Narrating Transitions: Experiences of Individuals and Couples Regarding Relocation into Assisted Living Communities

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NARRATING TRANSITIONS: EXPERIENCES OF INDIVIDUALS AND COUPLES REGARDING RELOCATION INTO ASSISTED LIVING COMMUNITIES

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ABSTRACT


The purpose of this qualitative study was to better understand the experiences of older adults regarding the process of transitioning into assisted living facilities. A constructivist epistemology, narrative methodology, purposeful sampling, and dialogic performance analysis were used to generate the final representations. Data for the study were collected through transcribed video and audio-recorded interviews, member checks, and researcher journals. Data analysis involved recursive movement between written transcripts, video recordings, researcher journals, and cultural contexts. The initial outcome of this study was a written narrative that interweaves data analysis with narratives of gaining access, sampling, conducting interviews, and member checking. The written narratives and interview transcripts were used to guide the process of creating a video representation of participants’ narratives. The results of this study are a diverse range of participant experiences that are richly constructed to challenge stereotyped depictions of older adults. The findings from this study have implications for counselors, counselor educators, other mental health professionals, gerontologists, assisted living facility administrators, future cohorts of older adults, and researchers. These implications include increased advocacy regarding older adults’ needs, trainings for care providers,
increased access to mental health care, and a need to better understand development in later life.

Key words: AGING, ASSISTED LIVING FACILITIES, TRANSITION
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CHAPTER I
INTRODUCTION

Adults aged 65 and over comprised 13.0% of the population of the United States (U.S.) in 2010 (West, Cole, Goodkind, & He, 2014). Older adults have been the fastest growing cohort in the U.S. since 1900, and the number of older adults in the U.S. has increased by a factor of 12 between 1900 and 2010. The proportion of older adults relative to the overall U.S. population is projected to continue growing through 2040, when adults over the age of 64 could comprise 21% of the total U.S. population (West et al., 2014). Understanding and providing for the mental health needs of older adults in the U.S. is important, particularly given the size of this population as well as the prevalence of mental health concerns such as depression (Brenes et al., 2008), anxiety (Norton et al., 2012; Zhang et al., 2015), dementia (Stuart-Hamilton, 2012), and substance abuse (Chait, Fahmy, & Caceres, 2010; Sacco et al., 2015).

Despite the substantial proportion of older adults relative to the U.S. population, mental health care for this population is lacking, in part because of systemic barriers. The ongoing movement to remove systemic barriers, such as laws preventing counselors from being reimbursed for services provided through Medicare Part B, will provide new opportunities for counselors who are interested in working with older adults (H.R. 2759; S. 1830, 2015). The process of transitioning into a residential care facility, such as an assisted living facility, brings unique mental health challenges including family conflict, fear, existential issues, a decline in perceived quality of life, and even the loss of one’s
home, support networks, and autonomy (Beerens et al., 2014; Koenig, Lee, Macmillan, Fields, & Spano, 2014; Svidén, Wikström, & Hjortsjö-Norberg, 2002; Walker & McNamara, 2013). My purpose in conducting this study was to develop a broad understanding of some of the experiences of older adults regarding transitioning into assisted living facilities. This inquiry is important as the results have implications for future researchers, mental health professionals, older adults, long-term care facilities, and counselor training.

**Rationale**

This study was timely, as transitioning into assisted living facilities seems to precipitate a number of mental health concerns including suicidal ideation (Lobel, Lobel, Dager, Centerwall, & Reay, 1991), existential issues (Svidén et al., 2002), and loss (Beerens et al., 2014; Koenig et al., 2014; Svidén et al., 2002; Walker & McNamara, 2013). Research regarding transitioning into assisted living facilities has been described as scarce and inconsistent (Kemp, 2008). In conducting this study, I hoped to begin to better understand the complex experiences and mental health needs of older adults who were preparing to transition or were transitioning into assisted care. This understanding and engagement was timely as the number of older adults in the U.S., the prevalence of mental health concerns in older adult populations, and the lack of attention from mental health professionals and researchers indicated a need for additional research that could be used to guide counselor training.

**Mental Health and Older Adults**

There is a need for increased engagement between mental health professionals and older adults. In 2012, just under 50% of residents sampled in nursing facilities and
approximately 25% of residents sampled in residential care communities met the diagnostic criteria for major depressive disorder (U.S. Department of Health and Human Services [DHHS], 2013). It is unlikely that all of the residents in the DHHS study were over the age of 65, however, these rates of major depressive disorder are alarming. People in the U.S. over the age of 65 complete suicide at a rate that is higher than the national average (McIntosh, 2015). Males over the age of 65 are consistently the most likely demographic group in the U.S. to die from suicide (DHHS, 2015).

Residents in care facilities may be at elevated risk for suicidal ideation and completion, given the high rates of depression found in this population. This risk is potentially compounded as residents may have restricted access to resources that mitigate suicidal ideation compared to older adults living in community settings (Mezuk, Prescott, Tardiff, Vlahov, & Galea, 2008). Further, one might assume that people living in residential facilities have lower rates of suicide completion given their restricted access to lethal means, such as firearms. However, there is evidence that assisted care residents complete suicide at similar rates to those living outside of residential care facilities (Mezuk, Lohman, Leslie, & Powell, 2015). Anticipating a transition into a higher level of care may represent an additional risk factor for suicidal ideation, possibly because the transition could be asynchronous, which could result in the rupture of enduring spousal bonds (Lobel et al., 1991).

Suicidal ideation and depression are not the only mental health concerns faced by older adults. Significant numbers of older adults struggle with illicit substance abuse (Chait et al., 2010), problem gambling (Southwell, Borham, & Laffan, 2008; Wiebe & Cox, 2005), anxiety (Norton et al., 2012), post-traumatic stress disorder (Dinnen,
Simiola, & Cook, 2015) and other mental health concerns. Research regarding mental health in later life is, however, generally lacking and could be bolstered through additional understanding of risk factors for and prevalence rates of late-life mental health concerns as well as increased understanding how these concerns can be treated by mental health professionals. Further, it appears that rates of mental health concerns in older adults have been historically underestimated (Stuart-Hamilton, 2012). Literature regarding mental health concerns in later life will be presented in additional depth in chapter two.

**Prevalence of Older Adults in the Counseling Literature**

In order to better understand the extent to which older adults are represented in the counseling literature I conducted an exhaustive search of articles published in all 2014 issues of the *Journal of Counseling and Development* (JCD). I selected JCD as it is the official publication of the American Counseling Association (ACA). Thus it likely reaches the largest readership of counselors and counselor educators. Out of 52 articles published in 2014, only six mentioned or sampled adults over the age of 64 in any context. Of those six articles, two (Lambie, Ascher, Sivo, & Hays, 2014; Peterson, Lomas, Neukrug, & Bonner, 2014) were large quantitative studies that sampled professional counselors, some of whom happened to be over the age of 64. These two studies have less relevance for counseling clients, as the authors were looking at counselor behaviors (e.g., publication habits and assessment use), rather than client treatment. It is clear that an increased focus on older adults and aging in counseling is needed.
The disproportionate exclusion of older adults in the 2014 issues of the *Journal of Counseling and Development* is consistent with findings from other professional publications. Formal investigations regarding the extent to which older adults are included in mental health literature has yielded similar results. Van Amburg, Barber, and Zimmerman (1996) found that only 3.2% of articles published from 1986 to 1993 in four large couples and family journals explicitly mentioned aging issues or older adults. More recently Lambert-Shute and Fruhauf (2011) found that only 2.8% of articles published in three leading couples and family journals between 1997 and 2006 either mentioned aging or sampled older adults. These publication rates differ substantially from the proportion of older adults relative to the general population. In 1980, adults over the age of 64 comprised 11.3% of the U.S. population. As of 2010 that proportion had increased to 13% (West et al., 2014). These data indicate the existence of a substantial gap between the number of older adults in the U.S. and the attention that they receive in the mental health literature.

The potential disparity between the number of older adults in the U.S. and their representation in counseling journal articles is potentially understandable when viewed in the context of a lack of income opportunities. At the time this dissertation was written, counselors remained ineligible for Medicare reimbursement. This financial barrier is substantial as, in 2010, 60 cents of every U.S. dollar spent on health care by people over the age of 64 came from Medicare. Approximately 15 cents out of every dollar spent on healthcare by older adults was from private insurance and only 12 cents per dollar were paid out of pocket (West et al., 2014). Without access to reimbursement for services offered through Medicare Part B, it is unlikely that counselors and counselor educators
will devote themselves to serving older adults. It is understandable that counselor educators focus classroom time on preparing counselors to work with the populations they will most likely encounter in their professional careers. However, as legislation is pending in the house and senate that, if passed, will provide counselors with access to Medicare reimbursement, there is a clear need to train counselors to work with adults age 65 and older. Further, older adults are no less in need of mental health services than other age cohorts and thus should be given equal consideration in mental health training programs.

**Research Gap**

In completing this study, I aimed to begin the process of filling a gap in understanding regarding the lived experiences of older adults transitioning into assisted living facilities. Relocation later in life has substantial implications that span multiple stakeholders, including older adults, family members, public policy makers, healthcare providers, and assisted care administrators and employees. Much of the existing research pertaining to relocation in later life has emphasized the ways in which care providers and policy makers can conceptualize, predict, and respond to the needs of older adults (e.g., Bekhet, Zauszniewski, & Nakhla, 2009; Litwak & Longino, 1987; Sergeant & Ekerdt, 2008; Sergeant, Ekerdt, & Chapin, 2010; Wiseman, 1980). While it is important for policy makers and care providers to have access to information that can aid in planning for the future care needs of older adults, existing research has generally overlooked the lived experiences of older adults as they prepare for and engage in the process of transitioning to living into assisted care. In conducting the present study, I hoped to begin to fill this gap by privileging broad narratives of older adults who were at various points in the transition process by giving them voice in the literature. This is important as an
understanding of the lived experiences of older adults transitioning into assisted living facilities can provide preliminary information regarding the ways in which counselors might engage with this population as well as a lens that can help focus future research projects.

**Research Purpose and Question**

The purpose of this research was to better understand the lived experiences of adults age 65 and older who were preparing to transition or were transitioning into assisted living facilities. Participants experiences provided foundation upon which counselors can build mental health interventions and design additional research to better understand specific mental health needs of this population. The following research question was used to guide this inquiry:

Q1 What are the experiences of older adults who are preparing to transition, are transitioning, or who recently transitioned into assisted living facilities, particularly regarding the transition process?

**Researcher Personal Stance**

My personal engagement with this topic was primarily a result of my involvement in the process of transitioning my paternal grandparents as well as my maternal grandmother into assisted care. I use the word *transitioning* intentionally, as I view the process as beginning with my parents and my aunts and uncles, rather than with my grandparents. I recall my maternal grandmother calling and telling me that her children were forcing her into a retirement home against her will. Her distress was communicated not only through her words, but also through her tone of voice and her pleas for me to somehow intervene to stop the process. As I was attending a graduate counseling program in a different state, I was unaware of much of the context surrounding my
grandmother’s relocation. I knew that she had fallen recently, and that she was experiencing other health problems that seemed to be neurological. However, I was unsure of her care needs, and I felt that I was not able to trust her self-reported care needs.

My grandmother called me again a few months after she had moved into a relatively large continuing care community. She informed me that she loved her new residence, as it offered access to a variety of recreational activities and, perhaps most importantly, access to a large social support network. My grandmother informed me that she was going to the gym every day. She even won an award for her physical activity. She went on to tell me that she had more friends than ever before in her life! This reversal in her perspective toward assisted living prompted me to question power dynamics within my family as well as the importance of individual perception and, potentially, access to information. I wonder if my grandmother would have felt as forced if she had more access to the perspectives of older adults who felt they were thriving in assisted care settings.

Through continued interactions with my grandmother, I began to recognize the importance of subtle contextual factors with regard to her perceptions of wellbeing. My grandmother was recently forced to relocate to a second apartment within the same continuing care community, as her apartment required renovation to address a problem with mold. She temporarily moved to the memory care unit, which was located in the next building. However, this seriously restricted her access to many of the amenities that she previously enjoyed. The gym was only a short walk from her new building. However, the Texas heat and humidity prevented her from being able to access it independently,
which seemed to decrease her perceived level of happiness and wellbeing. I wonder if her initial entrance into the continuing care community would have been as positive if her apartment was not just down the hall from the gym and community dining area.

My paternal grandparents’ transition into assisted care was similar to that of my maternal grandmother, although they transitioned several years before she did. My grandfather was experiencing problems with his heart, which resulted in him having a series of fainting spells. This prompted my father and my aunt to explore the possibility of moving my grandparents into a facility that offered a higher level of care than they had access to in home. From what I recall of the process, my grandmother was vehemently opposed to the idea of moving out of her own home, a perspective that seemed to be echoed by my grandfather. My father informed me that after their transition, neither his mother nor his father spoke to him for about a year. After the initial stress of parting with many of their possessions and acclimating to a more communal living environment, they seemed to experience a surge of well-being and happiness, similar to my maternal grandmother. A few years into their residency they would speak openly about how pleased they were that they decided to relocate to the facility. I perceived them as happy with their transition, until health issues forced both of them to move from the assisted care level of the continuing care facility into skilled nursing.

My experiences regarding the transitions of my own grandparents prompted my interest in this topic as the similarities across grandparents regarding initial frustration, anger, and resistance followed by a sense of belonging and happiness seemed remarkable to me. I found myself wondering about the power of perceptions and constructs. I wondered if there was a dominant social narrative that assisted care facilities provide
younger generations with a means to warehouse elders who are in the process of dying. I
know that for much of my life I equated assisted care facilities with the end of life, a
perspective that I now realize is misguided given the amount of time my paternal
grandparents lived relatively independently within a continuing care environment. My
paternal grandparents both died in the skilled nursing area of the continuing care facility
less than a year ago. My maternal grandmother continues to thrive in the assisted care
portion of her continuing care community, as she has been able to relocate back to her
original apartment, which is near the gym and a small bistro.

My experiences with my own grandparents had the potential to impact this study
as I may have been influenced by my own biases during data analysis and interpretation.
That is, data analysis could have been impacted by my own expectation that older adults
who are preparing to transition may be more distressed or might feel less autonomy than
those who have already transitioned. My biases’ impacts on this study might have been
exacerbated by my personal belief that there are larger cultural narratives regarding the
loss of autonomy that accompanies transitions into assisted living facilities. This belief
could have recruited me into asking participants leading questions or discounting portions
of participants’ narratives that are contradictory to my own biases. I attempted to mitigate
the potential impact that these biases might have during data collection and analysis. I
sought to leave interviews open, so that participants had a role in directing the interview.
I also attempted to interweave my biases and assumptions into the written narratives.
Member checking provided an additional means for participants to provide feedback
regarding the narratives’ accuracy.
Definitions of Terms

Activities of Daily Living

Activities of daily living is a construct that is often found in the literature regarding older adults, as they provide a concrete understanding of the level of care required by an older adult (Haber, 2013). Activities of daily living are, as the name suggests, all of the activities that one must engage in throughout one’s day in order to care for and sustain oneself. The Code of Colorado Regulations, Standards for Hospitals and Health Facilities: Chapter 07 – Assisted Living Residences (2014) defines activities of daily living as inclusive of, but not limited to the following:

Assisting a resident with or providing reminders for the following:
(i) bathing, shaving, dental hygiene, caring for hair;
(ii) dressing;
(iii) eating;
(iv) getting in or out of bed.
Making available, either directly or indirectly through the resident agreement, at least the following:
(i) meals;
(ii) laundry;
(iii) cleaning of all common areas, bedrooms, and bathrooms;
(iv) managing money, as necessary and by agreement;
(v) making telephone calls;
(vi) arranging appointments and schedules;
(vii) shopping;
(viii) writing letters;
(ix) recreational and leisure activities.

Aging in Place

Aging in place refers to older adults who live in their own home as opposed to living in an institutional care setting. Services provided in home range from assistance with activities of daily living through end of life medical care (Bookman, 2008). Adult day services as well as home health agencies provide support for older adults who are aging in place. Data from the U.S. Department of Health and Human Services (2013)
shows that in 2011 and 2012, out of all people in the U.S. over the age of 64, participants in home health and adult day services were most likely to be between the ages of 75 to 84. In 2011 and 2012 over 30% of older adults aged 65 years of age or older who accessed home health agencies were over the age of 85. People accessing home health agencies are substantially more likely to require assistance with activities of daily living than residents in non-nursing residential care communities (DHHS, 2013). These data speak to the ever increasing availability of health care services for older adults who wish to live the remainder of their lives in their own homes.

There are multiple community level approaches to aging in place that are considerate of the community building and social capital that older adults provide. Communities with high densities of older adults who are aging in place may spontaneously develop retirement communities, commonly called naturally occurring retirement communities, or NORCs. These communities may be more likely to obtain grants for services that are used by older adults, such as subsidized housing, particularly if the community is comprised of lower income older adults (Bookman, 2008). The definition of a NORC has been expanded to include communities that have access to services that are intentionally provided by local governments or other organizations before the community is actually formed (Bookman, 2008).

Villages provide another means of connecting affluent older adults living in their homes with services, often on a fee per service basis. Villages are modeled after retirement communities, and they provide access to services such as transportation, recreation, and other services. Villages occupy a large geographic space that is not entirely designated as a retirement community (Bookman, 2008). For example, an older
adult living in their home might pay fees to an organization that then coordinates access to transportation services that provide access to additional services, like an athletic club, that are also funded through fees paid to the coordinating organization. In this way older adults have access to many of the amenities associated with retirement communities, without having to relocate to a geographic area that is explicitly designated as a retirement community.

A third approach that bridges aging in place and retirement communities involves collaboration between universities and retirement communities. As of 2006 “there were around seventy college-linked retirement communities in the U.S.” (Skurla, et al., 2007, p. 4) including 27.7% of continuing care retirement communities (Brecht, Fein, & Hollinger-Smith, 2009). Older adults seeking cultural engagement and lifelong access to education are likely to be found in these communities. University linked retirement communities exist in many forms, with some providing access to higher levels of care, as would be found in a continuing care community, while others exchange the social capital provided by older adults with educational opportunities provided by universities (Bookman, 2008).

**Assisted Living Facility**

Assisted living facilities and nursing facilities are distinct entities, which, in some cases, might be part of a larger overall care community. Assisted living facilities can be distinguished from nursing facilities as they offer a lower level of care (DHHS, n.d.) and generally have more stringent admission requirements to ensure that residents requiring a higher level of care are not inappropriately admitted. Assisted living facilities also differ from nursing facilities as they are often structured to provide additional privacy and independence for residents (Zimmerman, et al., 2003). While assisted living facilities are
not appropriate for older adults with neurocognitive disorders and Alzheimer’s Disease, residents are not generally in optimal health. A survey of over 2,600 older adults indicated that over 50% of assisted living residents required regular assistance in the six months leading up to their transition (Coe & Wu, 2012). This research highlights the role that assisted living facilities play as a housing option that includes an intermediate level of care.

**Continuing Care Community**

Continuing care communities provide a range of care options from assistance with activities of daily living through access to skilled nursing and care for people with neurocognitive disorders (Continuing Care Retirement Community Task Force, 2010). Residents are often required to move within the care community as their care needs change. For example, my own paternal grandparents first entered residential care when they moved into an assisted living portion of a continuing care community. As their health declined they moved from their apartment in the assisted living portion of the community into separate rooms in the skilled nursing portion of the facility. If they had been diagnosed with Alzheimer’s Disease or another type of dementia, they would have had the option to move into another part of the facility that provided locked door memory care. The number of continuing care communities providing memory care is anticipated to continue to increase. Also, continuing care community administrators have reported plans to begin providing services outside of the walls of the community, for example to home bound residents (Brecht et al., 2009). In this way continuing care communities are evolving toward offering a full spectrum of services for older adults, regardless of their living situation or preferences.
Migration

This term is used to describe the process of either temporarily or permanently relocating to a new geographic location (Perry, Andersen, & Kaplan, 2014). In this dissertation the term migration has been used interchangeably with the terms relocation and transition.

Nursing Facility

Nursing facilities offer health services that exceed what is available in an assisted living facility. These services are generally administered by health care professionals, such as physicians, nurses, or physical therapists (Zimmerman et al., 2003). The ratio of nurses to nonprofessional aids is twice as high in nursing facilities compared to lower level residential care communities. Nurses in nursing facilities spend approximately four times longer with each resident per day than nurses in other residential care communities. There are fewer nursing facilities in the U.S. than other residential care facilities, although nursing facilities have about double the bed capacity as lower level residential care facilities. This suggests that nursing facilities tend to serve more residents per facility than other types of residential care communities (DHHS, 2013).

Profiles of resident needs across care settings are consistent with the differences in services and staff between nursing facilities and other residential facilities. Residents in nursing facilities require more assistance with daily living activities such as bathing, dressing, toileting, and eating than those in less care intensive residential care communities (DHHS, 2013).

Relocation

Relocation is the process of migrating to a new geographic location, which could be in the same community or in a different community, state, or country (Perry et al.,
2014). In this dissertation term relocation has been used interchangeably with migration and transition

**Residential Care Community**

Throughout this dissertation the term residential care communities is used to refer to multiple types of facilities that provide care to residents. The phrase “providing care” is taken in a broad sense and ranges from assistance with activities of daily living through skilled nursing and medical care. Thus, the term residential care communities refers to assisted living facilities, nursing facilities, continuing care communities, and retirement communities that provide assistance to residents.

**Retirement Community**

Retirement communities often promote independence and offer minimal assistance with activities of daily living (Walker & McNamara, 2013). For example, they might provide residents with access to a communal lawn care service. However, residents are generally expected to attend to their own health and daily living needs. Retirement communities are often organized around recreational and hobby activities. If a resident requires a higher level of care they will likely have to work with a home healthcare provider or transition into a residential care community.

**Transition**

The term transition refers to the process of moving to a new geographic location. Researchers have used the term transitioning interchangeably with the terms relocating and migrating (Perry et al., 2014).

**Delimitations and Limitations**

The delimitations for this study were guided by the research question, and primarily involved participant recruitment. Schumacher, Jones, and Meleis (1999)
proposed that transitioning later in life takes place in stages. Similarly, sampling participants at multiple points in the decision making process has been shown to be important, as different participants are at distinct stages in the decision making process (Walker & McNamara, 2013). Thus, narratives from participants who were at multiple points in the transition process were sought. I also recruited individuals and couples who were age 65 or older and were on waiting lists to move into assisted living facilities or who had scheduled tours and/or informational meetings with assisted living facilities. Individuals and couples who had been in assisted living facilities for more than two years were not recruited, as their memories of the transition process and their affect at the time of the transition may have diminished with time. Younger (than 65 years of age) assisted living facility residents may represent a different profile of assisted living facility resident than older residents and thus were not included in the sampling frame for this study.

Participants were recruited from two local senior centers, although only prospective participants from one center participated. No participants who were living in skilled nursing or memory care facilities were sampled Avoiding sampling from nursing facilities and memory care units minimized the chance that a vulnerable participant, for example someone with severe dementia, was recruited. Older adults who are aging in place do not experience relocation, and thus were not recruited. Older adults transitioning into retirement communities may also experience different transitions as they are moving into a significantly lower level of care than assisted living residents, and thus were not recruited, unless they were already living in a community and they had researched, toured, or otherwise engaged with assisted living facilities. Sampling older adults who are researching or living in assisted living facilities was a limitation of this study, as assisted
living residents must be able to pay for their residency out of pocket and thus are likely from higher socioeconomic backgrounds. In summary, eligible participants for this study were people age 65 or older who had either toured or met with assisted living facilities or lived in an assisted living facility for less than two years.
CHAPTER II
LITERATURE REVIEW

I will begin this chapter with a brief overview of mental health concerns that have been shown to be prevalent in older adult populations, as it is possible that these concerns may impact study participants. I will then explore factors related to, as well as seminal theories of, elder migration, which may provide a theoretical foundation and interpretive lens for data collected in the course of this project. Finally, I will discuss the importance of multicultural approaches to counselor education, as well as the use of videos as a multicultural and social justice training tool, as the multicultural movement within counselor education provides additional justification for this study.

Mental Health Later in Life

Between 15% and 20% of older adults struggle with mental health concerns (Haber, 2013). These numbers are likely higher for older adults living in assisted care facilities (Lobel et al., 1991), particularly nursing facilities where depression rates may be as high as 50% (DHHS, 2013). There appear to be differences in prevalence rates for mental health concerns between older adults living in residential facilities and those aging in place. Given the seemingly increased rates of mental health concerns in residential facilities it appears that the time when residents are transitioning into a facility represents an important opportunity for health providers to evaluate incoming residents’ mental health needs (Mezuk et al., 2015). Mental health was an important consideration in the
present study as I hoped to better understand the opportunities for mental health professionals to work with older adults transitioning into assisted care.

In the following subsections I examine the literature related to some of the more prevalent mental health concerns in later life. The validity of data regarding mental health later in life is questionable, as researchers and health providers may be impacted by their own biases (Stuart-Hamilton, 2012). The validity of these data may be further called into question, as mental health concerns are generally operationally defined by the Diagnostic and Statistical Manual ([DSM-5] American Psychiatric Association, 2013). However, these operational definitions are not always relevant to older adults in general and may be particularly irrelevant for older adults living in residential care communities. For example, the DSM-5 lists 11 criteria that are used to diagnose alcohol use disorder, however, at least four of those criteria likely do not apply to older adults in residential care facilities:

5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.

Older adults living in residential care facilities may not have major role obligations and are likely prohibited from accessing physically hazardous situations. Healthcare providers are therefore likely to underdiagnose mental health concerns, such as alcohol use disorder, as there are fewer criteria available to operationally define the disorder in older adults living in residential care facilities.
Dementia including Alzheimer’s Disease

Dementia, including Alzheimer’s disease, is one of the most common mental health concerns faced by older adults. While diagnostic tests for various forms of dementia are being developed, currently the only way to confirm the presence of the disease is through an autopsy. However, measures of cognitive impairment, such as the Mini-Mental State Examination (MMSE) can be used to evaluate and track the degree of cognitive impairment in people with dementia (Stuart-Hamilton, 2012). Similar measures that can be used to diagnose dementia have been identified by the Alzheimer’s Society (Ballard, Burns, Corbett, Livingston, & Rasmussen, 2015).

Anxiety

A large sample of older adults aging in place in Montpellier, France found that 14.2% of participants sampled met the DSM-IV criteria for an anxiety disorder (Norton et al., 2012). While anxiety disorders are generally conceptualized as having an onset early in life, a substantial number (estimated at 24%) of cases in older adults first appeared after the age of 50 (Zhang et al., 2015). Anxiety in later life may be associated with a fear of institutionalized care as well as perceptions of one’s health and functional limitations. However, old age appears to be generally preventative with regard to anxiety (Vink, Aartsen, & Schoevers, 2008). Determining prevalence rates and risk factors for anxiety in later life is difficult, as research remains limited (Sheikh, & Cassidy, 2000; Vink et al., 2008). More accurate estimates of the prevalence of anxiety in later life may be possible, as newly developed diagnostic instruments have shown strong reliability and validity when used with samples of older adults (Gould et al., 2014). Novel treatments for older adults with anxiety that integrate cognitive behavioral therapy with developmental
theories have been proposed (Laidlaw & Kishita, 2015). Anxiety may have a role in admission to residential care facilities, as older adults with anxiety are more likely to report limitations with activities of daily living (Norton et al., 2012). Kemp (2008) found qualitative evidence that limitations in getting one’s needs met (i.e., limitations with ADLs) mark the beginning of couples’ transition into assisted living facilities.

**Depression**

The term depression refers to multiple potential mental health diagnoses including major depressive disorder, persistent depressive disorder, substance or medication induced depressive disorder, and depressive disorder due to another medical condition (American Psychiatric Association, 2013). A growing body of evidence suggests the existence of a complex relationship between depression and physical health. For example, there is evidence that older adults, particularly those with physical disabilities, are at increased risk for depression (Brenes et al., 2008). Relationships between frailty syndrome and depression have also been found, although additional research is needed to determine the causal direction. That is, it is not yet clear if frailty places older adults at risk for depression or if depressed individuals are more likely to develop frailty syndrome (Buigues et al., 2015).

Heart disease is the leading cause of death for people in the U.S. who are over the age of 65 (Centers for Disease Control and Prevention, n.d.). In a longitudinal study of adults in the U.S., Xiang and An (2015) found that participants who met the diagnostic criteria for Major Depressive Disorder at the onset of the study were 27% more likely to develop cardiovascular disease during the 18 year follow up. These authors noted the presence of a dose-response relationship. That is, participants with higher levels of depression were more likely to develop cardiovascular disease than those with lower
levels of depression. Treating depression with antidepressant medication may alleviate some of the aforementioned health risks. However, antidepressant use has been shown to impact physical health, as older adults taking antidepressants were found to be at significantly higher risk for falling than older adults who were depressed but were not taking antidepressants (Prizer, Smith, Houseman, & Ory, 2016).

Antidepressants are not the only potential means for alleviating depression in older adults. Walking has been found to reduce depression scores, even for participants with low adherence rates to the walking regime (Bernard, et al., 2015). Similarly, older adults who report difficulty walking are more likely to have depressive symptoms (Polku, et al., 2015). Gardening and engagement in leisure activities have been associated with lower levels of depression in older adults (Fastame, Hitchcott, & Penna, 2015). Conversely, caregiver emotional distress has been shown to have a statistically significant positive relationship with depressive symptoms in older adults (Ejem, Drentea, & Clay, 2015), which suggests that ecological factors are important in conceptualizing the etiology of depression.

While it is clear that depression impacts older adults, more information is needed on causal and preventative mechanisms. Refinement of diagnostic tools targeted toward older adults may aid in the ongoing understanding of depression in later life. Existing findings regarding depression in later life are relevant to the present study, as they highlight the complex ways that ecology impacts individual mental and thus physical health.

