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Ambiguous personhood: Paradoxes of social belonging in Danish nursing home care

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ABSTRACT

In oldest old age (generally considered to be from 85 years onwards), personhood is often called into question, impacting well-being as a result. Based on ethnographic fieldwork, this article examines the well-being of oldest old nursing home residents at the intersections of ageism, fraying personhood and fragile social belonging in Danish nursing home care. In Denmark personhood hinges on both independence and social belonging; or "fællesskab." We examine how these concepts are practiced in nursing home care. Taking its starting point in the distinction between the "inside world" of the nursing home and the "real world" outside, the article examines how processes of othering occur in nursing home care, imperilling resident personhood and opportunities for social belonging. We consider how oldest old residents navigate social belonging, finding it in turn life-sustaining and vexatious. We argue that tacit ageism permeates the nursing home, to the detriment of resident well-being, despite the best intentions of an aged care system that is structured to specifically maintain personhood.

Introduction

It is a cold and grey winter's afternoon in northern Denmark. We are gathered for the monthly church service that takes place at the nursing home where I am doing fieldwork. Many of the residents are too frail to leave the nursing home, and so, church comes to them. The activity room has been set up with a makeshift altar and pulpit. Residents are slowly filing in. Though most do not consider themselves religious, they look forward to this monthly event. The priest arrives in full garb and walks solemnly to the front of the gathered crowd as the pianist plays a hymn. There are about twenty people gathered, mostly residents, a few staff members and a few volunteers. The priest begins with a brief prayer and then starts reading from the bible. Edith, a woman in her late nineties sitting near the back, calls out, "I can't hear." Everyone ignores her, and the priest continues reading. She tries again, "I can't hear what he is saying." The staff try to shush her. "You have to be quiet," they whisper to her, embarrassed that she is making a fuss. But Edith is undeterred. She is here because she wants to hear what he has to say, and she cannot. She calls out again, "Can you speak louder? I can't hear you." The priest stops reading, seemingly a little annoyed and embarrassed to be interrupted in this way. He does not address her or apologize for not being audible, he does not invite her to come closer. He just looks away while staff move her a little closer to the front. The atmosphere in the room is tense and uncomfortable. The priest resumes reading, still at the same volume, still not acknowledging Edith's plea. She still cannot really hear from her new spot and makes one last attempt to get him to increase his volume. He continues reading, ignoring her, while staff direct their gaze stiffly to the floor, visibly embarrassed that she is still calling attention to herself. Edith gives up and stares out the window instead.

After the service, coffee is served. What is intended to be a convivial occasion feels instead sombre and stilted. The priest sits with his helpers and a staff member. A little cluster removed from the residents, both physically and metaphorically. He comes over suddenly to ask me a question; he looks only at me, as if the residents I am sitting with were completely invisible. He is curious why I am here. He seems to suggest

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that I – a 40-year-old woman – do not belong here with these old people. Matter out of place. When I have answered his question, he returns to his coffee, still oblivious to the residents around me.

In 2021 Emma Jelstrup Balkin conducted six months of ethnographic fieldwork in two nursing homes in Northern Denmark – Garden View and Oak Hill.[1] As a research team, we were specifically interested in how well-being is made possible in institutional care practices with a focus on the lived experiences of the oldest old.[2] In this article, we reflect on the intersections of ageism, personhood and social belonging and the impacts on the well-being of residents in nursing homes. The introductory vignette was an incident that stood out to us because it exposes the stark contrast between two separate lifeworlds. And it is in the jagged edges of where these two worlds bump up against each other that implicit assumptions are rendered visible. Here, we get a glimpse of the tacit beliefs undergirding our broader cultural approach to ageing and older people. It is at this juncture that the fraying and gradual unmaking of personhood is made visible. Inside the nursing home, Edith's behaviour is expected and usually accommodated; in the world outside it is considered shameful. And that day, despite being on nursing home grounds, with only nursing home residents and carers in attendance, the presence of the priest and helpers transmogrified this space of care into a public space, one in which the old are not fully welcome as they really are unless they are able to silence their needs and conceal their oldness. It is not our intention to vilify the priest. Instead, we see him as a proxy for our cultural discomfort with oldness and use this example to draw attention to the ways in which older people are often treated in the public space and how such events show up, perhaps unexpectedly, in nursing home care.

The priest, his helpers, and even the staff – all of whom were there to serve the old – were behaving in the mode of the "outside world" – we use this term as an emic category because that is how staff refer to society outside the nursing home. They also call it the "real world" – drawing a clear boundary around the nursing home, marking it and its residents as "other," outside the bounds of normal sociality. This boundary is not only delineated by the physical contours of the nursing home walls; it also appears inside the walls in interactions between staff and residents. As such, oldest old nursing home residents are marginalised from certain forms of social belonging.

It is this othering that we problematise here by approaching it through the lens of personhood and "fællesskab," a Danish concept of social belonging. We start with a brief overview of ageism, or "anti-oldness" (Lamb, 2018), and the ways in which it intertwines with successful ageing ideals. We then turn to ethnographic examples to consider how the boundary is continually drawn when these culturally embedded ideas of old age of the "outside world" show up in the "inside world" of the nursing home. From there, we will discuss what this means for social belonging and personhood, and how this impacts possibilities for well-being. In the nursing home, attempts to scaffold and support personhood coexist with tacit assumptions that threaten it.

