Older couples with long-term disabilities: Multiple jeopardy or successful ageing?

By Cristina Joy Torgé & Annika Taghizadeh Larsson

Abstract
In a study where older couples who had lived long lives with physical disabilities were interviewed about mutual care, an unexpected finding that while the couples reported worsening disabilities, they also described themselves as advantaged, and as maintaining a high level of activity in some areas of life. In this article, we investigate how the couples achieve this sense of ageing successfully when the participants’ stories of physical decline, from an outsider’s perspective, might be thought to produce double-, triple- or multiple jeopardy. The results show how the couples use different types of reference groups and refer to various resources to frame themselves as privileged. Furthermore, through environmental adaptations, technical aids and supportive services, they managed to maintain a high level of activity, despite living with disabilities. Notably, the couples described themselves as advantaged by referring to being older, to the long life with disabilities and to ageing with disabilities together. The overarching ambition of the article is to problematize established notions of successful ageing. Considering that the couples referred to the very conditions that might be seen as disadvantageous, the problem of pre-defined criteria for successful ageing becomes particularly apparent.

Keywords
long-term disability, successful ageing, active ageing, couples, multiple jeopardy, conjoint interviews

1NISAL (National Institute for the Study of Ageing and Later Life), Department of Social and Welfare Studies, Linköping University, Sweden
2CEDER (Center for Dementia Research), Department of Medical and Health Sciences, Linköping University, Sweden
Introduction
This article explores successful ageing among older couples in which both partners have long-term or life-long physical disabilities. The basis of this article is a qualitative interview study with nine couples (60 years old and over) in which both partners have had physical disabilities over a long period of time, many for 20 years or more. At its onset, the study set out to explore mutual care among couple with disabilities. During the course of the study—and using retrospective and partly longitudinal data—an unexpected finding was that while the couples reported worsening disabilities over time and increasing age, they also described themselves as being advantaged and as maintaining a high level of activity in some areas of life.

In this article, we will demonstrate and discuss how the interviewed couples, although in a situation that an outside observer might see as a case of multiple disadvantage, describe their experience as something that could be considered as successful ageing. The aim of this article is to explore how they achieved this sense of successful ageing when both the established criteria and the participants’ own stories of physical decline over time would tend to suggest otherwise. The questions dealt with are:

- How and in what respects did the couples consider themselves as advantaged, despite ageing together with disabilities?
- How did the couples manage to maintain a high level of activity in some areas of life, despite worsening disability in old age?

An overarching ambition with the article is to contribute to challenging and problematizing established ways of thinking about successful ageing. In the context of a society that prizes health and where activation remains an ideal for older people, we wish to contribute to a discussion of how successful ageing can be understood even among people whose life course has already been marked by functional losses for most, if not all, of their lives. By giving voice to a group of older people whose experiences of ageing has seldom informed the social gerontological literature, the article also responds to calls to integrate disability perspectives into how we think about age and ageing (Putnam 2002, 2012).

Successful ageing and high physical functioning
That older people with long-term disabilities could be ageing advantageously and actively seems to contrast with the usual understanding of successful ageing. Successful ageing continues to be closely linked to good health and relative freedom from disability (Boudiny 2013). The notion of
successful ageing is often attributed to Rowe and Kahn (1987, 1997, 1998). Their work, which is now seminal, has helped to establish the association between the maintenance of a high level of physical functioning throughout old age and the possibilities for ageing successfully. Although they did not equate successful ageing with avoidance of disease and disability, Rowe and Kahn maintained that a high level of functioning was nevertheless a central premise for successful ageing in that this in turn facilitated engagement in social and interpersonal activities and an active engagement in life. Successful ageing provided a counterweight to the “decline and loss paradigm” that was strongly associated with old age at that time (Minkler and Fadem 2002; Strawbridge, Wallhagen and Cohen 2002). It also had a great impact on gerontological research, leading to numerous intervention studies with the important aim of identifying and preventing functional losses among older people (Minkler and Fadem 2002; Scheidt, Humpherys and Yorgason 1999).