Substance Use and Addictions

Cultural stereotypes of older adults might lead one to assume that they are at low risk for addictive behavior (Stuart-Hamilton, 2012). There is, however, evidence
suggesting that this stereotype is incorrect. Older adults in continuing care retirement communities have been shown to be at risk for hazardous alcohol use. These elders generally do not meet the criteria for problematic alcohol use. However, hazardous use still warrants exploration as it involves comorbid addictive disorders, interactions between alcohol and medications, and high volumes of alcohol consumption. Additionally, older adults sampled from continuing care communities reported that approximately half of the days they drank, they did so alone (Sacco et al., 2015).

Contrary to stereotypes, older adults do not restrict their substance use to prescribed drugs or legal substances such as alcohol. Following the admission of an older adult for a crack cocaine overdose, a large suburban hospital began to collect data on urine drug screens, which were conducted on all older adults admitted over a period of approximately five years. It was found that 2.3% of adults age 65 or over admitted to the hospital tested positive for cocaine (Chait et al., 2010). These data contradict the previously held belief that older adults tend to age out of using illicit substances.

There is evidence supporting the stereotype that older adults tend to gamble at relatively high levels. Over 70% of a sample of Canadian elders reported that they had gambled in the past year. Of the total sample, 2.8% were found to be gambling at problematic or pathological levels (Wiebe & Cox, 2005). Southwell et al. (2008) sampled adults over the age of 60 who were playing electronic gaming machines. They found that 27% of older adults sampled reported drawing on their savings to fund gambling. The authors expressed additional concerns about playing gaming machines, as a majority of the sample reported having a relatively low fixed income. This dwindling of limited financial resources is relevant in the context of this study, as financial resources are a pre-
requisite for transitioning into assisted living facilities, and parting with financial resources could restrict one’s ability to transition.

**Suicidal Ideation**

Suicidal ideation is a pressing concern for healthcare providers working with older adults. There is evidence suggesting that anticipating a transition into a higher level of assisted care is a risk factor for suicidal ideation (Lobel et al., 1991). This finding is significant as older adults, particularly older males, are already at elevated risk for completing suicide (DHHS, 2015; McIntosh, 2015). Further, older adults in residential care facilities may have less access to supportive factors that could decrease their level of suicidal ideation (Mezuk et al., 2008). These data indicate an ongoing need to evaluate, screen, and intervene with older adults, regardless of living environment.

**Grief and Loss**

Researchers examining the process of transitioning into assisted living facilities have found that older adults experience multiple losses during the transition process. Walker and McNamara (2013) conducted semi-structured interviews with sixteen older adults who were in the process of transitioning, or who had recently transitioned into residential communities. These authors found that older adults anticipate a loss of autonomy prior to relocating to residential communities. Participants in their study also expressed a loss of their ability to maintain their homes to an adequate standard, which prompted them to divest of material possessions, which was also a loss. When participants relocated, they also had to contend with the loss of their home, which for some was a substantial loss as they had raised families and had many fond memories of their homes. Multiple participants also reported experiencing a loss of hobbies, social
network, community, and aspects of their lifestyle that before transitioning into residential communities.

Koenig et al. (2013) reported similar perceptions of loss in their qualitative study of relocation into assisted living. Participants struggled with a loss of independence, the loss of harmonious relationships with romantic partners and family members, a loss of one’s ability to engage in home upkeep, and a loss of physical mobility. Svidén et al. (2002) conducted semi-structured qualitative interviews with 59 elders in Sweden. Svidén et al. found that participants experienced loss with regard to their health, home, friends, neighbors, sense of self, engagement in activities, and social support. Some of the participants in Svidén et al.’s study noted that, despite living with many other older adults, they avoided contact with other people in their communities, because they felt “sad by meeting others who were in a worse condition” (p. 14). One participant noted “I get so depressed if I sit in the common room. Some can’t speak and others ask ‘where am I’ and they go on and on and that is depressing as it reminds me that I will become like that one day” (p. 14).

**Resilience**

Resilience may be an important factor with regard to older adults’ emotional experiences, including experiences of grief and loss, during and after the process of transitioning into assisted living. One participant in a qualitative study by Svidén et al. (2002) indicated that, since they moved to assisted living they “have improved considerably” as they began a regular exercise routine and developed a social support network (p. 14). Ong and Bergeman (2004) researched emotional complexity in later life. These researchers found substantial differences in participants’ emotional experiences, with some participants reporting unidimensional affect, while others demonstrated
significant emotional complexity across the 30 days that they reported their emotions. Ong and Bergeman found that participants who demonstrated more complex emotions tended to be more resilient. In other words, a positive linear relationship was found between variability in one’s affect and resilience. However, the authors noted that a participants’ ability to label their emotions was more important for determining resilience than variations in emotions.

Ardelt and Edwards (2016) found a positive relationship between wisdom and well-being for older adults. The authors noted that the relationship between wisdom and well-being stayed consistent when physical health, finances, social engagement, age, gender, race, and marital status were controlled, which suggests that wisdom is an important and potentially potent predictor of wellbeing. The authors drew two samples, one from people in the end of life, and one from the general population, and found that wisdom is a much better predictor of well-being for people who are nearing the end of their life than for the general population. Ardelt and Edwards did find that a sense of mastery and a purpose in one’s life were statistically significant in moderating the relationship between wisdom and subjective-wellbeing. A positive relationship was also found between mastery and purpose in life. That is, people with more wisdom experienced more mastery correlated with an increased sense of purpose in life, which was positively related to subjective-wellbeing. Resilience is an important cultural factor that counselors and counselor educators can draw upon to enhance clients’ abilities to weather life events, including transitions.

**Multicultural Counselor Education**

Multicultural awareness and social justice advocacy can be considered cornerstones of counselor identity and training. The ACA lists the following core
professional values for counselors: “1. Enhancing human development throughout the lifespan; 2. Honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts; 3. Promoting social justice…” (2014, p. 3).

The values articulated by the ACA speak to the importance of multicultural training tools in counselor education that promote an awareness of diversity and social justice advocacy for clients across the lifespan. Clandinin and Connelly (2000) point out that, when using narrative methodology, one generally avoids reducing the experiences of participants. Thus, there is arguably less risk for presenting restricted, stereotyped conceptualizations of participants, which is congruent with the values that have been articulated by the ACA. The outcomes associated with this research project are consistent with these values and could provide counselor educators with an additional tool for training counselors who have awareness regarding older adults who are transitioning into assisted living facilities.

**Video as a Tool for Training Culturally Competent Counselors**

The use of visual media such as videos and movies as a tool for training counselors who demonstrate multicultural awareness is well established in the counselor education literature (e.g., Choate, 2009; Greene, Barden, Richardson, & Hall, 2014; Pierce & Wooloff, 2013; Pinterits & Atkinson, 1998; Shen, 2015; Steinfeldt & Steinfeldt, 2012; Villalba & Redmond, 2008; Williams, 1999). Berk (2009) proposed that using videos as teaching tools stimulates both hemispheres of the brain, engages learners through multiple learning modalities, and provides students with a tool to strengthen their learning through modalities with which they are less familiar. Green et al. (2014) found
that the use of films as experiential learning activities in multicultural classes increased counseling students’ scores on scales measuring multicultural counseling self-efficacy as well as multicultural counseling competence.

Ratts and Pedersen (2014) advocate for the use of activities that go beyond reading a textbook. They remark that watching videos is “an effective way to increase one’s knowledge” of cultures with which one does not identify (p. 98). These authors discuss the role of movies as a tool to provide counselors with exposure to diverse world-views, while challenging the stereotypes and assumptions of counselors in training. Given the lack of resources regarding older adults that are available to counselor educators, the development of a film depicting the narratives of older adults regarding the process of transitioning into assisted living facilities is timely.

**Dominant Cultural Narratives Regarding Assisted Living Facilities**

Stereotypes regarding assisted living are abundant and contribute to larger cultural narratives that may impact the experiences of prospective assisted living residents. These stereotypes can be found in both professional and lay literature. For example, assisted living resident and social justice advocate Martin Bayne published a peer-reviewed journal article titled *A room with a grim view: The ‘ambient despair’ that marks life in assisted living* (Bayne, 2012). Bayne goes on to discuss a range of dominant cultural narratives regarding assisted living including loss of autonomy, loneliness, and isolation. Petersen and Warburton (2012) describe some of the ways that businesses, policy makers, and care facility designers reinforce stereotypes of older adults as needy and dependent, while simultaneously perpetuating a historic trend of isolating older adults.
Evidence for the prevalence of the narrative that transitioning into assisted living results in a loss of autonomy can be found in the marketing materials of assisted living facilities. Carder (2002) examined the marketing materials from multiple assisted living facilities in Oregon in 1997 and 2000. Carder found that independence was the most mentioned theme in her sample, followed by, home, individuality, choice, privacy, and dignity. Arguably, these marketing materials were designed to address common fears regarding the transition process, seemingly all of which cluster around autonomy. Kane (2010) observed that “Modest personal care should not come at the price of surrendering one’s autonomy” (p. 321). Narrative methods have been used to counter these restrictive, although sometimes true, experiences. For example, Koch (2010) collected narratives from centenarians with the purpose of revealing counter-narratives.

**Housing for Older Adults**

A range of living options that vary along a continuum of care are available for older adults. As residential facilities are, at least in part, defined by regulatory mechanisms, the definitions presented in Chapter I are not consistent with legal definitions of facilities. This is because legal definitions vary by state and are generally not refined enough to capture differences between housing options that might be salient to an older adult or their family members. Researchers and members of the assisted care industry have demonstrated some consistency in their use of terms referring to the various housing options. However, as the terms are more easily conceptualized as a continuum rather than discrete entities, overlap and inconsistencies between terms also exists in the literature. Throughout this paper I have attempted to maintain consistency between my use of terms for various housing options and the definitions presented in Chapter I.
The landscape of living options available to older adults has shifted substantially in recent decades with nursing home use decreasing and assisted living and home care use increasing (Feder, Komisar, & Niefeld, 2000). As a result, older adults and their support networks face increased choices when considering living transitions. As I was interested in exploring the transitions of older adults into institutionalized care settings, yet hesitant to sample vulnerable elders, senior centers that were populated by active, mobile elders provided an ideal sampling frame.

Factors Impacting Migration in Older Adults

Over the last several decades a wide range of factors that influence older adults to either modify or maintain their living arrangements have been identified. Bekhet et al. (2009) categorized several factors that emerged through their qualitative research as factors that push older adults to migrate and factors that pull older adults toward migration. Examples of pushing factors they identified include failing health, alleviation of responsibilities, a need for social support, and a need for assistance with activities of daily living. Pulling factors included being able to live in close proximity to friends, geographic location, the reputation of a given facility, and security. Requiring regular assistance with activities of daily living appears to be a substantial factor for residents moving into assisted living facilities (Coe & Wu, 2012). Over half of new residents in assisted living facilities report that they required regular care and assistance in the months leading up to their transition into assisted living (Coe & Wu, 2012). As assisted living facilities are, to some extent, defined by the assistance staff members provide residents with activities of daily living, it is not surprising that a need for additional support is a substantial catalyst for older adults relocating to assisted care facilities.
Adaptability is a skill that is required for geographic relocation. However, adaptability represents a rather broad construct. Learned resourcefulness and positive cognitions are two forms of adaptability that have been found to have a positive impact on a sample of adults over the age of 64 who recently relocated to retirement communities (Bekhet, Zauszniewski, & Wykle, 2008). The process of adapting to changes in living environment through downsizing one’s possessions has also been shown to have a role in the transition process, although interviews with older adults who recently navigated the process of disposing of extraneous possessions highlight the importance of meaning (i.e., my possessions are useful to someone else) rather than actual knowledge that their possessions are benefiting another (Ekerdt, Luborsky, & Lysack, 2012; Marcoux, 2001). This process, which is referred to as *casser maison*, or breaking the house, may offer additional benefits with regard to adaptability, as it has been shown to facilitate the process of constructing an individual identity that is divested of material possessions (Marcoux, 2001). While there are a wide range of additional factors that either motivate older adults to transition or ease the transition process, I will now move to a broader discussion of seminal theories of elder migration.

**Theories of Migration**

Theories of migration provide potentially useful frameworks for contextualizing factors that impact older adults’ transition into retirement communities, including assisted living facilities. In the following subsections I summarize and evaluate three of the leading models of elder migration: Wiseman’s (1980) behavioral model, Litwak and Longino’s (1987) developmental model, and Lawton and Nahemow’s (1973) ecological model. Of the three models presented in this section Lawton and Nahemow’s appears to have the highest degree of consistency with the theoretical foundations of the present
study. However, the other two models may be considered in the context of ecological theory, which inherently includes development and behavior, all three models have the potential to provide context to the findings of the current study.

**Wiseman’s Behavioral Model**

During the 1970s, researchers gathered substantial data regarding the migration patterns of individuals at various points throughout the lifespan. For the first time researchers could begin to distinguish patterns of late life migration from early life migration. Access to these data prompted Wiseman (1980) to develop an empirically based model of elder migration. At the heart of Wiseman’s model is the notion that older adults are likely to migrate early in retirement (e.g., 60 to 69 years of age) and after they are over the age of 75. Wiseman took these data as indicative that early retirees with access to finances were moving to pursue warmth and leisure activities, while people in later life were moving based on a need for assistance with daily living activities and healthcare.

Wiseman (1980) assumed that older adults are perpetually engaged in examining their residential living situation in the context of internal and external factors that either push or pull a person to change residences. If factors supporting relocation outweigh factors supporting staying in place, then older adults will relocate. While this model may appear relatively simplistic on the surface, one arguable strength of the model is the extent to which it accounts for the uniqueness of each older adult with regard to factors that motivate them. The simplicity of the model is further countered by Wiseman’s (1980) integration of typologies into the model. Wiseman’s typologies correspond to the ages during which older adults are most likely to move and echo the notion that those moving early in retirement are seeking amenities while those relocating later in
retirement are in need of assistance with daily activities. Long term care and financing options for older adults have shifted since the 1980s (Feder et al., 2000). As a result of these shifts the ongoing validity of Wiseman’s model is debatable, although research continues to strengthen the case for the validity of the push and pull constructs (e.g., Bekhet et al., 2009).

Litwak & Longino’s Developmental Model

Litwak and Longino (1987) observed that demographers had documented a relationship between developmental life stage and likelihood to relocate. However, existing models that articulated developmental stages had a substantial flaw, as they ended around the age of retirement and thus neglected older adults. The developmental model proposed by Litwak and Longino extended existing developmental models of relocation, as the authors considered relocation in the context of older adults’ development. The authors propose that there are three major moves later in life. Similar to Wiseman’s (1980) conceptualization, the first move takes place early in retirement and is facilitated by social expectations that older adults who have access to finances relocate to facilitate their hobbies, interests, and activities. The authors postulate that this move is most likely to be undertaken by married older adults, although it is unlikely that the move will be motivated primarily by a desire to be near children or other family members.

The second developmental transition that Litwak and Longino (1987) conceptualize as prompting relocation is induced by developing chronic diseases and other health conditions that limit one’s ability to engage in activities of daily living. The authors propose that this move must bring older adults closer to support systems that can provide assistance and interaction on a daily basis. The ongoing relevance of the authors’
conceptualization of the second move is somewhat debatable, as the theory was proposed during a time when access to intermediate levels of institutional care, such as assisted living facilities or retirement communities was limited (Feder et al., 2000). Thus, older adults might seek options such as home health care, thereby negating their need to relocate in order to access support and assistance with daily living activities.

The final developmental transition proposed by Litwak and Longino (1987) corresponds to an increase in chronic illness for individuals with children or a need for intermediate care for individuals without children. This conceptualization is based on the assumption that older adults who have children will receive care from their children through the second developmental transition, until they reach a level of health that necessitates institutional care. The authors believe that this move will take place in a restricted geographic region as they assume that institutions supplement family care, which means that older adults will continue to live in close proximity to their children.

**Lawton and Nahemow’s Ecological Theory**

Lawton and Nahemow (1973) were the first to present a major theory of elder migration, which was arguably ahead of its time with regard to systemic considerations. The ecological perspective presented by Lawton and Nahemow is consistent with the epistemological and theoretical foundations of the present study, more so than the perspectives of Wiseman (1980) or Litwak and Longino (1987), which arguably align with a positivist or post positivist epistemology. However, the theories articulated by Wiseman and Litwak and Longino can be conceptualized in the ecological context that is adopted by Lawton and Nahemow. As ecological theory emphasizes the interdependence of one component of a system with all other components, consideration of additional
theories serves to enrich the overall ecological model. This notion was not lost on the theorists, who not only integrated a range of existing theories but also called for research to create taxonomies within the ecological model.

Lawton and Nahemow propose that elder migration is a complex phenomenon that is dependent on an infinite range of relationships and variables, including human development. Unlike the developmental model proposed by Litwak and Longino, which provides clear stages of development that can be used to anticipate behavior, ecological theory considers development as a broad factor that is unique to each individual based on their own aging trajectory and abilities. In this way development is seen as a factor that impacts the ways in which one perceives and interacts with one’s environment.

Lawton and Nahemow integrated five elements that transact with one another into their final model: individual competence, environmental press, adaptive behavior, affective responses, and adaptation level. The authors state that individual competence can be taken in general terms, however, they note that competence is generally articulated in specific sub-domains, such as cognitive competence, ability to adjust, or ability to maintain one’s health. Environmental press are forces within one’s environment that interact with one to create a perceived need. Press interact with individual competences as competencies are often considered as relative to one’s environment.

Adaptive behavior, like individual competence, is a relative construct. That is, the extent to which a behavior is seen as adaptive or maladaptive depends on social norms and expectations, as well as other external circumstances related to the behavior. Affective responses represent an individual’s emotional state in the context of the other ecological factors. Lawton and Nahemow indicate that they conceptualize affective
responses in the broadest possible terms that include any internal emotional state.

Adaptation level refers to the extent to which an individual has become accustomed to specific stimuli. For example, if one puts on perfume or cologne, one will adapt to the scent and thus might continue to apply more and more scent as they adapt to the increasingly overwhelming smell. This could prove problematic when they interact with others who have not adapted to the overwhelming odor.

Lawton and Nahemow propose that individuals have a zone of maximum performance potential that is determined by individual context and environmental press. For example, an individual with a higher level of competence can tolerate stronger environmental press while staying in their zone of maximum performance potential and behaving adaptively. If one is in a situation that occurs outside of one’s zone of maximum performance potential, one will experience negative affect and will begin to demonstrate maladaptive behavior.

A substantial limitation to Lawton and Nahemow’s articulation of an ecological theory of older adult migration is that it was constructed with research that was conducted prior to 1973. This research is out dated, and in some cases it may be irrelevant, given the extent to which housing, financing, and care options for older adults have evolved in recent decades. However, the authors recognized this limitation in their initial articulation of the theory and thus focused on developing a theory that serves as a contextual framework in which many intersecting factors can be considered. Updates to the model (Wahl, Iwarsson, & Oswald, 2012) demonstrate the ways in which evolving intersections can be integrated into the existing framework. There is likely ongoing value in conceptualizing the extent to which one’s ability to cope with new environments interacts
with adaptation and affect. In this way the theory can be used to consider the ways that various factors interact with one another, culminating in one’s lived experience. Viewing this theory from a broad level of abstraction seems to result in a conceptualization that is consistent with Bronfenbrenner’s (1979) ecological model, which is foundational to the present study.

**Summary**

I began this chapter with a summary of recent findings regarding several common mental health concerns that are prevalent later in life. As I hoped that this project might be useful to counselor educators and developing counselors, these mental health concerns provide context for conceptualizing and analyzing the narratives gathered in the course of the project. I then provided an overview of multicultural counselor education as the final representations of this project will be useful in expanding multicultural counselor training. While talking about multicultural counselor education I have demonstrated that videos have long been considered a valuable tool in the context of training multiculturally aware counselors. Finally, I explored factors and theories that have been identified in the literature as impacting older adults’ transitions into residential care facilities. The literature that has been reviewed in this chapter is foundational to the epistemology, philosophies, theories, methodology, and methods presented in the next chapter.
CHAPTER III
RESEARCH DESIGN

In this chapter I will explicate the design and procedures for the current study. I begin this process by considering the broadest level of abstraction, epistemology, which answers the integral question of what constitutes a source of knowledge. I then use epistemology to conceptualize and justify the philosophical and theoretical foundations for the study. Finally, I summarize narrative methodology and provide details of the methods that will be used for the present study.

Constructivist Epistemology

Epistemology refers to the ways that one knows. Crotty (1998) describes two opposing epistemologies objectivism and subjectivism. Objectivists believe that knowledge is inherent in an object, while a subjectivist would maintain that the opposite is true; that knowledge arises entirely from a subject. Constructivism can be conceptualized as a bridge between these two opposing perspectives. A constructivist lens provides space for participants to construct multiple overlapping realities (Lincoln & Guba, 1985) through the recounting of their individual perceptions and experiences. In this way constructivism was an ideal fit with this study, as it provided a frame for understanding contradictory experiences. Constructivist epistemology is congruent with narrative methodology, as sharing stories with others builds knowledge and meaning (Squire, Andrews, & Tamboukou, 2013). Similarly, narratives are constructed to convey meaning and knowledge about reality (Webster & Mertova, 2007).
A purely subjectivist epistemology is arguably lacking in conceptual power when taken in the context of narrative methodology, particularly when multiple narratives are involved. Each narrative will inherently capture the subjective reality of the individual narrator while simultaneously having the subjective reality of the recipient, or audience of the narrative, imposed onto the narrative when it is recounted. Yet if one were to conceptualize each narrative as purely subjective in nature, there is no means for intertwining the narratives, or for understanding the commonalities between them. Further, any objective reality is denied, which results in an unnecessarily restricted conceptualization (Lincoln & Guba, 1985). Constructivism provides a means to explore the ways that meaning and knowledge are built through interactions between a person and other people with whom that person engages. The individual represents the subjective nature of reality, others are viewed as objects with which the subject engages in the process of constructing knowledge and meaning.

In conducting this study, I hoped to move beyond existing research, which often emphasizes external validity. Such models inherently assume knowledge to be objective, although some may leave room for the subjective experience, which is accounted for as error variance or an error term. That is, subjective experience cannot be accounted for in a model that seeks to have external validity; rather, the researcher must find the objective truths that apply across participants and thus can be inferentially applied to the broader population (Crotty, 1998).

A constructivist epistemology is further warranted given the theoretical and philosophical foundations that I have used to inform the design of this project. Multiculturalists (Sue & Sue, 2013) consider systemic issues of power and oppression. I
conceptualize a subjectivist epistemology as oppressive, since a subjectivist epistemology implies that a person experiencing oppression is responsible for the oppression, as it arises from their experience rather than external social structures. There is, however, evidence for the existence of social barriers to mental health access, such as legal blockades to counselors obtaining fiscal reimbursement through Medicare (Branson, 2014).

A constructivist epistemology enabled me to conceptualize the narratives of participants as inclusive of subjective truth as well as objective reality. Further, conceptualizing knowledge through a constructivist lens provided space for my own subjective reality as a researcher. In creating the final representations, I constructed narratives based on interviews that are also coconstructed between myself and participants, which has inherently resulted in my voice impacting the narratives that are presented in Chapter IV.

While I sought to move beyond reductionist and predictive models of transitions into assisted living facilities, I can see value in existing predictive models. Conceptualizing this study through a constructivist lens created an opportunity to draw on this previous research, despite my conceptualizing many of the authors of this research as objectivists. This interplay can be seen in the qualitative study conducted by Bekhet et al. (2009), as they distilled participants’ experiences into push and pull categories (e.g., one might be pushed into relocating by health problems or pulled by services or amenities offered by an assisted living facility) that were proposed by Wiseman (1980). Wiseman developed these categories based on quantitative research that emphasized the existence of an objective reality through the valuation of external validity. Yet, these categories
were congruent with many of the subjective experiences reported by participants to Bekhet et al. (2009). Thus, a constructivist epistemology enables objective conceptualization and distillation of data, while also drawing on the subjective experiences of participants. However, as Clandinin and Connelly (2000) observe, this distillation is somewhat antithetical to narrative methodology, which provides a means to highlight the subjective reality of each narrator.

In addition to framing the theories and philosophies that are foundational to this study, constructivism also provided a framework for understanding the research methods. This concept is exemplified by the use of group interviews as a means to collect data (Creswell, 2013). Each member of the group brings their own subjective experience that is presented to the group, thus providing stimulus for other group members to build on. Understanding the impact of dominant cultural narratives on participants’ subjective experiences is dependent on a constructivist epistemology, as it calls into question the ways that knowledge and meaning are built through the interactions between people and environment. Crotty (1998) describes social constructivism as germane to understanding and awareness, as individuals do not rely on their subjective experience to build these larger cultural narratives. Rather, they are constructed through interactions between individuals. Thus, a constructivist epistemology appeared to be the most congruent approach for conceptualizing the present study.

**Theoretical and Philosophical Foundations**

Theories and philosophies guide the development and conceptualization of research. As narrative researchers emphasize the experiences of participants, it may be more useful to begin with an examination of participants’ experiences rather than a comparison of potentially useful theories (Clandinin & Connelly, 2000). Thus, the
following theories were considered as they contributed to the overall design and conceptualization of this study. Additionally, the following theories provided broad lenses that proved useful in organizing and interpreting data associated with the present study.

**Critical Theory**

Researchers using critical theory move beyond a desire to understand as they seek to challenge ideas, particularly in the context of conflict and oppression. (Crotty, 1998). Critical theorists propose that challenging ideas is important, as ideas inherently contain messages of power and oppression, and thus ideas are tools for social power and control (Crotty, 1998). Critical theorists maintain that facts and ideas are inextricably intertwined, and thus one cannot know with certainty the location of the intersection between objective fact and subjective value (Crotty, 1998). This notion is congruent with constructivist epistemology, as constructivists embrace knowledge as emerging from an interplay between a subject (e.g., values) and an object (e.g., facts).

Challenging knowledge in the context of critical theory is also congruent with dialogic/performance data analysis, as this approach to data analysis draws on external contexts, such as history and issues of power and oppression. An example of this sort of challenging might include analyzing the structure of a narrative to explore the ways in which a narrator identifies with or distances themselves from stereotypes, biases, values, and beliefs. In analyzing the data for this study, I drew upon the dominant cultural narratives regarding assisted living that are presented in in Chapter II.

Further, critical theory provided a means for me to examine my own biases and the ways in which my biases impacted the research design, data collection, and data analysis. Crotty discusses the “dilemma of standing close but not being engulfed” (1998,
That is, while multiple people might have an interest in criticizing a given subject (e.g., idea, value, stereotype, etc.), each of those people is a unique individual with a unique history and unique life experiences. I encountered the issue of standing close but not engulfing in conducting this research, as participants criticized stereotypes of older adulthood and assisted living facilities. Using critical theory while I analyzed data and constructed the narrative representations associated with this project helped me to maintain awareness of the boundaries between my own ideas and the ideas of participants.

This process of challenging ideas, beliefs, knowledge, power, and oppression (Crotty, 1998) may be particularly important for researchers working with older adults as research on elders tends to be biased by ageist assumptions. Some studies focus on healthy people, others on sick people... As a result, the research findings have been limited or biased, or both. They have not given us a true picture of the wide range of ways in which elders age (Larabee, 2013, p. 574).

This highlights the importance of critically examining the ways in which ageist biases impact the research process as well as the importance of providing research consumers with rich narratives or descriptions of research findings. Rich descriptions provide a broad context rather than restrictive stereotypes and thus inherently challenge socially constructed stereotypes. As narrative researchers (Clandinin & Connelly, 2000; Creswell, 2013; Webster & Mertova, 2007) have observed, narrative approaches to research are used to provide rich descriptions of the experiences of a small number of participants. Thus, critical theory is congruent with narrative methodology and dialogic/performance analysis. Critical theory was used to inform this study’s design and to emphasize structures of power and oppression that emerged during data analysis.
**Bronfenbrenner’s Ecological Systems Theory**

Bronfenbrenner (1979) proposed a theory for conceptualizing individual growth and development in the context of environment. Bronfenbrenner’s (1979) theory is useful in the context of the current study as it provided a means for conceptualizing the ways in which socially constructed meanings interacted with the experiences of individual participants. Further, it provided a framework for conceptualizing the interactions between various cultural and environmental systems and participants’ lived experiences. Bronfenbrenner (1979) proposed that considering complex interactions across systems produces data that are more informative and rich than data gathered from a single person, without consideration for that person’s environment.

When using ecological systems theory (Broffenbrenner, 1979) as a conceptual tool, one can move between multiple levels of cultural abstraction. The narrowest level, the microsystem, encompasses an individual and their immediate roles, actions, relationships, and environment. For example, an older adult’s microsystem could be inclusive of their roles as a spouse and as a parent as well as the building in which they live and the people with whom they regularly interact. The microsystem is situated within a larger mesosystem, which develops from ecological transitions. These transitions occur when individuals move between two or more microsystems. For example, a mesosystem might include the environment in which a person lives as well as the environment in which they work or engage in leisure activities. Touring a prospective assisted care facility would involve an older adult expanding their mesosystem to include a new location with which they have interacted. Bronfenbrenner (1979) hypothesized that this ecological transition can be made easier if the person, in this case an older adult, is
accompanied by a loved one to whom they are attached. In summary the microsystem involves the immediate environment with which a person is engaged while the mesosystem is comprised of all of the environments with which a person engages.

Mesosystems are often governed and influenced by larger, more abstract systems. For example, an older adult living in an assisted living facility may be impacted by corporate administrators and policy makers, who they might never meet or come into direct contact with. These administrators are a part of the older adult’s exosystem. That is, the actions of the administrators will likely have an impact on the older adult, however, it is not a direct impact. Rather, the administrators might act on the assisted living staff, who then act directly on the older adult. Similarly, the older adult might act on assisted living staff, who then engage with the administrators in an effort to change policy based on their interaction with the older adult. In this way, the exosystem is comprised of indirect interactions.