Ageism, anti-oldness and the othering of older people

A term originally coined by gerontologist Robert Butler (1969), ageism is a pervasive problem, which includes stereotyping, discrimination and prejudice based on age (Levy, Lytle, & Macdonald, 2022). While other forms of bias, such as sexism, racism and homophobia, have gained public scrutiny, ageism is only just starting to garner the attention it deserves (Beard, 2017; Gullette, 2022; Nelson, 2016). There is a tacit acceptance of ageism and anti-oldness in Western societies (Gullette, 2018; Lamb, 2018; Nelson, 2005), and here we argue, that in order to take the well-being of nursing home residents seriously, it is necessary to understand the contexts of ageism within which nursing home care is situated. In doing so, we follow de Medeiros's call for all gerontologists to consider ageism not as a "separate topic of study, but as an essential element of all gerontological endeavours" (de Medeiros, 2019, p. 800).

The WHO Global Report on Ageism found that one in two people globally hold ageist views (World Health Organization, 2021). Negative views on ageing are nothing new in the European context; Simone de Beauvoir famously explored the older person as other and argued that we are taught from a young age to abhor the old (De Beauvoir, 1996). Prejudice directed at older people is both socially accepted and institutionalised (Kagan & Melendez-Torres, 2015; Nelson, 2005). Ageism affects older people in various ways, from harmful stereotypes around presumed incompetence to exclusion, neglect, and abuse (Levy & Macdonald, 2016). The discourse on ageing is frequently negative and adversely impacts older persons' health and well-being (Nelson, 2016).

In much of the Western world, old age is a feared prospect. Associated with dependence and decline, old age is no longer seen as a privilege of having not died young (Beard, 2017) but is instead considered sad, meaningless and to a degree, self-inflicted (Corwin, 2021; Grøn, 2016; Lamb, 2014, 2018; Oxlund, 2021; Pickard, 2019). Ageing is now considered a problem which can be, at least partially, solved through preventative measures, which is framed as primarily the responsibility of the individual through lifestyle choices. There is a moral duty to stave off oldness, with its associated disease and disability, for as long as possible (Lamb, 2018; Lassen & Jespersen, 2017; Oxlund, 2021). This is achieved through an extension of the activeness and productive engagement of midlife, and in doing so, the ultimate goal is to remain independent for as long as possible. Critical social gerontologists have attributed this to the psychological model referred to as "successful ageing." An approach to ageing first propagated by Rowe and Kahn (1997), successful ageing has been the dominant paradigm for ageing across the Western world for several decades now (Lamb, Robbins-Ruszkowski, & Corwin, 2017).

Rowe and Kahn argued that continuing to live in one's own home for as long as possible was key to successful ageing (Rowe & Kahn, 1997), and it is widely accepted that ageing in place increases well-being (Lewis & Buffel, 2020). In Denmark, both the aged care system and the general discourse on ageing are geared towards successful ageing (Lassen & Jespersen, 2017; Mikkelsen, 2016; Oxlund, 2021;), and it is government policy to support such "ageing in place." To be allocated a place in a nursing home, the older person must first go through a process of approval in which their needs are assessed to be extensive enough to require full-time care. Embedded in this system is an implicit, and often explicit, notion that independence is the key to well-being (Oxlund, 2021).

While successful ageing intends to counteract the negative stereotypes of the decline narrative typically associated with ageing (Calasanti & King, 2017; Holstein & Minkler, 2003), it has also been criticized for having the opposite effect. While old age can be staved off for a while, the "reality of the finite life and the vulnerability of the flesh" eventually catches up with us (Pickard, 2019, p. 228). Paradoxically, successful ageing (re)produces a profound ageism, as it springs from a "deep cultural discomfort with what could (or should?) be regarded as the normal human conditions of frailty, (inter)dependence, vulnerability and transience" (Lamb et al., 2017, p. 13, parentheses in original). Attempts at recasting old age in a more positive light instead replicate the norms and values of youth and, in doing so, deny old age its own unique meaning (Davis, 2020).

As a consequence of the reimagining of "younger old age," also known as the "third age;" "real old age" or the "fourth age" (Baltes & Smith, 2003; Laslett, 1989) has become further marginalised (Higgs & Gilleard, 2014; Minkler & Fadem, 2002; Van Dyk, 2016). This distinction is also sometimes drawn as "normal old age" and "real old age," where the former entails an acceptable slowing down of physical and cognitive capacities, but the latter marks a sharp decline that threatens

[1] Both pseudonyms.

[2] When referring to the fieldwork, we write in the first person singular to reflect the role of the researcher in the field, and the analytical processes that are already occurring in the field.

one's personhood (Degnen, 2018). The fourth age is, in other words, synonymous with failed ageing (Beard, Fetterman, Wu, & Bryant, 2009; Davis, 2020; Holstein & Minkler, 2003) and bears the brunt of ageism as younger and/or healthier persons seek to distance themselves from its fear-inducing prospective. In one study, Danish third-agers said that death would be preferable to the vulnerabilities of the fourth age (Grøn, 2016). While successful ageing liberates the third agers from the harmful stereotypes of old age, fourth agers remain "objects of care, often spoken and written about in post-human terms" (Van Dyk, 2016, p. 110). Higgs and Gilleard argue that the fourth age, and the idea of "going into care" act as a powerful social imaginary, redolent with the abjection with which we associate real old age; nursing homes are liminal zones where death pollutes life (Higgs & Gilleard, 2014).

With such strong associations to death, nursing homes are, perhaps unsurprisingly, not seen as an appealing option by the general population. In 2012, 1014 Danes were surveyed about their opinions on nursing homes; 0% responded that they would like to live in a nursing home if their current needs were unchanged, and only 6% wanted to live in a nursing home should their needs for care increase in the future (Barfoed, 2012). Fifty-three percent responded that they associate nursing homes with powerlessness. Nursing homes are potent symbols of all that we fear about old age in terms of loss of agency, independence and autonomy (Gilleard & Higgs, 2010). They represent a "fate worse than death" (Agich, 2003). For many, moving into a nursing home entails a "deeply feared moral transformation in social personhood" (Buch, 2015, p. 41). It is this collective fear of ageing and oldness that shows up in nursing home care in various ways.