However, this established notion of successful ageing is also problematic. It has been criticized for excluding many older people facing age-related losses, and for suggesting that those who do not have a high standard of physical functioning are ageing “unsuccessfully” (Scheidt et al. 1999; Strawbridge et al. 2002). Another critique is whether people that already have disabilities could engage in the successful ageing discourse at all, or if they are excluded by definition (Minkler 1996; Minkler and Fadem 2002). To live with disability implies difficulties in maintaining high levels of physical functioning, with possible effects on active engagement in life. A third criticism of successful ageing is that ageing is not a homogenous experience where the same criteria for success could be applied to all (Bowling and Dieppe 2005). In other words, without looking at the heterogeneity of how older people experience ageing, it seems misleading to categorize older people arbitrarily as “successful” and “unsuccessful” agers based on criteria of physical functioning.

A disability perspective to successful ageing

Discussions that problematize Rowe and Kahn’s notion include alternative ways of defining successful ageing from, for example, psychosocial models (Bigby 2004; Bowling and Dieppe 2005) and from older people’s own perceptions of what they consider as ageing well (Torres and Hammarström 2009). Nevertheless, according to Romo et al. (2012), there are as yet few studies that explore successful ageing in the context of older people with disabilities—the group that is least likely to meet Rowe and Kahn’s criteria of engaging in a high level of physical functioning.
One set of studies consists of quantitative investigations on how different groups with illnesses and disabilities can be said to be ageing successfully, using a broader set of criteria. The results of Liu and Richardson’s study (2012) with older people with disabilities pointed to other measurable variables of successful ageing, which contribute to older people rating their well-being as high. Moore et al.’s data (2013) with HIV+ older people showed that a majority placed themselves on the upper half of the self-rated successful ageing (SRSA) scale. In von Faber et al.’s (2001) study of the oldest old, which used both qualitative and quantitative methods, a much larger proportion of older people defined themselves as successfully ageing, compared to when only quantitative measures were used to categorize the participants. Besides problematizing the connection between well-being and disability in old age, these studies also show that, in trying to identify vulnerable groups of older people, criteria other than mere physical functioning may be more relevant. These studies, however, have mostly been based on quantitative measures, with pre-set scales or criteria for what successful ageing could be.

So far, there seems to only be a handful of qualitative studies that deal with the possibility of ageing successfully among older people with long-term or lifelong disabilities. Taghizadeh Larsson’s empirical work (2011, 2013), using interviews with older people with long-term disabilities, demonstrated how an active self-fulfilling lifestyle associated with successful ageing was an actual possibility even for those with extensive disabilities and needs for personal assistance. Bigby (2004), who focused on persons ageing with lifelong intellectual disability, offered perspectives on how to understand successful ageing among this group. These perspectives are relevant for planning support and services. These qualitative studies help show that there is more to quality of life, participation and successful ageing than physical functioning. They also show a potential for talking about ageing successfully, despite low physical functioning or even severe or lasting disability.

The possibilities of successfully ageing among a group that according to Rowe and Kahn’s criteria should not be ageing successfully at all could, however, be compared to research in another field labelled as “the disability paradox”. Studies on the disability paradox discuss how people with severe and lasting disabilities are able to judge their situation as good or even excellent “against all odds” (Young and McNicoll 1998; Albrecht and Devlieger 1999; Reynolds and Prior 2003). Of note, however, is that the disability paradox had not been specifically studied in relation to older disabled people and therefore does not provide any direct answers to whether quality of life in this case could be translated to a sense of successful
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Nevertheless, the results and observations in these studies coincide with findings in social gerontology on “lay perspectives” on successful ageing (even if the latter, in turn, do not focus on older people with disabilities). Namely, resources that people with disabilities refer to when pointing to a good quality of life—factors such as mutual relationships, positive engagement with others, ability for self-care, a coping orientation to declining health, psychological growth, autonomy, and sense of control and meaning—are similar or identical to those mentioned by older people when asked to define successful ageing (See e.g. Fischer 1992; Fisher and Specht 1999; Duay and Bryan 2006; Reichstadt et al. 2010). This confirms what Strawbridge et al. (2002) point out, that while physical health and functioning are important for older people to achieve successful ageing, these factors are definitely not the whole story for ensuring a sense of well-being throughout the life course and in old age.