The macrosystem represents the broadest levels of environmental abstraction, such as dominant cultural norms, laws, rules, and expectations (Broffenbrenner, 1979). As such, the macrosystem is inclusive of all of the lower level systems and generally takes place at a national or multi-national level. An older adult transitioning into an assisted living facility is influenced by many macro level factors, such as laws regulating assisted living facilities, dominant social narratives about assisted living facilities, and cultural movements, like a movement away from institutionalization in favor of home health care.

In addition to providing a conceptual framework that encourages an examination of the interaction between an individual and various levels of environmental abstraction,
Bronfenbrenner’s (1979) theory also provides a developmental framework that is based on individual environmental interactions. Bronfenbrenner proposed that every life transition both results from and causes development. Thus, older adults transitioning into assisted living facilities are in the process of going through an ecological transition, which has been caused by their own growth and development and that will cause further growth and development.

This developmental process takes place at multiple ecological levels. Transitioning into an assisted living facility causes changes in one’s micro system. That is, one’s immediate surroundings change, as one is now living and interacting with novel individuals. Similarly, one’s mesosystem is altered as one will likely engage with different settings. For example, a resident may cease to visit a grocery store or recreation center that they used to frequent or they might change primary health providers from an existing provider to a provider that works within the assisted living facility. The exosystems with which a resident interacts could shift as well, since assisted living facilities likely have a board of directors or administrators, with whom residents might have minimal or no interaction. However, the decisions of the board or administrators will have an indirect impact on the experience of the older adult. Bayne (2012) provides a rich example of his experiences being indirectly influenced by nursing home administrators following his transition into residential care.

**Narrative Methodology**

Narrative inquiry provides a means for understanding the experiences of others through narrated stories (Clandinin & Connelly, 2000). There is no single definition of narrative inquiry, and the use of narrative methodology does not imply a specific approach to data collection and analysis (Squire et al., 2013). Yet, in a broad sense
narrative approaches to research provide a means for data collection and interpretation that are congruent with the ways in which many experience and describe the world. That is, through stories. Narrative inquiry also accounts for the constructive interactions between participant and researcher as well as the contexts (e.g., historic, geographic, & cultural) in which the research is situated. For these reasons, narrative inquiry is useful for understanding the experiences of others, while minimizing the creation of reductionistic stereotypes (Clandinin & Connelly, 2000). There is debate regarding the extent to which lived experiences should be viewed and interpreted based on the content of the story, as opposed to the process of telling the story (Clandinin & Connelly, 2000; Squire et al., 2013). By video recording participant narratives, I hoped to gather data that could be analyzed based upon what was said (content) as well as how it was said (process). Dialogic/performance data analysis provided a framework for analyzing the content as well as the structure of participants’ narratives, which resulted in rich final representations.

Narrative methodology is appropriate for understanding the experiences of a relatively small number of individuals (Creswell, 2013). As my research question sought the experiences of older adults regarding the transition into assisted living facilities, narrative inquiry was a congruent methodological choice. The final representations from this research study are presented in narrative format in Chapter IV. I used dialogic performance analysis as a guide to create novel narratives that interweave content from the narratives of each participant into a larger narrative of the overall research process.

**Methods**

The following subsections contain details regarding how this study was conducted. Participant sampling was guided by Merriam’s (2009) definition of
purposeful sampling. Purposeful sampling procedures were used to select adults age 65 and older who fit the inclusion criteria and who were at different temporal points in the transition process. Data were collected from individual interviews, researcher journals, participant artifacts, and member-checks. Dialogic performance analysis was used to analyze the data. Final representations of the data include a video of participants’ narratives and Chapter IV of this dissertation.

Setting

The general geographic setting for the current study was the Rocky Mountain Front Range, located in the Western U.S. Data collection took place in locations selected by participants, all of whom opted to conduct their interviews at a local senior center. Member checks were carried out in multiple local settings, including a participant’s apartment, the local Senior center, and a local fast food restaurant. By selecting locations for data collection, individual participants contributed additional depth to the overall setting in which their stories are situated, as context is a critical component within dialogic/performance analysis (Riessman, 2008).

Participants and Sampling

Prospective participants for this study were age 65 or older and were either touring and meeting with representatives from assisted living facilities or had moved into an assisted living facility within the last 24 months, or both. Participants were recruited using a purposeful approach to sampling that involved close collaboration with senior center staff and directors.

As Merriam (2009) observes, a purposeful sample is useful when a researcher “must select a sample from which the most can be learned” (p. 77). Recruiting for this study was purposeful, based on the delimitations regarding the sampling frame and the
role that senior center administrators played in gatekeeping participants. Two variations of purposeful sampling were used: convenience sampling and maximum variation sampling.

Merriam (2009) describes convenience samples as being drawn based on the proximity of participants to the researcher. That is, the researcher has easy access to participants. I gained access to study participants by connecting with the directors of local senior centers to whom I had indirect access through my professional social network.

Maximum variation sampling may be limited in the context of assisted living facilities as 91% of people in residential care facilities identify as non-Hispanic white and 70% identify as female (Caffrey et al., 2012). However, I sought diverse participants to the extent that they were available by sampling participants who ranged in age from 70 years old to 91 years old. Sampling participants from a wide age range resulted in a sample that was at many different points with regard to transitioning into assisted living.

The two youngest participants, Linda and Floyd, had toured and researched assisted living facilities, but had no intentions of moving into a facility at the time they were interviewed. Doris had recently lived in an assisted living facility before she transitioned to independent living apartments. Doris was also actively collecting information on assisted living facilities, in preparation for a potential move back into assisted living. Bill was actively preparing to transition into an assisted living facility with his wife at the time of his interview.

In designing this study, I decided that recruitment would be an ongoing process that would take place until data were collected from four to five participants. As Creswell (2013) notes, a small number of participants, who provide in-depth data, is characteristic
of narrative research. Also, as the current project emphasizes the experiences of participants rather than themes associated with the experiences of participants, sampling until saturation was reached was deemed unnecessary and at odds with narrative methodology. Thus, sampling continued until sufficient data were obtained for analysis.

Participants were recruited from two senior centers located in the Rocky Mountain region of the United States. Permission was obtained from the directors of the centers before recruitment began. As one of the centers did not allow me to approach prospective participants to solicit their participation, no participants were sampled from that center. The director of the second center actively worked with me to inform participants of the importance of my research. Thus, all of the participants in this study came from the second center. This sampling procedure was modified from my original sampling procedure, which called for participants to be sampled from assisted living facilities, as I was unable to form relationships with the corporations that owned the assisted living facilities.

After announcing this research to patrons at the senior center, I approached individuals to talk with them about potentially participating. Several patrons expressed interest in participating, and I talked with them about their experiences regarding assisted living facilities. Four participants, Linda, Doris, Bill, and Floyd, were selected from the pool at the senior center based on their interest in the study, as well as their knowledge of assisted living facilities.

**Data Collection**

Data collection took place at multiple times and included multiple forms of data. Individual interviews were conducted using open-ended questions, which were loosely based on the research question guiding this study. Floyd and Linda were given the option
of being interviewed individually, as a dyad, or both individually and as a dyad. Bill expressed regret that his wife couldn’t be interviewed with him, as she was unable to participate due to health concerns. I conducted separate individual interviews with Floyd and Linda, and engaged in multiple conversations with both of them present. I used an unstructured interview format, as I hoped to elicit a diverse range of participant narratives. Interviews were video and audio recorded, thus capturing the content of the interview, the process of the interview, and the setting in which the interview took place. Participants were also given the option of providing artifacts that might add context to their interviews. The only participant furnished artifact that was included in the data analysis was Floyd’s business card, which was included to provide context regarding his interactions with me and the team that was recording his interview. Finally, my researcher journals provided rich context, which was useful for data analysis as well as the construction of the final written narratives.

**Data Analysis**

Recorded interviews with participants, the artifact provided by Floyd, and extensive researcher journals were analyzed using dialogic/performance analysis as described by Riessman (2008). This form of analysis builds upon elements from thematic and structural analysis so that the researcher can understand what was spoken, how it was spoken, when and why it was spoken, and to whom it was spoken. Dialogic/performance analysis is consistent with constructivist epistemology as it enables the researcher to consider the ways in which narratives are constructed as interactions between the researcher and participant (Riessman, 2008). Video recording interviews is also congruent with dialogic/performance analysis, as video footage of participants’ performances can be analyzed for nonverbal communications including hand gestures,
body language, tone of voice, and eye contact. Artifacts are considered by researchers using dialogic/performance analysis, as they provide additional context regarding participants’ performances.

Data analysis began with reviewing and transcribing the video and audio recordings of participants’ interviews. Transcripts were then broken into individual scenes, with each scene representing separate themes, contexts, times, or settings in which the narrative is situated. Individual scenes are identified in Chapter IV, and each scene represents a distinct shift in the content of the narrative. Video recordings were cut into segments that match the scenes identified in the transcripts and were used to provide additional context, such as information on non-verbal communication, that was included in the written narratives. Artifacts including my researcher journals and Floyd’s business card were also used to provide context for the written narratives.

Dialogic/performance analysis situates the researcher in an interpretive position (Riessman, 2008) as the researcher is communicating participants’ narratives to research consumers. Thus, it is appropriate for the researcher to draw on additional contexts that they feel to be relevant to data analysis. For example, Riessman (2008) draws on the screenplay Death of a Salesman (Miller, 1986) while analyzing a transcribed interview. While analyzing participants’ narratives I used my own researcher journal to provide additional context, such as the ways in which my own biases about older adults and assisted living facilities influenced my interactions with participants’ and the data that were gathered from participants. I drew upon larger cultural contexts, such as a song by Waters (1979), to contextualize my own biases and assumptions. This connection
provides insight that the reader can use understand the connections that I made between larger cultural contexts, and my experiences with participants.

I then moved between the video recordings, transcripts, artifacts, and my researcher journals to identify the themes and structure of each scene. During this process the impact of the performance (e.g., how, where, and to whom the story was told) on the narrative was unpacked. Finally, the video footage was combined into a single narrative that included the voices of all of the participants. This was done intentionally to highlight themes across participants’ narratives, as well as temporal sequencing of the scenes. Footage that was included in the final video was identified during the construction of the written narratives. The data from this study were represented through written descriptions of participants’ narratives that include quotes from participants, a video, and a manuscript for submission to a peer reviewed journal.

Peer auditors were recruited to provide feedback regarding the congruence between the full transcripts and recorded interviews and the final written and video representations as well as the ways in which my personal context impact the research. Ashley and Maya, the auditors, are familiar with social science research and were also present for the interviews, as they assisted with recording. Ashley attended all of the interviews, while Maya attended all of the interviews except for Doris’ second interview. Both Ashley and Maya are doctoral students who have received doctoral level training regarding research methods. Ashley has conducted multiple qualitative research projects, and has specialized training in narrative methodology. Maya has taken graduate level coursework in gerontology. Final representations were adjusted based on feedback from the auditors, provided the feedback was congruent with narrative methodology.
Representations

The results of this study were represented in three forms. First, the results of the dialogic/performance analysis were represented in a written narrative that includes quotes from participants’ interviews. Second, a video that sequences and interweaves participants’ narratives was constructed. The construction of the video was guided by the written narrative. As dialogic/performance analysis emphasizes the interplay between researcher and participants this video implicitly includes my own reflections and interpretations, which guided the selection of footage for inclusion. Third, a condensed manuscript for submission to a peer review journal was constructed from the written narratives.

It is my hope that the video representation will provide access to the non-scholar community, including future cohorts of older adults who are in the process of transitioning into assisted living facilities, as it will be distributed via the internet under a creative commons attribution license, pending approval from my dissertation committee. By producing multiple representations, I hoped to increase the reach and impact of participants’ narratives and also to provide consumers with rich descriptions of participants’ experiences, thereby challenging restrictive stereotypes.

Procedures

The first step in the implementation of this study was to submit a proposal to the Institutional Review Board (IRB) at the University of Northern Colorado, which included a letter of support from a local assisted living facility. Once approved, I began contacting directors and representatives of assisted living facilities to obtain consent to conduct research within the facilities. However, because the corporations that owned many of the assisted living facilities did not consent to collaborate with me, a revised IRB was
submitted so that I could sample participants from local senior centers. Letters of support
from two local senior centers were included with the revised IRB application.

Upon receiving IRB approval (Appendix F), I scheduled meetings with
prospective participants, which took place in private rooms provided by the senior center
where participants were sampled. During the meetings I gave participants an overview of
the study and provided them with an opportunity to ask questions about the nature of
participation. Each of the four participants expressed continued interest in participating,
and all four were given informed consent documents (Appendix A). Following
participants provision of informed consent, demographic (Appendix D) and contact data
were collected and interviews were conducted. A small film crew consisting of one or
two trained camera operators and a trained boom microphone operator accompanied me
to during the interviews and assisted with audio and video recording while I conducted
the interviews. Prior to accompanying me to interviews, the film crew signed a
confidentiality agreement (Appendix B). I collected all recordings that were generated
during the interviews at the end of the day. Recordings were kept on original storage
media (e.g., SD cards), were backed up to two external hard disk drives in a RAID 1
array that was fully encrypted (using LUKS), and were also transferred to a fully
encrypted (using LUKS) hard drive on a laptop that has internet access. The laptop was
used to play footage during transcription and data analysis, to ingest interview footage for
editing, and to produce the final video representation. I was responsible for transcribing
each interview, as doing so enabled me to immerse myself in the data.

Participants were contacted a second time approximately one to two weeks after
their interviews and were asked to review the written narratives that were constructed
from their interviews. Participants were also given the option of conducting a follow up interview, to clarify or provide additional information. Only one participant, Doris, engaged in a follow up interview.

An additional round of data analysis that included the results of the member-checks took place immediately following the member checks. The only feedback that participants provided during member checks involved minor factual alterations to their narratives or, in Doris’ case, redaction of sensitive information. All four participants corrected minor factual details. Thus, data from the member checks consisted of informal conversations between myself and the participants, as well as the context in which the member checks took place. After engaging in additional analysis I was able to write a narrative that detailed the entire research process and included my data analysis. The written narrative guided the creation of the video narrative. These representations were reviewed by both peer reviewers, Ashley and Maya, neither of whom was present at any of the member checks. The representations were adjusted based on feedback from the peer-reviewers before being presented to my dissertation committee. After gaining committee approval I will submit the manuscript for publication in a peer-reviewed journal. I will also publish the video representation on the internet under a creative commons attribution license.

**Trustworthiness**

Trustworthiness refers to the extent to which the results of a qualitative study are authentic and also are able to serve as a foundation for future decision making (Merriam, 2009). Lincoln and Guba (1985) discuss the trustworthiness of qualitative research using terms that are somewhat analogous to the concepts of internal validity, external validity, reliability, and objectivity in quantitative research. Lincoln and Guba note that the
positivist or post-positivist conceptualization of these concepts in quantitative research is generally incongruent with qualitative research. Thus, they propose a structure for evaluating the trustworthiness of qualitative research that is based on credibility, transferability, dependability, and confirmability.

Credibility in qualitative research is conceptually similar to internal validity in quantitative research (Lincoln & Guba, 1985; Merriam, 2009). Merriam (2009) describes credibility in qualitative research as a process, rather than an end goal, as there is no objective means available to assess the extent to which a researcher has captured reality, and the development of such a measure would be incongruent with the philosophical assumptions underlying the research. Merriam (2009) provides several strategies that qualitative researchers can use to bolster the credibility of their study. In order to bolster the credibility of the representations associated with the current study, I utilized multiple methods of data collection including gathering demographic information, interviews, gathering artifacts, and extensive journaling. By gathering multiple types of data I hoped to triangulate (as described by Merriam, 2009) data provided by each participant.

Member checking provides an additional means of bolstering the credibility of a research project (Merriam, 2009). I utilized member-checks as I provided all four participants with written narratives that included my analysis of their interview. Participants were encouraged to reflect on the factual accuracy of the narratives as well as the extent to which the narratives represented their experiences. Narratives of the member checks can be found in Chapter IV.

The credibility of this project was further established through my use of reflexive journaling. Journaling provides researchers with a means to explore their own values,
biases, and beliefs regarding the research topic and process (Lincoln & Guba, 1985; Merriam, 2009). An example of researcher reflexivity in developing the current study can be found in my researcher personal stance, located in Chapter I, as well as Appendix F, which contains a journal entry I wrote while considering the importance of screening participants for Major Neurocognitive Disorder, including Alzheimer’s Disease. The narratives that are presented in Chapter IV contain detailed narrative journals that I wrote immediately following every interaction I had with participants. In order to bolster the credibility of my narrative on gaining access, I kept detailed logs of all of the contact that I had with assisted living facilities and senior centers.

Lincoln and Guba (1985) propose the term transferability as somewhat analogous to the quantitative concept of external validity. In other words, can someone reading a study make tentative conclusions about non-participants based on the experiences of participants in the study? Merriam (2009) notes that transferability can be enhanced through maximum variation sampling, which was used to elicit participants at multiple points in the transition process. Other means suggested by Merriam (2009) include the use of rich, thick descriptions, which can be found in the written narratives in Chapter IV. Using video as a representation provides research consumers with direct access to the process, structure, and context of participants’ narratives (Clandinin & Connelly, 2000), thus bolstering transferability. Merriam (2009) also suggests using a working hypothesis, although this approach is inconsistent with narrative research as narrative methodology is used to gather experiences (Clandinin & Connelly, 2000; Webster & Mertova, 2007) rather than to confirm or disconfirm hypotheses. As such, hypotheses were not generated or considered in the present study, with the exception of personal reflection journals.
regarding my own biases, which were useful in helping me to identify the ways in which my personal culture interacted with participants’ cultures. The confirmation or disconfirmation of these biases is not analogous to hypothesis testing.

Dependability provides a means for evaluating the congruence between the final representations and the collected data (Lincoln & Guba, 1985; Merriam, 2009). The use of multiple data sources as well as an audit trail bolsters the dependability of the current study. Further, the dependability of this study is strengthened by the availability of video recordings of participant interviews. Merriam (2009) describes an audit trail as a reflexive journal that provides information on how the researcher arrived at various decisions during the research process. By engaging in reflexive journaling throughout the research process, I produced an extensive audit trail, which has been interwoven with the narratives in Chapter IV. Adobe Creative Cloud also records every action taken during the process of trimming video footage, which provided a detailed audit trail of the process of creating a final video representation.

Reflexive journals can enhance the confirmability of qualitative research (Merriam, 2009). Confirmability describes the ways in which, and the extent to which, a researcher’s subjective self-influences and impacts the research at various points (Lincoln & Guba, 1985; Merriam, 2009). Confirmability was established in the current study through the use of reflexive journals, as well as a representation that include video and audio recordings of participant interviews. While these interviews were edited to form a sequential interwoven narrative, the presentation of the interviews provides research consumers with more direct access to participants’ interviews, including participants’ non-verbal contexts. Two peer auditors were recruited to provide feedback regarding the
ways in which they see my values, biases, and interpretations in the representations. The use of peer auditors is particularly useful given the emphasis dialogic/performance data analysis places on the researcher’s personal contexts, values, and biases.

**Summary**

This research project was grounded in a constructivist epistemology and was framed by Bronfenbrenner’s (1979) ecological systems theory, as well as multicultural and critical theories. The research process was dependent upon my forming relationships with directors of local senior centers, who provided access to participants. Data collection included video and audio recorded interviews, artifacts, researcher journals, and member-checks. Dialogic/performance analysis was used to create a written narrative of the research process, which in turn guided the creation of a video representation. The final product was represented in three ways. The first was a written narrative of the research process, the second was a video consisting of audio and video recordings of interviews, and the third was a manuscript for submission to a peer reviewed journal.
CHAPTER IV

RESULTS

This chapter contains the narrative results of my dissertation study. The narrative of the project has been subdivided into individual narratives for each participant, narratives of each member check, and a narrative describing my process of gaining access. The narratives from participant interviews have also been broken into multiple scenes, which represent different times, places, or stories within the narrative. These narratives also include my perceptions, questions, and the results of my dialogic performance analysis, which I have interwoven with quotations from each of the participants and my description of the interview.

Direct quotations from the interviews are contained in “double quotation marks”. When participants are quoting another person, that quote is “enclosed in ‘single quotation marks’ inside of double quotation marks”. Square brackets inside of “quotation [marks]” are used to cue readers to instances when I altered a participant’s quotation to increase readability or preserve the anonymity of characters in participants’ narratives who were not also study participants. Brackets were also used to mark instances when I omitted information, such as the name of the city in which the interviews took place, to preserve participants’ privacy. Ellipses… are used to indicate omitted portions of participant quotations. In writing the narratives I strove to balance readability with accuracy, so I have omitted some utterances such as “um” that disrupt the flow of the narratives. These
narratives also do not contain indications of pauses in speech, which were included in the
transcripts that were used for data analysis.
Table 1.

*Participant Demographics, n=4*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Marital Status</th>
<th>Children Within Driving Distance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda</td>
<td>70</td>
<td>Female</td>
<td>White/Caucasian</td>
<td>Divorced, partnered with Floyd</td>
<td>Yes</td>
</tr>
<tr>
<td>Doris</td>
<td>86</td>
<td>Female</td>
<td>White</td>
<td>Single/divorced</td>
<td>Yes</td>
</tr>
<tr>
<td>Bill</td>
<td>91</td>
<td>Male</td>
<td>White/Caucasian</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Floyd</td>
<td>73</td>
<td>Male</td>
<td>White</td>
<td>Widower, partnered with Linda</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Gaining Access**

**Impossible Goals**

When I first visited the local senior center I didn’t know exactly what to expect. I had spent some time the previous day in a different senior center in a neighboring county. That day had, generally speaking, been a bust. I hadn’t gotten a single participant that day, namely because I had been instructed by the director of that center that I wasn’t allowed to approach patrons, so I was feeling concerned about all that I had to get done in a relatively short period of time. I was getting to the point that I felt pressure to complete participant interviews, as I had already scheduled my dissertation defense. The pressure that I felt was intensified, as several people had given me the message that this topic was plagued by secrecy and negative emotions.

The only reason I was at the Senior center, instead of at assisted living facilities, which was my original plan, was because the corporate side of the facilities had indicated
that they were not comfortable collaborating with me. It went pretty much the same way with each facility – I would call the facility, ask to talk to the director, and then, after briefly introducing myself, I would describe my dissertation. The directors all expressed interest, and many of them told me that they thought it was a much needed study. However, they would inevitably have to get approval from someone higher up. Some inaccessible, faceless person sitting behind a desk in a different state. That person almost always said no, although some simply ignored the request. I tried a few times to inquire – could I do anything differently? Was it the fact that I wanted to video record interviews? Why didn’t they want to work with me!? I was surprised when an employee at one continuing care facility informed me that “it’s the questions”. I had anticipated that facilities would be put off by the video recording, or maybe because I was asking them to screen participants for me, a process that I assumed would carry some risk or liability for the facilities. But no. My unstructured narrative interview questions were too “invasive”. I was beginning to wonder if it was viable to conduct this study.

I decided that I had come too far. There was no way that I was going to write a new dissertation proposal. Besides, the topic was really interesting to me. And I’ve got this thing that, for whatever reason, when someone tells me I can’t do something, I feel really compelled to try to do it! I was holding out some hope as the director of one facility had actually asked residents in the facility if they were interested in participating. Unfortunately, it was a smaller facility, and there were only two residents who met my sampling criteria, both of whom declined participation. I went to meet with one of my gerontology professors who I knew was knowledgeable about engaging in research with older adults. Her initial response was surprise that I had gotten such a project through the
IRB, followed by certainty that no assisted living facility would let me video record residents. I clarified that I had obtained a letter of support from the director of a local assisted living facility, which I had included with my IRB, only to learn that the corporation that owned the facility wasn’t interested in collaborating with me. She indicated that it made sense that the IRB went through, given the letter of consent. After we talked about the project for a few minutes, she seemed to become interested in the project, and she told me that it sounded interesting and worthwhile. I had gone into the meeting expecting resistance and opposition, as I had encountered multiple barriers thus far. I found that talking to whoever was resistant about the important and timely nature of the study generally cut through the initial opposition. That was why I was so frustrated at the inaccessibility of the corporate side of the assisted living facilities. Several times it crossed my mind, if I could just talk to them, instead of letting the facility directors communicate for me, then they would understand.

After considering for a minute my gerontology professor told me that the facilities can’t stop or restrict any of their residents from participating, although they could restrict my access to their residents while the residents were in their facilities. She suggested that I promptly modify my IRB so that I could sample from senior centers. I asked her if the IRB might hesitate to approve that idea, since I could inadvertently sample someone with cognitive impairments. She indicated that this wasn’t particularly likely, based on her knowledge of the regional senior centers, and she encouraged me to use the term “active older adults” in my IRB, a term which was accurate given the fact that senior center patrons generally function more independently. I trusted her judgment about sampling, since I knew she had experience researching older adults. As I left her office she asked
me to please let her know what I found, a request I had already heard from multiple assisted living facility directors, right after they told me that they had bad news about collaborating with me.

I didn’t really like the idea of submitting a revised IRB. It had already taken me about a month to get my initial approval. So, I went home and, instead of modifying my IRB, I reached out to three more assisted living facilities, most of whom would eventually tell me they couldn’t collaborate with me. I decided, however, to try a different approach to contacting the assisted living facilities. Instead of calling the local facilities, I decided I would try to plead my case directly to the corporations. A quick internet search turned up phone numbers for the corporations that owned the three local facilities that I was interested in. I dialed. Someone named Amanda answered. I introduced myself and described my study and asked who I needed to talk with about gaining their support. I needed to talk with Mark. Amanda transferred me and, thankfully, Mark answered. Once again I introduced myself and described my dissertation. Mark thought for a minute before telling me I needed to talk with Helen in marketing. Marketing!? I’m trying to do research, not make a promotional video for your facility. I asked if he knew her number or if he could transfer me. He transferred me and gave me her direct number. Helen didn’t answer. I introduced myself and my dissertation to her voicemail and provided her with my contact information. Helen in marketing never called back. I left her a second voicemail the next week. I am still waiting to hear back from her…

The other two corporate offices I called informed me that I would need to speak with the managers or directors at the local facilities. I called both facilities and the
directors of both seemed enthusiastic about my project. One manager I spoke with informed me she was filling in as a temporary manager, as corporate was going to be sending in new permanent managers in a few weeks. *What happened to all the managers*, I wondered, but declined to ask. She asked me to email her an overview of my study so that she could pass it onto the permanent managers, when they arrived. It has been over a month, and I have yet to hear from the permanent managers. The other director expressed interest in collaborating with me and asked me to email her some additional information. I sent her a follow up email as soon as I got off the phone with her. I called her the next week to see if she had received the email, and she informed me that she had, but she had to clear it with human resources. She said she had tried to contact them twice in the week since I last talked with her, but they weren’t getting back to her. I decided it was time to get in touch with the senior centers.

Before revising my IRB I called three senior centers, one local and two in neighboring communities, to obtain letters of support that I could include with my IRB revisions. Once again, I introduced myself, introduced my study, and then asked if they were interested in collaborating with me to help me recruit participants. They were! The director of a center in a neighboring community told me she was going to be out of town (with a group of older adults) for the next several days, but she would be interested in working with me when she got back. I didn’t end up following up with her because, by the time she got back, I had already been interviewing participants at my local senior center. I was amazed at how much easier it was to work with the senior centers compared to the assisted living communities. I was quickly able to obtain letters of support from both centers, which I submitted to the IRB with my revised sampling locations. After a
few weeks and one follow up email, my revisions were approved. I immediately contacted the directors of both centers to schedule times that I could come in to recruit participants.

My first recruiting visit to a senior center was, as I mentioned, uneventful. As I made the 45-minute drive to the Center, which was located in a neighboring community, I kept thinking If I don’t get participants by next week, then I should consider rescheduling my defense! When I got to the center I approached the front desk and introduced myself. They were expecting me, and I was allowed to wander through the lobby, with the hope that older adults would approach me. Unfortunately, there were very few older adults at the Center. So, I ended up spending much of my time there talking with one patron, Rosaline, who expressed her sympathy that I had chosen such a difficult and inaccessible topic for my dissertation. Rosaline said I reminded her of her grandson, who had also completed his dissertation on a similarly inaccessible topic. She offered to help me find older adults to sample and told me the best times to come to the Center. This was important information, since most of the patrons came in the early morning. Rosaline also introduced me and described my study to an employee, Debbie, from a locally owned continuing care community. I felt like I had an ally in Rosaline. I appreciated that she had introduced me, as I was beginning to get tired of going through the same introduction.

Debbie expressed interest in my project and told me that the community that she worked for was locally owned. She went on to say that the owner of the community had donated several million dollars to researchers who were exploring community engagement in later life. Debbie offered to talk with the community directors about my
project during a regularly scheduled meeting later that week. After talking with Debbie I felt hopeful that I would actually get to collaborate with an assisted living facility. Debbie gave me a business card and asked me to email her an overview of my study. I sent her a message as soon as I got home.

I decided that, in the future, I would bring a poster so I could set up a table in the entry way to the Center. I only visited that center once more and, during my second visit, I talked with a man who was in his 90s, who expressed interest in my project. He met my sampling criteria, as he had been living in an assisted living facility for about four months. However, when I asked him if he would consider participating he declined. He had given a newspaper interview once, during which he talked about his experiences in the military. After he gave the interview he called the newspaper reporter and asked him not to publish the interview. It brought too much up. I didn’t go back to that senior center, as I wasn’t really able to interact with patrons enough to build rapport so that we could talk about my emotionally loaded dissertation topic. Several other patrons at that center saw my poster and approached my table, but they all remarked that they weren’t ready to move into assisted living and walked away before I could introduce myself. I later learned that assisted living facilities actively recruit older adults, and that one way they recruit is by sending representatives to senior centers. I realized that most of the people who approached my table probably thought that I was there representing a facility, with the goal of getting some of them to move in.