One might assume that as spaces specifically designed to cater to older persons and their needs, nursing homes would intentionally counteract ageism. In some ways this is true, but despite efforts to the contrary, the othering of residents still happens. Levy has shown how implicit ageism can occur, even when we may be explicitly anti-ageist (Levy, 2001). A study conducted in Belgium revealed that healthcare staff working in the aged care sector were even more prone to ageism than the general population (Crutzen, Missotten, Adam, & Schroyen, 2022). In dementia care in the US, Doyle and Rubinstein found that processes of othering occur, indexed to the degree of a resident's impairment: the more impaired; the stronger the "us"/"them" divide (Doyle & Rubinstein, 2014). Similarly, anthropologist Cathrine Degnen has convincingly detailed how oldness is a relational concept, which is negotiated in social contexts, where signs of ageing – such as a decline in mental acuity or certain behaviours, for example, like Edith's transgression of normative social conduct – are interpreted by others as signals of waning personhood (Degnen, 2007). The use of "elder speak" in nursing homes is another mechanism through which residents are made other (Williams et al., 2017). The othering of oldest old persons has consequences for both personhood and social belonging.

As Corwin aptly points out: "care as it is instantiated through interaction can both perform and shape cultural and moral understandings of what it means to be a person in the world" (Corwin, 2020, p. 638). It is, therefore, worth attending to these interactions to understand the mutually constitutive relations between care, personhood, belonging and old age. In the following sections, we examine, through ethnographic examples, the paradoxes of personhood and social belonging in a care context that both supports and others its residents.

Method and context

This article is based on ethnographic fieldwork conducted for a research project on well-being in oldest old age (~85+ years). In 2021 Emma Jelstrup Balkin spent six months doing fieldwork in two Danish nursing homes, with a couple of follow-up visits in 2022. Both nursing homes are located in a larger Danish city and are publicly funded and run. Residents pay rent for their rooms and subscribe to a monthly meal service, but the care they receive is free of charge. The nursing homes are staffed by nurses' aides, who are largely female and of Danish ethnic origin, though there are a few males and increasingly the newer staff members are of other ethnicities. Like most of the western world, nursing aides are a low-paid profession attached to lower social status. As such, staff turnover is relatively high and chronic short-staffing is a problem.

The residents of both nursing homes were almost exclusively of Danish ethnic origin, and most had grown up in the rural areas of the region and migrated to the city for work in their late teens and twenties. All of my interlocutors had been married, and most had had children. They were all part of the generation that had grown out of farming/working class backgrounds and into the new urban middle class following the aftermath of World War II. As such, most had had relatively poor childhoods and relatively comfortable adult lives. Their ages ranged from 84 to 102.

The focus for the project was the experiences of oldest old residents, and for that purpose, I spent most of my time as a participant observer in their day-to-day lives, joining in mealtimes, singing sessions, chair gymnastics, movie afternoons, bingo, and the occasional excursion – usually a trip to the river or ocean. I helped out where I could, serving meals or assisting residents. I spent many hours drinking coffee with them, doing a jigsaw puzzle or walking up and down the halls together. I also spent a lot of time just being there, following the daily rhythms of "nothing much" happening, often just sitting in silence.

I conducted ten semi-structured interviews but soon learned that I had underestimated how challenging interviews would be. While they were interesting conversations, it was difficult to get my interlocutors to reflect on the things I wanted them to reflect on – such as their experiences of well-being in the care context. Instead, they often wanted to talk about their lives, their childhoods, the kinds of persons they had been – daughters, mothers, soccer players, mechanics, ceramicists, friends, farmers, motorcyclists – and I would let them because that was what was meaningful for them to share with me. This in itself became a source of knowledge for me as it revealed how important it was for them to represent as more than "just" a nursing home resident. This chimes with sociologist Renée Beard's findings that persons with Alzheimer's were forced to advocate for a preservation of self (Beard, 2004). The first time I met Ebba, a 95-year-old former farmer's wife (by her own description), she eyed me with suspicion. "You can't just learn about what makes a good life in a nursing home," she said sternly "because it depends on who you ask! We are all different!" While I felt a little chastised, I also recognised that Ebba was likely tired of being seen as a nursing home resident. To her, that was where she lived at this point in her life, not who she was.

The primary method for this study was, therefore, participant observation, including hundreds of informal conversations, all documented in extensive fieldnotes. These form the core of the data material, which was analysed through an anthropological approach, where the empirical material is put in a dialectic conversation with theory. While the interviews alone would not have provided enough data to draw many conclusions, when held together with the fieldnote material, the interview data did provide some important insights because they could be contextualised in the observations of everyday life in the nursing homes.

To ensure informed consent was possible, the participants included in this study did not have dementia diagnoses, though some did have other forms of cognitive impairment (see Balkin, Kollerup, Kymre, Martinsen, & Grønkjær, 2023). However, as a research demographic, this group sits firmly within what is considered the fourth age: old, frail, disabled and care-dependent. With the ideals of successful ageing no longer attainable, the project sought to understand whether possibilities for well-being still exist in this context, widely considered as a site of suffering and misery (Hazan, 2011; Higgs & Gilleard, 2014). Degnen poses that a threat to personhood is a significant aspect of the transition from the third age to the fourth age; "fall on one side of the imagined boundary of these subcategories [third and fourth age, *ed*] and personhood is intact; fall on the other and it can come under threat or be called

into question" (Degnen, 2018, p. 153).

