

Knitters in a Day Center: The Significance of Social Participation for People With Mild to Moderate Dementia

Qualitative Health Research
2017, Vol. 27(14) 2233–2243
© The Author(s) 2017
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1049732317723890
journals.sagepub.com/home/qhr



Trude Gjernes¹

Abstract

This article explores how people with dementia interact and solve problems while participating in social activities. The present article highlights social participation and interaction among elderly women with mild dementia who engaged in knitting as their main activity. The data were collected through participant observation at a day center in a Norwegian city, and the analysis revealed that the social activity of knitting facilitated conversations about different topics, required various forms of memory and problem solving, and involved different participant statuses. Being part of the knitting group appeared to help the participants maintain their skills and facilitated sociability.

Keywords

social participation; social interaction; collaboration; dementia; membership; knitting; material anchor; body technique; day center; ethnography; Norway

Elderly people with dementia who live at home are often lonely (Holmèn, Ericsson, & Winblad, 2000; Norwegian Ministry of Health and Care Services, 2014–2015), and research has indicated that they may have poor eating habits, nighttime sleep-related problems, and reduced quality of life (Femia, Zarit, Stephens, & Greene, 2007; Gillette-Guyonnet et al., 2000; Singh & Misra, 2009). It is well known that social life, sociability, and togetherness are vital for all human beings (Erickson, 2007), and a socially marginal or isolated life often leads to cognitive or physical deterioration and poor well-being in general. Sociability and communicative contact with others are therefore essential to the well-being and cognitive function of people with dementia (Dröes et al., 2006; Kitwood, 1997; Phinney, Chaudhury, & O’connor, 2007; Pöllänen & Hirsimäki, 2014). Engaging in communication and activities with others is important for our experience of being persons and selves because these activities lead to social involvement and social membership and provide opportunities to construct and maintain social identities. Organized activities involving talk and integration provide people with dementia an opportunity to acquire personhood and social identities.

In the present research, I examined the daily activities of elderly people with dementia in a day center in a Norwegian municipality. I also studied how elderly people with dementia engage in these activities, how they

interact, how they cope with and solve problems associated with the activities, and how social integration is achieved. In this article, my focus is on women with mild to moderate dementia who knit together as a group. I call these individuals “the knitters.” Knitting is the central activity of this group of women, and most of the social interaction and problem solving that occurs within the group is related to knitting. Knitting generates meaningful conversations among the members of the group and provides them with participation statuses (Goffman, 1974) and social identities.

The knitting activity and group were organized by staff members at the center, and the aim of the group was to involve these women in a shared activity and to help them create a social group. The knitters knitted elements that were processed into a complete knitted product by the staff and then sold. Most of group members knitted similar elements and participated in a common production project. Although they knitted, the women talked about knitting and various topics related to everyday life, and the topics of discussion were initiated by the knitters

¹Nord University, Bodø, Norway

Corresponding Author:

Trude Gjernes, Faculty of Social Sciences, Nord University, Universitetsaléen 11, Bodø 8026, Norway.
Email: Trude.k.Gjernes@nord.no

or by a staff member. In my exploration of the social interaction among the knitters, I examined how they interacted, how they coped with memory loss, and how they solved social problems. The aim was to gain knowledge about the construction and reconstruction of sociability among people with dementia involved in a care system, such as a day center.

I addressed these questions using primarily observational data, although I also held conversations with the observed day center users and the staff member who participated in the group. This approach followed Carmody, Traynor, and Marchetti (2015, p. 1015), who underlined the need for qualitative studies of dementia care and how integration is achieved among users.

Background

The number of people with dementia is increasing: Worldwide, the number of people currently diagnosed with dementia is estimated to be 46.8 million and is expected to reach more than 74 million by 2030 (Prince et al., 2015). In Norway, it is estimated that more than 71,000 people currently live with dementia and more than 40% of welfare service recipients have a form of dementia (Norwegian Ministry of Health and Care Services, 2015). The majority of these individuals are women (Kjelvik, 2017 p.7). Researchers within the neurosciences have developed new knowledge about the neurobiological conditions that cause dementia; however, thus far, this has not led to any progress in the treatment of such conditions (Rose & Rose, 2016). Thus, we must develop insights and knowledge regarding issues within the social and interpersonal fields that can be used to improve the care and services provided for this group.

Norway has a universal model for the care of older people. The public dementia care service is organized by the municipalities and consists of nursing homes, sheltered housing, home nursing, and day centers. We can expect day centers to play an increasingly significant role in dementia care as the Norwegian government strives to improve services and conditions for people with dementia. The government's aim is to make Norway a more dementia-friendly society (Norwegian et al., 2015), and one of the primary improvements is to ensure the availability of day activities for people with dementia who are living at home. This goal reflects the government's desire to enable people with dementia to live at home, and is related to the economy and the notion that people prefer to live in their own homes as long as possible. Better home services and the availability of day activities are expected to improve quality of life for people with dementia and to provide relief for relatives who often experience a heavy care burden. It has also been noted that day centers may contribute to achieving the aim

(Norwegian Ministry of Health and Care Services, 2014–2015) that “all years of life, including the last ones, should be meaningful” (p. 102).

Day centers offer suitable activities for people with mild to moderate forms of dementia living at home (Adam, Vanr de Linden, Juillelrat, & Salmon, 2000). Such facilities provide a place where people with dementia can participate in daily activities, which may contribute to reducing their feelings of loneliness (Adam et al., 2000; Rummelhoff, Nilsen, & Brynhildsen, 2012; Yin, Kyungmin, & Steven, 2015), a problem that is increasing among the elderly (Barstad, 2004; Otnes, 2011; Singh & Misra, 2009; Thorsen, 2005). Loss of memory and other cognitive and physical functions follow from dementia and can often lead to apathy and depression; however, these effects could be reduced (Adam et al., 2000) if people with dementia remain active.