Ten days after I followed up with Debbie I received a phone call from the Director at the facility where she works. The Director asked me about my project. I described my study, and she told me that they had just added 40 beds to their assisted
living unit, so connecting me with participants wouldn’t be a problem. After our phone call, she emailed me to ask how many of their residents I was hoping to interview. I told her two to three residents would be ideal. She replied that that was “totally doable”. Five days later the Director put me into contact with an administrator at one of their assisted living facilities. I sent her an email introducing myself, and she replied that she would be glad to help with my study. She said that she would work on talking with residents, and that she would also contact their power of attorneys to ensure they would be able to participate. By this point my project was well under way, so I decided to follow through with her offer to solicit participants, However, I would not include the interviews in this dissertation.

**Connecting with Prospective Participants**

I felt anxious as Ashley and I walked up to our local Senior center. But, instead of attending to my anxiety, I focused on the wafting smell of the spring time blossoms and the sculptures outside of the Center, in an effort to appear calm and confident. As we approached the entrance Ashley inquired about how we would go about recruiting for my study. I told her that I didn’t know, but hoped to work it out once we were inside and knew more about how the Center was setup. That question definitely sparked my anxiety. What if no one would talk with me? What if all those people were right and this topic was just too taboo?

We immediately encountered a desk when we walked inside. I informed the person sitting behind the desk that Cora, the director of the Center, had given me permission to come and talk with some of the patrons while they ate their congregate lunch. The person at the desk asked Ashley and I to hang on, while she went to get Cora.
A minute later, she returned with Cora, an athletic looking middle aged woman with seemingly endless amounts of energy, enthusiasm, and positivity.

Cora asked if I had been in the center before. I had, to meet the requirements for some of my gerontology classes. As we walked from the lobby into the large dining room that is used for group meals, Cora gave us a rundown of how the meals generally go. First, Cora or someone from the Center leads the pledge of allegiance. Then, they make announcements, including birthdays and anniversaries, and tell a joke. Following the joke, a member of the center approaches the podium, which is located in one corner of the spacious dining room, and says a short prayer. After cuing us in to the lunchtime announcement process, Cora asked if I wanted to talk about my dissertation during the announcements. I did.

Cora encouraged Ashley and I to mingle and start introducing ourselves to folks, before she walked back to the front desk, as there was something there that required her attention. I felt anxious and uncertain about how to start talking with strangers about the potential of their moving into assisted living facilities. Thankfully, a man who was standing by the salad bar made eye contact with me and signaled that we should come and talk with him. He asked who we were and what we were doing there. Once again I introduced myself and my dissertation. I also introduced Ashley, who had come with me in the hopes that a female with a male would be less threatening than a lone male. I think there was validity to this idea, as I noticed that several of the people I talked with would respond to me, while making eye contact with Ashley. I had also selected to work with Ashley, as we work well together, she is highly knowledgeable regarding qualitative
research and narrative methodology, and she is familiar with video and audio recording technology.

After I introduced myself, my dissertation, and Ashley, the man by the salad bar thought for a moment before turning to a woman who was standing nearby. He asked her if she could think of anyone who would be interested in talking with me. She thought for a moment and then said Bill. She informed me that Bill and his wife were getting ready to move into assisted living. She told me that Bill was quite smart, as he used to be a professor. However, she warned, don’t talk about religion, he doesn’t believe in that, and don’t ask him to do the pledge of allegiance.

I was nervous as Ashley and I approached Bill. He seemed like a perfect participant but, I reminded myself, most people don’t want to talk about this. I asked Bill if I could sit next to him, and he consented. I introduced myself, Ashley, and my dissertation topic to Bill. He expressed interest and indicated that his wife and him were indeed getting ready to move into assisted living. I was carrying a folder with informed consents and recruitment fliers, and I quickly pulled out an informed consent form, which I gave to him. He read through it and said that he would be interested in participating. I asked if we could schedule an interview to take place Saturday at the University. He agreed.

I was flooded with relief! Finally, I had gotten someone who was interested in participating!

While Ashley and I had been talking with Bill, Cora had started the announcements. She was introducing me to the room, so I quickly walked across the room to the podium and began introducing myself. As soon as I started talking someone
yelled “We can’t hear you!”. I moved closer to the microphone and, after disclosing that I felt uncomfortable talking into microphones, I introduced myself and gave a brief overview of my dissertation. When I finished talking Cora took the microphone and informed the room that she thought my dissertation was really important. She went on to say that she hoped people would talk with me, so that she would hopefully have it easier when her time came to move into an assisted living facility. I felt so grateful that Cora would go out of her way to encourage people that clearly trusted and respected her to participate in my dissertation. I was honored that she was willing to, in essence, lend me some of her credibility.

Ashley and I talked with several more people during lunch, many of whom told emotionally impactful stories. One person told us about someone she knew who had been physically abused by her son. A small group of women told us about how they liked touring assisted living facilities, so they could get the freebies offered by the facilities. I wondered if they really were doing it for the freebies, or if they were doing it for themselves. Several others told stories about how much their friends hated particular facilities in town. I felt like the people I talked with trusted me, but that they might not trust me outside the environment of the Senior center. Some of them asked if I could do the interviews in the Senior center. At that point I was willing to do interviews anywhere, but I didn’t have permission to film in the Center. Nonetheless, I knew that I had finally made contact with a group of people who were genuinely interested in participating, and who had a lot to say!

When I got home that afternoon I emailed Cora to thank her and to ask her if I could come back next week. She sent an email back saying that I was welcome anytime.
In my reply I asked her if I could audio and video record interviews in the center, since it was accessible and familiar to participants. She agreed. I sent her a release to record at the Center, which she printed, signed, scanned, and emailed back to me. I felt like my dissertation was finally starting to come together, thanks to Cora’s willingness to vouch for me, and her willingness to provide me with a safe and accessible space to conduct interviews.

**Preparing for the Initial Interviews**

I felt nervous and excited. Filming people is, after all, a high risk activity. There is so much that can go wrong, and I felt a lot of pressure to get it right. Not because I felt like I needed the video for my dissertation – I didn’t. I had talked with several members of my committee about dropping the video piece when I was having difficulty gaining access, and they all seemed agreeable, perhaps even a bit relieved. I felt pressure to get it right for the participants. People who were taking time out of their lives to share potentially vulnerable experiences with a complete stranger like me. I wanted to both honor the participants and respect their time.

Five days after Ashley and I first introduced ourselves to people at our local senior center we were once again walking up the plant-lined path leading to the Center. This time, I had brought another person, a friend and fellow doctoral student, Maya, who was research savvy, trustworthy, and a quick learner. As she was also in the counselor education and supervision doctoral program, Maya was gaining familiarity with qualitative research, since she was preparing to take her written comprehensive examinations. Maya was further qualified to assist with this project, as she had taken gerontology classes. Ashley, Maya, and I walked into the center and, once again, approached the front desk. This time I asked the person at the desk if we could please
have a space to film in, as Cora had told me that the center would be able to find space to accommodate our filming. The center was quite busy that day, and space was at a premium. After a bit we were told that we could set up in the game room, after a group of women finished meeting. While we were waiting for the meeting in the game room to conclude we walked through the large dining room, where people were gathering in preparation for that day’s meal. Cora wasn’t available to make announcements that Monday, however, the person in charge of the front desk introduced me to the group and allowed me to talk briefly about my project. I appreciated this, as there were several people in the dining room that hadn’t been there the week before.

Linda

After the announcements I walked through the dining room, greeting people who I had met last time I was at the Center. I approached one large table in particular, as several of the people sitting there had expressed an interest in my project. The first person I talked with at that table was Linda, a 70-year-old woman who had told me the week before that she thought that there was a great deal that needed to change with regard to how older adults were treated. She had also informed me that she was living in an independent living apartment and that she had researched and was knowledgeable about assisted living facilities, although she didn’t think she would ever have the financial resources to move into an assisted living facility. Linda also presented a unique perspective because she volunteered to call bingo and help with parties and other social activities at a local assisted living facility. Through her own experiences, as well as her interactions with others, Linda had constructed a narrative about transitioning later in life that needed to be told. I was grateful when Linda agreed to participate. We decided that I would interview her after lunch.
While I was talking with Linda, my sister in law, Hazel – a professional graphic recorder who knows her way around a camera, walked into the dining room. Hazel had generously agreed to take time out of her week so that she could help with video recording. When I finished talking with Linda I greeted Hazel and we joined Ashley and Maya, who were lurking outside the game room, waiting for the meeting inside to finish. Once the women adjourned, we walked out to my car and brought in the camera, lighting, and sound equipment.

The game room in the Center was a large, square room with windows running the length of two of the walls. The natural light was perfect for video recording, and I decided to forgo all artificial lighting, so that Linda wouldn’t be distracted by several hundred watts of light flooding across her face. I was glad that the room was so large, as I had been hoping to use a higher zoom lens, to produce less distorted video footage. I set up one camera with a zoom lens in the back corner of the room, about 20 feet away from the blank wall where the interview would take place. Hazel set up a second camera with a wider lens about ten feet in front of the chairs we had set up for the interview. Maya was sitting behind the chair we had set up for Linda monitoring an audio feed coming from a shotgun microphone that was positioned in front of Linda’s chair, out of sight of the cameras. We had just finished getting our equipment set up when someone knocked on the door.

I walked across the room, opened the door, and admitted Linda, who I perceived as a bit hesitant. I invited Linda to sit in the chair we had prepared for her and began the process of going over informed consent. While Linda was reading and signing the informed consent and demographic questionnaire I provided final instructions regarding
my expectations for the recordings to Ashley, Hazel, and Maya. I was excited that I was finally conducting an interview. I felt a sense of anticipation as Linda finished filling out her paperwork. My experience counseling and conducting other qualitative interviews has taught me how validating it can be when one person vulnerably shares a story with another. I feel guilty admitting it, but I was really excited to experience the validation that I anticipated would come when Linda shared her story. The cameras and microphone were recording. It was time for the interview to start.

I opened the interview with a vague line that I hoped would orient Linda to the fact that I was gathering stories, while also leaving space for her to tell her story, in her own way:

“All right. So if you can just tell me a little bit about, kind of, the story around…”

“…My experiences? Okay”

**Scene One**

I sat and listened as Linda introduced us to the first scene of her story, a scene that had originally played out several decades ago. Linda told us that she was raised in “a very large family” in “The Steel City”. She was married for 30 years, and was a military wife for four of those years. While her husband was serving, Linda lived in Saudi Arabia for a year before moving to Europe, where she lived for three years. Linda told us that her husband and her moved from Europe back to the United States and settled in a large Midwestern city, where she spent 37 years of her life raising a “couple kids, a girl and a boy”. As I listened to Linda portraying her early life I was struck by the balance that I perceived in her story. On the one hand, she seemed to portray herself as a strong, independent woman. Someone who had successfully navigated living in several different countries. My previous experiences with military families made it easy for me to assume
that living life as a military wife was probably stressful, uncertain, ever-changing, and, at times, lonely. On the other hand, Linda also seemed to portray herself in a way that I perceived as consistent with cultural ideals and gender expectations – she was an all American mother of two children, a girl and a boy, who she worked hard to provide with opportunities and resources so they could be successful.

**Scene Two**

The initial scene of Linda’s narrative gave way to a new scene, one that took place in Nebraska. Linda ended the first scene of her narrative by telling us that, when her children were in their teens, “things happened between my ex and I, and we ended up getting divorced”. The second scene of Linda’s narrative was set in a small town in Nebraska, which was “a big difference from Chicago” as Linda could “go from one end of the town to the other end of town, in rush hour, in five minutes”. After her divorce Linda moved to Nebraska to help a friend who had cancer. She “ended up staying there for nine years”. While Linda was living in Nebraska she met another man, who was “a Chicago man”. Linda stayed with him “without getting married… for 17 years”. While listening to this scene of Linda’s narrative I was struck by her generosity. She moved across state lines and seemed to set aside several years of her life to care for a friend in need.

While I was reading through the transcript of Linda’s interview I wondered why she started her story with her early life. Was it to contextualize the rest of her life? Was it to provide contrast for yet untold parts of her story? It felt to me like she needed to tell the four of us, as well as the broader audience who would have access to the video footage, that she had lived a rich life, with many fulfilling relationships. She had lived a life that was in line with many cultural ideals – marrying a military man, raising two
children, staying in a long-term committed relationship after her divorce, and caring for others. I appreciated that she opened her story this way, as it helped me to see her in a contextually rich light. She was strong. She had lived a rich life. She had loved and been loved.

**Scene Three**

The third scene of Linda’s narrative began with her daughter, who “was recently divorced and had two young children” calling. Her daughter “asked if I would come and live with her…rent free”. That phone call took place right before her partner of 17 years “passed away”. That phone call resulted in Linda moving to the community that she was living in when I met her. While I listened to Linda describing this scene I felt a sense of anxiety, like I was being rushed and didn’t really have time to understand what was happening, it all seemed to happen so fast. The whole scene is only five lines long, however, in those five lines Linda’s daughter is in need, Linda’s partner is dying, and Linda hastily moves from one state to another. Linda describes her move:

“So she came and, uh, moved me, uh, to [the city where Linda now lives]. And, um, the stuff that I had packed or whatever, when we were, um, loading up the truck, uh, half my stuff she threw away”.

I felt like I was caught in a whirlwind as I listened to Linda describe the way that her daughter moved her. While I was analyzing the interview I was struck by the way that Linda’s narration altered. During the first two scenes Linda was the subject of her story. She had experiences, kids, a husband, a partner. She cared, she married, and she lived. Now, she was no longer the subject. She was an object who was being moved by her daughter, who had replaced her as the subject of the story. As I read through the transcript of my interview with Linda I realized that this shift in language represented a
significant transition. This seemed to be the point where Linda’s story went from being
the story of a strong, independent woman leading a fulfilling life, to being a story of
disempowerment, objectification, and isolation from her peers. The first two scenes of
Linda’s narrative involved her taking care of her children and her friend. I wonder if
Linda is subtly communicating that she enjoys caring for others, but that others have, at
times, taken advantage of her caring personality.

Unfortunately, I didn’t pick up on the way Linda shifted herself from subject to
object during the interview. Instead I asked a question that was rooted into my
stereotypes of transitioning: “How did you all decide what to keep or what to throw
away?” I regret asking that question. While reading through the interview transcript I
realized that that question was not mine. It belonged to another researcher, one who was
interested in the process of reforming one’s identity by parting with material possessions.

Linda was looking at Hazel when I asked the question. As I was asking it, she
slowly rolled her head to her right and looked at me. When I watch the video of the
interview I feel like she is non-verbally indicating that my question was disrupting her
narrative. “Well, she was the one. She says ‘Oh, I have a microwave. Oh, we don’t need
this many dishes. We don’t need this silverware’, you know, ‘We don’t need all this
bedding’”. Linda’s answer seemed to confirm that she had indeed gone from subject to
object. No longer was she the one in control, she was now being taken advantage of
based on her generous and caring personality. When I read through that part of the
transcript I imagine how confused I would feel if I were uprooted and placed into a
situation where I felt used and controlled.
I interrupt Linda to ask what parting with so many of her possessions was like. I wanted to get to her emotions, to truly know her experience. I didn’t realize that Linda had already started cuing me into her emotional experience through changes in her narrative style. Linda began playing with the necklace she was wearing and responded that she told herself “I guess I’m going to be here forever”. This statement seems to indicate that Linda was planning on living the rest of her life in the company of her daughter and her grandchildren. However, Linda did also think “Gee, you know, what if I get married again or something, I’ll want to have something to contribute”. Linda said that during the process of downsizing she asked her daughter “are you sure?” [about throwing away many of her possessions] … “something might break”. Even though I had interrupted Linda by asking more about the process of parting with her possessions, she seemed to direct her statements to a wider audience than just me. Her answers to my questions were not asides. Rather, they seemed to be performed for the same audience as the rest of her narrative.

**Scene Four**

After addressing my questions Linda moved into the fourth scene of her story. This was the first scene that took place in the city in which I was interviewing her. Right after Linda moved in with her daughter, her daughter “started fostering a young teenager. A young girl”. Her daughter “had done foster work before her pregnancies”. Linda looked from Ashley to me in a way that I felt emphasized the importance of what she was about to say. Linda continued: Her daughter “had five foster boys plus… her own two boys” when Linda moved in with her.

Although I have never had a foster child, I have provided mental health care for foster children and I have a sense of the amount of trauma some foster children have
experienced. Five foster kids! I can’t imagine living with and caring for five foster kids, let alone five foster kids plus two additional kids! Linda had described her life prior to the move as calm and orderly. This seemed like complete chaos. Linda used repetition to emphasize that caring for that many children was “an awful lot of work. An awful lot of work”. During this scene Linda shifted her voice so that she was, once again, the subject of her narrative. The objects of her narration now became her daughter and her grandchildren.

Linda told us that she “wasn’t used to being around that many little children”. However, Linda was focused on “taking care of the children”. She spent a lot of her time “taking them here, taking them there. Doing the cooking, doing the cleaning”. Linda said that she “did not mind at all, ‘cuz I felt I was really helping out”. The fourth scene of Linda’s narrative concludes with what I perceive as foreshadowing: Linda’s daughter “has become a very controlling individual”.

I was nearly oblivious to the cameras, the microphone, and everyone else in the room. I was vaguely aware that Linda was primarily looking at Ashley and Hazel, both of whom were sitting next to a camera that they were monitoring. However, I was completely focused on Linda’s story. I wanted to know what came next. While I review the video of her interview I wonder if she wanted everyone in the room to be drawn into her story, to hear her message. I wonder if she would have made eye contact with Maya as well, if Maya hadn’t been sitting behind Linda.

Scene Five

In the fifth scene of her narrative, Linda situates her daughter and adopted granddaughter as the antagonists in her story. This scene opens with Linda describing her adopted granddaughter’s resistance to being adopted. Linda felt that “she saw this
adoption as a means…to getting a car, getting a computer, … everything foster kids don’t have”. “A couple months after the adoption” Linda’s granddaughter ran away. Linda said that her “daughter was worried sick” since they “didn’t see [her adopted granddaughter] for a year”.

At this point in the story Linda uses an aside to tell her audience that she is “one of sixty cousins”, which meant that she knew “what kids do” and that she could “read” her adopted granddaughter, so “she couldn’t get by with anything”. Linda believes that her attempts to set boundaries with her adopted granddaughter “blew the top off”. At that time Linda seems to have been the primary caregiver for her grandchildren, since her “daughter was so involved in her business”. Her daughter would “get home after supper and hardly had any time to spend with her boys”. After Linda’s adopted granddaughter came back, Linda told her daughter “I’m not threatening you or anything, but I have to tell you my feelings… At my age, I can’t deal with a teenager. I’m sorry. I just really can’t”. Linda didn’t want to “cause problems with the kids”, so she clarified with her daughter “if you want me to leave, I will”. Her daughter replied “No, no. Things will be fine, things will be fine”.

Linda concludes the fifth scene of her story by preparing the audience for the upcoming journey to her story’s climax. “And then what happened? It was so, so silly. It was… over a piece of sausage off a pizza”. While narrating this scene Linda presents calmly and goes through the sequence of events in what I perceive to be a matter of fact way. As I was listening to Linda’s story I was thinking about the difficulty that comes with co-parenting children, and I wondered how much of the emerging stress between Linda and her daughter resulted from both of them navigating the process of adjusting
their relationship from a parent-child relationship to a co-parenting relationship. I also really got the sense that Linda was very aware of the fact that she was in her daughter’s house. It seems that she went out of her way to try to respect her daughter and her parenting decisions, although Linda’s own intuition, which was honed from the time she was a child, seemed to steer her toward providing structure and setting boundaries with the children. While I was analyzing this particular scene I had difficulty setting aside my own biases. On the one hand, I feel sad about the conflict between Linda and her adopted granddaughter that is emerging. On the other hand, I feel allied with Linda in her attempts to set boundaries and provide structure. While I reflect on my own emotional reaction to this scene I wonder if I am reading too much into her narrative, if I am applying my own experience and bias.

**Scene Six**

The first time I met Linda she introduced me to her companion, Floyd, who I perceived as being in his late 60s or early 70s. He was a handsome, active man, who appeared to be clever, perceptive, and aware of his appearance and presentation. At one point when Linda’s “daughter was going to be gone overnight” her companion’s brother “had taken one of his cars into a shop to get it fixed”. Her companion’s brother “and a friend came to get it” with their “little dog”. Linda’s daughter and adopted granddaughter had suggested that Linda “get pizzas and have a good time” while she watched the kids. Before Linda “knew it, there were strangers at [her] door”. The three large pizzas that Linda had ordered arrived, and Linda opened the pizza boxes. Linda “knew there was going to be trouble” when her adopted daughter said “oh, there’s not going to be any leftover”. Linda doesn’t “turn away strangers”, so she offered some of the pizza to her
guests and “the woman took a little piece of sausage off of her piece of pizza and fed it to the little dog”.

I don’t know what’s coming, but I assume it isn’t actually about the pizza. At this point in the story Linda has clearly demonstrated her caring and generous personality. It is not surprising that she would offer some of her food to the strangers that showed up at her door. There is a part of me that wants understand her adopted granddaughter’s response to the perceived pizza shortage. For all I know she grew up in a house where food was scarce. Perhaps there was a time in her life when having leftover food meant the difference between eating tomorrow or going to bed hungry. As I read through the interview transcript and watch the video of the interview, I find myself empathizing with Linda and her adopted granddaughter. While I perceive Linda as the protagonist and her granddaughter as the antagonist, I feel that there are similarities between the two. I see both of them as somewhat out of place. Linda because she was uprooted and moved to a new community where she was largely walled off from her peers by the children she was so generously caring for. Her adopted granddaughter was placed in the foster system before being adopted, despite not wanting to be adopted. I wonder if Linda also feels somewhat torn about this, if she loves and cares about her adopted granddaughter, while also feeling frustrated and overwhelmed by the intensity of caring for a newly adopted teenage foster child with a history of running away.

**Scene Seven**

The climax of Linda’s narrative happens “that night at midnight” when Linda received “a scathing… text from [her] daughter”. “How can you give my kids’ food out to strangers?”. Linda didn’t know what her granddaughter told her daughter, but her daughter was clearly angry. The next day Linda questioned her daughter who told her
that she “took food out of [her] kids mouths”. Linda seemed confused while she was telling this portion of the narrative. She revealed the source of some of her confusion: “those two boys had eaten a large pizza all by themselves”. Linda tried to clarify her confusion by asking the boys “is there something wrong?”, at which point her adopted granddaughter “walked in” and Linda asked her “what did you say to your mom about this?”. In reply Linda’s granddaughter “started mouthing off”. When Linda’s daughter got home, Linda tried a third time to clarify what was happening. Linda asked her daughter “what’s going on?”. Her daughter’s reply was “just vicious”. Understandably, this “really hurt” Linda.

At this point in her story Linda answered some of the questions that arose for me while I was listening to her story. She said that her daughter and her “had different ideas bout disciplining the kids”. If Linda “told the boys ‘no’” then “the minute” her daughter “came in, they’d run crying to her” saying that “gram did this” or “grandma wouldn’t let us do that”. Linda’s experience taught her that “little kids… lie most of the time, you know”. I felt a need to respond to Linda’s statement, perhaps because she ended it with “you know”. I reflected to Linda that kids can learn that “they can work the system to get what they want”, a statement that I also saw as reframing children’s lying as a means to get their needs met. Linda then clarified that the boys “are good boys. They’re smart boys. But they’re boys, kids. They’re going to get in trouble”. When Linda would approach her daughter to talk about the kids she found that her daughter “didn’t want to listen to it”.

Linda begins crying as she continues: “she confronted me and told me that… I was a terrific mom, until she turned ten”. Linda wasn’t sure “what she was walking
about”, so she “brought up some things, things that happened to her when she was 11, when she was 12, going into teenage years”. Linda was shocked when her daughter told her that Linda “never said anything… when I was 14 and doing drugs and screwing my boyfriend”. Linda asked her daughter “what did you want me to do if I didn’t know about it?” Her daughter couldn’t answer. “All of a sudden” her daughter “said ‘mom, we’re just toxic with each other… if you want to leave, you can”’. Linda “said ‘I’ll get right on it tomorrow’”. Linda then “found a place to live”, which “ticked” her daughter off.

I think of midnight as a culturally symbolic hour. I remember reading children’s’ books that claimed that midnight was the hour when ghosts and demons come out. I find it interesting that Linda noted her daughter texted her at midnight. During this scene Linda alludes that the ghosts of unresolved relational injuries between herself and her daughter are causing conflict. As I reflect on this scene I see a lifetime of unresolved conflict and injuries between Linda and her daughter. It seems like this would be fertile ground for a family counselor who could help the two address their conflict, as well as their differences in parenting style. I wonder if the challenge of co-parenting is intersecting with the unresolved pain that is an inherent part of any relationship. I am also struck by the potential relationship between Linda’s parenting style with her grandchildren and her daughters comment that Linda didn’t intervene when she was “doing drugs and screwing [her] boyfriend”. I wonder if Linda took a more laid back approach to parenting her children, similar to the way she describes her daughter as being more hands off but, over time, she began to value boundary setting and structure as a way to keep kids safe. I also wonder about how prepared all types of senior living communities are for older adults who are in immediate need of a residence. Linda
described leaving her daughter’s house as quickly as she had arrived, and it seems fortunate that she was able to find affordable housing so quickly.

Scene Eight

After moving out of her daughter’s house Linda tried to maintain a relationship with her grandsons by going to their house around the time they got home from school for several weeks. Initially, her grandsons were responsive, asking things like “how you doin’?” and “Grandma, how’s your apartment? Can we come see your apartment?”. Linda wipes tears from her eyes as she tells us that she told the boys that they would “have to ask [their] mom first”. The next week Linda asked the boys if their mom had given them permission to see her apartment, they replied “no”. The next Monday Linda went back. When her oldest grandson saw her car in the driveway he “told his brother he forgot his jacket at school”. When he came back half an hour later Linda asked him “What’s up?”. “He said ‘oh, nothin’ and he just turned his back on” her. Linda asked her grandson “Do you wanna you know, sit down and talk or anything?”. “He said ‘nope, see ya’”. So Linda left, and she hasn’t seen either of her grandsons in the two months since. Her daughter also “hasn’t called to see if [she’s] alright”.

Linda and her daughter both bible study with the same person and, at one point, Linda’s daughter asked that person to mediate between the two of them. The mediation did not go well. Linda’s daughter came into the room and said “Why do you hate me so much?”. Linda claims that she “never, ever, use[s] those words toward anybody”. I feel that her narrative, particularly the way she described her daughter and adopted granddaughter, lend credibility to this claim. During the mediation Linda told her daughter that she “went through the change when [she] was very young”. Linda told her that “maybe that’s happening to you”. Her daughter replied “oh, no, no. This is your own
fault. You’ve caused me nothing but grief”. Linda’s bible study teacher validated Linda by telling her that “she saw a side of [her] daughter that she’s never seen before”.

**Scene Nine: Coda**

Linda chooses to return her audience to the present when she concludes “so basically that’s what it was”. She went on to say “If you talk to other people, you’ll find out that… you know, their kids took them to an assisted living place and said ‘well, hey ma, this is where you’re living now’. To me this coda seems to summarize Linda’s purpose in telling her story, that is, to warn younger generations that, one day, they will be treated the way that older adults are treated now. Linda seems to be telling us that while it is socially acceptable to leave older adults in assisted living, or other senior living communities against their will, in actuality it is degrading, dehumanizing, and based on the assumption that older adults are disposable and lacking autonomy.

Linda reinforces this theme by stating “one man… took his father to assisted living and he said ‘dad… this is your new home; you’re really going to like it”. To which his father replied “what did I do to deserve this?”. Linda feels like younger generations are “treating us like children. They don’t like how we talk, they don’t like what we believe, they don’t like what we read, they don’t like what has happened, how we handled things over the years”.

Once again Linda seems to reveal ways that older adults are culturally and personally dismissed. I wonder about developmental implications, as Linda seems to describe confronting the process of developing awareness that younger generations don’t appreciate older generations. I wonder if Linda feels a sense of loss about this. I wonder if Linda is looking at younger generations and noticing that many of the features that define her generation – the way they talk, their beliefs, and what they read are not being
carried on by younger generations. Linda also revisits the theme of unresolved pain and conflict between parents and children when she says “they don’t like what… has happened, how we handled things over the years”. Addressing pain and conflict seems like an ideal area for family counselors to explore.

Linda continues with a direct statement regarding her perceptions of the way that younger generations view older generations. “We’ve just become throw away people”. I am very struck by this statement. It is in line with my own biases about assisted living facilities, that they serve as a means to warehouse older adults so they don’t inconvenience their families. Linda’s next statement seems, once again, to be a warning to younger generations. “There’s quite a few seniors out there that have nice families and everything. I thought I did too”. This statement reminds me of the point in Linda’s narrative when she is moving in with her daughter. Linda indicated that she thought she would be living the rest of her life with her daughter and seemed to be very surprised when conflict came between them, which resulted in her having to hastily transition to independent living apartments.

Linda clarifies that “the last time I saw [her son] or talked to him was three years ago, when my sister passed away. And I haven’t… heard from him since”. This statement seems to drive home her point that older adults, including herself, are often abandoned by their families. Linda strengthens the point by telling us that everyone at her table has “had problems”. One of her friend’s “property’s been sold out from underneath them”. Others were told by family members “you are just too much trouble; you can’t live here anymore”. At this point Linda makes her intentions in preforming her narrative clear.
“Look what you guys…are, are facing when you grow up… See how you’re treated when you’re 70”.