Personhood

Personhood has been of interest to anthropologists since Marcel Mauss wrote his famous essay on the "person as a category of the human mind" in 1938, in which he distinguishes between selfhood as self-awareness - or our sense of identity - and personhood as something that is socially produced (Mauss, 1985 [1938]). Personhood and selfhood are thus not the same, analytically speaking. Personhood can be understood as the possession of those attributes that make a human being a person (Dewing, 2008). This is something that is socially constructed, yet decidedly tacit. Personhood is "rendered invisible by its very strength of presence" (Degnen, 2018, p. 151). But at the margins of existence, personhood has been, and continues to be, contentious as philosophers and ethicists wrangle over where to draw the line between those who are granted moral personhood and those who fall short (Kittay, 2005). What is required for personhood status also varies across cultures. In Western societies a person is usually an autonomous individual, existing independent of its social contexts, agentic and responsible for their own needs and wants (Lamb, 2014). While personhood largely remains stable over the life course, it may be called into question with the dependence and cognitive decline posed by old age (Degnen, 2018) or disability.

Anthropologist Sarah Lamb has shown us that there is much to gain both analytically and theoretically from questioning the taken-for-granted assumption of independence as inherently good or desirable (Lamb, 2014). By contrasting western notions of successful ageing with Indian understandings of decline and dependence as meaningful, Lamb demonstrates how independence is not inherently good, but is inextricable from a particular Western project of personhood. Independence is also somewhat of a fiction, for we are all always already interdependent (Malleson, 2018; Tronto, 1993).

In Denmark, the model for personhood hinges on two seemingly paradoxical concepts: autonomy and sociality. A person is expected to be highly independent, autonomous and self-sufficient, but is equally expected to commit to sociality or the *fællesskab*; a word which roughly translates to somewhere between togetherness and community. It is both a social entity and a sense of belonging to a group that cares about each other (Bruun, 2011). While Danish children are taught from a young age to be independent, they are also taught to orient themselves towards the fællesskab, which means letting the collective good take precedence over personal desires, though a fællesskab should also have room for all (Anderson, 2021; Gullestad, 1992). Belonging to a fællesskab is considered a necessity for one's development as a person, as well as one's sense of ontological security. It is both a social obligation to engage in the fællesskab, but also an important foundation for mattering. When you belong to a fællesskab, you matter to others. A person in Denmark should thus be both independent and committed to the various communities of belonging (family, school, sporting, local etc.). Anthropologist Sally Anderson calls this "the value of being social (*at være social*) while being oneself (*at være sig selv*)" (Anderson, 2021, p. 20). We will return to the meaning of social belonging for nursing home residents later, but first, we turn to the autonomous aspect of personhood.

Fraying personhood and the citizen as master of their own life

Margaret, a 96-year-old resident, and I were having coffee one morning in the common room. I explained my project, and thus my reason for being there, to her. "Well, we get treated ok, mostly" she said, quietly, but continued: "Sometimes we get knocked on the head" – a Danish expression for being put in your place. She asked me if I was going to visit all of the residents. I told her that first I would like to get to know them a little. She smiled, "Oh, it is lovely to get to know each other… without a medical instrument in hand." With this comment, Margaret hints at how personhood sometimes gives way to practical medical tasks. She felt that the care she received for her medical needs was good but that it sometimes eclipsed her as a person. As the only one from her family still alive, Margaret felt alone in the world and sometimes became overwhelmed with sadness: "But, there's no use in whining. I can't burden the staff with that, they don't want to listen to it. So, sometimes, I just go into my room and have a big old cry. And then, things are a little better after that." I asked Margaret if she has anyone to talk to. "Yes, I do. I have a lot of friends," she paused, then continued: "or, I *did*, they have all died now." Untethered from the people to whom she used to belong; Margaret's personhood was in peril. "But" Margaret said, repeating a phrase I had heard so often from my interlocutors, "it can't be any different," and with that signalled a quiet acceptance of her situation.

Only moments later, the medicalisation that Margaret had alluded to played out at the other end of the table. Bob was sitting there, very slowly eating his breakfast, as he did every morning. Bob had aphasia and paralysis on one side of his body. The doctor who was visiting that morning came over a little abruptly and said, "I need a blood test." Without further explanation and without talking to Bob, the doctor proceeded to take the blood sample from his arm, right there in the middle of his morning porridge. When she was done, Bob was unable to use his good arm. He looked down at his breakfast, seemingly still hungry. Taking in the scene, Berit, a staff member, said "Oh. Well, can you just use your other arm?" She seemed to remember then that he could not use his other arm. "Oh well, I'll just feed you then," she said with a little sigh.

My immediate reaction was – why did the doctor not ask him which arm he would prefer the way they always ask me? Because this morning Bob was not considered a person. He was a task to tick off the doctor's list. The doctor was not rude or abusive towards Bob, but as she pulled the blood from his arm, she did not stop to consider his preferences in this situation, and she barely acknowledged his presence as anything other than a body. Margaret's quiet grumble about medical objectification only moments before suddenly seemed prescient. Whether the doctor's dehumanisation of Bob resulted from his positionality as old or from his status as an institutionalised being is difficult to know. It was likely a confluence of Bob's oldness and decline and the institutional frames within which his life was beholden that created a particular situation in which the doctor could act without much regard for his personhood. What was really remarkable about how this event unfolded was that it was not remarkable at all – no one batted an eye. While the doctor had been courteous when dealing with the staff, her indifference to Bob seemed par for the course. While Bob could not tell me how he felt about it, the look on his face was telling. He had no control over this situation and had no other choice but to bear it. He cast his eyes down and let Berit feed him the rest of his breakfast.

But there are other times when personhood is gently supported or even forcefully insisted upon. The Danish aged care system is structured in a way that aims to support the maintenance of personhood. Residents rent their rooms on the same terms and conditions as any tenant under the law, and rooms are furnished with their personal belongings to ensure homeliness and to retain their sense of individuality. To a large extent, residents are free to do as they please in their rooms, including smoking and drinking. In this way, institutional practices aim to uphold the distinct individuality of residents and to ensure a sense of continuity of identity despite the great rupture that a move into a nursing home can represent.