Theoretical Framework—Dementia, Interaction, and Practice

Dementia is a degenerative disorder of the brain that affects an individual's cognition, memory, linguistic capacity, and emotions (Spiro, 2010). The decline that follows from the disease will gradually result in cognitive deficits and losses (Hydén, 2013; Spiro, 2010). For a long period of time, research was nearly exclusively focused on the impairments and losses that result from dementia (Davis, 2004; Herskovits, 1995). However, other researchers (Gjernes & Måseide, 2015; Hydén, 2011, 2013, 2014; Kitwood, 1997; Twigg, 2004) have argued for a perspective highlighting the resources that people with dementia may possess. This perspective focuses on how cognitive resources may be activated and improved through social interaction and participation in shared activities (Gjernes & Måseide, 2015).

Interactionist sociological theory informs our study methodologically and analytically, including the interactionist tradition focusing on the production of social order and social identities (P. Atkinson, 2015). Embodiment and distributed cognition are also essential analytical concepts and are discussed below. A central premise of interactionist sociology and studies of social order and identities is that an individual's self is connected to social settings, situations, activities, and other people and things (P. A. Atkinson & Houseley, 2003; Goffman, 1964; Moerman, 1987).

Material items may affect, improve, or regulate cognitive processes (Fauconnier & Turner, 2002), and when material items improve or regulate cognitive processes such as memory or problem solving, they are referred to as material anchors for cognition (Hutchins, 2005).

Successful cognitive processes are often made possible through the use of material anchors. To solve arithmetic problems or to improve our memory, we may need

material anchors such as a pen and paper, while a handbag (Buse & Twigg, 2014) or a musical instrument may function as material anchors that stabilize, support, or promote cognitive processes. Knitting may also function as a material anchor in relation to social interaction, participation in shared activities, social membership, and the constitution of identity. The copresence or sociability among a group of women who knit together is anchored in the practical and material activity of knitting.

Lack of memory creates problems, but an individual's memory may be activated by support from others. Help or support of this kind is called "scaffolding" in theories of learning and social cognition (Bruner, 1978; Vygotsky, 1978). Scaffolding refers to a version of externalized cognition, making learning or problem solving more effective by including other actors in the process and by distributing the processes of learning or problem solving among several actors. Support and help to accomplish various tasks may improve individuals' practical and cognitive abilities, which may in turn improve their ability to manage tasks and their capacity to solve problems.

Knitting requires more than abstract thinking, it requires practical skills and acquired body techniques (Mauss, 2006). Body techniques are practical and cultural skills that represent how we have learned to use our bodies, for instance, how to swim, how to eat and use eating utensils, and how to knit. The methods we use to cast on stitches, transfer stitches, and hold both the knitting needles and knitting in our hands while we transform yarn into a new product constitute body techniques. These body techniques are acquired through practical learning, and they represent both individual and superindividual forms of cultural competence. When these knitting techniques become embodied, they become "automatic" and require a limited degree of explicit cognition or consciousness. Bourdieu (1977) used the term "bodily hexis" when he referred to embodied skills, habits, or communicative expressions, while Merleau-Ponty (1962) used the term "bodily habitus" for similar practices. For the skilled knitter, knitting is embodied and represents a bodily habitus or bodily hexis. The body has acquired the knitting skill, and for the skilled knitter, knitting requires limited explicit cognitive or conscious attention.

Social situations or scenes and social interactions have the potential to provide participants with social identities and different participation statuses (Goffman, 1974, 1981). A participation status is connected to social encounters, social situations, or social activities, and a person may adopt or be ascribed participation statuses such as knitter, homemaker, or assistant. The participation statuses established for participants in social activities are important for their claims and attributions regarding valued social positions, such as being a person or a citizen. The social interaction between the partici-

pants in the knitting group I observed influenced the participation statuses the knitters adopted or were ascribed.

Method

This study of knitters at a day center is part of a larger project, "Collaboration systems in the protection of citizenship for persons with dementia." That project studies different forms of interaction and collaboration between people diagnosed with dementia and interaction and collaboration between people diagnosed with dementia and people without dementia. The data for this article were obtained by the author, who is a sociologist through fieldwork conducted in 2014 at a Norwegian municipal day center for people with dementia. The data consist mainly of extended field notes combining reflections on and reconstructions of observed events and activities, notes from the researcher's experiences while participating in various activities, and transcripts of conversations and memories of conversations with persons diagnosed with dementia and with members of the staff at the day center. On an average day, 20 users and three staff members were at the day center together. All the day center users lived at home.

The aim of the project was to study the social dimensions of dementia using an ethnographic approach. Ethnography requires participation (P. Atkinson, 2015; P. A. Atkinson & Houseley, 2003), and in our study, this involved fieldwork, participant observation, informal conversations, and qualitative interviews with members of the staff. To achieve the study aims, the researcher used what G. H. Mead described as the ability to assume the role of the other—who could be a staff member or a user—and endeavor, even imperfectly, to perceive the world from the perspectives of the others (P. Atkinson, 2015). To share the social world of users and staff members, the researcher systematically observed and engaged in various regular activities and situations, and described these activities and situations as precisely as possible in the field notes. The researcher's focus was on activities in which both users and staff members participated. The researcher had initially no preformulated research question in mind, except that she was interested in what kind of activities were arranged at the day center, how they were organized, and the social interaction among the participants during the activities.