Older couples with long-term disabilities

With the background of these previous findings, this article takes its starting point from the fact that disabled people can engage in the successful ageing discourse. What this article instead focuses on is how the couples with disabilities succeed in doing this, when both the established criteria and participants’ own stories of physical decline over time would tend to suggest that they are ageing unsuccessfully. The contribution of this article to earlier works is that we also study successful ageing with regards to a group that could be considered to belong to several categories of disadvantage. Not only was our interviewed group ageing with their disabilities, but also ageing together with a partner with disabilities for a long period of time. The question could be raised of whether one should categorize this group as being in an especially vulnerable position compared to older people in general or other older couples. For instance, there may be negative effects on the couple in terms of difficulties in self-care and mutual care, and being able to handle the family’s declining health over time.

People ageing with disabilities have sometimes been described as being in a situation of “double jeopardy” (see e.g. Walker and Walker 1998; Iwakuma 2001; Thorsen 2003) and subject to “double doses of prejudice and discrimination” (Sheets 2005: 37) where they face unexpected health problems while also possibly having difficulty in accessing care resources (Bland et al. 2003; Sheets 2005). When several members of the family have long-term disabilities, other challenges may arise, for example regarding future care when the availability of spousal help cannot be taken for granted (Torgé 2013). It is also possible that couples with disabilities face additive or
multiplicative hardships as the risk of further disability increases with age. For instance, practical difficulties in everyday life could appear, such as when performing household chores and planning leisure activities. It is in light of these realities that the successful ageing discourse in the conducted interviews appeared as somewhat surprising, since the couples’ situations could be thought to produce double-, triple- or multiple jeopardy, rather than affirmative ideas of ageing successfully.

Materials and methods
The study on which this article is based was part of a research program on ageing with disability. At the onset, the study focused on the couples’ experiences of mutual spousal caregiving and growing old together with disabilities.

Nine couples, in which both partners had long-term physical disabilities and were at least 60 years old, were identified through disability organizations in south-eastern Sweden, as well as through other networks and snowball sampling. The cause of disabilities varied among the participants. They included multiple sclerosis, cerebral palsy, visual and hearing impairments, polio, juvenile diabetes, neurological diseases, loss of limbs or other congenital and life-long diseases. Three identified themselves as having at least two primary disabilities besides other complications, and many reported having other impairments that they attributed to age, such as heart conditions or hearing impairments. Some complications were also attributed to the primary illness. Examples of these were blindness caused by childhood diabetes, respiratory difficulties for those with congenital and chronic conditions, post-polio effects, and having more extensive mobility impairments from degenerative disabilities.

Semi-structured interviews were conducted, recorded and transcribed by the first author in 2010 and 2012. These interviews were made conjointly, which means that both partners were together in the same interview situation (Allan 1980; Eisikovits and Koren 2010). At the first interview, the participants were between 60 and 84 years old and had lived with their partners for between four to 45 years.

The second interviews aimed to explore changes in their couples’ situation from two years ago, and how these may have affected their family situation in terms of needing care. Here, four of the original nine couples agreed to participate. In congruence with the principle of theoretical sampling (see Glaser and Strauss 1967; Corbin and Strauss 2008) the second interviews also made it possible to delve deeper into aspects of age and change that started
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to appear in the analysis of the 2010 interviews. The interviews in 2010 also became a common reference from which to make comparisons about change.

Ethical review was not required for the study, but the study was carried out in adherence to ethical principles outlined by The Swedish Council for Research in the Humanities and Social Sciences (The Swedish Research Council 2002). The participants were informed before the interview about the purpose of the study. Participation in the second round of interviews was voluntary and participants were not asked to give a reason if they did not wish to participate. The principle of informed consent takes on additional significance in dyadic conjoint interviews, since if one partner does not give consent, neither can be interviewed (Racher, Kaufert and Havens 2000; Forbat and Henderson 2003). To adhere to the principle of confidentiality, names have been changed in the transcribed material.

