developing all sorts of practical coping mechanisms for OAs' daily lives, including measures that involved taking risks with regard to their physical safety.

Measures Put in Place

Living alone with significant functional deficiencies encouraged the OAs to organize themselves so that their daily lives lived up to their expectations. Instead of avoiding all activities, including risky activities, each OA had tried to act according to their personal wishes and preferences. As such, we could consider that the solitude in old age acts as an incentive for OAs *to become involved in their lives*. Staying involved in their daily lives, even if only in the restricted spaces of their homes, supported their power to take action to a certain extent.

Living alone in old age is undoubtedly a challenge, especially when social contacts are rare. OAs must face numerous losses. The people interviewed during this study demonstrated their capacities to make decisions that were coherent with their own life courses or life histories. Despite the immediate threats to their existence and their social identity, these OAs were trying to safeguard their existential survival and sustainability.

The Place of Risks in the Rationale for the Choice of Finalized Acts

Three principal themes were extracted from the analysis of the interview transcripts, with each theme featuring in the main explanations of why the interviewed OAs had acted in the ways they did: (1) retaining control of one's own existence, (2) retaining one's sense of identity, and (3) safeguarding one's human dignity.

The theme of *retaining control of one's own existence* highlighted the need for the OAs to conserve their rights to decide on their own actions, to take action with regard to their ways of judging their situations, and to choose whether, when, and how to accept or call for help.

One example of the will to keep control of one's own existence, despite the clear risks involved, was that of 98-year-old Mrs. R. This interviewee recounted her decision to take a shortcut rather than follow the path to her destination outside her home. She said:

> 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 make a shortcut, instead of staying on the path, I can go down through the meadow . . . . I told myself: "Well, I want try it once again anyway. I'll be careful and I'll put my feet down (. . .) as I approach the slope, I asked myself the question: Are you taking the road or are you trying again once again to get down there? And then I told myself, "Oh, it's dry, I'm going to try again one more time to go down the shortcut.

Mrs. R. listed all the factors that she had considered in making her decision: the field was dry (she had poked the earth with the end of her walking stick), her shoes were suitable, she would walk carefully, etc. Thus, confident in her understanding of the situation, she decided to attempt a bold act that afforded her the feeling of still being alive and exercising her decision-making abilities.

The theme of *retaining one's sense of identity* underlined the importance that the interviewees placed on maintaining coherence between their narrative identities and their personal values and characteristics, all while remaining in a dynamic of continuity with their past selves, even if the activities in which they engaged put them at risk. Mrs. B. was 86 years old, visually impaired, diabetic, and allergic to flour, yet she could not resist any occasion to demonstrate her expertise as "the best cookie maker." For her, baking cookies was far more than a hobby: It was the expression of her peerless talent.

> I make cookies. The most I have done is 34 kinds (. . .) I can't stand flour, and the steam from the oven for the eyes either . . . he

> told me [his doctor] "you have to stop" "well, you're the one who punished yourself! Because for his birthday, or when he comes once a month, well, every time there are cookies! It made me happy . . . the doctor told me "I would fly to the moon to have some.

Indeed, for many interviewees, carrying out certain tasks—even if they were quite difficult or inadvisable for health reasons—was very important and empowering. Performing them showed that OAs still had skills and capacities—first and foremost in their own eyes—that demonstrated what Dale, Soderhamn, and Soderhamn (2012) termed *preserving habits* that make other people consider them unique individuals.

Safeguarding one's human dignity is the theme that demonstrates how taking risks with one's physical safety can be a means to preserve one's self-image and to show courage in the face of solitude. Conscious of certain personal functional limitations, OAs concentrated their efforts on continuing to live *decently*, both in their eyes and in those of others. Ninety-year-old Mr. B. demonstrated this theme when he spoke about the day before his interview, when he had done his laundry. He committed himself to maintaining cleanliness and order. He said:

> Oh, because it had been piling up for a long time [the laundry]. I knew that I had to do it. Nobody told me to, but I know very well that . . . . I've got a friend, some people told me, we go and see him from time to time, but he's dirty! His shirt could stand up on its own . . . Oh, no. I wouldn't like that to be said about me. I'd be, well, I'd be sick, I think!

For Mr. B., the fear of losing self-esteem or sullying his image in the eyes of others encouraged him to do chores, even though he knew that doing the laundry was going to make his pain worse, wear him out, and increase his chances of a fall. The determination of OAs to lower the threat of any affront to their sense of dignity had a greater influence on their activities of daily living than any need to manage physical pain.

Discussion and Conclusions

The OAs interviewed were all members of a vulnerable population whose daily lives were typified by significant solitude, suffering from important functional difficulties, and perhaps the perception of the proximity of death. The implicit representation that underpinned our study highlighted the positive aspects of this situation: Living autonomously at home at over 80 years old, despite having certain health problems, could be seen as a privileged situation (especially by people who need to be institutionalized for their own good, although perhaps against their will). Although our requests for interviews always clearly stated that we wished to ask questions about remaining at home, the interviewees primarily accepted participating in them because they were lonely, not because they wished to help advance our research. Although there was a manifest desire among some of the interviewees to fulfill our expectations as researchers, a visit from somebody interested in their daily lives was an unexpected opportunity to escape from their loneliness and engage in social relations other than those linked to their home care (e.g., to have a conversation, to have somebody there, to talk about their lives, to have a cup of coffee). Indeed, during the EI, several interviewees were very surprised to discover that their daily routines, however modest and unremarkable they might be, were a topic worthy of research.