Recently a distinction between focused and conventional ethnography has emerged (Knoblauch, 2005). Although conventional ethnography is characterized by long-term fieldworks during which research questions are developed, focused ethnography is oriented toward specific research questions, relatively short-time visits and intensive use of audiovisual technologies for data collection and analysis. The ethnographic study this

article is based on was not long-lasting, I still consider it as mainly conventional or traditional. No intensive use of audiovisual technology was used to intensify and speed up the data collection or analysis, and the research questions were developed during the fieldwork period.

The data collection period lasted 8 weeks, and the researcher spent between 4 and 6 hours of every day at the day center during this period. The researcher participated actively in organized activities such as meals, bingo, exercises, reading periods, knitting, and dancing. She helped clear the tables after meals, spent time with the users, read books with them, helped the users with crossword puzzles, played games, talked, or just sat among the users and observed. When the researcher first attended the day center, she had little knowledge about what kind of activities the users were offered, how it was organized, and to what extent the users enjoyed to participate. The focus of the study emerged inductively as the main activities and joint activities appeared. As the researcher got a grip of the organization of everyday life, some activities were singled out and focused on, and among these were the knitting group. To focus on this group was also suggested by the staff at the day center, as this was a group who worked together on a shared activity.

During the entire observation period, the researcher wrote frequent, regular, and systematic field notes. The researcher occasionally withdrew from ongoing activities to write notes about what she had observed or activities in which she had participated. In addition, to reduce the transformational problems associated with long-term memory in qualitative research (Cicourel, 1974), the researcher wrote field notes during or immediately after observed activities or episodes. Whenever possible, the researcher transcribed discussions and social intercourse directly, and as accurately and completely as possible.

The data materials were thematically analyzed. The researcher wrote analytical memos and looked for and coded the data material from the field notes, which lead to the emergence of certain themes from the coded data and relationships between those themes (Rapley, 2011). The focus of the analysis was social interaction and participation, problem solving and collaboration.

The Norwegian Protection Official for Research provided ethical approval for this study in 2013. Following official demands, informed consent was approved by the head of day centers in the municipality and the day center. A letter with information about the project was sent to the municipality and the day center. The employees and users were informed by representatives of the municipality, and the research project and the researcher's presence were approved. The users and staff were later informed again orally when the researcher attended the day center. This was done both on joint occasions and in smaller

groups with users present. The users and staff members accepted the presence and participation of the researcher, and they were informed about their right to withdraw from being observed. Some of the observed persons in the knitting group forgot easily the aim of the project from one day to another. They were reminded about it when this occurred and asked if they accepted it. They did. The day center was very important in their everyday life, and the impression of the researcher is that they also therefore wanted to contribute to research about it. The researcher signed the municipal's confidentiality agreement. The researcher overheard some sensitive information during the weeks of the fieldwork, but did not attend meeting where such information were shared among staff and such information was not relevant for this study. The name of the city, the day center, the names of the knitters, and descriptions of some personal characteristics are changed to secure complete anonymity of the persons involved in this study.

The Day Center

The day center I studied was part of the locally organized municipal and public welfare services in a midsize Norwegian town. The municipality has several day centers, some of which serve only people with dementia, whereas others serve a more heterogeneous group of users. At the day center analyzed in the current study, the group of users consisted of people with various types and degrees of dementia, elderly people with minor intellectual disabilities, elderly individuals with physical disabilities, and a few elderly people who simply were lonely. A majority of the users were women. The day center had a total of 20 available places and 40 users, and a maximum 20 users arrived at the center each day. The day center also had three staff members, one of whom was educated as an occupational therapist, while the others were former auxiliary nurses with extensive work experience in nursing homes and with caring. In the following, I refer to these individuals as staff members. Important elements of the staff members' job involved organizing collective activities, such as meals, exercises, wool felting, baking, and knitting, and initiating conversations, stitching together the products the users made, observing the users, maintaining contact with members of the users' family, and maintaining contact with the head of day center services in the municipality. The staff members did not perceive themselves as nurses; if a user exhibited problems requiring nursing skills, a nurse working in a nearby office for home care was summoned.

The day center is located on the first floor of a nursing home and consists of two activity rooms and a cafeteria where meals are served to the users. The activity rooms, "*Finstua*," called the parlor, and "*Arbeidssstua*" (the

workroom), were gendered by the users themselves: The parlor was dominated by women, and the workroom was used by men. However, two of the women preferred to sit primarily in the workroom to read newspapers and books. The knitters met in the parlor, and the women who participated in the knitting group were diagnosed with mild to moderate dementia and had problems primarily with their memory. All the knitters were widows and lived alone at home, and they expressed that their days at home were often long, lonely, and boring. Thus, these women were happy to come to the day center and meet other people.

Activities in the Parlor

The activities and the social togetherness at the center were very important to the women who knitted together in the parlor. At home, they were alone. Therefore, when the bus arrived in the morning, they looked forward to spending the day at the center, and they experienced this time as meaningful and valuable. Several of the knitters who did not have a place at the day center more than 2 or 3 days a week would gladly have accepted a full place. The activities at the day center structured the knitters' daily life and provided social contacts and social participation and required the knitters to collaborate to maintain their skills and identify solutions when their memories failed.

Breakfast was the first organized activity of the day and was followed by other activities, such as exercising, reading books, prayers, or bingo. Most of the knitters regularly participated in the exercise activity, as they considered it to be healthy and enjoyable. After eating breakfast and participating in an activity such as exercise, the knitters moved to their established places in the parlor.