The Move

I was interested in the practical details regarding Linda’s transition from living with her daughter to living in an independent living apartment. I asked Linda how she went about “figuring out where to go”. Linda said that she worked with her social support network, specifically her companion, who drives older adults, to find her apartment. Linda’s companion picked someone up from the independent living apartments, and asked that person about the cost of living in the apartments, which are income based. Linda says that she “was lucky because, at that time, they only had a few apartments available”. I wonder where Linda would have gone if they hadn’t had any available apartments. Linda indicated that this was something she thought about as well. Her voice broke as she said “I considered myself very lucky because housing, there’s none” and “there are seniors that live in their cars or campers. They don’t have any place to go”. Linda verified how quickly the process of moving went. She turned in her application and deposit for the apartment, and she moved into her new apartment less than a month later.

Generational Tension

While discussing some of the tension between younger and older generations, Linda said that she doesn’t “know what’s happened to them [kids who were born in the ‘70s]… they won’t do anything for you, even though you’re a parent, unless it’s going to benefit them”. This statement seems to be drawn from Linda’s personal experience as well as her experience with her social network, which seems to be comprised of several older adults who are experiencing conflict with, or isolation from, their children. It seems that Linda is making the point that something needs to change. Someone needs to figure
out how to heal this generational conflict between parents and children. Linda tells me that I’m “going to learn a lot”. I find that easy to believe. I have already learned a lot from listening to her. She goes on “…and it’s going to seem almost unbelievable, but it’s not”.

Linda tells us that she is a “volunteer at assisted living here in [town]. It’s a smaller facility, it’s on one floor. They only have like 44 residents there… On the weekends I call bingo or, you know, if they have a big party or something going on they call me to help. And a lot of those people I talk to, they said ‘well, ya know, I fell a couple times, and I couldn’t take care of my house anymore’. My kids said ‘ok. That’s it… You’re going to assisted living’ and they didn’t want to… They weren’t given a choice. All of it had been taken care of by the time they were informed”. Linda seems to be intensifying her point that younger generations do not respect the autonomy and needs of older generations by describing the experiences of other older adults she interacts with. She also reinforces the point that younger generations must begin addressing the way that older generations are treated, or they risk being neglected and dehumanized when they are older. “And there’s nothing they can do. Nothing they can do. It’s… become a horrible situation and it’s something for people your ages to think about”. Linda repeats the statement that “there’s nothing [older generations] can do”. This repetition seems to place the onus for change on younger generations, which is reinforced by her statement that “it’s something for people your ages to think about”. Ashley, Maya, Hazel, and I are all within a few years of one another’s ages. I find it interesting that Linda says “people your ages”. To me, this seems to imply that her audience is not just the four of us in the room, but rather everyone who is not yet a senior.
Linda identified the problem as, at least in part, arising from the way that older generations modeled interactions with their elders. “A friend of mine told me that a woman had a couple sons and, all of a sudden, they became adults, and they were just talking to her so rotten and horrible. And she said ‘my god,’ you know, ‘what’s going on?’, you know, ‘I didn’t talk to you guys like that’. And the one son said ‘yeah, but you talked to grandma like that all the time’. So it carries on”. This statement highlights the transgenerational and social nature of interpersonal interactions. It also references deeply rooted social systems that drive discrimination against and dehumanization of older adults.

Linda goes into depth regarding the assisted living facility she volunteers at. She says that “you’d think there would be all kinds of visitors”. “There’s not. It really disappoints me”. She asks the residents “is your son coming, is your daughter, is your family coming?”. She thinks that “grandkids come more than the actual children”. Instead of seeing their family members, the residents spend their time playing Bingo. “Bingo’s a big deal. An hour out of the day when they can have a little bit of fun”. Linda seems to be describing bingo as an opportunity for social connection as well as a respite from thinking about family conflict and isolation from loved ones. Linda “think[s] it’s cruel”. Since older adults “changed their [kid’s] diapers, we raised them… I can’t say all the parents were great parents… You don’t know about home life”. I wonder if Linda is trying to tell us that she was a good parent. Linda tells us that she never beat her children while they were at home. She wonders if this may be the reason for their disrespectful behavior. No parent is perfect. To me raising children seems insurmountably difficult and I can see how many parent-child relationships become strained over the years. I also
think about the cultural context. Linda was raising her children during a time when physical discipline was considered a typical form of discipline. While analyzing this portion of the interview I am reminded of a conversation I had with another older adult, who indicated to me that he had beaten his children to teach them responsibility. After telling me how that was the thing to do at the time, he said that he knew it had hurt him as well as his children, and he wished there was a way he could make it up to them.

Linda ended the interview “So, Ok. I hope this helped”. I reply “thank you so much, I really appreciate it”. The sound of Linda and I talking as we walk down the hall fades from the audio recording.

After the interview Ashley, Hazel, Maya, and I reflect on the emotional intensity of Linda’s story and the pain we felt as a result of Linda’s loss of her relationship with her family that cascaded her into transition. After talking with Linda I have been wondering about what is really important later in life. What will matter to me when I am older? When I review Linda’s interview the answer seems clear: Relationships.

**Linda’s Audience and Purpose**

I feel that Linda’s audience was much more broad than the four people who were listening to her interview. Her audience seems to have been everyone who is not yet a senior, a term that is relative (i.e., when does one become a senior?). Linda’s purpose in telling her story seems to be to warn younger generations that the way that they treat older generations now is how they will one day be treated. She seems to have hope that the way older adults are treated can change, if younger generations are able to recognize what is happening and break out of a transgenerational cycle that is characterized by conflict and dehumanization. Linda confirmed that her audience is people in general and that her purpose is to get her audience thinking in a note that she wrote me in a packet
that I gave her during a member check: “Thank you! I hope you gain enough material to get people thinking. Linda”.

**Doris**

I met Doris during our first visit to our local Senior center. She was sitting at a long table with several other people, including Linda. While talking with Doris I learned that she had lived in several different independent living apartments as well as a continuing care community. She also had experience researching and touring assisted living facilities, as she helped her sister transition into an assisted living facility in a neighboring town. When I came back to the Center with Ashley, Hazel, and Maya to conduct interviews I approached Doris and asked her if I could interview her. I was glad when Doris agreed to be interviewed.

After we finished interviewing Linda I went to find Doris. She was sitting at a table with two friends, one of whom was Linda’s companion. Doris expressed hesitation about the time it would take to conduct the interview, however, Linda and her companion encouraged her to participate and told her that it was no trouble for them to wait another half hour. Doris agreed to participate, and we walked back to the game room so that she could fill out paperwork. Once we were in the game room I gave Doris an informed consent, which she read, initialed, and signed. After she signed her informed consent I asked her to fill out the demographic questionnaire. The audio recording of our interview begins with Doris filling out the questionnaire. I tell Doris “If you want us to call you a different name…” Doris replies “no, that’s ok… I don’t think anything is more plain than Doris, so that’s ok”, “it’s easy to remember”. Doris laughs and looks up from the questionnaire to make eye contact with the four of us. A minute later Doris looks up again and asks “I really have to tell you my age, huh?”.
laughs. I tell her “nope, you don’t. Not if you don’t want to”. Doris laughs and continues filling out the questionnaire. A moment later she comes to a question that asks “How long have you lived in [this state]?” Doris reads the question and looks up at Ashley before turning to me and says “Now I have to tell you my age!”. I tell her that she can skip any of the questions, but she decides “that’s alright”. As she fills in her age she tells us that she doesn’t “feel that, even”. Doris finishes filling out the questionnaire, and I thank her as I take the packet from her.

I open the interview by asking “So, if you could just tell us, kind of, the story of… you know, um… Well, I guess starting with where…where were you living before? Did you live in [this city] your whole life?”. I know that Doris has lived in several different independent living and continuing care communities, and I hope that she will start at the beginning of the story of all of her living transitions.

Scene One

Doris begins her narrative at the beginning. She says that she grew up in small, rural town in the Western U.S. After Doris got married she moved to a town five miles to the west. Doris lived on a farm with her husband until 1967, when she moved to a nearby community. While she was living in that community, Doris started managing apartments, in addition to working as a hostess in a restaurant. The interview has only just begun when my laptop starts beeping loudly, startling everyone in the room and signaling that its battery was nearly exhausted. I stand up and take the power cord out of my bag and pass it to Maya, who plugs my laptop in. The beeping finally stops and I reorient Doris to her narrative. “So you were working as a hostess… up in” the nearby community? Doris continues. She tells us that she managed “two hotels and four apartment… buildings”. I ask how Doris came to live in the city in which I was interviewing her. Doris tells me that
I’m “taking [her] way back”. She tells me that she “got married again and lived in [this city]. During that time she “managed a storage house” before she “got divorced”. After her divorce she moved to Nebraska, where she “was a manager in a… halfway house” working with “people… that had been on drugs”.

I reflect that Doris has spent “so much of [her life]… taking care of people”. Doris acknowledges my statement and tells me that she also “took care of some people in a home”. She elaborates that, after moving back to Colorado, she “had a board and care home and [she] took care of three people”. After acknowledging my reflection, which prompted her move forward through time, Doris reorients us to the temporal sequencing of her narrative “when I first went to Nebraska… I took care of a lady there”. “Then I went back to [a city in Nebraska], and that’s where I was managing that, that halfway home”. I validate what she is saying “oh, nice. Nice. So then?”. “Then I came back” to Colorado.

During the first scene of her narrative Doris orients her listeners, in this case Ashley, Hazel, Maya, and I to her early life. While she is telling her narrative I reflect that taking care of others appears to be a prominent theme. Doris agrees, and strengthens my reflection as she responds that she owned a “care home” where she “took care of three people”. Doris values chronologically sequencing her narrative, which becomes evident when her response to my reflection involves a leap forward in time, which she notes before re-orienting her audience to the time that she was talking about before being interrupted by my reflection. While watching the video of the interview I note that Doris is directing a majority of her responses to me, although she occasionally makes eye
contact with Ashley or Hazel. Maya was recording sound behind Doris, which prevented eye contact.

**Scene Two**

Doris laughs, “and, I think then I started the… Going into these other… senior places”. Doris moved to an independent living community just north of the town she is living in now, before she “moved to, well, one” that was a few miles West of the first community.

After living in the independent living apartment Doris “got an apartment in a big two story home”. I ask Doris “what was that like for you, moving into that facility?”. I am hoping to better understand Doris’ experience and comfort with living transitions. Doris responds “well… it was pretty nice… We had to take our washing into another building… Which wasn’t very nice in the winter”. Doris “had a walker then” since she “had [her] hip replaced”. When she needed to do laundry Doris would “put the… clothes in a pillowcase” and would put the pillowcase on her walker for the trip to the other building.

Once again I get caught up on downsizing. “When you moved in there did you have to downsize”? “Oh, yeah. [I] had to sell a lot of things”. “How’d you go about doing that”? “Boy, let’s see. I think my daughters took some of it. And then I… had a big yard sale”. Doris doesn’t dwell on the process of downsizing. Instead, she tells me that she “moved into a… double wide [her] daughter and ex-husband had bought for [her] to live in”. I ask if they were “living there with [her]”. Doris tells me that she “was in there by [herself]. “What prompted that move”? “The people that lived upstairs in that big house… One of them had two kids that would be running up and down the stairs… They
were nice kids, but they’d put on Rollerblades…”. Doris starts laughing as she tells me that they would “clump down the stairs…And so, it was really noisy!”.

Doris continues “from there I went to Oregon to stay with my daughter for three years… So, I’ve just been back here now for about a year and a half. Let’s see, about two years”. “And you’ve lived in two different places in those two years”? “Yeah. When I came back [continuing care community] was the only one I could get in to in a hurry”. “What was that process like, trying to get in there”? Doris tells me that “it took a year”. She “had to put in an application” and then she “waited for about a year and called ‘em several times”. Employees from the continuing care facility told Doris that she would “have to get back on Medicaid”. Oregon has a state Medicaid marketplace, however, Doris had to reapply for Medicaid when she moved back, since Oregon’s system is only applicable to people living in Oregon. The continuing care community told Doris that “it’d take 45 days”. During that time Doris “stayed with [her] niece and her husband”. After 45 days Doris got all of the paperwork for Medicaid. She took her paperwork to the continuing care community, only to be told that it wasn’t “the right one”. “So [she] waited another 45 days”. Doris laughs as she recounts this seemingly frustrating narrative.

Doris tells me that she “liked it over there, except for the... food was bad”. I ask her about making friends in the continuing care community. Doris says that “it was easy ‘cuz [she] get[s] along with most people”. She says that she “had pretty good friends”. Doris tells me that, because she lived in so many different communities, she knew “pretty much what [she] was doing”. I disclose my impression of Doris to her. “You strike me as
a really strong person. As a really strong, independent person”. Doris laughs. “But that’s also got that care giving”. “Yeah… I took care of people for a long time”.

In this scene Doris orient us to all of the senior housing places she has lived in. The video of the interview shows that she is primarily talking with me. My sense is that she is interested in helping me to get the information that I need, while also telling me about all of the different places she has lived in. I wonder what meaning she attributes to having lived in so many different places. It is interesting to me that she moved from independent living apartments into her daughter’s house in Oregon, before moving into a continuing care community. It seems that Doris saw the continuing care community as a temporary housing option. Something to fill a gap between living with her daughter and living in more desirable, and probably affordable, independent living apartments. Movement and transition seems to be a major theme in Doris’ narrative thus far. I also reflect back the theme of caregiving; which Doris acknowledges as prominent. Doris has spent a great deal of her life caring for a wide range of others. I wonder if she included caregiving as a theme in her narrative since it is a cultural expectation that can be put on females. Perhaps she wanted tell me that is something that is truly important to her, regardless of where she lives. I perceive Doris as a caring person. I get the sense that she sees me as her audience and that she finds value in helping me. While watching the video of the interview I notice that I am talking more during this interview. I’m not making long statements, I’m injecting encouragers such as “right on”, “nice”, and “oh yeah?”.

**Minimal Encouragers**

While analyzing the video of this portion of the interview I note that my encouragers don’t make for high quality video, since they interrupt Doris and draw attention away from her. I wish that I hadn’t talked so much. That wish made me wonder
how the interview would have been different had I followed the rules for filming interviews and talked less. This was a consideration that I hadn’t yet been aware of – the balance between my natural interviewing style and the fact that I was filming the interviews. I decided to compare transcripts to gain further insight into the issue. I found a transcript from an interview in which I talk less. I note that the pages are filled with long paragraphs. That transcript presents a significant contrast when compared to the transcript of this interview, which is double the number of pages, although with much less ink on each page. I suppose that my natural interviewing style doesn’t necessarily result in my obtaining better narratives. Rather, my natural style seems to disrupt narratives. I will try to decrease the amount of talking in future interviews so that I can compare the approaches to interviewing.

As I shift from thinking about my use of encouragers to analyzing, writing, and moving between the video and the transcript, I again note that I am Doris’ primary audience. Doris consistently makes eye contact with me, only occasionally looking around the room to add emphasis to what she is saying. My use of encouragers seems to give me a more active role in the coconstruction of her narrative. Simultaneously, Doris seems inevitably to reorient herself. She is a strong storyteller and is highly aware of chronological sequencing. My coconstruction sometimes provides interesting information for me, however, it seems to do little to alter the trajectory of Doris’ narrative. I wonder if, during a follow up interview I have scheduled with Doris, I could take a more intentional approach to my role as coconstructor by slowing and pacing her narrative, so that Doris provides more detail. However, she seems intent on telling me what she needs to tell me. Surely there is value in the information she provides, possibly more so than the
value that can be found in the information that I want to extract from her through the process of actively coconstructing a narrative.

**Scene Three**

I dig deeper into Doris’ caregiving. “Is that something that’s still a part of your life”? “Yeah. When I was in [the continuing care community], there was a lady that lived next door to me… And then when I moved over here… she moved across the hall. But she was pretty much blind. So, I wrote her checks for her. And when she’d get her mail, I’d read her mail”.

I am surprised that Doris’ friend moved out of the continuing care community with Doris. I personally see moving as an onerous process that requires a significant amount of time and energy. I realize that Doris has completely shaken one of my biases: That older adults want stability, which results in their finding a community and staying there. I wonder if moving becomes easier, given that she has already parted with many of her possessions, including her furniture.

Doris laughs and looks from me to Ashley. “So, I just been kinda taking care of people. One way or another”. Doris turns to me and I ask “Is that something you really enjoy doing”? “Yeah. I do”. “Do you feel like that’s something that’s sorta kept you young in a way”? “Probably. Mm hum”.

Once again my curiosity gets the best of me. While I reflect back on the interview process I note that these interviews have gotten me thinking about aging, as well as what I will care about and find meaningful when I am Doris’ age. My bias, which I reveal in my question, is that youth is valuable and there is value in staying young. While reflecting on this I note my own fear of aging, and I am reminded of the *Harry Potter* books. Specifically, Dumbledore notes that people are not afraid of death, rather they are
afraid of the unknown (Rowling, 2005). That seems to be what is happening for me. Aging is an unknown, and thus I find it scary. I can’t control it and I can’t predict it. I wonder if researchers sometimes resist working with older adults because of this. Conducting these interviews seems to throw existential challenges in my face. I am forced to consider what is important to me, as well as what will be important to me fifty or more years from now. It is a somewhat unsettling feeling. Reflecting on that feeling results in insight regarding the reason that I perpetually move back to the process of parting with material possessions. I have amassed so many things, which I care about. I feel anxious thinking about parting with all of the material objects I have acquired and, without realizing it, given meaning. While analyzing this interview I note that, up until this point, Doris has talked very little about her material possessions, except for when I prompt her to do so. Rather, Doris focuses on relationships and caring for others. She didn’t talk about what she brought when she moved from the continuing care community into her current apartment. Rather, she talked about who she brought. It is possible that Doris has avoided talking about parting with her household items because it was a painful process.

**Scene Four**

I ask Doris “what were some of the difficulties that you had, besides the paperwork, you know, moving into [the continuing care community], moving into these places and getting adjusted”? Doris tells me that she had to leave “most of [her] things in Oregon”. Doris’ “daughter had a house, she had a great big house, and she was the city manager, so she wasn’t there most days during the week”. Doris tells me that her daughter and her “would go places on the weekends”. When it was time for her to move back from Oregon Doris left much of what she had, “cuz [she] had big things…"
Furniture and things… When [she] came back [she] had to get a few things… to fill up that little tiny room”. After Doris moved out of the continuing care community she “got more furniture”. Doris speaks directly to one of my own fears about aging “you accumulate your furniture and everything all your life. Then, when you go in a place like that you have to give it all up. Except just a few of the main things you want”.

I ask “what does it feel like to give up…”. Doris sighs. Her smile gives way to a concerned expression. “It was pretty hard, but, I still would like to have a couple, three things I had left out in Oregon”. She says that she wishes she still had “an antique rocking chair and… an end table”. Doris’ expression shifts back to a smile. She laughs and notes that she is “glad that [her daughter] has ‘em”. I reflect: “So, knowing that a family member has heirlooms, these things that have meaning to you, helped to make that process of, you know, ‘I need to leave this here’ a little bit easier. Is that what you’re saying?”. “Yeah. I would have wanted those things. Those antique things. I had a big tray and, uh, sideboard”.

I wonder if the knowledge that her daughter has her antiques really does make it easier for Doris. While analyzing the interview transcripts I note that she responds to my reflection “knowing that a family member has heirlooms… helped to make that process… a little bit easier” by telling me that she “would have wanted those things”. This interaction pattern seems to reveal that not having those possessions is painful, even if a family member has them. Yet the process would potentially be more painful if the antiques were sold to someone outside of the family. While watching the video of the interview I perceive Doris as having a laid back, good humored attitude. She seems like the type of person who wouldn’t hold a grudge. She seems like she knows how to let
things go. I wonder how her personality intersects with the process of parting with her material possessions and with the process of talking about parting with her material possessions.

“I had a china cabinet… That my daughter… took when I left”. “Oh, that’s nice she was able to…” “So, yeah. I’d rather they have it. I wouldn’t have liked for it to be with people I didn’t know”. I find this statement interesting. Doris clearly states that she prefers that her family have her possessions, however, I wonder why she began by saying “so, yeah”. I decide to watch the video so that I can get a sense of Doris’ voice tone and facial expression. It looks to me like she is a bit sad. I may be reading into it, but I also notice that she sounds resigned. As I continue talking with Doris I wonder about the meaning she attributes to the particular possessions that she wishes she kept.

“That makes a lot of sense. ‘Cuz those items, it sounds like, have special meaning”. “Mm hum… I had it a long time”. Doris doesn’t dwell on my reflection. The volume of her voice increases as she tells me “But, you just have to do it”. She laughs. Her voice returns to normal and she says “It’s in a good place. And there’s a few things that I wish I hadn’t let go, but…” She tells me that her “little grandson… Had some little tiny boots. Some cowboy boots”. She holds her hands apart, demonstrating the size of the boots. I tell her that I think “that’s adorable”. Doris laughs again as she continues “and his baby blanket… I kept all that until I moved to Oregon. I wanted to keep it, but everyone was in there, movin’ and packin’ and it didn’t go with me”. Hearing this statement makes me wonder how much control Doris had over the moving process. “So how much were you directing the moving and packing versus kinda…”. I let my question taper off instead of saying what I am thinking: …kinda being at the mercy of your family.
I notice that I stay away from subjects I find taboo or potentially offensive. I reflect on my own personal culture – it is no secret that I like autonomy. I know I am an independent person. In my life I have done things just because someone told me I couldn’t. As much as I like to think of myself as collaborative and collective, I value autonomy. This value shines through, particularly in what I don’t say. Again I wonder about my role in the coconstruction of this narrative. Did Doris pick up on the fact that I personally like to be in control? If so, how did it alter the way that she responded to me?

“I was there too, but I was, my daughter and two grandsons, and their wives, and four great grandchildren…” Again I reveal my bias “Oh wow. That sounds kinda chaotic”. How transparent should I be during these interviews? How does my own transparency and self-disclosure impact the coconstruction of what is becoming more and more our narrative? I wish that I could go back in time so that I could do the same interview twice to see how it would have been different, had I been quiet and let Doris tell me her story.

Doris laughs. “I’d be in one room and they’d be in another room, so some of the things I, like that I would have kept…”. I feel like Doris is holding back, so I try to draw more out. “How come it was so fast? Why did it go so fast”? Doris refutes my intuition. “I guess I just decided to move and, just did it”. “Uh huh”. “I don’t’ know. Because there wasn’t any hurry”. I try a slightly different probe “but there was something in you. You felt like you needed to make that move right then”. My perseverance pays off. “I did. Uh huh. Yeah”. “What was that? What prompted that”? Doris thinks before responding: [During a member check Doris asked that her response be redacted, as she was concerned that, should it become public, it might negatively impact a family member].
While analyzing this portion of the interview I begin thinking about what Doris might be holding back. I know that I don’t like talking about conflict that I have with my family – it feels like a taboo to me, like I am telling a story that is one sided, and not entirely mine to tell. I wonder if Doris feels the same way. I also wonder if this story would have been told, had I been less active during the interview.

**Scene Five**

[During a member check Doris requested that this line be redacted]. “And, um, when I went out to Oregon I just went out, um, just visit… Instead I stayed three months.

[Three paragraphs were redacted from this portion of the narrative as, during a member check, Doris expressed concern that they could negatively impact a family member]

Doris continues “just don’t let things bother you anymore, ‘cuz it’s just so… That’s life, and you can’t do anything about it”. Doris has used repetition to reinforce the importance of moving on and not taking things personally. I wonder if, when I am her age, I will find it easier to let go. I wonder if I will have a broader perspective of what matters. I also wonder if Doris isn’t comfortable sharing all of her emotions with me, I wonder if it really does matter to her. I feel like interviewing Doris has already given me a broader perspective. It has made me think about what I really care about, what really matters to me.

**Scene Six**

I feel like I shouldn’t press too far, so I return to Dorris’ narrative. “So you ended up moving really quickly because of all that”. “Yeah. ‘cuz I really wasn’t gonna do that, you know. I was just gonna go out there and visit. I loved it out there, though”. Doris came back from Oregon because her “daughter was gonna retire… And then do some
traveling. She’s in… Spain right now… And, the rest of my family is back here… So, I would have been out there by myself, you know, once [she] was gone, so I just came back”. “You got… roots out here”. “Yeah”. “So it made sense to come back here”. “Mm hum”. “And do you like living at the place you’re living now”? “I do”. “What do you like about it”?

Doris tells me that she likes it because “it’s just a nice, nice apartment. It’s big and, you know, roomy enough. It’s just one bedroom and the bathroom’s real big. They made rooms bigger because they have some people with wheelchairs”. She also likes that the grocery store “is just a block away” and that “there’s a couple restaurants across the street”. I ask if they serve meals at the independent living apartments. They don’t, but the “people that live there… have a potluck once a month”. I start to wonder about Doris’ social support. After all, she said that she moved back here to be near family. “Do you feel like you get enough social support over there”?

“I really don’t socialize with too many people. Uh, like the lady I go swimming with. Or exercise in the pool, that lives just kinda caddy corner across from me… And then the lady that lived over there, that I took care of, but she just moved out”. Once again my bias slips out “Oh, did she really”. I don’t know why I have such a difficult time believing that older adults can move multiple times. Perhaps it is because I am in the process of preparing to move to another state and I feel overwhelmed by the process.

The volume of Doris’ voice increases. “But, you know, you still, whenever you see anyone you stop and talk to ‘em. Mailboxes are downstairs, so people kinda congregate around there”. I continue with my pragmatic line of questioning. “So, if you could change anything about it, what would you, what would you do differently”?
As I analyze the interview transcript I notice that I begin that question by asking Doris what she would change about “it”, which seems to imply the apartment complex. The end of my question “what would you do differently?” shifts the focus and the subject of my inquiry away from “it” and back to Doris.

Doris responds to the initial portion of my question. She says that she “would like a little more exercise things. They have, um… Treadmill. And they have an exercise bike, but the arms don’t move… And the feet are just… I mean, the peddles are just right down below, you know, so it’s real uncomfortable… Those recumbent… would be a lot nicer…” So, I don’t use it much”. Doris laughs as I reflect “so, it’s not really something that’s setup for people like you”. “No. Un huh”. “Do you feel like the people designing these, and deciding, you know, which exercise equipment to buy or which meal to prepare, do you feel like they consider what’s important to you and your needs in that”? “Nooo, not really. I think they just design them, you know, the way…”. Doris shifts mid-sentence to tell me “that one where [she is] now, is probably the best one… But the others, when you have to go outside to do the washing… And there really isn’t any exercise things”. Doris says that she “can go for walks, but that’s about it”. She appreciates that “there’s a walking path” by her apartment. Unfortunately, though “that’s about it” for exercise options.

Once again Doris steers the narrative back from my digression. She tells me that her “daughter… comes over quite a lot. She takes [her out]. [They] go out to eat and do different things”. She adds that her “son lives in” a neighboring city. She doesn’t “see him very often but” she “talk[s] to him quite a bit”. Doris concludes that she has “pretty
Scene Seven

I decide to take a risk. I ask Doris if, “in a couple of years you were needing a little bit more care, have you thought about assisted living facilities or somewhere with a higher level of care and looked into that at all”? I feel guilty bringing up what I perceive to be a taboo topic – the idea that her health may start declining to the point that she needs more assistance than her peers in the independent living apartments can offer. Doris takes the question in stride: “Well yes, I guess I have”. Doris tells me that she will not go back to the continuing care community she was living in before. However, her “sister lives in one” in a neighboring in town. Doris thinks that the place where her sister is living is “real nice”.

I press my agenda when I inquire “so, going over there you’ve gotten, some information on it and kind of, have done any research on it”? Doris did research the facility “sometime in between moving”. Doris was “mostly lookin’ for a place for [her] sister… So [her] daughter and [her] went to about every assisted living in” that town. “A lot of ‘em would be…” She trails off. I ask “what kind of stuff would cue you, what kind of stuff would make you say ‘I want to live in a place like this’”? “Some of ‘em just had little apartments. You know, like, on the ground floor. And they look like, they look like they were just put together, barely. And, uh, then some of them were just so crowded”. She continues “it just wouldn’t look inviting”. Doris laughs as she repeats that “this is the best place [she’s] been”. “What did it feel like to kinda, go in there, when you were looking for your sister”? 
As I read the interview transcript I notice that I continue to avoid the topic of Doris moving into an assisted living facility. I continue to make it about her sister. I find it difficult to talk outright about this. Perhaps it is a result of my own biases about assisted living. I assume that people don’t want to go into assisted living facilities, and my bias comes through in the interview.

Doris says that she “was just thinking… about where [her sister] wouldn’t want to live”. Someone knocks on the door. I walk to the door and Floyd says that it is “time to go”. Doris laughs and says that she doesn’t “know if [she] helped much or not. I tell her that she did help, and that “I really appreciate it”. Doris tells Ashley, Hazel, & Maya that “it was nice to meet all of you”. Ashley, Hazel and Maya thank Doris as she leaves the room. We stop the cameras and microphone and process the interview. I tell Ashley, Hazel, and Maya that I feel that it went different from the first interview. Hazel responds that she liked that I was more directive during this interview. I think to myself that I prefer leaving interviews more open and that I need to reflect on being directive.