To analyse the interviews, the first author used grounded theory methods of coding and comparison (Charmaz 2006). The points of departure for this article were two unexpected themes that emerged during the analysis and that subsequently appeared as useful for helping to challenge and problematize established ways of thinking about successful ageing. These themes were: 1) the couples describing themselves as being advantaged and; 2) the couples describing themselves as maintaining a surprisingly high level of activity in some areas of life. The themes emerged from both interview points, alongside seemingly contrasting accounts that dealt with functional decline and practical difficulties of ageing together when both had disabilities. The themes also emerged even though neither of the interview guides from 2010 or 2012 contained any questions related to successful or active ageing.

The two themes were further analysed by both authors, with a focus on how these instances of successful ageing among older couples with long term disabilities were achieved. This analysis was directed towards understanding of how and in which respects the participants considered themselves as privileged. It also focused on how the participants, in their daily lives, actually seemed to manage to maintain a high level activity in some areas of life. Provisional categories were constructed to categorize this data, which were revised and refined in discussions between the two authors.

Results

Ageing advantageously

How then, and in what respects, did the couples consider themselves as advantaged, despite ageing together with disabilities? Analysing the
couples’ positive comparisons of themselves against others, we noticed that they referred to a number of specific resources that they possessed, in contrast to particular groups. The different reference groups (see e.g. Merton and Kitt 1952) for these comparisons were older people without disabilities, older people who had acquired disabilities more recently, younger people with disabilities, and people with disabilities living alone. The resources mentioned in relation to these groups were: mental qualities, a coping attitude formed through the long years of physical disability, economic resources and “being two” with disabilities. Thus, it was partly by referring to the very conditions that an outside observer might see as producing a disadvantaged situation (high age, long life lived with disabilities and being two people with disabilities living together), that the couples framed themselves as privileged.

For example, several couples mentioned different types of mental qualities as an advantage over other older people without disabilities. Clear-headedness, curiosity, “still being on the go” or “being more mentally sharp” were examples of these qualities. In the excerpt below, the interviewed couple refer to such mental qualities when saying that they feel “younger” than others their age who are healthier, despite simultaneously being physically “older than the 70 years”:

*Interviewer:* So you don’t feel old, even if you’re getting older?
*Mr. Hansson:* Our bodies are old. Perhaps even older than the 70 years we are.
*Mrs. Hansson:* Yes, our bodies are very old.
*Mr. Hansson:* Yes, my body, physically, must be older than 70, if you add on all my ailments and all that. But still, compared with others—even some of our old friends who are relatively healthy—they’re getting a little irresolute with age...

A coping attitude formed through the long years of physical disability was another resource mentioned in the interviews that allowed the participants, in their opinion, to be better equipped than older people who had acquired disabilities more recently. For instance, some of the couples underlined how they seemed to be able to better anticipate and prepare for the effects of failing health in old age. The participants expressed the view that their long lives with disabilities had formed their attitudes as older people to independence and personal integrity. A couple who had acquired their disabilities at an early age said that “not ever remembering how it is to live without disabilities” had given them an advantage in being more flexible to change than other older people who may still be adapting to their loss of function but who may be, in practical terms, “infinitely more mobile” than themselves. Their sense of ageing more successfully was more than just about possessing a certain character. This also translated to actually being
able to do and perform things that others may feel hindered in doing, such as aspects of self-care and activation:

*Mr. Malm:* The woman living there, she is not disabled but she’s become a little worse. She asks home help for things that we think are somewhat ridiculous...

*Mrs. Malm:* Yes, because she can’t manage by herself. And she doesn’t walk much. She hasn’t been out since October. She sits all day and seems happy with that. So I fetch her post every morning. But she is infinitely more mobile than I ever was!

*Mr. Malm:* It’s like, we’ve learned to manage by ourselves on a whole different level.

*Mrs. Malm:* And all this is new for her. She was devastated by a recent complication. Everything seems overwhelming for her.

*Interviewer:* Do you mean that you think your own losses are quite normal, that you expect them to happen? (Wife / Husband: Yes, yes) That you’re, in a way, more ready?