Knitting and talking were the main activities observed in the parlor. Knitting is an old, artisan technique that has been mastered by members of both the poor and the middle classes. Poor women knitted because of necessity, whereas middle class women viewed it as recreation (The National Archives of Norway, 2015). Knitting has long been a central part of women's daily lives, as knitting took place in most homes, and girls and young women learned to knit at home and at school. The knitters in the parlor indicated that they had learned to knit from their mothers and at school as women were expected to master certain crafts to produce clothes and other necessary articles for family members and for the home. This was a common element of the family economy and defined the role of wife. Several of the knitters stated that even though knitting was work and a duty, it also represented recreation and offered them an opportunity for creativity. Two of the knitters, however, expressed that knitting had been a tedious duty as a wife, and they had only knitted as

much as was strictly necessary. These different experiences and conceptions of knitting were expressed during conversations between the knitters and affected their participant statuses.

There are two tables in the day center parlor, and the knitters used the table that was located farthest from the door. Other users who spent time in this room sat at the other table. Occasionally, no one used the table near the door, and even when women used it, they did not represent a stable group. The room also contained a bookcase and a bureau, and each knitter had her own basket with her piece of knitting in the bookcase.

The knitters represented a social group or network. Some of the knitters knew each other because they had lived in the same neighborhoods; however, most of group members did not know each other. The knitters constituted a relatively stable group, and although the number of participants varied slightly from day to day, it ranged between six and nine women. Some of the knitters attended the day center 5 days a week, whereas others came only 2 or 3 days a week.

The knitters were individually as similar or dissimilar as the individual members of other social groups. Some were extraverted and talkative, whereas others were quieter and more withdrawn. A particularly close friendship had developed between two of the knitters, who sat together during meals, while they knitted and when participating in other activities.

Social Interaction and Participation

The interaction between the knitters in the parlor was influenced by their core activity of knitting. However, their discussions and communication were also affected by other everyday life issues; therefore, the knitting activity in the parlor activated various participation statuses for the knitters and staff members. As I demonstrate below, the knitters and the member of the staff engaged in social participation, provided support, and solved problems in the parlor, often through distributed efforts.

Social Communication, Participation, and Scaffolding

Sitting together while knitting generated other activities such as talk and conversation. The topics of conversations were partially determined by the knitters and partially by the staff member who sat with them. A comment from a participant who had read the daily newspaper or a weekly might initiate a conversation about fashions, events involving the royal family, local road construction, or the weather forecast. Conversations about events of the day led to associations with past events and earlier manners or fashions. The knitters talked about their memories

of the Second World War, the time after the war, the growth of affluence, and the development of rural areas into urban spaces. They also talked about their marriages, their family lives, and what they had used to do together. Some of the knitters talked about their experiences singing in a choir, and others talked about dancing and their work lives. In her study of identity management among elderly people in nursing homes, Bjelland (2014) demonstrated that the past represents a broad spectrum of events from which common denominators can be derived. The knitters used such events to create and maintain social participation, social identities, and sociability. In this way, they activated aspects of their roles as women, locals, and workers. One day they talked about childbirth and told each other how many children they had, whether the births were difficult or routine, and how they made clothes for their children by knitting and sewing. Ingrid said, "I have two children. I couldn't have another because of my health. It was sad."

Diseases and aging were also common topics debated in the parlor. One of the women told the others about her husband who had been diagnosed with dementia and eventually did not recognize her. "It was terrible, thinking about all the years we were married. It is a terrible disease," she said. Some of the day center users had considerable cognitive deficiencies, and they occasionally came into the parlor during their walks. Their arrival called forth memories about a husband's history of illness or the knitters' experiences as spouses or family members of people with dementia, and it was during such a conversation that the above statement was articulated. The knitters never spoke about themselves as having dementia, even though they explicitly admitted that their memories had deteriorated considerably and that they therefore needed help to accomplish many daily activities.

Conversations about disease, work life, or other topics typically ended after some time, and periods of silence might follow if the staff member did not suggest another topic. The staff member initiated discussions and served as the engine that made the network social. On International Women's Day, the knitters were asked if they celebrated Women's Day. They did not, but the question led to a long conversation about how the role of women had changed since the knitters were young. Laura said,

Think about it, we always had to make clothes for the children on our own. Sew and knit every garment. These days, they buy everything in the shops . . . Oh yes, that is right, the washing machine . . . what a blessing . . .

The staff member attempted to include everyone in the exchange by addressing individuals directly if they were not participating. Even though these conversations

brought up memories about social and cultural events, they also reminded the knitters about their weakened memories. It was not uncommon for a person to begin to tell a story and be unable to remember how the story progressed.

Marie: I remember Hans, our neighbour, he was a very good singer, he sang in our choir, he . . . hm . . . hmmm . . .

Liv: Did he dance? I love to dance.

Marie: Yes, hmmm . . . but he was a very good singer, the best male voice in our choir.

In such cases, support was provided by another participant mentioning a key word or asking a question that helped the storyteller continue. It also helped that the staff member had considerable knowledge about each user's history and could therefore collaborate during the storytelling. Typically, the staff member involved every person by approaching the knitters as follows: "Liv, you like to dance. Did you and your husband use to attend a dance club?" Liv: "No, we did not. We attended dances that were arranged on Saturdays at our local community hall." Such scaffolding and distributed cognition helped and improved the storyteller's ability to complete a story and be a storyteller. The cognitive capacity of the storyteller was upgraded through collaboration with others. This phenomenon could also be described using a term coined by Gubrium and Holstein (1995), "biographical work." That is, to "story the self in ways that give meaning to our past, present, and future, to produce a coherent identity" (Rodríguez, 2013, p. 1216). Hydén (2011, 2013) had demonstrated how spouses, one of whom suffers from dementia and poor memory, collaborate to ensure the person with dementia is able to complete the telling of a story. The spouse without dementia acts as a scaffolder who helps the other to participate meaningfully in the storytelling. I observed something similar in our data. The knitters received support to remember and participate in telling their own stories; thus, the collaboration among the knitters and with the staff member enabled the knitters to be competent participants in storytelling as a social activity. Hydén (2011) described such scaffolding as a positive, collective, and collaborative resource. Following Rodríguez (2013), who argued that "narrative is central to the construction of community," I argue that collaborative storytelling strengthened the community among the knitters (p. 1224).