A few days later I am sitting in my bed writing this narrative. As I flip through the transcript I wish that I had more time with Doris, so that I can better understand how she might navigate the process of transitioning into assisted living. I get out of bed, walk to my office, pick up Doris’ informed consent, which has her phone number on the back. I call Doris. “Hello”. “Is Doris there”? I am talking to Doris. “This is Scott. I interviewed you the other week…”. “Oh, yes”. I tell Doris that I was in the process of reviewing the interview transcript and writing a narrative, but I feel that our interview got cut off. She agrees. We decide that we will meet at the Senior center later in the week so I can hear more about her experiences. She asks if there is anything in particular I am interested in,
so she can be thinking about it. I tell her that I am interested in her perceptions of assisted living facilities. I forget to tell her that I am also interested in how, if the time comes, she will navigate transitioning into an assisted living facility. I am glad that I have the opportunity to conduct a follow up interview with Doris, and I plan to try to talk less, so that she can take responsibility for driving the narrative.

**Audience and Purpose**

While reviewing Doris’ narrative, I note that she primarily talks with me. She doesn’t seem to have a wide audience to whom she is trying to communicate. It seems that she is helping me, rather than trying to advocate or change a broken system. This is supported by the theme of letting go, which emerges several times during Doris’ narrative. Doris intentionally invites others into her narrative by looking around the room when she is emphasizing a point. I wonder if part of her purpose in talking with me was to communicate that things don’t have to be terrible – perspective matters, as does letting go.

**Bill**

I met Bill during my first visit to the Senior center. I learned that Bill and his wife are in the process of transitioning into an assisted living facility. I was warned that Bill was not religious, and that I should avoid bringing up religion, something that Bill later confirmed. I also learned that he was not fond of saying the pledge of allegiance. Bill clarified with me that, as a World War II veteran, he does say the pledge of allegiance, he just leaves out the *under God* phrase. Bill also objects to “being forced to sit and hear prayers”. As they say grace before meals at the Senior center, he “usually can leave the room before” the prayer starts.
I approached Bill and his wife before the meal began to ask them if they might be interested in participating in my study. I introduced myself and gave a brief overview of my research. Bill agreed to participate, and I gave him an informed consent. We scheduled a tentative interview for the coming Saturday at a nearby university, where Bill had worked as a professor. Bill informed me that he was going to talk to his son about participating and proceeded to tell me about his son’s career in video production.

The next morning, I drove to a senior center in a neighboring community to solicit participants. Before going into the Center, I sat in my car and called Bill to confirm our interview for Saturday. Bill answered and, after I told him who was calling, he proceeded to tell me that his son had planned a surprise mother’s day trip. Bill and I decided that I would interview him in the Senior center the next Monday or Wednesday. I called Bill back on Monday, and he told me that he wouldn’t be at the Center that day, as his wife had a doctor’s appointment. Bill said he planned to be at the Center on Wednesday, and we scheduled our interview.

On Wednesday Ashley, Maya, and I walked into the Center. I approached the desk and asked if there was any place we could conduct an interview. The person behind the desk told me that they could figure something out, but I would have to pay. I explained that I had permission from Cora, the director of the Center, and the employee told me to hang on while she went to get Cora. A few minutes later she returned with Cora, who greeted me. She asked if we needed space. I told her we did and, after thinking for a few minutes, she told me that the conference room was open. I followed Cora down the hall to the conference room. It turned out to be a small room in the interior of the building. Ashley, Maya, and I walked out to my car to bring in cameras, a light, and
audio recording equipment, which we transported back to the conference room. Fortunately, the conference table was made up of several smaller tables, which me moved into a corner to make space for the interview. We set up and tested the cameras while Bill ate lunch. After we finished setting up, I went to the dining room and found Bill, who greeted me. I led Bill back to the conference room and, as I did so, he told me that his wife wasn’t with him, as she had an adverse reaction to a prescription for restless leg syndrome she had received at her doctor’s appointment on Monday. We walked into the small conference room, and I introduced Bill to Ashley and Maya. I directed Bill to his seat, and Bill asked me if he could wear his hat during the interview, as direct light hurts his eyes. I asked Bill if the light we brought was too bright, and he told me that it was. I pointed the light away from Bill, toward the wall opposite him. As I did so, Bill told us that he had served on many dissertation committees. Ashley told him that she had just defended her dissertation and taken a faculty job in Michigan.

Scene One

I give Bill a copy of the informed consent, which he reads, initials, and signs. As Bill fills out the informed consent he tells us that he is “ninety-one years old”. Bill continues to fill out the demographic questionnaire and, while he does so, Ashley, Maya, and I talk about the fact that I will never have another class at the University. I disclose that I feel that leaving the University is something of a loss for me. I hope that my disclosure will communicate to Bill that this is a safe place for emotional disclosure.

When he reaches the demographic question “Do you have any children” Bill tells us that he has “one son. [Who] lives across the street”. As he hands me the demographic questionnaire Bill adds “And he is a good boy… He comes over several times a week, ‘Mom, got anything I can do?’”. Ashley, Maya, and I validate Bill. I am interested in
Bill’s response as, at least to some degree, it seems to set him apart from the participants I have interviewed thus far. I tell Bill that “I wonder, um… You know, not everyone’s got those same types of relationships with their kids”. “I just wonder… if you have any kind of advice on how to maintain, you know, that parent child relationship. How people can stay connected, I guess, to their family members throughout the aging process”. Bill sighs, laughs, and pensively strokes his chin before replying “I really don’t know”.

**Scene Two**

“So, can you tell me, you guys are looking at assisted living facilities right now”. I temper what I am asking by adding “a little bit”. I know they are looking more than “a little bit”, however, by no fault of Bill, I feel like this is a topic I shouldn’t be talking about. Bill looks at me and tells me that “for several years [him and his wife] thought [they would] move into the [continuing care community] across the street, because it’s so close to the Senior center”. Bill and his wife were interested in that particular community because they are “quite a bit involved” in the Senior center, and that community would allow them continued access to the Center. Bill continues “and, uh, we require two bedrooms, and they’ve got two bedroom units. But now we’re getting up to the place, and that’s independent living… which is one notch lower than assisted living”, so they “don’t have nurses… none of the staff members are registered nurses, or nurse assistants, or certified nurse assistants, like you’d get in… assisted living. So, we’re getting close to the place where we’re gonna need more, gonna be tempted to stay home… We’re getting close to it”.

I ask “how do you know you’re getting close to that”? Bill clears his throat and laughs “well, when you drop the same fork on the floor in the kitchen twice during a meal and, it’s getting difficult for my wife to get up and get ready, like to come down here on
Monday’s and Wednesday’s for exercise at ten. And, um, doing laundry’s getting very difficult. Uh, I can get the clothes in the washer and wash ‘em. Put ‘em in the dryer, but I can’t bend over to get ‘em out of the dryer”. Bill says that he also has “vertigo”. “If I lean over, then I fall on the floor”. I start to reflect that his vertigo must make “it really difficult to do things like…” Bill fills a pause in my sentence “I can’t make sudden movements with my head”. “So, you get in assisted living and you don’t do laundry, you don’t do housework, you don’t”. Bill changes direction partway through his thought. “Now with my macular degeneration it’s hard for me to read the signs on, uh, in the grocery store. See what I’m getting… So grocery shopping, preparing meals, cleanup afterwards, laundry. Just the daily tasks that most people take for granted are getting very difficult for both of us”.

I start to disclose that “it’s understandable why you’d want to have a little…”. Bill continues my thought “well, look at our age. She’s ninety, I’m ninety-one”. Bill and his wife “visited all of” the different assisted living communities and found that “they are quite different”. “The biggest problem is to find an assisted living two-bedroom unit”. There is, however, another problem. Bill elaborates that “the problem is with [his] wife. She says ‘I can’t get ready. I can never sort everything out. I’ll never be able to move’”. Last December Bill’s wife “fell in the bathroom”. Bill tells us adds that “is another thing. She’s very prone to falling”. After the fall his wife told him that “she was sittin’ on the toilet” and “next thing I know, I was layin’ on the floor, and I don’t remember fallin’”. Bill says that she “just slid off the toilet, on the floor, and she fell asleep”. Bill adds that “it’s been about two, two and a half years since [he’s] fallen”. Bill is “very, very careful” since he had “got two artificial knees” and he doesn’t “want to break one of those”. Bill is
“using [a] walker for balance”. Since “between [having two artificial knees] and [his] mild vertigo [he has] to be very careful of falling”. “I don’t want to fall”.

During this scene Bill is making eye contact with me while he talks. The conversation seems to take place primarily between him and me, although he sometimes looks directly at a camera that is located over my shoulder. Early in this scene I am hesitant, as I am afraid of offending Bill by talking directly about assisted living. Bill’s awareness of his wife and his limitations communicates that this is a topic that he is comfortable talking about. Bill’s responses put me at ease, and I feel comfortable talking directly with him. Bill takes a practical view of their limitations, which he communicates during this scene. While analyzing the interview video and transcript I note that Bill mentions that “the daily tasks that most people take for granted are getting very difficult for both of us”. This statement implies that Ashley, Maya, and I take those daily tasks for granted. I wonder if Bill is encouraging us to appreciate what we have, while we have it. Analysis of this scene reveals the process that Bill and I engage in to coconstruct this narrative. I open the dialogue by asking Bill how he knows he’s getting close to needing assisted living. In his response Bill orients his audience to the challenges him and his wife are experiencing. In the next scene Bill goes on to describe how assisted living can provide a resolution for those challenges.

**Scene Three**

Bill shifts from describing the challenges his wife and him are experiencing and begins describing the process of checking into an assisted living facility.

When you check in a nurse will go through with you. They have a basic rate, which is basically independent living. And then they add on the different things. For example, they will, um, take all your meds, and contact you when it’s time to take meds. And give ‘em to you… if you need them... That will cost extra. Uh, so there are some medical extra things that they
will provide if you need it. Um, will do a load of laundry for you, extra… They wash the bedding, all that stuff, once a week. And clean your apartment once a week.

Bill reiterates the problem “housecleaning. We just don’t do housecleaning” anymore. Bill laughs as he tells us that their house is “filthy”. Bill returns to the services offered by assisted living facilities. “But they will do extra things for additional fees. And that’s determined when you first move in and, of course, as you live there, there may be things added on that you need”. Bill thinks “that’s very nice” since “if you need it, you need it”. I clarify “so, it’s like everything’s right there. It’s like an ala carte…” I trail off.

Bill tells me that

You never need to leave the place. Uh, I can still drive and, uh, I’ve come across, they make glasses now with little binoculars in ‘em for people with macular degeneration that allow you to see better and continue driving. I did pass the eye test last February and got a drivers permit that’s good for five years.

Bill has mentioned his macular degeneration several times during the interview. Bill laughs and shifts from telling us about assisted living to telling us that he is “sure he won’t need his” driver’s license. Bill says that he has “no problem driving” and his vision “so far’s ok”. Bill “can read…the street numbers”. Bill goes on to say that he doesn’t really need to read while he drives, since he is “familiar enough with where [he] drives”. Bill stays “in the right lane, most of the time” so that he doesn’t “have cars comin’ at” him. Bill drives “Safe…real safe”.

Scene Four

Bill continues the story that he started earlier. “I started to tell you that she [his wife] fell and broke her thigh bone. She’s got a metal rod from her knee up into her hip in there”. Bill’s wife “was in… skilled nursing”, which is “exactly what you get in the hospital”. Bill tells us that, in skilled nursing,
They have a doctor that comes in and sees you once a day for five or six minutes. They have nurses who, uh, in skilled nursing the nurses took over your meds and gave ‘em to you. That only happens in assisted living if you need it. They allow you to do your own meds.

Bill’s “son says ‘we’ll wait ‘till she falls, then goes back to skilled nursing, then, when she’s out of skilled nursing, we’ll just move her into her assisted living apartment’”.Bill laughs as he tells us about his son and him colluding to move his wife into assisted living. Bill stops laughing and tells us that “there are people, who come to your house when it’s time. They’ll help you sort what goes and what doesn’t. Pack ‘em and so on. They’ll do that for, uh, a fee. And he and I know that she’s just using this as an excuse”.

At this point in the interview Bill has mentioned many services that are available, for a fee. Bill and his wife are fortunate to have the finances to utilize these services, although he describes his wife as unwilling to move, at least right now. This portion of the narrative is interesting to me, as Bill is expressing a desire to give up his personal possessions as well as the autonomy that comes from driving, in exchange for the security and convenience that is associated with others helping him move, planning his meals, cooking his meals, and, potentially, managing his medication. Through his discussion of the services that are readily available, Bill had reinforced another theme: disagreement between his wife and himself regarding when and how to move into an assisted living facility. During the interview I was struck by Bill’s pragmatic personality, and I can see how, logically, moving into an assisted living facility makes sense for Bill and his wife. Interestingly, Bill does not mention any mental health or support services that could work with his wife to explore her personal reactions and hesitations regarding assisted living facilities.
Scene Five

Bill tells me that his wife and him are “not concerned about the furniture”. They will “take what furniture [they] need, which will be all the furniture”. Bill shifts his focus back to his wife “So, she’s a problem”. He tells me that, if “she said ‘I’m ready to move’, [he] doesn’t know if [they’d] move now or not”. Bill reminds me that his wife “keeps sayin’ ‘I’ll never be able to move. I’ll never be able to move’.

I wonder what Bill means when he says that, even if his wife were ready, he “doesn’t know if [they’d] move now or not”. This statement seems to hint that Bill may have some hesitations about moving into assisted living, and that he might defer the process, were his wife not already doing so. Perhaps Bill doesn’t feel a pressing need to move, rather he knows it will have to happen at some point. I note that Bill uses repetition throughout the narrative to reinforce the message that his wife’s hesitations regarding moving are problematic”. I empathize with Bill’s wife. Perhaps it is because I am mentally preparing to move, a process that involves my letting go of the first house that my wife and I could really call our own.

My empathy and countertransference are revealed in the interview: “well, that’s a lot to miss ‘cuz…”. Bill agrees with me “yes it is. Yeah”. “…I bet you all have been in that house for a while, since you’ve been…”. “Yes. And it’s a show home. It was a show home”. Bill tells me that their son, who “lives across the street” is “gonna move into [their] house”. Bill’s next sentence shifts the focus of the conversation from their home to finances “financially it’s going to be kind of tight. Our son says ‘don’t worry about it, we’ll make it work’. We’re looking at five to six thousand dollars a month”. As I read through the interview transcript I note that these statements are, in actuality, related. The
loss of a beautiful home and financial stress are two aspects of the transition process that Bill and his wife will have to overcome.

Bill continues discussing the financial side of assisted living “And for the two-bedroom unit, you can get into really small, what they call efficiency apartments, for three thousand a month. So, most of them start at three thousand, thirty-one hundred, maybe thirty-two hundred. And there are people who can’t afford that” since “Medicare doesn’t pay anything”. Bill and his wife also have supplementary insurance, which “doesn’t pay anything” toward assisted living.

I can certainly see how paying $5,000 to $6,000 a month could be a barrier for many people. As Bill is talking about the financial challenges that accompany assisted living, I find myself wondering what happens if someone runs out of money, while they are living in assisted living. I ask Bill “now what happens if somebody moves in and they’re paying that, say five thousand dollars a month, and they run out of money part way through?”. Bill tells me that “the federal government takes over”, and the resident “might get moved to a different facility”.

Bill continues telling me about the financial considerations of continuing care “now, you get up into nursing homes, and they cost around a hundred thousand dollars a year”. I think back to my gerontology courses and ask Bill “some of that’s covered by Medicare though, is it not?”. “Medicare or Medicaid. If you’re broke, Medicaid takes over”. Bill reiterates that in “assisted living… financially you’re on your own”. I point out that Bill is “one of the very few people… that [can] afford” assisted living. That statement got me thinking about Bill’s peers, which resulted in my steering the narrative away from financial barriers.
During this scene Bill discusses barriers to transitioning into assisted living including his wife’s hesitation, financial considerations, and the process of downsizing and moving. Bill has taken his audience through the challenges that his wife and him are facing as well as the ways in which assisted living facilities can provide resolution to those challenges. Bill then orients us to additional problems that cannot be resolved as easily: his wife’s hesitation, her emotional needs, and the substantial financial strain that comes with assisted living. I turn the conversation away from barriers toward Bill’s peer network, which could represent a potential barrier, depending on their views regarding assisted living.

Scene Six

“How do you feel like your peers see this process? Do your friends know you’re…Thinking about making this move?”. Bill laughs and tells me that they “don’t have any close friends anymore” as they have all died. He clarifies that they “have some, kind of, acquaintances” that they’ve “met in the two places where [they] have the senior lunches”. Bill takes an aside and tells us that the senior lunches are “a godsend, by the way”. I go right to the emotional meaning behind this statement, that they are a godsend because they encourage social engagement. That is, however, my meaning. Ever the pragmatist Bill clarifies that “you get a well-balanced meal and plenty, for three bucks”. Bill expands on his wife and his engagement with the Senior center. “We go to exercise class two days a week downstairs. Monday and Wednesday. Which is paid for by our supplementary insurance”. Bill shifts the conversation away from their engagement with the Senior center to describe their supplementary insurance. Bill and his wife “pay about six thousand dollars a year for [their] medical insurance and drug plan”. They only pay
about “six dollars for a month’s supply” of any given prescription, in part because their “doctors have been able to prescribe generics”.

Scene Seven

Bill redirects the conversation. “Well, getting back to assisted living”. He laughs “which is why we’re here”. “What else do you wanna know”? “What do you look for when you’re looking at these facilities? You mentioned having the two bedroom…”. Bill says that his wife and him have “eaten meals at all the places. Mainly lunch and the evening meal”. They “haven’t had breakfast in any of ‘em. Usually they’re just kinda a buffet thing”. Bill says that “food is important” to his wife and him. Fortunately, they don’t have any concerns about food as all of the facilities “pass that easily” since “they have chefs and, uh, the meals are good meals”. Bill tells me that at “most of them you can order a large meal or a small meal. The small meal’s half of the larger one. Like, instead of getting two meatballs, you get one meatball”. Bill says that he “would look forward to that, doing the small meal and losing some weight”. His “weight has been pretty stable for the last ten years, not going up, not going down”. Bill gestures toward his stomach and tells us that he is “overweight”. This comment surprised me, as I perceived Bill as being in incredible physical shape, particularly for being 91 years old!

To Bill going into assisted living is “a good thing”. He says that there are “lots of pluses” and “very few minuses”. He elaborates that “they have all kinds of entertainment” including “bingo, card games” and hiring “professional musicians to come in”. Bill says that “there’s a piano player that comes into” one local facility “that is incredible”. They also “have sing-alongs” and sometimes “put you on the bus, drive you through the country… just to get away from the place”. Talking about the bus prompts Bill to shift back to the services offered by assisted living facilities. “They will take you
to all your medical and dental appointments. You just schedule those in advance. They just take you, pick you up. So, most people in assisted living do not have a vehicle. But you can. Right now we have two, hers and mine”.

I notice that, while Bill does acknowledge challenges regarding the process of transitioning into assisted living, he inevitably returns to the benefits, which are seemingly very strong in his mind. Bill seems to be at a place where he is not only ready, but relieved to accept help with his activities of daily living. He also seems to be relieved and ready to give up driving. Bill’s attitude towards this transition contrasts sharply with my own stereotypes regarding the way that people who identify with US culture value autonomy, independence, and driving.

Bill says that his wife and him “have a mountain home”, which is “another problem”. Bill’s son takes his wife and him to their mountain home on the weekends. Bill tells us that the “flowers are gonna start blooming”, which is significant for his wife and him, as they “were attracted to each other through a common interest in photography”. While analyzing this portion of the interview I wonder if Bill is telling me that not visiting their mountain home will be a loss. He seems to imply this by identifying their mountain home as “another problem”. After taking a moment to tell me an aside about their photographic interests Bill returns to their mountain home. He tells me that his wife and him used to spend winters in a retirement community. However, “going back and forth was a major problem for [his wife] ‘cuz [they] had stuff that stays in [their primary home], stuff that stays in” their retirement home and “stuff that went back and forth”. Bill laughs and says that “the time was coming” although, they “probably should have gone a couple more years”. Bill and his wife took the money from selling their retirement home
and “rolled that money over into the mountain home, paid cash. We’ve had a good life. And now, now we’re gonna go into a new phase. It’s gonna be a lot different”.

Bill seems to be confirming that the next phase of life, transitioning into an assisted living community, will result in the loss of his mountain home, which he will miss. He notes that his wife and him have “had a good life”, which seems to imply that they can take their memories of that life with them, into any assisted living community. I perceive Bill’s statement that “it’s gonna be a lot different” as implying that the transition process does have more difficulties than, perhaps, he likes to consider.

**Scene Eight**

“How have you been preparing for those changes?” I ask. In his reply Bill provides me with insight into the ways that he has been preparing himself. “Well, in my mind, I’ve sorted out what’s gonna go. What I’m gonna take”. I can understand how planning what will come and what will stay behind or be disposed of would make the process feel more organized and less chaotic. Bill shifts his focus from the practical to the emotional. “I don’t know what we’re gonna face. Emotional changes. I really don’t know what those are gonna be. We’ll just come with those as they come. Doesn’t take long for my wife to make new friends. She’ll find people to do things with. And, uh, I spend a lot of time at the computer. Editing photos and…” Bill laughs. “going through my Facebook thing”. Bill continues laughing as he tells us that he is “on Facebook, I’m sorry to say it”.

I appreciate Bill’s shift from the known barriers to transitioning, such as deciding what to bring, to the emotional unknown that accompanies such a substantial life change. One of the emotional challenges that Bill identifies is social support, which can be seen in his statement that it “doesn’t take long for my wife to make new friends”. This is followed by a statement about how he uses Facebook. The way that Bill transitions from
his wife’s social life to Facebook implies that Facebook will provide Bill with social support. Because Facebook is online, it doesn’t matter where Bill is living. He will continue to have access to his current social network through the computer. In this way Facebook seems to provide a bridge between the present and Bill’s upcoming life phase, which will take place in an assisted living facility.

Bill takes a quick aside to tell us that he likes Facebook, except for the “silly stuff” that friends of friends post. I redirect our conversation. “How do you decide what’s gonna go with you, you know, versus what’s going to stay, or get sold”? Bill says that they will “take a bed, a night stand, and then the living room”. He tells us that they are “gonna have a big TV and a couple of easy chairs and a round table between ‘em”. They won’t bring very much “kitchen stuff” because Bill and his wife won’t be cooking, although the units do come with “a microwave and a sink”. Even if they wanted to cook none of the units “have stoves [or] anything like that”.

Bill and his wife have “eight or ten thousand slides” in their basement. They are planning on taking their projector to the assisted living facility so that they can “bring a bunch of [slides] over, look at them, toss ‘em, bring a bunch over, look at ‘em, and toss ‘em” until they get through all of them. Bill laughs and says “that’ll be some entertainment for us”. Bill and his wife have “professional quality cameras”, which they are planning on giving to their son when they “can’t do photography anymore”. Bill says that it will take him “about twenty, thirty minutes” to sort through his hanging clothes. His wife, however, has “so many clothes” she has “a big closet in the basement with the out of season clothes”. Bill elaborates that his wife has “got probably fifteen white shirts. Eight of ‘em she hasn’t worn for the last ten years”. Bill pauses to laugh, and continues.
“I’m just hoping she can say ‘well, I’ll take these three white shirts and some of these purple and blue ‘uns’.

Bill is also planning to “take… a two drawer file with folders” which he has “already sorted, pretty much”. He tells us that many of his existing “folders are for… the house, payments, and stuff like that”. I feel more free just thinking about the fact that, like Bill, I will eventually be able to dispose of my financial records. This statement is at odds with the notion that disposing of one’s possessions is inevitably negative. Until now I hadn’t thought about how many possessions, like financial records, I have that I would be glad to dispose of. Bill doesn’t feel a need to continue maintaining their financial records since they “turned [their] checkbooks over to [their] son about two years ago”. Their son has “done [their] income tax for the last three years”.

Bill shifts from telling us about what they will take when they move into the assisted living facility to telling me that “when you get old enough, someone’s gonna have to write the checks, pay the bills, do your income tax”. I feel concerned; I don’t plan to have children, and I have no idea who in my life will, when the time comes, take over my finances. I wonder if Bill is telling us this because he sees the process of transitioning finances as a significant developmental challenge. One that people often have difficulty overcoming. Perhaps he is giving us a heads up that the time will come when we will be responsible for our parents’ finances. While analyzing this interview I note that control over finances generally equates to power. When I was a child my parents could have as much control as they liked over what I bought, owned, or, in some cases, did because they had access to finances, while I did not. When I consider that I may, eventually, have control over their finances I feel uncomfortable. To me that represents a reversal of
power in the parent child relationship that I have become so accustomed to. I wonder if there is a developmental transition that families with aging parents must negotiate – the transition of power from older generations to younger generations.

**Scene Nine**

Bill pauses his narrative about deciding what to bring with him into assisted living and takes a few moments to tell us more about his son, who he is clearly immensely proud of. He tells us that his son works in the public sphere and is accruing his own retirement savings. After describing his son’s work, Bill tells us a story about how his son got into photography. I have a difficult time staying focused when the topic of photography arises. I tell Bill that I am excited because “I got a darkroom”. Bill laughs and tells me that photography is “one thing [his son] got from his parents”. This gets me thinking about passing knowledge from one generation to the next. Bill has given photography to his son, but he has also given knowledge to many students, by teaching and serving on doctoral committees. I ask Bill if he looks “back on those memories”. “Oh yes”. However, Bill has “pretty much lost contact with all of ‘em”. He laughs and adds “They may be dead”. As I am listening to Bill I find myself wishing that my aging trajectory will mirror his. It is hard for me to believe that he is 91 years old! He is cognitively sharp, creative, and relatively mobile. I don’t tell Bill this, but I hope that living an academic life is one of the factors that contributed to the way that he aged, and particularly to the way that he has maintained his intellect. While analyzing our interview it is difficult for me to avoid drawing parallels between Bill and myself, and then assigning causal meaning to those parallels. For example, that his academic engagement caused him to stay mentally sharp.
Bill’s comment about potentially outliving his students prompts him to think about the end of life. “We both decided when we die cremate, and dump the ashes”. “Sure”. “No ceremony. Who would come?”. I ask Bill if thinking about the future, including death, makes it easier to face. “Yeah. We’ve already thought about death. That’s taken care of”. Bill thinks for a moment and then says that they “probably need to polish” their plans regarding death up. I am interested in Bill’s perceptions of death, since my own development as an atheist and a determinist has brought me to consider it. “What’s it like, thinking about death”? “Wasn’t a problem for us. I imagine for some people it’d be a big problem”. “How was that not a problem”? Bill pauses before telling us “we’re just intelligent people”. Bill says that he doesn’t pray and that, when he finished his doctoral studies in mathematics, he knew he “couldn’t in good faith be a Christian because Christianity… it’s not logical. It makes no sense”. He repeats that he doesn’t pray. Bill tells us that his wife and him took their son to the Methodist church when he was young. When their son graduated from eighth grade they asked if he wanted to keep going. He didn’t. Bill and his wife “hadn’t been back [to church] since”. Bill doesn’t “feel like [he’s] missing anything”. “I don’t need religion”.

Bill thinks that a lack of religion “probably made it easier for [them] to make decisions, like death”. “We don’t need a ceremony”. Bill laughs a hearty, infectious laugh. “If we did, there would be no praying”. I laugh and reflect that not having religion “would make it easier” since “it takes out some of the ambiguity”. I can relate to what Bill is talking about, since my personal belief system seems to closely parallel his. This is another area where Bill is breaking my stereotypes regarding older adults. I assumed that most people Bill’s age have been steeped in a lifetime of Christianity and, even if they
question the validity of religion, they aren’t free to admit that they question it. I have had more than one person around Bill’s age whisper to me that they don’t know if they still believe in a god, but none of them have been as outspoken about their lack of religion as Bill is. I wonder if a lifetime of Christians telling him things like you’re going to hell or how can you be moral if you don’t believe in religion has turned Bill into an advocate for the atheist and agnostic communities. Maybe I’m just putting my own experiences of oppression as an atheist onto Bill.

Bill’s next statement seems to imply that he equates a lack of religion with intelligence. “It’s interesting. On Facebook, are you on Facebook”. I tell him that I am. “They have all those, those play this game and see, see what color you are, these things. All those IQ tests, I get all of ‘em right”. That isn’t hard for me to believe, Bill is clearly very intelligent. Bill has “no problem” with intelligence tests “at all”. Bill elaborates. “At my age, I have some forgetting problems”. He tells us that his wife’s “are worse” than his, but his “brain’s still very sharp. That’s why I don’t’ think I’m having big problems with this move that’s imminent”. I keep thinking to myself please let me be smart and cognitively intact when I am his age. I don’t know who I am appealing to, but I do know that I have reached the same conclusion as Bill, that intelligence makes aging easier. I tell Bill that, when he was “describing what [he was] gonna take… it was very practical and well thought out”.

Scene Ten

Bill says that they will take “just what we’re gonna use”. He laughs and adds that they “probably will take stuff we never use”. Bill and his wife have “got one room in the basement” where their son will let them “have stuff in… which we think we might want”. Bill laughs and clarifies “which we won’t. We live in a subdivision with a homeowners’
association. There’s a dumpster right next to our house”. Bill’s wife asked their son “how can I get rid of all this stuff?”. Bill laughs and tells us that their son replied “mom, don’t worry ‘bout it. The dumpster’s right there”. Bill clarifies that whatever they “don’t take, [their son] will take care of”. This doesn’t bother Bill “a bit”, but it does bother his wife.

Bill sets his story of transition aside and tells us that his wife has been experiencing moderate cognitive/mental health symptoms because of her medication, which is “causing her to do crazy stuff”. Bill gives examples of some of his wife’s behaviors, before telling us that he really hopes that her new medication works better for her. I disclose to Bill that I have known other people who have had a “really hard time with medication”. Bill replies “well, there are so many medications that, that make you crazy. And then they all have different side effects”.