As a Dane who had only recently returned to Denmark after many years abroad, I immediately noticed how staff referred to residents, not as residents or patients, but as citizens. "It is the citizen who decides," or "it depends on what the citizen wants," were some of the answers I got when I asked staff about resident well-being. To me, the use of this term felt formal, like it was attempting to manufacture a distance between the caregiver and the care receiver. But the idea behind it is to emancipate the person from the patient role to put them on an equal footing with the care provider (Mol, 2008). A citizen is someone with rights and

obligations and someone who is entrusted with the responsibility for their own actions. Thus, there is an intention to safeguard personhood embedded in the egalitarian language that is employed in the nursing home. It is a view of personhood as enshrined in law.

The ideal of the agentic citizen is put into practice through the maxim: "to be a master of one's own life." This is the central narrative around which care is organised and staff are trained to specifically uphold this wherever possible. In doing so, staff seek to involve residents as active partners in their own care. Being a master of one's own life means having the agency to make decisions for oneself. But in practice, it is also closely associated with the ability to do, and the two different ideals can sometimes come into conflict or be unwittingly interchanged. "We work rehabilitatively," was a sentence I often heard from staff. The purpose of the rehabilitative approach is to get residents to do as much for themselves as at all possible. In the rehabilitation paradigm, dependence is problematic and associated with a lack of motivation, whereby the rehabilitative approach is supposed to ignite the resident's inner motivation for doing, and thereby reduce dependence (Lassen & Jespersen, 2017).

Personhood in this paradigm is inseparable from the ability to do for oneself. Talking about Birthe, a resident who was paralysed after a series of strokes, one staff member said to me, "What is the purpose of her life like that? What good is she to her children, just lying there as a vegetable?" His intention, somehow, was empathy; he felt that the nursing home care praxis neglected to provide her days with any meaningful content. But his statement also reveals the deeply embedded cultural notions linking doing to being. To his mind, her existence was pitiful and her life meaningless. Lacking a framework to render her condition meaningful, Birthe herself felt hopeless and expressed to me a deep dissatisfaction with her life. In Gjødsbøl and Svendsen (2019) study of a Danish dementia unit, they found that relatives felt their loved one's personhood had altered drastically or disappeared altogether, not only as a result of their cognitive impairment but also due to the passivity and lack of meaning which characterised institutionalised life.

Anthropologist Bjarke Oxlund highlights how sometimes the rehabilitation doxa ends up taking precedence over autonomy (Oxlund, 2021). This resonates with my fieldwork experiences, where residents did not always want to do things for themselves. Instead, they exhibited a longing to be cared for, but that was often out of the question. "It is sometimes a problem when we have new staff from foreign backgrounds, because in their cultures they are used to doing everything for the elderly as a sign of respect. We have to teach them not to do that here," Jette, an experienced staff member, told me, referring to newly educated staff members who are increasingly of non-Danish ethnic origin. "We have to be careful, because sometimes they [the residents] think they've moved into a hotel and we're just going to do everything for them. And so, we have to retrain them a bit," another staff member told me. Ida, a 92-year-old resident gave me an insight into how that is perceived by some residents. When I asked her about her experience of living in a nursing home, her response was a little heart-breaking. She compared it to when her own grandmother was in a nursing home and said: "There's not as much love today." Ida's response highlights how the rehabilitation approach can sometimes get in the way of a resident feeling cared for. Below is an excerpt from an interview I conducted with Gerda, one of my key interlocutors.

E: Tell me about what it is like to be 88?

G: Well, I don't care so much about that. So long as you are well.

E: And are you well?

G: Well, no, not really. I think it could be better, being here [in nursing home]. But I guess it doesn't matter, it's probably just me who is a bit… [she trails off].

E: What would you like to be different?

G: They [staff] really like deciding over us, and I'm not good at coping with that…

E: What is it they like to decide?

G: That's not so easy to say… sometimes they are bossy, sometimes they are nicer. But I feel like it's all too rigid.

First, Gerda makes a statement that indexes a common refrain about (successful) ageing: age is no matter, so long as you feel good. But then she realises that she does not really feel good. On a separate occasion she told me that she feels like an old carcass. Gerda uses a wheelchair full-time, and she is not that interested in doing things for herself anymore. She is trying to make peace with the fact that her body will no longer do the things she used to enjoy – cycling, swimming, dancing – and experiences rehabilitation as a reminder of what she has lost rather than a means to retain what she still has left.

At the same time, the residents' doings are not always welcomed. One day at Garden View, I accompanied Mark on his rounds through the nursing home. When we reached the communal living room in Blue Wing, Rita, an older staff member I had not met before, was sitting on the couch, watching TV. It was mid-morning, and the nursing home was quiet. A few staff members were at their desks, completing paperwork. Out in the hall, within view of the living room, Margit was walking with her rollator. It required a lot of effort. Mark asked her cheerfully if she was out for a little walk. She did not appear to hear him, but Rita said sourly: "So long as she doesn't go walking off into other people's rooms." "No, no she won't," said Mark. "Oh, but she has before," said Rita dismissively, but did not make a move to do anything about it. Mark said "No, she won't. Because I'm going to be right here watching her." He switched then to a little stool on wheels so that he could have full view of Margit walking up the hallway. Rita stayed in her spot, still watching TV, while Margit slowly made her way up the long hallway. Eventually, she returned and went into her own room.