There are also risks associated with communication. The dialogue in the parlor occasionally stopped when someone said something that offended the others, and occasionally the staff member stopped conversations because she feared that the topic would remind one of the participants of a past accident or traumatic experience or lead to unpleasant

situations. An example was when Eva suddenly said that she had been Mary's husband's girlfriend before Mary and her husband were married (Mary was sitting in the chair next to Eva). None of the knitters commented on Eva's statement, and the staff member changed the topic. In such situations, the staff member assumed the role of social or interactional regulator of the group. She prevented certain discussions or repaired the results of such discussions so that every participant could experience her group membership as meaningful and positive.

Most of the knitters were satisfied with their knitting work, but two of them took breaks and went to the workroom. In the workroom, these two knitters participated in conversations, asked the staff to put on music, and asked men who liked to dance to dance with them. One of these women commented on her unstable participation in knitting as follows:

I was actually never any good at knitting; I didn't like it very much. I'm not as good at it as those (she pointed to the others around the table) and she (the staff member) always unravels much of what I have knitted . . . (laughs).

Table 1. Transcript.

Utterance	Interpretation
A: How many stitches should I cast on? I do not quite remember. Do you remember how many casts we should have? No, now I have to count anew. Was it 20 stitches we should have?	A attempts to obtain help with her memory from the others. The relevant memory is distributed, or supposedly distributed, between several participants. The participants knit the same pattern; therefore, several may remember relevant information.
B: No, I do not remember quite, maybe . . .	B cannot help.
A: (to C) Do you know?	As the memory is distributed, several participants may be asked to help. The more participants there are, the better the chance that someone will remember.
C: Well, it depends on what you are knitting. What was it that it should become?	C asks a factual question to obtain more relevant information.
A: No what was it? I do not quite remember. Maybe a hen? No, was it it . . .	A does not remember. She speculates, but she is uncertain.
C: Yes, then you should have as many as I have. I will count mine. Yes, it is 20 stitches that you should have.	C-A-C: These statements represent negotiations about what A is knitting. Only when that is clarified is it possible for C to provide an answer, because C is knitting what A believes she is knitting. A 's uncertainty is apparent here and appears to be accepted.
D: 20 stitches, I have more (she counts). There are 40.	Here, new information is provided: The right number may be 40 stitches. If so, A is knitting something different from the item that C is knitting.
C: Then, it is to be something else . . . Maybe a big hen like the one sitting there (points to a small table in a corner).	These are debates and are partially related to number of stitches and partially related to what A is knitting. The practical issue is unclear for A and the other knitters.

The conversation in table 1 refers to two central issues. The first involves solving a problem experienced by one of the knitters, who was not able to solve it alone because she has a memory problem. The knitters turned to each other and negotiated to find a solution to her problem. This indicated that the relevant memory was distributed

Hence, not all the knitters were equally interested in knitting, and the two participants who took breaks were not "real" knitters. They wanted to participate in and be members of various and different social associations, which distinguished them from the other knitters. At the same time, they wanted to be part of a social group constituted by talk, and for them it was specifically the discussions that made their membership in this social assembly possible.

Collaborative Problem Solving

The collaboration among the knitters and between the knitters and the staff member made various forms of practical problem solving possible. Below, I demonstrate how two different problems were solved collaboratively. One problem was practical and related to knitting, and a transcript of the sequence of this problem and an interpretation of it is presented in Table 1. The other problem was social and related to the inclusion of a person who was a stranger to the group.

within the group and not restricted to a single participant. In this case, collaborative activity produced memory. The knitters were able to help each other remember and solve the problem through talk.

The knitting performed by the knitters required several types of memory. Knitting as an embodied body

technique or bodily habitus was one type of memory. The stitches were moved from one knitting needle with the other, the thread was moved through and a new stitch was made. The knitting process was habitualized; the competence was in the knitters' fingers as a natural bodily order. Such body techniques are relatively automated and require little explicit thought or reflection. The knitters could therefore talk to each other about issues other than knitting while they knitted. All the knitters possessed this type of embodied skill and memory.

The knitters knew that they were producing something, but they were occasionally uncertain about the final product. Clarifying this required another type of memory, which involved conscious thinking and reflection. One of the knitters (A) did not remember what she was knitting, but she needed to know to successfully complete her task. She asked the others for help, and they collaboratively attempted to determine what she was knitting. The knitters nearly achieved clarity, but they were still uncertain whether they were correct when their discussion ended. The staff member, who often sat together with the knitters, could have stepped in to help, but she refrained from doing so when the women were, in her opinion, able to solve the problem themselves. "We are supposed to help them, but with our hands in our lap," said one of the staff members, reinforcing that support should be cautiously provided. She also said that "to help those who were able to help themselves might take remaining skills away from them" and that staff members should certainly not do that. The staff member, however, was both a potential helper and a member of the social network within which memory was distributed. She could provide knowledge and skills when needed or she could assist the knitters in their problem-solving efforts.

The knitters did not make a complete product; they always knitted parts of something else. The staff member functioned as a central or superior processor who monitored the knitting process and ensured that the knitters produced the parts necessary to complete the final product. It was important that the knitters did good work. As one of the knitters mentioned above, work that was not skillfully produced was unraveled. Thus, the staff member served as a controller of the core activity of the group. The final products made by the knitters were eventually offered for sale, and family members, employees at the day center, visitors, or the users themselves could buy the products.