*Mr. Malm:* Yes, I think we have another kind of readiness.

*Mrs. Malm:* Yes, absolutely.

The informants also argued that *their coping attitude was an advantage over younger people with disabilities*—that is, not only in comparison to other older people. One participant argued that living without access to personal assistants in her youth may have shaped her strong desire to remain as independent from formal help today as she possibly can. According to her, this made her better prepared for old age than perhaps other younger people with the same diagnosis. While it is possible to understand her situation as an issue of imbalance in social resources between the generations of people with disability, instead she saw it as giving her an advantage in old age, through her attitude to independence and a sense of personal freedom.

The sense of being more advantaged as the older generation also appeared through pointing to relatively *better economic resources than younger people with disabilities.* Several couples talked about being more economically secure and having better pensions than younger generations. The participants attributed this economic security to factors such as being able to find jobs easily in the past, and having more advantageous pension schemes. This, in turn, had for example allowed them to increase their care services if necessary and to enjoy a “pretty high standard of living” compared to what younger disabled people might be entitled to:

*Mr. Thelin:* And [when my wife couldn’t work anymore, she] got an early pension. That’s a topic for heated discussion nowadays. Our government wants everybody to be out working. But she has had her pension all these
years. And besides that, I have had my salary. In that way, we have had a pretty high standard of living. A good standard of living.

Furthermore, the participants talked about living and ageing together with disabilities, and the mutual support that they gave each other, in terms of practical and moral support, as a resource in itself. Thus, “being two” who both had disabilities was framed as an advantage in relation to other disabled people living alone. The couple cited below, who had both lived half of their lives with disabilities, even asserted that other disabled people were jealous of their situation. In this and in other interviews, informants also underlined how being in a relationship and growing together with their different disabilities became more important as one grew old.

Mrs. Granlund: Many disabled friends are jealous of us. They told us so. Many disabled people that live alone tell us that they would also like to have a partner with disabilities.
Interviewer: You think so?
Mr. Granlund: Yes, yes.
Interviewer: How do you know that they feel this way?
Mrs. Granlund: They tell us. They would also like to live as we do.
Interviewer: It must make you feel proud when they tell you that.
Mrs. Granlund: Yes, we live really well. And we have a good life together.
Mr. Granlund: Indeed. It’s a privilege. I think so.

Finally, it is important to note that the participants did not frame themselves as advantaged through a denial of the failing body. Instead, they talked about a long slow process of functional loss, with expressions such as: “It gets worse and worse”; “It goes steadily downward”; “It goes slowly, slowly downhill all the time so tomorrow is worse than yesterday”. Many described their ageing bodies as “more worn out than in younger years,” or as “older” than their actual chronological age. The couples also retold how a decline in health had led to practical problems such as increasing difficulties with mobility, or difficulties performing household work. For some, increased help needs also influenced the amount of help and support received throughout the years.

Ageing actively

As discussed earlier, a high level of functioning is a central premise of established notions of successful and active ageing. In the previous section, we demonstrated how the couples, despite long lives with disabilities, framed themselves as successful in terms of being advantaged. They did this by referring to a number of specific resources that they possessed, and by
describing themselves as better off than other particular groups in certain respects. In this section, we problematize Rowe and Kahn’s notion further by exploring how the couples seemed to manage to maintain a high level of activity in some areas of life, despite worsening disability in old age.

A closer look at the interviews, both from 2010 and 2012, reveals an impressive list of different activities. The participants engaged in crafts such as weaving, knitting, painting ornaments, painting in canvas, woodwork, gardening, and playing instruments. In their free time, they engaged in hobbies such as amateur radio, cooking or language courses. Many hours of the week were spent doing voluntary work in churches, pensioner organizations, disability organizations or activity camps. They also described themselves as physically active with walking and swimming, gardening, babysitting, and also travelling. During the interviews, the couples would sometimes show the product of their work such as a painting, a new practical solution in the house that they had constructed themselves, educational brochures which they had designed, or items connected to their hobbies, such as plants in the greenhouse and books which they had read. As prerequisites for engaging in these activities, the importance of environmental adaptations, technical aids and supportive services that make activity and participation easier despite increasing impairments was apparent.