I turn the conversation back toward assisted living. I begin asking Bill “earlier you said that most of the things with assisted living facilities you appreciate, you know, the meals…not having to drive, not having to do all of those daily activities is sort of, a load off…”. As I taper my question off Bill responds that “it frees you up for other things. And they have planned activities every day”. I am surprised that Bill does not describe giving up driving and activities of daily living as a loss. Don’t get me wrong, I wouldn’t particularly miss doing the dishes, but I imagine that I would feel a loss if I didn’t have the choice to do the dishes. Bill doesn’t seem to view this as a loss, rather he sees it as a gain, since he is now free “for other things”. I start to clarify this thought with Bill “so you’re kind of excited about having these activities and social…”. Again, my bias comes through in my question. Bill seems more than “kind of” excited to have time to socialize and do activities, he already told us he is planning on losing weight and
getting into better physical shape. Bill sees the opportunities that come with transitioning into assisted living.

Bill says that his wife and him “won’t come to these lunches anymore, because the three meals a day are included”. They “might, occasionally, if it was a special meal, come and sit with [their] friends. Friends that [they] made through the lunches. But not very often”. It is interesting that Bill follows his statement about being freed up with this statement. I wonder if he is indirectly pointing out that, while there will be gains that come with assisted living, it is important to maintain a connection to the outside. Such a connection might happen through Facebook, by keeping one room in their house, or through visits to the Senior center. I reflect that Bill still has connections. “Oh, no, no. We’re not cutting off of everything. We can go to any athletic event for free. The two of us. We get faculty discounts for performing arts and stuff at the University”. Bill seems to take comfort in the idea that he will still have access to activities he enjoys. “We don’t do that a lot now, so I don’t anticipate doin’ it a lot then”. I wonder if this is an area where perception is more important than reality. Bill perceives that he will still have access to those events, even if he never actually attends them. Bill tells us that his wife and him “go to some of the events at” a local theater. When his wife and him are attending the events they “see the buses from the different… retirement homes, where they brought a group of people to that show. So, they still do that”.

**Scene Eleven**

Bill seems balanced with regard to everything. He reframes assisted living as an opportunity, while simultaneously recognizing that he needs to maintain a connection to his life before assisted living. My perception of Bill as being so adaptable prompts me to ask “what are some of your worries, what are some of your hesitations about making this
transition?” “I don’t have a lot of worries. Um, but, you know, there are some unknowns. I just don’t know how havin’ to be there at eight o’ clock for breakfast is going to work”. Bill starts laughing as he tells us that “scares my wife to death. I can never get up and be there at eight o’ clock for breakfast every day”. Bill chuckles and clarifies that “breakfast is from… eight, or seven-thirty, to nine. It’s not a big deal”. “But, uh, food’s good. Looking forward to that. It’ll be kinda like what we’re eating here. The variety, uh, and good food, and well balanced meals. They have dieticians that plan the meals… Each assisted living place is part of a large group. And they’ll have a dietician somewhere that plans meals and plans recipes, and sends them out to…” I finish Bill’s sentence “all the places. So you don’t have to worry about nutrition or health”. Bill says that he won’t “have to worry ‘bout shopping, cooking, cleaning up afterword’s”. He is “gonna love that”.

Bill returns to my question about his concerns. “Now I would say that, concerns about it, I have very few. My wife’s main concern is how we [are] gonna sort out and, what goes and what doesn’t go. Once she gets there, she’ll be in seventh heaven”. “Sure, so she’s kinda gotta just see it. She can make friends”. “She quickly makes friends. And she’ll enjoy them and the different events. We get invited to events”.

Scene Twelve

A local continuing care community “invites us to their main thing. Saint Patrick’s Day lunch… several special events in a year. We’ve been out to [another continuing care community] for a steak dinner outside in a tent”. Bill laughs. “And they had a quartet of doctoral students from [the University] that played the kinda jazz music that I used to play when I played in a combo in college”. I step aside from the conversation to ask Bill what instrument he played. He tells me that he used to play string bass. In college he got
within two or three classes of a music minor, but he gave it up when he changed his major to mathematics, with a minor in physics.

I bring us back to assisted living facilities recruiting Bill and his wife. “So these facilities are really kind of wining and dining you a little bit?” “Oh, heavily recruiting us. We’ve told [one local continuing care community] we’re not gonna move in there. Take us off their list.” Bill laughs and tells us that the facility still contacts them. “Right now most all the places have vacancies and they wanna be full”. I ask Bill if being invited to the events is enjoyable. “Yeah. We enjoy that”. One continuing care community “had a professional group come in” to put on “a murder mystery thing”. Bill tells us that it “was a fun evening”.

Bill tells us that the facilities “do the same thing with their” he chuckles “inmates”. His chuckle turns into a full laugh. “No, their, I don’t know what you’d call ‘em”. “Residents?” I ask. “Their clients”. Bill tells us that his wife and him “have lunch with a woman who works part time at” a local continuing care community. Bill likes “to kid her a lot”. He laughs as he tells us that he calls “her customers inmates”.

**Scene Thirteen**

“Well, is there anything else you think would be important for us to know about assisted living facilities”? “I think you’re gonna find, as you interview different people, lots of differences. All gonna be concerned about finances. If they’d explored at all they’ve gotten a packet with prices. The price pretty much follows the number of square feet in the unit, ‘cuz they pretty much know what the meals cost, and so much a month for the entertainment, and so on. And… the larger the unit, the more expensive. The two bedrooms are the large ones”.
Bill tells us that only one place in town “had two bedroom units”. Bill says that “most married couples that are moving together into assisted living are sleeping together in a bed”. However, Bill’s wife “had a herniated disk in her back”. Multiple surgeons, including a neurosurgeon, “looked at the x-rays and said ‘we can’t justify doing surgery. What you need to do is lie flat in your bed, on your back, for the next six months. You can get up and have meals’. So, for six months she slept in the guest room, flat on her back”. Bill “did all the cooking, all the housekeeping, plus” he laughs “teaching up at” the University. Bill says that their son “helped out a lot” during that time, but his wife and him “just never went back”. Bill says that they “seldom come across married couples that are sleeping in different rooms”. He says that he would “guess that’s probably why there aren’t many places like that”.

**Scene Fourteen: Coda**

Bill encourages me to try to talk with a range of older adults to see the differences in their perceptions regarding assisted living. I wonder if Bill feels like somewhat of an anomaly, since he sees assisted living more as an opportunity than a loss, although he still acknowledges some loss. Bill tells me that “once we… cut… the cameras off” he has a suggestion. I tell Bill that “I’ve got nothing else”. I ask “is there anything else you wanna add?” There isn’t. Bill concludes that “it’s a very interesting study”. “I hope I’m around to see how it comes out”. “Yeah, me too”. “If you can keep talking to me…”. “Yeah, I’ll stay in touch”.

I stand up and turn off the microphone and cameras. After the recording has stopped Bill tells me that he knows another older adult who has not started the process of researching assisted living facilities. Bill tells me that I should talk with her, and other younger older adults, to see how they react to learning about the expense associated with
assisted living facilities. Bill’s suggestion raises an additional line of research, exploring how the young old plan ahead for their upcoming needs.

**Audience and Purpose**

While he is telling his narrative, Bill talks primarily to me. He occasionally looks around the room to emphasize a point. However, there are times when his audience seems to extend beyond the room. I wonder if Bill’s purpose in sharing his narrative was to tell us that it doesn’t have to be all bad. In telling his narrative Bill addressed many of the assumptions that I have regarding assisted living, including the assumption that transitioning is a painful process that is characterized by loss and declining mental and physical health. I wonder if he hopes to share his narrative, which runs counter to my assumptions, with people who will be navigating the often neglected developmental stages that come in later life. In this way his counter narrative can be seen as communicating hope and a sense of ongoing growth and development.

Bill has much to look forward in the next stage of his life. He hopes to obtain even better physical health and to engage in a wide range of activities. Even though Bill has clearly lived a rich and fulfilling life, he doesn’t seem to feel that the next steps in his journey will be any less rich or fulfilling, just different. As I revisit the video of Bill’s interview, I can’t help but wonder how he has stayed so healthy. He has lived a good life, he has loved and been loved, he is appreciated by his son, he has had a rewarding career through which he has given back to many students. I wonder if Bill feels a sense of closure regarding his life, a feeling that he can carry with him through whatever comes next.
Follow Up Interview with Doris

Ashley and I got to the Senior center a little before 10:00 in the morning. Doris and I had agreed to meet at the Center at 10:00, so that I could conduct a follow up interview before Doris’ lunch at 11:15. Cora and another person were sitting at a table by the front door, stuffing pamphlets into envelopes. I approached Cora and asked if we could please have some space for the next hour, so that I could conduct an interview. Cora considered and, after clarifying that we would only be there for an hour, told us we could use the craft room. We walked out to my car and brought a camera and audio recording equipment into the dry craft room. My brother, who had generously loaned us his camera for the first three interviews, needed his camera for work, so we planned to film with only one camera. We were able to position the camera and the laptop onto which we were recording audio about ten feet away from Doris’ chair. We finished setting up our equipment just after 10:00, and I walked into the lobby to see if I could find Doris. Around 10:30 Doris walked into the Center with Linda and Floyd. I greeted Linda with a hug and invited Doris to be interviewed. As I did so Floyd got my attention and indicated that he was available for an interview. I was interested in what Floyd had to tell me, particularly since he was approaching me. I told Floyd that I didn’t have time to interview him that day, but I would try to make time later in the week. Floyd pulled a stack of business cards from his pocket and began shuffling through it. After a moment he pulled out one of his own business cards, which he handed to me. He encouraged me to call him to set up an interview, and I said that I would. Floyd directed my attention to the back of his business card, which read “Hug Department : Always Open.” Followed by a byline stating that “You can’t wrap love in a box, but you can wrap a person in a hug. I
have a present for you, but I need to borrow your arms for wrapping paper. I am a hugaholic, can you help?’.

After reading his business card I offered to give Floyd a hug, and he accepted. I reiterated that I would be in touch to schedule an interview, and I asked Doris if she was ready for her follow up interview. She said that she was, and Doris and I walked back to the craft room. I invited Doris to sit and made sure that Ashley had started the video and audio recording.

Scene One

I opened the second interview with Doris. “Alright. So I think last time we left off, we were talking and I had just asked you about your experience moving your sister into an assisted living facility, so I wonder if you could tell me…”. As I trail off Doris says “yes. She’s having a terrible time”. I tell Doris that “I’m sorry to hear that”. Doris tells me that her sister “had gotten sick, and she got clear down to 91 pounds”. Doris says that the assisted living staff “really weren’t paying much attention to her. So… her [sister’s] daughter that lives [nearby] went over and took her to the doctor. And, uh, well, she has… colitis or something. Everything she eats, it just goes through, so she wasn’t getting any nutrition… And when she doesn’t feel good she gets pretty grouchy”. Doris laughs and tells me that the assisted living staff “just wouldn’t go in and do anything with her” sister, because she was grouchy. “So, she’d just sit there and almost died”. Doris says that “they still won’t do much for her. They, well, the other day she pushed the call button, or something. And the guy that was there didn’t come, and he didn’t’ come. So she went out to see… why he hadn’t, and he was watchin’ TV and had his buzzer in his pocket”. Doris laughs and continues “so, then yesterday she had an accident, and they just left it on the floor”.

I misheard Doris and thought that she said that they had left her sister on the floor. “They just left her on the floor”? Doris talks louder as she clarifies “Left IT on the floor”. When the family asked about having the floor cleaned the assisted living facility staff said that the man that was supposed to clean it wasn’t there” and “the nurses couldn’t do it”. Doris clarified that “it wasn’t that much, just… three spots”. She holds her fingers a few inches apart, demonstrating the size of the spots “one about like that, then two others. And they just left it”.

Doris continues describing the circular relationship that has developed between the assisted living staff and her sister.

And before that… somebody got mad at her and she was mad at them. And she does talk pretty grouchy to ‘em… But it’s because they aren’t doin’ anything for her. And so they just would ignore her and wouldn’t do anything. So… the director came over and she told him what was goin’ on. She said ‘I think they’re just ignorin’ me’. And he said ‘they are. And he didn’t do anything about it. They’re taking all but 80 dollars of her money, but they aren’t waiting on her.

I am surprised by what Doris is telling me. During our last interview we talked about the continuing care community where her sister resides, and Doris told me that, for the most part, she thought it was nice. It seems that a lot happened between our last interview and this interview, and Doris wanted me to know about it. I opened the interview by asking about her experience moving her sister into an assisted living facility, and she responded by telling me about how her sister is currently being neglected, which is understandably upsetting and pressing.

Doris tells me “that’s their job”. She reminds me that she “had a board and care home and took care of a lot of people”. Doris laughs and tells me that she got “some grouchy ones”. “In fact, I thought I was gonna get hit with a cane once”. She laughs again. Doris looks back at Ashley, and Ashley scoots her chair so that it is closer to the camera,
so it will look like Doris is making eye contact with the camera. Doris reminds me that, even if residents are grouchy “you’re paid to take care of ‘em”. I add that “they’re still people”. Doris agrees and continues talking about her sister. “She’s still so thin. Sitting in that big chair, she just looks like she fades into it, almost”.

I ask Doris “how does that impact you? If you were, one day, to move into an assisted living facility”. Doris replies “well, that would be terrible. But I have some family I think would…” Doris pauses for a moment “well, her daughter is tryin’ to help, too”. Doris says that “she’s told the doctor and everybody that they just don’t do anything… One nurse said to get hold of… the guy that owns it”. Doris reminds me that it’s “a real nice place, supposedly”. Doris says that “they only have ten or twelve people… And so there’s not any excuse for not, taking care of ‘em. But… there’s several in there that has Alzheimer’s, so they don’t know they’re not being taken care of, so I wonder what they’re doing with them”.

I clarify “So that’s a really important part of this, is being able to have family”.

Right. Oh you have to have, when my mother was in nursing I had to go down there at least every other day. They lost her clothes one time. She was sitting there, and, uh, she was 89 or 90, and she couldn’t walk, so they had her sit in a wheelchair all day. And she was wet from her waist clear down to her knee, so you know it had been all day. So you just have to have somebody watch ya all the time. It’s not good.

“Wow. So, if you came to a point where you started feeling like you needed to move into somewhere to get more assistance, you wouldn’t even be able to trust that there is such a place?”. “Well, I don’t know where you would even go”. “Cuz this was out here, you know, where the [local assisted living community] is?”. “Uh huh”. “It was the one just behind it. In the front it’s, it’s assisted living. I think behind it’s, uh…”. I finish Doris’ sentence “nursing”. “Yeah. And they lost her hearing aids, and they had her
name on ‘em [in] little tiny letters. And they found them two, three days later. They had
given them to somebody else”. Doris starts laughing. “I was always goin’ down to the
laundry to get her clothes. They’d hang ‘em up, and not bring ‘em back”. Doris tells me
that she “had to be there all the time to make sure she was even pretty comfortable”.

I redirect the conversation by asking “So what would you do if you found yourself
needing more assistance? How would you handle that, knowing what you know?”.
“Well, I guess you have to do that, but I have two daughters that live here, and a son, real
close… And they wouldn’t put up with that. They would do something about it”. Doris’
voice gets louder. “But then, my sister’s daughter’s tryin’ to, and it’s not goin’ anywhere.
So I’m thinking about calling Medicare. Probably this afternoon. Tell ‘em what’s goin’
on over there”. I add that she could also call “the ombudsman”, as they are responsible
for addressing complaints regarding institutional care. I anticipated that elder abuse might
arise during my interviews, so I included the phone number for the ombudsman in my
informed consent paperwork. I hand Doris a copy of the informed consent and point out
the ombudsman’s phone number. Her sister is in a neighboring county, so Doris says that
she will call the number on the informed consent and ask them to give her the contact
information for the ombudsman that investigates in the county where her sister lives.

I ask Doris “so, how would you decide then? If you got to a place, you’d wanna
be near your kids, so that they could come in, check up on you. How would you decide
which place to go into? How do you see yourself making that decision if you needed
to?” . Doris says that she doesn’t “know, ‘cuz I know too much about all of ‘em”. Doris
laughs. “So it would be pretty hard. We saw one yesterday; we were lookin’ for one. She
wants to move out of there. Except I don’t know how she’s going to”. Doris says that her
sister’s son in law and her grandson have been moving her, but her grandson “is now working overtime in” a town that is more than an hour away. Her son in law “can’t… lift anything now. He hurt his back”. Doris reiterates that she doesn’t “know how she’s gonna get moved”. Doris says that her sister and her went to see an assisted living community that is “pretty small”. She adds that the “halls are kinda narrow, but the people that work there have been there for several years”.

As Doris describes the halls I am reminded of the first interview that we had. Doris told me that she appreciated how spacious her apartment right now is, it seems that ample space is a significant factor that Doris considers when selecting housing. Doris elaborates that the facility that she toured has “music and everything goin’ on”. Doris says that, while she was touring the facility, the residents “came out to eat lunch. And they all said ‘we love this place’”. Doris says that she would like it if they “could get her [sister] down there some way”. Doris doesn’t “know how [she’s] gonna move her, though”. Doris tells me that “there was one lady that was a hundred. And one that’s ninety-four, five, I think she said. And one man with all those women”. Doris and I both laugh. “And he said ‘I don’t know how I was lucky enough to get in here with all these good lookin’ women”’. Doris laughs again. “But it seemed like a nice, comfortable place”. Doris returns to the theme of size. “And the rooms were bigger. And they got good care”. Doris tells me that her sister “need[s] to go to the bathroom… immediately”, as she has incontinence. Doris says that the facility she toured has “a pole beside the bed, so they can pull their self up, And at night they’ll take a porta potty to them… So they just have to get up, turn around, and sit down. Then they take care of it… So they don’t have to
walk to the bathroom, and maybe not make it. So, it sounds like a good place… Maybe the best that I’ve seen… they really care about” their residents.

I ask Doris if, knowing what she knows “about all these different places” if she thinks that she would pick the place she toured for herself. “Yeah, I think I would”. I ask if she would need more information from them, before making that decision. Doris says that she’s going to take her sister over there and “talk to the man that owns it”. Doris says that the owner of the facility “had a really good job, and then his mother got sick, so he quit to take care of her. And then he started his own place to take care of other people. And they all seemed to love him. So, it just sounds like they’re very caring”. I reflect that having a personal connection with the owner is important. Doris agrees that it is and tells me that “there’s only ten or twelve” people living in the facility, so “it’s not that big”. She says that they have “a nice backyard that you can sit in, with a little stream goin’ down it. So, it looks really nice. Like I said… the halls are not very wide”. Doris gestures “maybe about from here to here”. Doris tells me that her sister “has a Roundabout”. It makes sense to me that Doris would be considerate of her sister’s mobility needs, and I wonder if Doris returns to building size because of mobility, aesthetics, or both.

Doris laughs. “If there was one coming in the opposite direction they’d have to stop and wait, probably”. I laugh and joke that the assisted living facility should “have little pull offs so people can pass each other”. Doris laughs and tells me that “they just seem to be the most caring place that I’ve seen”. Doris says that her “ex-husband was… in a nursing home” and he got “pretty good care”.

I reflect that Doris has “seen that there are some chronic problems”. She says that she’s “seen a lot of them”. She knows “it’s really hard to get help to work in a place like
that”. Doris says that “there’s two young girls” who work at the continuing care community where her sister lives. “They don’t even want to go in a room. So they barely do anything and… that makes her [sister] mad, of course, so then she’s grouchy. So that makes them not want to come in”. I am impressed by the balanced perspective that Doris takes. While she clearly cares about her sister, she also has empathy for the workers in the assisted living facility. Doris’ empathy is understandable, since she ran a board and care home. Still, her sister “doesn’t feel good, and that’s their job. You know, you can’t pick and choose who you’re gonna wait on in a place like that. Or you shouldn’t, anyway”. Doris’ sister is “nice to people who are nice to her, but she gets frustrated because they don’t come in when she buzzes for ‘em when she needs help in the bathroom or something. And she’ll go out and they’re watchin’ TV”.

I tell Doris that it sounds like she is describing a bad TV show. She says that “it’s pretty scary”. “So, is that something that scares you, thinking about ‘if I needed a higher level of care, if I had to move’”? “Yeah. Hopefully by then I [will] know where the good ones are. I know where not to go”. I laugh and tell Doris that she’s “got those pretty well figured out”. She laughs. “I’ve been in several of them”. She says the nursing facility that is affiliated with the assisted living facility where she used to live seemed “pretty good”. However, “the food was just no good… Other than that I think they did a pretty good job”. While Doris lived in that continuing care community her friend and her would exercise in the winter by walking the halls. They would walk “down the hall… where the… nursing part was” and “they looked like they were all pretty comfortable. And it was clean and nice”.

Throughout this scene we have heard about Doris’ experiences with neglect in continuing care communities. While this dialogue is coconstructed between Doris and I, she seems to take the lead. For example, I open the interview by asking about her experience moving her sister into an assisted living community. Doris responds by telling me about her current experience with the facility that her sister is living in. She then describes how other family members, including her mother and ex-husband, were/are neglected by the staff in their respective communities. Doris takes a balanced perspective and demonstrates consistent empathy for the staff. Her own experiences have shown her how difficult caring for others can be. However, Doris notes that, regardless of how difficult the residents can be, the staff are paid to assist them. She also highlights a circular dynamic that is happening between her sister and the people that are tasked with caring for her sister. Her sister doesn’t get the care she needs, which makes her grouchy, which causes the employees to avoid caring for her, which makes her grouchier, which drives the employees further away.

It seems that Doris’ intention in telling me about people she knows who have been or are neglected is to elicit systemic change. She contrasts neglectful communities with the community that she recently visited, where the residents seem to receive more personal care. She notes that that community is small, and that the owner has a personal relationship with the residents. That description contrasts sharply with the other facilities she has described, which are generally large, corporate owned entities.

**Scene Two**

Doris’ mother had lived in the assisted living and nursing portions in the same community where Doris lived when she moved back from Oregon. While I was analyzing my first interview with Doris I noticed that I didn’t know what level of care she was
receiving in that particular community. During this interview I clarified “you were in independent living, weren’t you?”. “No, I was in assisted living… But I was doing everything for myself. I didn’t need to be…” Doris trails off as she starts laughing. Doris tells me that, when she came back from Oregon, she had a difficult time breathing due to the altitude change, so she decided to move into assisted living. After she got “some medicine, and inhalers, and… oxygen at night” and she “acclimated to the altitude”, she felt that she didn’t need to be in assisted living anymore. Doris “told the director…that she found another… independent living facility” since she “was doin’ everything for” herself.

I reflect that Doris was “just giving out money for services” that she wasn’t using. Doris agrees and tells me that they would take “all but 100 dollars” a month. She goes on to say that “where [her] sister is, they only give you 80”. I clarify “so they literally take all of our income payments, social security… and then they just hand” over an allowance? Doris tells me that I am right. She elaborates that the $100 she would get every month would go toward buying “personal things. And maybe going out to eat once in a while, or get your hair done. You know, just personal things that you need. And sometimes it isn’t enough”. As Doris is telling me this I start thinking about the sources of income someone that age might have, and I realize that some people have paid more into social security, and thus get more every month. Also, some people get veterans benefits, or spousal benefits, if they were married to someone who died in combat. I decide to ask Doris about this. “So does that mean that some people end up paying more for assisted living than others”? “Yes. Mm hmm”. “What a strange system”. “It is… you need… things and sometimes you like to buy your own food, and things… I had a little
refrigerator”. At that time Doris’ daughter was sending her “a couple hundred a month”, which enabled her to purchase personal care items, as well as some entertainment. Doris tells me that it “doesn’t take long to use” a $100 per month allowance.

I ask Doris if she felt like she was “stuck there”. She said that she “didn’t necessarily because… [her] kids… came and got [her] and would take [her] places”. She says that the money her daughter would send also helped her to not feel stuck. Doris points out that her “sister was. Because her daughter doesn’t have the money to give her”. So were “the other people that didn’t have anyone”. She tells me that people who don’t have family nearby are “pretty well stuck”. She laughs and says that “the van took us to Walmart, once a month. And they took us out to see the Christmas lights, in that van. But that’s about all. They’ll take ya to a doctor, but then you sit there and wait ‘till they come back to getcha. Sometimes for a long time”.

I ask Doris what it was like for her when she moved into the assisted living facility. She says that she thinks “it would have been really depressing, except that [she] did take care of people. Some were elderly people. So [she] was sorta used to that”. Also, Doris’ sister “lived there at that time”. Her sister was “almost straight across the hall, just down a door”.

Doris tells me that “they had good, nice grounds… to walk around [and] exercise in”. Doris’ mother had lived in the same facility, and, during her time there, “she had a gazebo built”. The gazebo is still “outside there… with her name” on it. Doris laughs as she says that she would “sit in her gazebo”. Doris adds that the director of the facility had been there for a long time and had known Doris’ mother when she lived there. “Mostly it was pretty nice for me because I… could do my own things. I didn’t need help. But my
sister kinda had a hard time… getting’ help”. Doris thinks that “it just depends on what… you need and what you don’t need… ‘Cuz they really didn’t like to do things for people”.

“Is that part of why you’re hesitant, that you would hesitate, or probably not move back into [that facility], is seeing the way that they cared for your sister”? “Yeah”. “And then the food on top of that”. Doris laughs. “Well, yeah. I wouldn’t go back there. Not unless I could live independently out there. But then the older I get, that’s not gonna happen… I’m living independently right now”.

**Scene Three**

I shift the direction of the conversation by asking Doris if “this is… your favorite place that you’ve lived”. Doris responds by telling me about her connections to family. “I have my niece here, so I’ll go places with her. She and I went to [a neighboring town] yesterday. I was checkin’ out that place for my sister. Then my daughter in [a different neighboring town], two, three times a month. And then once in a while my daughter in [a third nearby town]”. As she is talking about her daughter Doris is reminded that her daughter is “taking care of her dad and uncle”, who “share a room in a nursing home”. Doris tells me that her ex-husband and his brother were living in a rural community “and they just would not come up here. For years they needed to. And finally he had to have his back operated on. And so, then he came up and… never has even mentioned goin’ back down there. And before you couldn’t drag him up here”. Doris laughs and tells me that “he’s fine with it now”.

**Scene Four**

“How would you be able to tell if you needed to move back into assisted living, or if that was something that would be right for you”? “Well, I think It would be if I just realized I can’t cook anymore, I can’t really clean, and things like that”. Doris goes on to
tell me that, after several months in independent living, her neighbor who moved with her from the assisted living facility to the independent living apartments told her “I just can’t do this anymore, I can’t cook”. That prompted her to move into another assisted living facility where her husband was living before he died. Doris says that the woman knew that she liked the facility, as she had visited her husband while he lived there. Doris laughs as she tells me that she hasn’t “been over to see her yet”. Doris says that she “might go check that one out too” since “she… said it was real nice”.

I ask Doris if people seem to decide which facility to move into based on knowing other people that lived there. “Yeah. She had her husband in there, and she went to see him a lot… So she knew what the place was like. Knew the director real well”. I reflect that getting to meet the director seems important, as Doris has mentioned it several times. She says that “it is”. I ask her if she got to meet the director at the facility where she was living before. Doris responds by telling me “I just wouldn’t go back there because of the food”.

Scene Five

Doris tells me that she “got along with everybody” at the assisted living facility where she used to live. Doris says that she would generally eat with three friends, “but one of ‘em was… getting dementia, so she couldn’t read the menu, didn’t know how to check off” her order. So, Doris “helped her”. Doris tells me that she doesn’t “know what would happen” to the woman who would sit across from her. “Every once in a while she’d disappear… Something in her brain”. The third woman she would eat with “was a Spanish lady, so she couldn’t read her menu”. Doris would also check her menu off. “So I kinda took care of my table”. Doris laughs and tells me “that gave me something to do”. Doris’ voice becomes subdued, as though she is a bit sad. “And I had to leave them. And
they didn’t like for me to leave either, but… I had to go someplace else”. Fortunately, the assisted living facility has a big “craft show every year before Christmas”. Doris’ daughter “makes a lot of things” and Doris looks forward to helping her daughter with the craft show so that she can “get to see them”.

“It’s nice that you can go back, though”. “Yeah, because there’s a lot of them that I liked. Some of the waitresses that waited on us… There was two, three of ‘em that were really nice, that I liked. So it’s nice to see them. I just wouldn’t want to live there again. The rooms are very small. And the bathroom’s big enough you can go in, turn around, sit down, and walk out the door”. Doris says that she would have to “go around the corner” if she wanted to take a shower. She tells me that residents in that assisted living facility “could only take a shower twice a week… You had to take your turn and do it on that day. Lucky I got up early, so I could take mine at 5:30 or 6:00 in the morning”. She laughs. “And get out of everybody’s way. But you can only shower twice a week”. I tell Doris that only showering twice a week would be difficult for me. I really like my showers. She tells me that they “had to… take a sponge bath… in between”. After a moment she adds “so that wasn’t real good”.

Doris says that her sister “has a shower… So when she was feeling good and could do it herself, that’d work out good. She’d take one whenever she needed”. “Now she has to have some help. She’s not doin’ that well”. During her last visit Doris asked her sister “how long it’d been” since she showered. “She said ‘oh, three or four days’. And, you know, she has accidents and things. She needs the baths more often than that”. Doris concludes that “there’s good and bad everyplace. Some are a little worse than
others”. Doris starts laughing and I tell her that it seems like she’s “got a good sense of that”. She laughs and says “I know. I looked at several… for her, and for me”.

During this scene Doris revisits two prominent themes throughout her narratives: food and space. She notes that the assisted living facility she used to live in has particularly small bathrooms and poor quality food. Doris also notes the restrictions regarding the communal shower as another negative. Doris maintains her balanced perspective, as she also notes that she cared about her friends in the facility, and she also liked some of the employees, specifically a few waitresses. Doris took a more active role in authoring this scene, although a question I asked prompted her to think about the facility where she used to live.