Other types of problems were also observed, and one of these concerned the integration of new members. Solving this problem also required collaboration. One of the knitters had recently immigrated to Europe. She was an elderly woman, and I call her Anna in this article. Anna had problems with her legs, and the staffs were uncertain whether she had any type of cognitive deficit.

She also had limited Norwegian language competence. She knew a few Norwegian words, but she primarily communicated via mimicry and gestures. Anna crocheted small red hearts, which were often put together by the staff member into small tablecloths or pillowcases. She typically sat near a knitter I call Kristine.

Anna was physically part of the network, but she did not participate in conversations or the telling of stories—which were the activities that made the network a social scene—with the members who had participation statuses and social identities. In one situation, Kristine leaned over to Anna, looked at her crochet work, turned to the others and said, "Look how nicely she crochets, it is very pretty. Just imagine that she can see so well that she can crochet like that." Kristine smiled at Anna, nodded encouragingly, and stroked carefully over the crochet heart while she talked about Anna's crocheting to the others. Addressing the others, Kristine continued, "Maybe she will put these (hearts) together into a tablecloth." Anna smiled and lifted the crocheting up to show it to the others. Some of the women leaned forward and looked appreciatively at Anna's craft, smiled at her and said, "Yes, it is very nice work." Kristine remarked, "She does not speak Norwegian, I wonder if she understands what we are saying." She smiled at Anna, perhaps to look for a confirmation that she understood what she said, Anna nodded, and smiled back and said, "Yes yes" ("ja ja" in Norwegian). This indicated a certain understanding of Norwegian language, an act important for group membership, while she displayed her work again.

Anna sat together with the knitters, but language problems made her incapable of participating verbally in conversations. Because of that and because she was a stranger, she was different from the others and not easily included in the group. When one of the knitters turned to Anna to communicate with her, she made Anna visible as a group member who could become part of the network. She praised Anna's craft and her good vision, which made her able to crochet and create attractive products with designs using a thin crochet hook and thin thread. The knitting needles and the yarn used by the others were more robust, and the products they knitted were simpler to produce. Anna gained collective attention and was ascribed participation status as a member of the group, and as a person who was particularly skilled in her craft. The latter status was highly valued in the group, in which skills and accuracy in knitting, crocheting, and other craftwork were important. As the knitters could not communicate verbally with Anna, they primarily used gestures and nonverbal communication with her, while they communicated verbally with the remainder of the group to generate a shared opinion about her position. Anna was a stranger and different from the others, but in this situation, one of the knitters took the initiative to

strengthen her group membership and participation status.

Conclusion

People are living increasingly longer lives, and the incidence and prevalence of dementia rises with an aging population. Dementia is considered a public health problem (Norwegian Ministry of Health and Care Services, 2014–2015), and there are currently no effective medical treatments for the various forms of the disease. Good dementia care is the only measure available to care for people diagnosed with dementia and their next of kin. The day center and the parlor analyzed in the present study are part of the municipality's dementia care system, with their social and material frames and prerequisites for activity and participation.

The knitting performed in the parlor required different types of memory; it stimulated communication and generated social participation and social identities while it constituted and maintained social order. Knitting was an activity in itself, and it simultaneously created conditions and opportunities for other activities that generated sociability, such as conversations or discussions about knitting or other common phenomena. As most of the knitters were involved in these activities, they could participate both in knitting and social intercourse in the parlor. The social participation and collaboration during problem solving among the knitters and between the knitters and the staff member supported the cognitive capacities of the knitters, and reduced the social and practical consequences of individual cognitive limitations. Consequently, the knitters' cognitive capacity emerged through practice, as did their ability to accomplish practical and theoretical tasks.

Knitting functioned as a material anchor for a collective activity: It generated a concrete and material activity that supported and stabilized social and cognitive processes. The knitting and the yarn were important tools and objects in the social network. They generated activities, made participation statuses possible, and led to membership in a social community. The knitting and the yarn activated embodied memory, self-identities, and distributed cognition. They also activated self-identities and participation statuses, such as a skillful knitter, a knitter who is not very skilled but still participates, and a knitter who prefers dancing to knitting. The knitting and the yarn activated embodied memory in the form of body techniques, and they activated distributed cognition when an individual's memory failed. Failing memory weakens a person's ability to solve problems independently. However, through talk and collaboration, it is possible for people with failing memory or other cognitive deficiencies to identify solutions and manage and maintain a participation status as a competent participant and knitter.

The users and the staff member in the parlor adopted and were ascribed different participation statuses through the activities in which they engaged in the parlor. The knitters were not only users, they also assumed and were ascribed statuses as knitters, producers, conversationalists, housewives, locals, problem solvers, and storytellers. They participated in a form of material production, which is traditional and meaningful, and by collaborating about memory and problem solving, they displayed social identities and helped each other maintain competence. Thus, the knitters became a resource for each other. The staff member's participation statuses or roles as initiator, supervisor, mender, processor, and helper were also essential for the activity and the social interplay within the group.

The activity in the parlor also enabled the maintenance of gender identities. Knitting was primarily associated with a woman's role, and because knitting is a habitualized activity, the knitters could discuss other topics that had been central in their lives without disrupting their knitting. According to Green (2010), women's talk or women talking to each other leads women, independent of age, into contact with each other, and the topics of their conversations offer them an opportunity to construct and maintain their traditional gender identity. This type of talk may also be exclusive. For example, the men who visited the parlor rarely remained for long; they were interested in other activities and preferred to talk about their lives and roles as males.