For example, one couple had decided to sell their property, which had become difficult to maintain with their disabilities. The husband’s increased tiredness has meant that jobs around the home were becoming a burden. In contrast, the disability-adapted apartment that they were about to move into would allow them to save energy and in turn to do more things. After the move, they planned to travel to southern Europe in their disability-adapted car—something they had often done in younger years, before their complications arose:

*Mr. Hansson:* But from now on [after the move to the disability-adapted house] it’s going to be easy to just lock the door and leave. No obligations!
*Interviewer:* You think you can manage that?
*Mr. Hansson:* Oh yeah.
*Mrs. Hansson:* We have our own car. We can take breaks when we want to. And there’s no schedule we have to stick to.
*Mr. Hansson:* We take turns. So no long breaks. But down in Germany, we take long breaks. If we take turns, it’s manageable. We have our electric wheelchairs with us, but the car is disability-adapted—and we have a plan.

Another couple, who had lived most of their adult lives with disabilities, also talked about a trip abroad despite marked changes in their health between the 2010 and 2012 interviews.
By the second interview, the wife had lost the ability to walk, and used a wheelchair. She also had difficulty talking for long periods, and her voice was reduced to a whisper. It was notable that despite having experienced these complications, they were able to travel abroad again for the first time in ten years. The combination of the entitlement to more home help hours, and the availability of chartered tours for people with disabilities, made it possible for them—although experiencing more physical disabilities than at any time in the past—to re-live the successful-ager ideal that they used to live as early pensioners:

Mr. Knutsson: We haven’t told you about our trip yet!
Interviewer: You went travelling?
Mr. Knutsson: Yes, it was my idea. I’d been thinking about it since the start of the year. I saw this announcement by the disability organization: a charter trip [where there were accompanying nurses]. So we were there in September, down in Turkey./…/
Interviewer: Was it a long time since you had travelled together?
Mr. Knutsson: Yeah, ten years. We used to be snowbirds you know. For five winters, we lived down south. But in 2002, when we came home, things happened so we couldn’t travel down that autumn. Just one last time, to fetch our stuff. So it’s been exactly ten years since we were abroad together.

Having said this, it is important to note that the participants also told stories of environmental hindrances to participation (such as infrastructure) that had forced them to discontinue certain activities. Sometimes they described the ageing body as “taking its toll”, and talked about how this implied certain losses in social life. The couples also told stories of self-fulfilling lifestyles in new-found roles and activities. In some of these stories, the change of roles and activities could be interpreted in terms of appropriating age norms. Some couples said they had switched to more laid-back activities that they considered as “age-appropriate”. For example, some had stopped driving a car or stopped travelling, but also reported having more time for grandchildren and various voluntary activities where they met other pensioners.

Discussion
In this article, we have considered older couples in which both partners have long-term disabilities, and we have shown that although they are in a situation that an outside observer might believe to present multiple disadvantages, the couples achieved a sense of “ageing successfully”. We demonstrated two themes related to how the interviewed couples
problematised established notions of good physical functioning as a prerequisite for successful ageing. The first was how the participants—who by their age, disability and family situation might be thought to be ageing with multiple disadvantages—framed themselves as ageing advantageously. They did this through pointing to a number of resources which allowed them to age better than certain other groups. The second was how the couples, thanks to environmental adaptations, technical aids and supportive services, managed to maintain a high level of activity in certain areas of life, further problematising the link between physical functioning and an active engagement in life. This study by no means exhausts the possible resources for successful ageing available to people with disabilities. Nevertheless, it does point not only to the possibility of seeing oneself as “a successful ager” with disabilities, but also to how the successful ager ideal could be achieved and understood in the lives of people who might otherwise be seen as living in multiple disadvantage.