Mark's and Rita's responses to Margit, a quiet woman in her late 70s with cognitive and mobility issues, highlight starkly contrasting approaches to resident autonomy. Rita did not want Margit to be moving around because she might make a nuisance that Rita would then have to deal with. In contrast, Mark was unperturbed by Margit's desire to go for a wander. Instead, he scaffolded her independence by watching from afar, ready to help if needed. In doing so, Mark attuned to Margit's need for independence and made it possible by supporting her from a respectful distance. For Rita, rehabilitation should occur on her schedule and at her direction, not on the autonomous will of the resident. As Lassen and Jespersen have also pointed out, the goal for rehabilitation in Danish aged care is a particular kind of independence – an independence from care, not an independent approach to the process of rehabilitation (Lassen & Jespersen, 2017).

Being a master of one's own life, but not quite an adult

Betty, at 85, was my interlocutor who clung most tightly to successful ageing ideals. She told me more than once that "just because you move into a nursing home, it doesn't mean you have to say no to anything." One day, as I was sitting with a group of staff members for morning coffee break, Betty came out from her room. Always immaculately dressed and groomed, her handbag and jacket were perched on her rollator. She quietly signalled for Maria, a staff member, to come over. Maria and Betty chatted quietly across the other side of the room, their body language insinuating that they were making some kind of arrangement. As Betty headed to the front entrance, Maria came back to us, and I asked her if everything was ok. "Oh, yeah, Betty just asked if it would be ok if she went shopping in town for a few hours." "Oh," I said, a little surprised, "is that normal?" Maria smiled, "No, not really, but we sometimes let Betty do it. She takes a taxi, and we have her number, so if we haven't seen her in a few hours, we can call her. It is all part of our policy of letting the citizen be master of their own life," Maria explained. She continued, "We make an assessment of whether it is safe of course, and Betty is more able than most of our other residents." Another staff member, Louise, chimed in "Oh, and it must be so nice for her to feel like an adult again." And with that statement Louise drew a boundary around those who are still "real adults," belonging to the outside world, and those of the inside world, who are no longer real adults. They may

make occasional forays into the real world and, for a brief moment, feel like real adults again, but they will return to the inside world and the status of no longer adults. This reveals the inherent paradox here because while the system has policies in place to safeguard personhood, and staff work hard to implement these policies, there is also an underlying normative perception that residents are no longer really adults. While Betty still retains a rather high level of agency, independence and orientation towards the outside world, her status as a nursing home resident positions her in the not-quite-adult realm.

On a separate occasion, I had asked two staff members, one new and one much more experienced, if they had to make any adjustments in the way they talk, when speaking with residents. Rasmus, the new staffer went first. He told me that he finds it quite natural, "but sometimes, it's a bit like talking to children." He looked across at the more senior staffer, and quickly retracted, "well, I don't mean it like *that*, but…" Kasper jumped in and said that he thinks it depends more on their class background, "whether you are talking to an old dock worker or an upper-class lady". But the statement of "children" still hung in the air. It was clear that staff are trained to avoid making this comparison, but it was not the first, or last, time that I had come across it. Staff refer to themselves matter-of-factly as "the adults," referencing the way that Danes commonly speak of teachers and care staff in other familiar institutional environments, namely schools and childcare centres: "The adults." It is nearly always said with invisible air quotation marks as a way of hinting that these persons are the responsible and authoritative figures, who should be deferred to. Perhaps, it is the association of the institutional environment – state institutions are considered the backbone of the society – and a frame of reference with which all citizens are familiar. But beyond such a potential institutional link, run deeper assumptions around what an adult is and is not.

At Garden View, a staff member told me about an Easter decoration activity that was being planned, where residents could paint an egg and then hang it on a spring branch. He had explained to the other staff that when residents' relatives came to visit, they would then be able to take them for a little walk down to see the branch in the foyer and show them their egg. "Are we going to have a parents' meeting as well?" another staff member had said, clearly equating the situation to a kindergarten activity. "She [other staff member] just misspoke," he told me, "but it was just so sweet [that she likened the residents to children] ". While staff know they are not supposed to talk about residents as children, the tacit infantilisation of residents is considered sweet rather than problematic.

The push and pull of fællesskab

As noted above, personhood in Denmark is cast in the light of fællesskab, and the obligation to remain socially engaged continues into old age (Mikkelsen, 2016). A person who refuses to participate in the fællesskab is at risk of losing their personhood. For older persons who are ageing in place, the government tries to mitigate the risk of loneliness and exclusion with a variety of social initiatives (Mikkelsen, 2016). But in nursing homes, withdrawal is more widely accepted. A significant proportion of residents rarely leave their rooms, and most spend a large portion of their day alone in their rooms. But this does not necessarily mean that social belonging is no longer important to these residents. Here, we consider some of the ways in which residents move between isolation and sociality, thus weaving in and out of the fællesskab.

Anthropologist Tine Gammeltoft (2018) has argued for the use of social belonging as an anthropological analytic, through which we can understand the ways in which human beings attempt to belong to something larger than themselves. Though often ill-defined, much of the literature understands belonging as synonymous with identity (Antonsich, 2010), for example, a form of identification with "relational, material and cultural surroundings" (May & Muir, 2015, p. 1). Gammeltoft highlights that the endeavour to belong is not necessarily easy or enjoyable, but often fragile, uncertain and contingent. This is a concept of belonging as agentic, not a preordained social category, but rather as a relational process, a kind of striving in which we actively participate and which in turn produces particular subjectivities (Gammeltoft, 2018; Tsalapatanis, Bruce, Bissell, & Keane, 2019).

In her work on social belonging in Vietnam, Gammeltoft argues that in their attempts to navigate the existential challenges life inevitably throws up, her interlocutors posed themselves the question, "To whom do I belong?" In doing so, they orient themselves towards the collective in an attempt to find their place in life. Sociologist Julia Bennett, likewise, argues that belonging is a praxis – "a way of being and acting in the world" (Bennett, 2015, p. 956). But belonging also hinges on social acceptance, someone to belong to (Bennett, 2015; Hage, 2003). As such, it is also always attached to the possibility of not-belonging (May, 2016). For my oldest old interlocutors, their bonds of belonging – relational, material and cultural – are in various states of dissolution. While some still have strong connections to their family and friends to sustain them, many do not. Having endured the loss of their entire families, some of my interlocutors feel alone in the world. Others experience being marginalised in the families they do have. The cultural surroundings of the outside world are also in a state of flux. The nursing home then becomes the most obvious setting for establishing new ties of belonging, though, as we will show, this is often a fraught endeavour.