The significance of activity, collaboration, and social togetherness is essential for the maintenance of people's body and social functions, including the knitters observed in this research. In addition, the knitters enjoyed themselves and looked forward to coming to the day center, meeting friends, and having a structured, daily routine. Thus, participating in day center activities and the knitting promoted well-being, and also meaning during the fourth age.

Implications

Organized and regular activities are important for people diagnosed with mild to moderate dementia. Such activities are essential for their physical, mental, and social well-being by engaging them in shared concrete and practical activities as members of an activity group. An activity group requires a certain, but unspecified, number of participants, and the members of a group may be diagnosed with different levels of dementia. A qualified staff member should also be a member of an activity group. Such a group might represent a system of socially distributed cognition and competence, a system that enables the participants to manage tasks and problems, and manage and maintain their skills. In addition, an activity group

serves as a social setting; thus, participation renders group members part of a social community and provides them with social identities that are unrelated to their dementia.

Acknowledgments

I am grateful to the municipality, users, and staff at the day center who made this research possible, the anonymous reviewers for useful comments, and Professor Per Måseide for reading and commenting on drafts of this article.

Declaration of Conflicting Interests

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

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

References

- Adam, S., Vanr de Linden, M., Juillelrat, A.-C., & Salmon, E. (2000). The cognitive management of daily life activities in patients with mild to moderate Alzheimer's disease in a day care centre: A case report. *Neuropsychological Rehabilitation, 10*, 485–509. doi:10.1080/09602010050143568
- Atkinson, P. (2015). *For ethnography*. London: Sage.
- Atkinson, P. A., & Houseley, W. (2003). *Interactionism*. London: Sage.
- Barstad, A. (2004). Few isolated, but many troubled by loneliness [Få isolerte, men mange plaget av ensomhet]. *Samfunnsspeilet, 5*, 19–26. Retrieved from <http://www.ssb.no/sosiale-forhold-og-kriminalitet/artikler-og-publikasjoner/faa-isolerte-men-mange-er-plaget-av-ensomhet>
- Bjelland, A. K. (2014). Past and collectivity. Identity management among elderly living in residence for elderly [Fortid Og Fellesskap. Identitetshåndtering Blandt Eldre I Aldersboliger]. *Norsk Antropologisk Tidsskrift, 25*, 81–93. Retrieved from https://www.idunn.no/file/pdf/66705461/fortid_og_fellesskap_-_identitetshaandtering_blant_eldre_
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, UK: Cambridge University Press.
- Bruner, J. S. (1978). The role of dialogue in language acquisition. In A. Sinclair, R. J. Jarvella, & W. J. W. Levelt (Eds.), *The child's concept of language* (pp. 241–256). New York: Springer-Verlag.
- Buse, C., & Twigg, J. (2014). Women with dementia and their handbags: Negotiating identity, privacy and “home” through material culture. *Journal of Aging Studies, 30*, 14–22. doi:10.1016/j.jaging.2014.03.002
- Carmody, J., Traynor, V., & Marchetti, E. (2015). Barriers to qualitative dementia research: The elephant in the room. *Qualitative Health Research, 25*, 1013–1019. doi:10.1177/1049732314554099
- Cicourel, A. V. (1974). Interviewing and memory. In C. Cherry (Ed.), *Pragmatic aspects of human communications* (pp. 51–82). Dordrecht, The Netherlands: Riedel.
- Davis, D. H. J. (2004). Dementia: Sociological and philosophical constructions. *Social Science & Medicine, 58*, 369–378. doi:10.1016/S0277-9536(03)00202-8
- Dröes, R.-M., Boelens-Van Der Knoop, E. C. C., Bos, J., Meihuizen, L., Ettema, T. P., Gerritsen, D. L., . . . SchöLzel-Dorenbos, C. J. M. (2006). Quality of life in dementia in perspective. An explorative study of variations in opinions among people with dementia and their professional caregivers, and in literature. *Dementia, 5*, 533–558. doi:10.1177/1471301206069929
- Erickson, F. (2007). *Talk and social theory*. Cambridge, UK: Polity Press.
- Fauconnier, G., & Turner, M. (2002). *The way we think*. New York: Basic Books.
- Femia, E. E., Zarit, S. H., Stephens, M. A. P., & Greene, R. (2007). Impact of adult day services on behavioral and psychological symptoms of dementia. *The Gerontologist, 47*, 775–788. doi:10.1093/geront/47.6.775
- Gillette-Guyonnet, S., Nourhashémi, F., Andrieu, S., de Glisezinski, I., Ousset, P. J., Rivière, D., . . . Vellas, B. (2000). Weight loss in Alzheimer disease. *American Journal of Clinical Nutrition, 71*, 637S–642S. Retrieved from <http://ajcn.nutrition.org/content/71/2/637s.long>
- Gjernes, T., & Måseide, P. (2015). Dementia, distributed interactional competence and social membership. *Journal of Aging Studies, 35*, 104–110. doi:10.1016/j.jaging.2015.08.002
- Goffman, E. (1964). The neglected situation. *American Anthropologist, 66*, 133–136. doi:10.1525/aa.1964.66.suppl_3.02a00090
- Goffman, E. (1974). *Frame analysis*. Harmondsworth, UK: Penguin.
- Goffman, E. (1981). *Forms of talk*. Philadelphia: University of Pennsylvania Press.
- Green, E. (2010). “Women friendship”: An analysis of women's leisure as a site of identity construction, empowerment and resistance. *Leisure Studies, 17*, 171–185. doi:10.1080/026143698375114
- Gubrium, J. F., & Holstein, J. A. (1995). Life course malleability: Biographical work and deprivatization. *Sociological Inquiry, 65*, 223–207. doi:10.1111/j.1475-682X.1995.tb00413.x
- Herskovits, E. (1995). Struggling over subjectivity: Debates about the “self” and Alzheimer's disease. *Medical Anthropology Quarterly, 9*, 146–164. doi:10.1525/maq.1995.9.2.02a00030
- Holmèn, K., Ericsson, K., & Winblad, B. (2000). Social and emotional loneliness among non-demented and demented elderly people. *Archives of Gerontology and Geriatrics, 31*, 177–192. doi:10.1016/S0167-4943(00)00070-4
- Hutchins, E. (2005). Material anchors for conceptual blends. *Journal of Pragmatics, 37*, 1555–1577. doi:10.1016/j.pragma.2004.06.008
- Hydén, L. C. (2011). Narrative collaboration and scaffolding in dementia. *Journal of Aging Studies, 25*, 339–347. doi:10.1016/j.jaging.2011.04.002