Our results raise a few points that can integrate a disability perspective with a social gerontological discourse of successful ageing. First, in our participants’ stories of ageing “better than others”, resources other than health- and function-related ones were mentioned. This is an aspect that is surprising in the light of other previous studies on “lay perspectives” of successful ageing. Torres and Hammarström (2009), for example, in a study in which older people with or without home help were interviewed, suggested that older people with better health were more likely to define successful ageing through a wide variety of resources. Their participants with disabilities primarily defined successful ageing in terms of good health, and consequently seemed to exclude themselves from their definition of a successful ager. In contrast, the participants in our study mentioned different kinds of mental, attitudinal and economic resources in their positive comparisons to other older and younger people. Furthermore, it also seemed from the participants’ stories that it was through the long life lived with disabilities, and through living and ageing together with disabilities that these resources were acquired.

A related aspect to this is how our participants were actually able to frame usually “negative” categories, such as their high age or their physical disability, as positive categories. As both “old” and “disabled”, the couples were able to use either age or disability—or even the long life lived with disabilities and growing old with disabilities together—as the basis of having resources for advantageous ageing. This could be seen in how they framed themselves positively as older people with disabilities when comparing themselves with the younger generation; or as older people with long-term disabilities when comparing themselves with people the same age that do not have, or have only recently acquired physical disabilities.
Second, our results not only demonstrate the subjective aspect of how participants framed themselves as ageing advantageously, but also the objective aspect of how they maintained and achieved active ageing with increasing disabilities. This second theme is important as it underlines that the sense of successful ageing was not limited to positive comparisons alone. The significance of the surrounding environment and the availability of services were also important. Even though the sense of ageing advantageously seemed to contribute to being active and independent throughout old age, successful ageing is not merely a matter of perception; nor are the effects of disability all “in the mind”.

Thus, by pointing out how the interviewed couples framed themselves as successfully ageing, we do not mean to trivialize the consequences of physical disability. As illustrated by many of the participants, the parallel processes of disability and ageing also had effects in their everyday lives, in terms of participation, tasks and mobility. In other respects, the couples could indeed be living more practically difficult lives than other older people due to their circumstances. However, the interviewed couples seemed to be able to participate in both discourses of having a failing body and successfully ageing.

A third aspect that one could speculate on is the extent to which ageing together with disabilities, which might have also been a factor of disadvantage, contributed to the couple’s sense of ageing well. According to other studies, keeping mutual relationships (such as having life partners) is an important determinant for judging one’s quality of life as high despite severe or lasting disability (Young and McNicoll 1998; Reynolds and Prior 2003). This can also be sensed in the interviews, for example in the ways that the couples could sometimes talk about resources such as autonomy and coping attitudes as common resources. Sharing activities and experiences, such as travelling together or listening to music together, also seemed, in the prospective interviews but also in some retrospective ones, significant for replacing or compensating for the meaningful individual activities that were no longer possible to engage in. That older people could “[describe] themselves, individually or as a couple, as content with their lives and successfully aged” (von Faber et al. 2001: 2698, emphasis added) also opens the possibility of conceptualizing successful ageing not merely as a personal ideal—where personal goals are realized through active participation in life—but as a shared goal, where a common life is still possible despite one’s own functional losses.

Finally, based on the results presented in this article, we would like to point to some implications for future research on successful ageing. That older people might be interpreted as ageing successfully despite belonging to
several categories of possible disadvantage through their disability and family situation, means in turn that it is infinitely difficult and problematic to define what successful ageing “actually is”, and who successful agers are. This critique can be directed towards established definitions of successful ageing that are based on criteria of health and functioning, but also towards quantitative studies that call for alternative ways to define successful ageing using other pre-set scales or criteria. Based on the insights from this study, even the latter would probably result in the (albeit implicit) categorization of certain groups as “unsuccessful”, even though these people’s own sense of themselves and their situation may in fact be quite the opposite. Considering that the older couples in this study framed themselves as advantaged, by referring to the very conditions that from an outsider’s perspective might be thought to produce double-, triple- or multiple jeopardy, the problem of pre-defined criteria for successful ageing has become particularly apparent in the results presented in this article.

Authors’ notes

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Corresponding Author

Cristina Joy Torgé, NISAL (National Institute for the Study of Ageing and Later Life), Department of Social and Welfare Studies, Linköping University, SE-601 74 Norrköping, Sweden. Email: cristina.joy.torge@liu.se
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