With regard to our interviewees' motivations for participating in the EIs, it was not surprising that the lengths of their moments of *pure* evocation were shorter than those of their free discourse on their general impressions of their personal relational and organizational environments. We could not refuse to listen to their general ideas without running the risk of disappointing them or making the interviews fail. Pursuing our methodology *at all cost*s would also have put us in opposition with the ethics and values of qualitative research in general. To be pertinent, introspective interview methods with people who do not have as many social ties as they might wish must consider these constraints. The necessity of sharing emotions partly explains the brevity of the moments of evocation and the need to repeatedly draw the OAs back toward the communication contract, that is, the situation of evocation.

According to our understanding, the design of a social science field survey requires that researchers always ask themselves questions about the survey's context, how they plan to carry it out, how they will use their survey instruments, how they will encourage subjects to participate, and what they plan to do with their findings (Weber & Beaud, 2010). Although these questions are valid for all qualitative research methods, we believe that—under the influence of the neurosciences and different psychological or cognitive approaches—there is a growing tendency to approach survey participants from a decontextualized perspective. Study subjects' cognitive and psychological mechanisms are examined in a way that is disconnected from their social contexts. With the interest that the EI is creating in the field of cognitive science, presenting the EI as just another interview method rather than as a qualitative research methodology (such as semi-structured interviews, for example) risks it becoming a decontextualized research tool. Our study showed that the principles of psychophenomenology and their use in support of EIs could provide insight into participants' subjective lived experiences, so long as the intrinsic specificities of the EI method were respected (Mouchet, 2014; Vermersch, 2012). At no moment did we lose sight of the study's social context—aging alone at home, and this helped us not only to better understand how OAs are able to remain at home alone but also to question ourselves about *how EIs affect ethnographic surveys*.

The demand for home care services is expanding in proportion to the number of OAs living at home, whether or not they are living alone, but OAs' health conditions become increasingly precarious as they become very aged. However, in terms of effective home help and home care services, it is unknown what occurs in OAs' homes during the hours when no professional or family caregivers are with them. Using our existential anthropology approach, supported by the EI methodology, we

closely examined the details of the "social order" (Piette, 2014) constituting the realities of the interviewees. Our research findings showed that our methodology could provide geriatric home care professionals with information on a multitude of concrete ways that make it possible to better understand which home support schemes are likely to meet the needs of OAs living at home and which schemes might be inadequate in specific existential situations.

Piette's ideas on existential anthropology proved to be pertinent for studying situations focused on unique individuals that required an in-depth knowledge of their worlds to suggest appropriate interventions. This approach requires researchers who wish to go beyond the simple collection of anecdotes to remain highly connected to the research context, to maintain proximity to the participants, and to receive feedback from them on the observations made by the researchers (Flyvbjerg, 2006). Unfortunately, this research did not have sufficient time and resources to meet with the participants several times and to replicate the EIs.

EI may be a starting point from which to implement techniques that aid change. In addition to its obvious interest to all health-care professionals—who are often confronted with resistance to change from aid recipients when they try to introduce common sense ergonomic or nursing measures, the approach tested in the present study could prove to be a significant means of empowerment for OAs themselves. Indeed, the explicitation exercise in which the interviewees participated facilitated a verbalization of their actions, behaviors, and perceptions, which constituted the content of the situations that they described. Due in part to the absence of repeated meetings with the same participants for the reasons explained above, the present article has described the difficulty of teasing out the chain of events and actions using this introspective approach. However, despite not being able to delve deeply, each one of the interviews enabled our researchers to access a part—as small as it might have been—of the subjective realities experienced by the OAs. The EIs revealed an unknown piece of the existential continuity of "the individual in a state of being" (Piette, 2014) via the situations that surfaced. The effort required of interviewees to verbalize their experiences helped them to create a "concrete memory" (Piette, 2014). The effort allows them to become self-informed about the meanings behind their actions, their behaviors, and the perceptions involved in the situations that they described and to become aware of what they had accomplished. This process of awareness confers a value of expertise on the spontaneous experience.

Thus, our approach could prove to be advantageous for interviewees in other similar studies, on the condition that several successive meetings be arranged with each participant so that participants could practice their newly improved aptitude for the recollection and verbalization of their lived experiences.

Authors' Note

Ethical approval was granted by the Human Research Ethics Committee of the Canton Vaud (438/13).

The author would like to add at this point the full title of the research project which was supported by the grant mentioned and on which basis the study has been performed: Gestion des risques menaçant le bien être et le maintien à domicile des personnes de plus de 80 ans, vivant seules à domicile et bénéficiant du soutien de services d'aide et de soins à domicile. Point de vue des personnes âgées.

Acknowledgments

The authors would like to thank the two home health-care organizations—Fondation Soins Lausanne and the Association Broyarde pour la promotion de la Santé et le Maintien à Domicile, who helped identifying the respondents. The authors thank the 20 older adults who have given of their time to participate in our inquiry. The authors also like to thank the editors and anonymous reviewers of the *International Journal of Qualitative Methods* for their insightful and constructive comments.

Declaration of Conflicting Interests

The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by the Fondation Leenaards (Grant No. 3619/ss). Funding for the open access for this article was provided by the Health faculty at University of Applied Sciences and Arts, Western Switzerland (HES-SO).

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