- Hydén, L. C. (2013). Storytelling in dementia: Embodiment as a resource. *Dementia, 12*, 359–367. doi:10.1177/1471301213476290.
- Hydén, L. C. (2014). Cutting Brussels sprouts: Collaboration involving persons with dementia. *Journal of Aging Studies, 29*, 115–123. doi:10.1016/j.jaging.2014.02.004
- Kitwood, T. (1997). *Dementia reconsidered: The person comes first*. Buckingham, UK: Open.
- Kjelvik, J. (2017). Diagnostics: Dementia. Report IS 0600. [Diagnostikk for kommunale helse-og omsorgstjenester. Tema: Demens. Helsedirektoratet. Rapport IS 0600]. Retrieved from <https://helsedirektoratet.no/Lists/Publikasjoner/Attachments/1284/Diagnosestatistikk%20for%20kommunale%20helse-%20og%20omsorgstjenester%20IS-0600.pdf>
- Knoblauch, H. (2005). Focused ethnography. *Forum: Qualitative Social Research, 6*(3), 1–10. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/20>
- Mauss, M. (2006). *Techniques, Technology and Civilisation*. Herndon: Berghahn Books, Incorporated.
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. London: Routledge.
- Moerman, M. (1987). *Talking culture*. Philadelphia: University of Pennsylvania Press.
- The National Archives of Norway. (2015). Retrieved from <http://www.hioa.no/Om-HiOA/Senter-for-velferds-og-arbeidslivsforskning/SIFO/Aktuelle-saker-SIFO/I-en-sofa-paa-arkivet-To-rette-og-en-vrang>
- Norwegian Ministry of Health and Care Services. (2014–2015). Meld.St.19- *Public Health Report – Managing and opportunities [Folkehelsemeldingen – mestring og muligheter]*. Retrieved from <https://www.regjeringen.no/no/dokumenter/meld.-st.-19-2014-2015/id2402807/>
- Norwegian Ministry of Health and Care Services. (2015). *Dementia Plan 2020. A more dementia friendly community [Demensplan 2020. Et Mer Demensvennlig Samfunn.]*. Retrieved from https://www.regjeringen.no/contentassets/3bbec72c19a04af88fa78ffb02a203da/demensplan_2020.pdf
- Phinney, A., Chaudhury, H., & O’connor, D. L. (2007). Doing as much as I can do: The meaning of activity for people with dementia. *Aging & Mental Health, 11*, 384–393. doi:10.1080/13607860601086470
- Pöllänen, S. H., & Hirsimäki, R. M. (2014). Crafts as memory triggers in reminiscence: A case study of older women with dementia. *Occupational Therapy in Health Care, 28*, 410–430. doi:10.3109/07380577.2014.941052
- Prince, M., Wilmo, A., Guerchet, M., Ali, G.-C., Wu, Y.-T., Prina, M., & Alzheimer’s Disease International. (2015). *World Alzheimer report 2015. The global impact of dementia: An analysis of prevalence, incidence, cost and trends*. London: Alzheimer’s Disease International.
- Rapley, T. (2011). Some pragmatics of qualitative data analysis. In D. Silverman (Ed.), *Qualitative research* (pp. 273–290). London: Sage.
- Rodriguez, J. (2013). Narrating dementia: Self and community in an online forum. *Qualitative Health Research, 23*, 1215–1227. doi:10.1177/1049732313501725
- Rose, H., & Rose, S. (2016). *Can neuroscience change our minds?* Cambridge, UK: Polity Press.
- Rummelhoff, G., Nilsen, S. R., & Brynhildsen, S. (2012). Day centers provide improved quality of life [Dagscenter gir økt livskvalitet.]. *Sykepleien, 14*, 60–63. doi:10.4220/sykepleiens.2012.0152
- Singh, A., & Misra, N. (2009). Loneliness, depression and sociability in old age. *Industrial Psychiatry Journal, 18*, 51–55. doi:10.4103/0972-6748.57861
- Spiro, N. (2010). Music and dementia: Observing effects and searching for underlying theories. *Aging & Mental Health, 14*, 891–899. doi:10.1080/13607863.2010.519328
- Thorsen, K. (2005). More lonely? On loneliness in late modern time [Flere ensomme? Om ensomhet i senmoderne tid.]. *Aldring og livsløp, 3*, 2–6. Retrieved from <http://www.nova.no/asset/815/1/815>
- Twigg, J. (2004). The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies, 18*, 59–73. doi:10.1016/j.jaging.2003.09.001
- Vygotsky, L. (1978). *Mind in society*. Cambridge, MA: Harvard University Press.
- Yin, L., Kyungmin, K., & Steven, H. Z. (2015). Health trajectories of family caregivers. *Journal of Aging and Health, 27*, 4686–4710. doi:10.1177/0898264314555319

Author Biography

Trude Gjernes, Dr.Polit, is a professor in sociology at Faculty of Social Sciences, Nord University, Norway.