While the management at Garden View had hired an activity coordinator (though only on a temporary contract) because they felt that offering residents a choice of activities was key to a good life in a nursing home, many of the care staff were less supportive of these activities. At the start of my fieldwork, I got to know residents by helping the activity coordinator, Mark, setting up activities, run them and "drum up business" for the activities. The latter was the most challenging task. This entailed walking around to residents' rooms to inform them of the activities and inviting them to participate. While some of the staff members were supportive, others found the activities an imposition. It meant making sure that residents were up, dressed and fed before the 10.30 activity in the mornings. In the afternoons it meant that some of them might miss out on their afternoon rest. Mark expressed frustration that staff were not more willing to support his activities – "Should they just sit there and nod into their porridge all day?" was his exasperated refrain, conjuring an abject image of the debilitated older person, so bored and useless that they have been left to fall asleep in their easy-to-chew food.

This conflict traces the lines of a schism in nursing home care, along which opposing moral stances are brought to the fore. On the one hand, some staff felt that a life without activities – and the social engagement that entails – is not worth living. On the other, there was a tacit acceptance that the social obligation to engage no longer applies. The latter often prevailed, as activities were routinely cancelled because of external providers calling in sick, or the municipality pulled the funding for the gym program, or a variety of other reasons to which the staff tended to react with an "Oh well, that's just the way it is." Activities were thus considered "nice-to-have" but not particularly important.

Residents also had a complicated relationship with sociality, both desiring it and simultaneously finding it too exhausting or difficult. I came to think of sociality as having a push-pull effect in very old age, at times pulling residents into its warm embrace, other times repelling them with its taxing obligations. Talking with Agnes, a 96-year-old resident, highlighted this for me:

E: Do you do any activities together [with other residents]?

A: No, we don't. But we just had an eel fest [a traditional Danish festive meal, where eels are served] and that was so cosy. The tables were set with white tablecloths and roses. It was SO cosy.

E: So, it is nice when the staff organize get-togethers for the residents?

A: No, because I get so tired. Well, yes, it is actually nice, but I get so tired after being with so many people.

E: Would you rather not go?

A: No! That would not do. You must participate.

In this interview excerpt, Agnes illustrates the push-pull of sociality

and withdrawal. When she says "must," she is not referring to institutional policies, but rather that the obligation to be sociable still has a hold on her. In doing so, she is compelled to respond to the demands placed on her by others (Gammeltoft, 2018). The fællesskab is drawing her in, and in this sense, belonging is "an inclination toward others" (Diprose in Tsalapatanis et al., 2019, p. 4). The cosiness she describes is the main aim of Danish social occasions; it is both an adjective, a noun and a verb expressing a warm, convivial and relaxed atmosphere, but also something that one actively engages in. To say that something was cosy is high praise. But it also requires a deliberate effort; each person present is responsible for creating the cosy atmosphere, and if one does not attend with an appropriate attitude and behaviour, the cosiness is threatened.

Gerda, an 88-year-old resident, expressed a similar ambivalence towards the social when I went to collect her for the weekly music activity. She did not want to go today: "I can't be bothered," she lamented as she sat reading her newspaper. As I went to leave her room, she called out, "No, wait. Mark will be disappointed if I don't show up. It's no use me being a grump when he has gone and organized this for us." With that, Gerda signalled that she still upholds her end of the social contract by showing up and participating when she is invited.

Cumming and Henry (1961) proposed disengagement theory, in which they argued that all older people have a natural and innate inclination to withdraw from social obligations. The theory received much criticism for being too universal, too generalising and too stigmatising and has since fallen out of favour in gerontology (Atchley, 1989; Hochschild, 1975; Sneed & Whitbourne, 2005). In the decades that followed, the successful ageing paradigm emerged, the values of which are antithetical to disengagement theory. When I started my fieldwork, I thought of the withdrawal hypothesis as a discredited theory. But the field forced me to reconsider. What I saw in the nursing home was that residents did withdraw to their own spaces a lot. The nursing home itself is already a metaphorical and literal withdrawal from society, evidenced in part by the tendency to think of it as other to the so-called real world. But the withdrawal is not unequivocal. Several of my interlocutors expressed a deep loneliness and a need to have someone to share their fears and sorrows with. Jens, 84, for example, had a deep and anguished longing for social connection; but stayed in his room much of the time as his condition had worsened and he felt embarrassed by its symptoms. Conversely, Helen at 88, had made multiple attempts to make friends with other residents, but found it difficult to cope with their various states of decline.

Anthropologist Michael Jackson, drawing on Freud, posits that well-being is to be found in the oscillation between solitude and sociality; that although being with others will always be burdensome in various ways, we nonetheless keep being drawn back in (Jackson, 2012). Mealtimes were where I first started to notice the push-pull effect of sociality. While some residents took their meals in their rooms, most liked to come into the dining room and eat together. Commensality – sitting down and eating a meal together - is considered by social scientists as the foundation for sociality; it is the "very structure of social organization" (Fischler, 2011, p. 529). In this way, mealtimes were a cornerstone of the nursing home fællesskab.

Though many residents looked forward to mealtimes as the highlights of the day, they were often quiet, almost sombre events, where residents would only engage in minimal interaction with staff as they served the food, only to retreat as quickly as possible to their rooms afterwards. But on occasion, mealtimes were lively and joyous affairs, filled with chat and laughter. This mainly happened when staff were sitting down at the table as well, functioning as a scaffold to prop up the conversation when it slumped and helping to iron out misunderstandings – a not infrequent occurrence due to poor hearing. During these occasions, there was a visceral sense of residents being enlivened and it got me thinking about a Danish expression: to be surrounded by life (*at have liv omkring sig*). To be surrounded by life conveys a sense of vicariousness; that though you may be passive, there is a life-sustaining force in simply having other people's lives unfold around you. When staff actively created a warm and inclusive atmosphere, acknowledging their presence and inviting their perspectives, it supported residents' fragile and ambivalent attempts at social belonging, one which they could tap in and out of as their needs and abilities allowed. Sometimes withdrawal would happen in the form of a nap during an activity. Aksel, 84, was particularly fond of nodding off during music sessions, only to wake up and find comfort in still being surrounded by other people, Mark often welcoming him "back" to the fællesskab.

The atmosphere created by staff was not always warm and welcoming, however. At Oak Hill there was a particular tendency to draw a boundary between staff and residents in the common room. The staff had their table at which residents were not welcome, and the residents' table was only for residents; staff would serve residents there but not join them. One day, I was sitting at the resident table with a few residents as they ate their breakfast. One by one they returned to their rooms, but Margaret lingered as she often did, keen for conversation. Across the room, the staff were gathering for their morning break at the staff table. Today, someone had brought in cake to share with their colleagues. Connie called out to me across the room: "Wouldn't you rather come sit with us?" Her intention was to include me, but in doing so she also signalled that sitting with "the adults" was a superior option. On various occasions I joined staff at these break times. While we sat there, several residents milled about at the periphery, tentatively seeking attention and not getting it. Resentful that residents were interrupting break time or conversations on "work matters," staff would either subtly ignore, or reluctantly respond to residents. Other ethnographers have also found that when nursing home staff conceive of care as bounded "bed-and-body work" tasks (Gubrium, 1975, p. 123), they become blinded to the importance of the psycho-social aspects of care (Henderson, 1995). More recently, Balkin and colleagues found that staff often had a temporal orientation away from the nursing home, spending much time talking about their time off or away from the nursing home (Balkin, Martinsen, Kymre, Kollerup, & Grønkjær, 2023). Instead of creating a *fællesskab* that residents can tap in and out of, staff in this way created an impenetrable bubble, which rendered the residents invisible. In doing so, staff draw boundaries around who belongs in the adult circle and who does not, othering residents in the process. Much like Edith in the church service, these acts of exclusion picked at the seams of resident personhood.

Concluding remarks

Ageism can be subtle, insidious and slippery, and often evades direct inspection. In this article we have grappled with how tacit ageism manifests in nursing home care with real consequences for resident well-being. Ageism materialises despite the system's best intentions for creating a pleasant home for residents, indicating that ageist attitudes are so deeply culturally embedded that even those who work with older people every day are unaware of its eroding presence.

In examining the intersections of personhood, social belonging and ageism, we wanted to understand how these complex entanglements shape the well-being of oldest old residents. While the rehabilitative approach is specifically designed to foster well-being through increased independence, for the typically highly dependent oldest old residents, this care regime can come to feel alienating.

Personhood is socially sanctioned based on culturally embedded and implicit assumptions around what a person is and is not. In Denmark that person is simultaneously strongly independent and committed to active engagement – social belonging – in the fællesskab. However, in oldest old age, a shift occurs in which the fællesskab steps into the background. The independent, autonomous and highly individualised approach to personhood in old age reflects the values of successful ageing but fails to consider the older person as an always already interdependent being. Insisting on independent doing, while

simultaneously disqualifying the older person from the fællesskab thus creates an ambiguous and somewhat performative concept of personhood for oldest old, who are not able to live up to the ideals of independence placed upon them, and who would sometimes rather lean into the safety of reciprocal social belonging.

Belonging is not a given, but an achievement which requires work. But for the oldest old in nursing homes, the work of belonging can be too demanding and at the same time, the community to which they belong is gradually, but surely releasing them from their hold. What emerges is a socially produced ambiguity towards the oldest old person, in which their personhood status falters, oscillating between the ideal of the agentic citizen, and an object of care which can be readily ignored in social contexts.

To maintain the personhood of oldest old nursing home residents, a mere linguistic shift to a citizen label is inadequate if simultaneously attached with tacit infantilisation. So, too, is a rehabilitative methodology as a blanket approach if it does not chime with the residents' own ambitions. While retaining independence is not as such a negative goal, in and of itself it cannot sustain the oldest olds' well-being. Personhood is socially sanctioned, and as such can only exist in inter-personal relations. It is therefore necessary to continue to include oldest old in bonds of social belonging – the fællesskab – in whatever capacity they are able.

If we are to take seriously the well-being of oldest old nursing home residents, we must understand and challenge the myriad ways ageism permeates the nursing home, tacitly shaping care praxis. Care practices play a vital role in the possibilities for maintaining social personhood. In this article we have shown that even in spaces designed for the care of our oldest and frailest, pervasive anti-oldness seeps through to make the old person invisible, embarrassing, an imposition. When personhood comes under threat, so too does selfhood. Residents may start to question whether they really are just "an old carcass" or an object for the medical gaze. We contend that tacit ageist attitudes stand in the way of many good intentions for fostering genuine well-being for the oldest old nursing home residents, and these both reflect and reinforce much of what social gerontologists have critiqued about the "successful ageing" model.

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Emma Jelstrup Balkin: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Ingjerd Gåre Kymre:** Writing – review & editing, Supervision, Conceptualization. **Mette Geil Kollerup:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Bente Martinsen:** Writing – review & editing, Supervision, Methodology, Conceptualization. **Mette Grønkjær:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Conceptualization.

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