Scene Six: Coda

I start to conclude our interview. “Well, is there anything else you think would be… important for me to know”? “Well, I can’t think of something that I haven’t already told you, unless you have something to ask me”. Doris laughs. I wonder if there is something that she wishes I would ask her, or if she is simply telling me that she has shared all that she can think to share. I start to thank Doris. “Well I really appreciate you…”. Doris uses a pause in my speech to tell me “that’s about the main things. It really needs to change”. I decide to directly inquire about Doris’ purpose in talking with me. “So is that part of your hope in talking to me? To point out some of those things that need to change?”.

Yeah. Mm hmm. So they really need to get the people that work there to realize that they’re there to help. They aren’t there to judge people. You know? Because there’s a lot of people that don’t feel good. They’re not real happy. But you can’t ignore ‘em. You’re givin’ them all of your money for help. And not getting it.
I start to ask Doris what the biggest thing she would change is. The “biggest thing I would change is that they need to start getting’ trained. They just go in there to work and they do, whatever… they wanna do”.

Doris laughs and tells me “I guess that’s it”. “Well thank you very much”. “Thank you”. “I really appreciate that”. “I don’t know if it was any help”. I cut off the microphone as I tell Doris “I think it’s really helpful”.

**Audience and Purpose**

During this interview I directly inquired about Doris’ purpose in talking with me. She directly advocated for changes in the way that assisted living administrators train their employees. She hopes that additional training for employees might mitigate the chronic neglect that Doris has witnessed and experienced, particularly with her sister and ex-husband. Based on this purpose, it seems reasonable to infer that Doris’ audience extended to assisted living and skilled nursing administrators, as well as members of the public who are positioned to advocate for such change. After all, receiving care in later life is something that impacts everyone, provided they live long enough.

**Floyd**

Ashley, Maya, and I got to the Senior center at about 8:50 am, as we had agreed to meet Floyd at 9:00 am. Floyd was waiting for us by the front desk. He told us that he had to go talk to someone, so we went to set up in the game room while he did. We were nearly finished setting up when Floyd found us and entered the room. He was initially hesitant to enter, potentially because he was a minute early. We invited Floyd in, and he told me that Linda had asked him to bring me a copy of her narrative that she had member checked. He handed me the packet and stood by me as I flipped through Linda’s feedback.
Floyd walked over to Ashley and Maya and gave them his business card and directed their attention to the message about hugs on the back. Ashley and Maya both hugged Floyd. Floyd informed us that he only had about a half hour for the interview. I told him he was free to cut it off at any time, should he need to leave. I gave Floyd a copy of the informed consent, which he signed without reading. I drew his attention to key parts, including what would be required of him and that the interview was being video recorded and thus was not confidential. While he was initialing the first page in the informed consent, he asked me if he would get a copy to take with him. I told him that he could have the copy that I was holding. While writing his email address on the informed consent, Floyd told me that he didn’t like email or, for that matter, even text messages. I told Floyd that I could call him when I was ready for him to read through the narrative I had written.

Figure 1. The back of Floyd’s business card. Floyd’s email address has been redacted.

Floyd filled out the demographic questionnaire, and, while responding to the demographic question about romantic relationships, Floyd inquired about what one calls
a male who has lost his wife. After discussing this for a few minutes he concluded that he is probably a “widower”. As he responded to the question about how many children he has he said “yes, and that is the problem. They live with me”. “Oh, do they really”. I gave Floyd a copy of the informed consent. Floyd asked me to put his informed consent on a table with his coffee cup. While doing so, I noticed that he had a smart phone, which surprised me, despite the fact that one can only buy a smart phone now.

Scene One

I open the interview by asking Floyd “What do you want to tell me”? By opening the interview this way I hoped to avoid restricting Floyd’s response, while gaining an understanding of Floyd’s hope in participating.

Floyd tells me that it’s the “same scenario as Linda and all the rest of our friends”. He says that he “did not realize how disposable our generation is. Till I, I volunteered for” a service that provides transportation to older adults so they can “go to doctor’s appointments, hair appointments, or whatever”. Floyd says that he also drives for meals on wheels.

Floyd tells us that he used to drive a woman who lived with her children. He says that her children told her “they didn’t want her around anymore” and they moved her into a continuing care community.

Floyd indicates his purpose in talking with us when he states that he “did not realize how disposable our generation is”. To me this statement suggests that he is interested in advocating for a cultural shift from viewing older adults as disposable to viewing them as worthwhile people. This is a broad purpose, that will require the support of a wide audience, and Floyd is aware that his interview will be accessed by people who were not in the room while he was telling his stories.
Scene Two

Floyd shifts from briefly describing the woman that he used to drive and begins telling us about how he connected with his current group of friends. While he is talking he alternates his eye contact between Ashley, Maya, and I. Floyd is talking to all three of us, although his audience includes a wide range of people who are not in the room during the interview. I talk the least during this interview. I use few minimal encouragers and withhold verbal responses. However, during the interview I consistently nodded and used non-verbal communication to show my support for Floyd’s experience. Restricting my verbal communications seemed to result in Floyd freely following his own path, which likely minimized the role that I took in coconstructing the interview. However, because Ashley and Maya were also actively using non-verbal communication, and Floyd was making eye contact with all three of use, the three of us likely had a role in constructing the interview, as Floyd responded to our non-verbal communication. There were times during the interview when Floyd would pause and make eye contact with me. I interpreted this gesture as a request for validation, a non-verbal way of asking *am I giving you the information you need*. I would respond to these cues verbally, generally with a minimal encourager such as “oh yeah?”.

Floyd tells us that he “joined the Senior center… a year and a half ago” so that he could “go somewhere else… [and] have something else to do”. “Originally, I would come [sit at] the lunch table, all by myself… And if anybody wanted to sit with me, that was their problem”. Floyd would get to the Center early so he could sit at an empty table. That way people would have to join him “because they only had so many tables set up”. About a year ago, he missed a few lunches at the Center because he was attending a family reunion. Floyd was surprised when he returned from the reunion and again went to
lunch at the Senior center. “Everybody jumped me. Wanted to know where in the hell I’d been, you know, because I’d been gone for” a few days. Floyd hadn’t told anyone at the Center he would be gone, as he didn’t feel that he would be missed. Knowing that he was missed, Floyd felt encouraged to develop friendships with Linda and three of her friends.

Floyd’s group of friends continued to grow. “All of a sudden we’d pick up a couple more”! “You’ve seen our group, little table. Well it’s not our little table anymore… it grew from just the three or four of… us until, right now we’re looking at twelve to fourteen in our group”. When I first met Floyd, Linda, and Doris I noticed that their table was unique from all the others, as it was substantially larger. The group of friends gets together outside the Senior center as well. “Once every month or two, we… all get together”. Floyd tells us that Linda “reserved the hall” in the independent living apartments where she lives, so the friends can get together for Memorial Day.

Scene Three

Floyd says that he is “jumpin’ around” as he transitions from telling his narrative regarding his friend group to talking about a woman he met in a grief counseling group, which he attended at a local hospice. Floyd tells us that the woman used to live in Nebraska, until she came to this town to visit her family for Thanksgiving. After they had Thanksgiving dinner her family said “well, now that you’re here, you’re gonna stay”. I sigh as I listen to Floyd tell this story. Floyd goes on to tell us that she lived with her family for “two or three years” until “they got tired of her”, so they moved her into an assisted living facility, which is “where she resides now”. A few months ago Floyd “started bringin’… her over” to the Senior center because she had nothing to do but “stare at the walls”.
Floyd briefly steps aside from his story to tell us that Linda and the rest of his friends call the women in the group Floyd’s “harem”. Floyd tells us that Doris is another member of his group, as he “drove her a few times”. Doris sometimes calls Floyd when she needs a ride somewhere. Floyd volunteered to drive Doris, Linda, and the rest of his friends if they called him directly, so they wouldn’t have to go through the service to schedule their rides. Floyd clarified that “the resource center doesn’t mind”.

Scene Four

Floyd tells us about another friend for whom he drives. She “was just getting out of the hospital, a couple days ago. I picked her up and drove for her a few times. Took her to the grocery store, and… she does, like, a little bit of teetotaling, you know, liquid refreshment”. Floyd tells us that she is “89 years old”. Floyd reflects on her drinking. “Well, what’s it gonna hurt? What’s it gonna do? Kill her?”.

Floyd says that “she called [him] a couple weeks ago. Her niece was just here and said ‘oh, you gotta watch her, she likes her booze, you know, and she might fall’”. Floyd reiterates that “she’s 89 years old”. He adds that “she does know what she’s capable of”. Floyd doesn’t “feel embarrassed about goin’ and buyin’ her a little bottle once in a while, you know, if that’s what she needs”. Floyd says that he helped her move into a larger apartment. He gestures as he tells us that her apartment was “from here over to the wall”. He says that her whole apartment was about half the size of the room we were interviewing him in, which was about 20 feet by 20 feet. After a moment he clarifies that it was “probably smaller than that, because it was shorter”. “And that was her existence”.

I point out “that it seems like there’s a difference in the way you see your peers, compared to how their family members see them. You talk about, for example,… with the woman you were taking to get the booze, you respect her autonomy. You respect that
she knows her limits, she knows what she needs... Whereas it seems like family members sometimes don’t believe that people have the ability to make that choice. They don’t believe that they have the ability to decide where to live, or...” Floyd’s voice becomes noticeably louder as he replies “I don’t think they do because her son, her oldest son, lives here in [state]. He says... ‘well, me and my wife are retiring, you know, and now I don’t want anything to do with you’”. Floyd says that is “literally... what she told” him. He points out that he doesn’t know for sure if her story is “actually true or not” since he wasn’t there. Floyd goes on to tell us that the woman “was in the hospital”. Floyd said to her “you wanna give me your son’s phone number. Either one of ‘em? So I can let ‘em know you’re in the hospital?”. She told Floyd that she didn’t “want to talk to ‘em. I don’t even want them to know that I’m here at the hospital”. Floyd remarks that “you know that it is not a happy situation”. I reflect that “there’s conflict there”.

Floyd returns to her son, who is retiring. The woman told Floyd that her son told her “I don’t even want you to call me. Don’t talk to me. Forget I even existed”. Floyd shifts his attention to his own children. “I wanna remember my kids, you know. But if they don’t wanna remember me, you know, to me that’s their loss”. Floyd points out that her son is “65 [or] 70 years old”. I can see how conflict can add up across a lifetime, but, to me, it seems that throwing away a 65 or 70 yearlong parent-child relationship is a substantial loss for everyone involved. Floyd tells us “I changed their diapers, you know. And I got peed on, shit on”. His voice gets louder as he says that he is “sorry for the language”.

**Scene Five**

Floyd shifts from talking about his peer’s children to talking about his own. “That’s my problem. I guess I love ‘em too much”. Floyd says that he has “a daughter in
Illinois, that was [his] wife’s daughter previously. [He] adopted her… when she was six or eight years old. She was my daughter. And my other daughter, she’s the mother of these grandkids”. Floyd tells us that his daughter thinks that he’s “asking too much of them to keep [his] house clean”. Floyd says that he gets so frustrated with his grandchildren and greatgrandchildren, who live with him, that he will “shout and scream when [he tries] to talk to all of ‘em together”. Right now Floyd’s daughter is homeless “because she lost her apartment in” a neighboring town. “So I gained another grandkid and a great grandkid”. Right now Floyd is living with eight of his grandchildren and greatgrandchildren. “none of them have contributed for the household”. All of Floyds friends say “well, kick’ em out. Kick ‘em out”. Floyd tells us “I can’t” kick them out.

Floyd says that there is tension between himself and his daughter, who keeps telling him “momma wouldn’t want you to do this”. Floyd tells her “’bull shit… Your mother and I talked before she passed”. Floyd says that he knows what his wife “wants [him] to do”. The volume of Floyd’s voice increases as he tells us “I only spent 45 years with the lady, you know, so I know what she wanted me to do”. As Floyd is describing the family members with whom he lives I begin to wonder how the fact that Floyd is raising his greatgrandchildren while caring for his grandchildren impacts his thoughts on assisted living.

**Scene Six**

I ask Floyd “So wha-, what happens then, you know, in maybe 20 years if you’re needing more care, you’re needing more assistance, you know with your own life? Have you thought about potentially moving into a place?”. Once again my anxiety as well as my desire to protect my participants gets in my way. I intentionally add “in maybe 20
years” to my question in the hope that Floyd will know that I don’t see his health, cognitive abilities, or physical abilities as lacking.

Floyd confronts my question head on. “I have thought of that, and I also thought of, you know, that I hear so many people saying, you know, that ‘it’s just not worth getting old anymore. It’s just no fun. It’s just not worth it’… I knew a gentleman that was ninety-two or three”. Floyd’s voice gets quiet as he tells us that “he said ‘it’s just not worth getting old’. He says… ‘you don’t want to get old because… what can you do?... And you’re at everybody else’s mercy… You go to a nursing home… You can’t drive, you can’t do nothin’”.

Floyd’s voice gets louder as he says “I even thought about taking a ride, somedays, up to [a mountain road with steep sides] sometime in the summertime and…”. His voice becomes very quiet “see how my little car could fly, you know? But then I look at my little great granddaughters and, gotta stick around for a little while longer”.

Floyd responded to my question regarding his entering assisted living by telling us that he considers suicide as a viable alternative to assisted living. Floyd is not the first person to tell me this. While I was soliciting participants, a number of people told me that they would die before they went into an assisted living facility. I vividly recall sitting across from a woman and watching her draw her finger in front of her throat, as she told everyone at the table that she would slit her throat or wrists before entering assisted living. I admire Floyd’s courage and honesty in disclosing this, particularly given current controversies regarding physician assisted suicide. I reflect that Floyd’s family is “what’s grounding” him. “Ah, yeah it is”.
Scene Seven

Floyd begins talking about his daughter again. “I got a place in Saint Joseph, Missouri… that needs to be rehabbed. I can get it real cheap”. Floyd says that the house has “the potential of being a duplex”. Floyd told his granddaughter that he “can put you, one of you… upstairs… and somebody downstairs”. His granddaughter told him “there ain’t no way… I wanna move”. I wonder if Floyd is telling us that he is preparing to transition his grandchildren and greatgrandchildren out of his home, so that he can be free to confront future challenges, such as declining health, without feeling responsible for his grandchildren and greatgrandchildren.

“So you’re just stuck in all of this”? “Yeah. So.”. “‘Cuz on the one hand you-, your grandkids are sustaining you. They’re keeping you alive, they’re giving you a reason to keep going. And then on the other hand it’s causing chaos, it’s causing, your house is a mess, it sounds like a ton of work to look after them”. “It is, you know. And… sure, they keep me alive, but also it is makin’ me to the point of where I get totally depressed”. Floyd recounts an argument between himself and his grandkids. “Linda happened to be there, and my grandkids told her to ‘shut up’ she ‘had no business… talkin’… or gettin’ [her] nose in it’”. Floyd feels “that’s bullshit. [Linda] has got as much right to say what she feels”. Floyd discloses that his children and grandchildren are causing “strain between the two of us”.

Floyd reiterates that his daughter tells him “momma wouldn’t want ya to do this”. Floyd tells his daughter “that’s crazy because… we did talk”. Floyd tells us that, before she passed away, his wife said “sure… I wouldn’t want you to go out and, you know, in a couple months… get a girlfriend and start livin’ together”. Floyd says that he understands his wife’s wishes but “it’s been over three years now”. Floyd and his wife are both
“realists”. Floyd tears up as he tells us “she says ‘I don’t want you to crawl in a hole just because I pass away… you got keep on living’”. After recounting that conversation with his wife Floyd says “But, like I said, I didn’t realize how terrible it was for the senior citizens, until I started driving… [seniors] and met these people. They’re wonderful people”. I wonder if he is trying to tell us that, at that time, he didn’t realize that life might not be worth living, because older adults are treated like disposable objects. Floyd tells us that there are a “a few of ‘em out there that, you know, their children really look after ‘em”. I wonder if Floyd would feel differently about late life, if his experience with his children were different.

Floyd reveals some of his intentions in being interviewed as he tells us that “Like I said you… three are in the potential of being the pushers against the throwaway generation, you know?... When your parents get a little older… Sure, you know, we… get to be a headache, but how long were you a headache to your parents, you know what I’m saying?”. I acknowledge Floyd. “Yeah”. Floyd tells us that we need to “be patient”. He tells us that “if you don’t want your parents… you gotta remember that they brought you into this world and they raised you… Look how you turned out, you know? So they have to have did something right”.

During this scene Floyd clearly revealed his intention in engaging in this interview was to raise awareness and to encourage Ashley, Maya, and I to push back against the throwaway generation. Floyd also points out the importance of being patient and also keeping in mind that our parents presumably went to great lengths to raise us. Floyd observes that Ashley, Maya, and I turned out alright, which inherently makes us a tribute to our parents. In making this statement Floyd seems to implicitly acknowledge
the conflict that is inherent in any family. He seems to say that, instead of focusing on everything that went wrong between our parents and us, we should focus on the big picture, on how successful we are right now and on showing respect and appreciation for the ways in which our parents supported us in attaining that success.

Scene Eight

Floyd recalls his relationship with his father. “I was raised in the days, you know, where my dad had this piece of leather harness strap”. He holds his hands apart, gesturing while he talks. “About that long, and about that wide. And to make sure it didn’t skip out of his hands when he used it, he put a board, bolted a board to the end of that… I think that’s one of the factors that made me the man I am today… because… I respected him for it… And I loved him more so for that than anything”. Floyd goes on to tell us that schools and teachers will call the Department of Human Services if children “feel sorry for themselves for some reason, because you told ‘em off or something, you know, you disciplined them”. “And consequentially, look around you. You’ll see how a lot of the children… don’t care. They don’t care for anybody, you know? Much less themselves, you know?”. It seems that Floyd is telling us that the parenting tools that his father passed on to him are no longer socially acceptable, and he is unsure how he can teach his grandchildren and greatgrandchildren love, respect, and empathy.

I reflect back that “there needs to be a way to heal the conflict between family members, between the generations”. Floyd agrees and reiterates that “the only thing I can say is, like I said, you have to beat into the younger generation that, ‘hey someday you’re going to be in the same boat that your parents are at’. They need loving, not disposal”. It interests me that Floyd believes that the ideal way to teach children to love and empathize with their parents, instead of disposing of them, is to beat it into them. I begin to redirect
the conversation by asking Floyd how he thinks that assisted living and nursing facilities facilitate younger generations disposing of older generations, but I am interrupted partway through my question by a knocking on the door.

**Scene Nine**

I stand, walk to the door, and open it a crack. I block the doorway with my body so that the man standing on the other side cannot see Floyd. The man asks what we are doing. I tell him we are interviewing someone. He asks if we are playing chess. I say that we are not, but that we are almost done. He agrees to come back when we have finished. I close the door and sit back down. I reorient Floyd to the interview “So, facilities like that, separating…”.

As I trail off Floyd tells us that he is “not in one, so consequently [he doesn’t] know”. Floyd continues “I am pretty well a free spirit, yet, because I can drive”. He says that he hears things from friends and acquaintances in assisted living, like “that the people don’t get their medication when they need it”. He tells us that one of their friends who lunches at the Senior center “needed to get her medication… so she could come to lunch the other day… She finally had to leave without it because they just ignored her”. Floyd tells us that he “can’t see how in the hell anybody can afford” assisted living. He tells us that their friend who had trouble getting her medication was living in a place where “they took everything but 100 dollars out of her social security check… They give her a hundred dollars to spend, you know, for personal needs and stuff. The rest of it all went for her living expenses”.

Floyd reminds us that what he hears from others is “hearsay”. He says that “everybody can be disgruntled one day”. I appreciate Floyd’s balance and his respect for the fact that people’s moods impact their perceptions. However, I suspect that Floyd’s
interactions with his peers have influenced his own perception of assisted living facilities. I decide to press the point with him to see if I can better understand how Floyd is influenced by his peers’ experiences. “What’s your sense though? ‘Cuz if you were gonna make a decision for yourself, if you had the money… based on your experiences driving these people would you feel comfortable moving into a place like that?”.

“I could handle something like Linda’s got… Because, well, I can still drive… but if I couldn’t drive, I would still want to” drive. Floyd tells us “that one apartment over at [a local assisted living facility that is part of a continuing care community] that [Floyd’s friend] was living in, that one room was, there’s no way in the world I could handle that. I’d go crazy, you know?” “Yeah, just in that little space”. Floyd gestures as he tells us that she only “had about that much room to walk between the foot of the bed and the wall”. It “would be real hard for me to face the fact, you know, that I would have to go… into assisted living… That would be real hard to think about… And, like I said… there’s so many things out there that I would give a lot of hard thought as to whether it would be worth stayin’ around for it even. But that’s my opinion”.

Once again Floyd has indicated that he would seriously consider suicide before going into an assisted living facility. He told us that he might have an easier time, if he had a large, comfortable assisted living apartment and he could still drive. Floyd seems to dread the monotonous lifestyle that he associates with assisted living – tiny, sparsely furnished rooms accompanied by isolation. I can understand how, for some, death could seem preferable to a slow decline in an assisted living facility. At the same time, as Floyd pointed out, he has never experienced life in an assisted living facility.
“Some people want to hang onto life as long as possible… But to me… living in that little room would not be living, you know?... Then they say ‘well, you can’t. Assisted suicide isn’t the right way to do it… against the law’ and all of this. Well, there’s always ways. There’s always ways, you know. And I would look at that regards before I got to the point where I was totally incapacitated. You know what I’m saying?... I love life. And it’s against my religion for somethin’ like that. But, like I said, it’s just to the point where I would not feel comfortable. It would be somethin’ that I’d definitely look at real hard. Let’s put it that way”.

Floyd is candid regarding the possibility that he might choose suicide over assisted living. In talking about it he uses the term “assisted suicide” and doesn’t make any effort to try to hide his intentions. It “seems like something that you’ve thought a little bit about already”. I seriously need to break my habit of saying “a little bit”. This seems like something that Floyd has considered more than “a little bit”. He isn’t particularly emotional while he is telling us this, although there is sadness in his voice. The way he describes suicide seems quite rational and well thought out, even though he hasn’t yet established a means. Over the last several years many people, ranging from family members to clients, have disclosed having suicidal ideation to me. There is something unique about Floyd’s disclosure, though. He isn’t talking about a spur of the moment decision. Floyd disclosed that he attended a grief group following his wife’s death. I wonder if he has been chronically depressed since her death. I wonder if the loss of his wife left him feeling as though his life doesn’t have purpose. I wonder how much that loss plays into his consideration of suicide. Still, there is something different in the way that Floyd talks about suicide as an alternative to assisted living. Floyd doesn’t have
a sense of a foreshortened future; he isn’t imminently suicidal. I perceive Floyd as planning for his future. It’s almost like he is buying long-term care insurance, but instead of insuring he can afford long term care he hopes to insure that he won’t have to dwindle away the last years of what has been a pretty good life in isolation and monotony.

Physician assisted suicide is, for me, a grey area. I firmly believe that people have the right to do what they like with their life, including ending it and I don’t want to be another person who takes away older adults’ autonomy. However, I also believe that circumstances change. What feels depressing or unbearable today might feel tolerable, or even worthwhile, tomorrow. This is also a grey area for me as a counselor and a researcher. As Floyd was talking about suicide as an alternative to assisted living I was actively listening for any sign that he was imminently suicidal. However, Floyd told us that he’s “gotta stick around for a little while longer”.

Floyd responds to my statement that suicide “seems like something that you’ve thought a little bit about already”. “Oh, it’s been there. You know, even when my wife passed away. I took my daughter over to a picnic… and we crossed [a mountain road with cliffs on one or both sides], and this is shortly after my wife passed… And man, would have been so easy to”. Floyd makes a loud popping noise with his mouth. “and then, you know, I get back in my mind. [With] my luck I would just get hurt real bad, and then I’d be really screwed. Because I couldn’t do nothin’ about it, you know? Because then I would be a vegetable, you know. And I figured that wasn’t the alternative I was looking for. You know. So that’s, that was a couple years ago”.

Floyd’s description of his past suicidal ideation answers some of my questions regarding the extent to which his wife’s death precipitated his suicidal ideation. The way
that Floyd describes his past ideation seems different to me than his previous statements that suicide is an alternative to assisted living. To me the statement with “my luck I would just get hurt real bad” rings of depression, as it implies that Floyd isn’t competent enough to even kill himself. He is not the first person to say something to that effect to me. I wonder if Floyd sees his past suicidal ideation and his futuristic consideration as distinct from one another. I also wonder why Floyd reiterates “that was a couple years ago”. My sense is that he is communicating that he doesn’t have any active suicidal ideation. However, I also wonder if he is implying that his past suicidal ideation is distinct from suicide as an alternative to assisted living.

Floyd tells us that he thinks he will have a “couple more years” that could still be great. “Yeah, those grandbabies make a big difference” I remind him. “It’s the only thing worth livin’ for right now. ‘Cuz my grandchildren are butt holes”. “What about Linda and your friends”? “I- I would miss ‘em… I’d miss ‘em dearly… But, it’s still something… I’d have to look at my own life, too”. Floyd reminds us that Linda and the rest of his friends “are 70 years or older” and they “did a pretty good job without [him] for 70 years”. He says that if he “wasn’t around tomorrow, sure they’d miss me for a while, you know… ‘Specially Linda. I keep tellin’ her she’s a crazy broad for feeling the way she does about me, but…”. Floyd tells us that he knows it would hurt Linda if he were to commit suicide. He says that his relationship with Linda “is one of the things that makes me think twice about doing anything stupid”. I tell Floyd that “I appreciate you sharing that with us”.

Scene Ten: Coda

As soon as I have finished thanking Floyd for sharing that story he transitions into the present. “Anything else I can do, you know, don’t be afraid to holler. You know
where I am Monday and Wednesday… All three of you got my phone number now, if you want to set up something, you know, even if it’s somewhere else, or an evening… If that works for you folks”. I tell Floyd that he will “definitely be hearing from me” as I will be in touch to schedule a member check.

Floyd asks “When you gonna leave?”. “For Michigan”? “Yeah”. “Probably mid July”. “Well, you’ll be around for a little while yet”. Floyd asks why we’re moving to Michigan, and I tell him that Ashley has been hired into a tenure track faculty position. Floyd says that Ashley’s “kinda cute. I’d follow her too”. I laugh and Ashley blushes. Floyd’s voice gets louder as he laughs and says “look at her blush!”.

Floyd asks how long we’ve been married. “Since 2010”. Floyd tells us that he was married for 45 years to “a little Mexican”. Floyd says that his was “one of those integrated marriages”. He says that “at that time it was… not really acceptable”. “That would have just become legal, in some of the Southern states at that time, huh”? “Yeah… We still went through the discrimination process… ‘cuz it was a Mexican with a white guy”. Floyd tells us about a microaggression his wife and him experienced at a Chinese restaurant in a neighboring town. He says that’s the type of thing that they “ran into… quite often… No matter where we went”. Floyd says “Sure do miss her”. He asks me “well, is that it?”. He reminds me that he does “have to get going”. I apologize for keeping him longer than he originally told us he was available. I stand up and switch off the microphone as Floyd says “that’s fine. That’s fine”.

**Audience and Purpose**

During his interview Floyd stated that his purpose in telling his narrative was to encourage social change regarding the way that older adults in the United States are seen as disposable. Floyd reiterated this purpose during his member check. This purpose
requires a wide audience, essentially every person in the United States. During his interview Floyd actively engaged and made contact with Ashley, Maya, and I, including each of us in his story. By doing so, he motivated each of us to consider the need for social change, which we talked about as we drove home from the interview.

Doris’ First Member Check

After interviewing Floyd, I called Doris to inquire about collecting the narrative I had given her the day before so that she could read through it for a member check. Doris answered and told me I would have to come to her apartment, since she didn’t have a car. I agreed and, about half an hour later, I arrived at Doris’ apartment. It was a new building and the interior smelled strongly of paint, glue, and other construction materials. I backed my car into a parking space across from the front door and walked to the entryway. There was a small foyer, enclosed in sliding glass doors. Inside the foyer there was a call box. I couldn’t remember Doris’ last name, so I scrolled through list of last names until I found the one that matched her apartment number. I pressed the “call” button, and, about 30 seconds later, Doris answered and invited me in. I heard the inner sliding glass door click as it unlocked, and I entered. There was an elevator directly in front of the sliding glass door. I walked to it and pressed the “up” button. A woman holding what looked like a large clipboard had entered the foyer behind me, just as Doris was unlocking the inner door. She seemed to pause for a second behind me, as though contemplating calling whichever resident she was visiting. She decided to enter without calling, and she followed me into the building.

As I waited for the elevator, I looked around the building. Hallways with cheap looking fake plants and decorations extended to my left and right. There was a small metal post, about three feet high, in front of the elevator, with a second elevator button
positioned on it, so people in wheelchairs could easily access the buttons without having to engage in some elaborate maneuvering.

A minute later the elevator doors opened, and I walked in followed by the woman. I pressed the button for the third floor. As the elevator doors were closing, the woman reached over and pressed the button for the second floor. As the woman exited the elevator, I looked out and saw more fake plants. When the doors opened on the third floor, I got out and walked to my left, as Doris had instructed me when I called her earlier that day. I rounded the corner and saw Doris waiving to me outside of her apartment. As I walked to Doris’ door I was aware that the building looked like pretty much every other apartment building I had been in, except for the shelves that are inevitably installed outside the doors at every senior housing facility. Doris’ shelf was personalized with a small wagon holding flowers.

Doris invited me into her apartment. The first thing that I noticed was a power wheelchair. This surprised me, as I perceived Doris as quite mobile. However, I didn’t inquire about the chair, instead I walked through Doris’ kitchen, which, like the rest of her apartment, was nearly identical to both of the condo’s I have lived in. A stretch of counter and a transition from linoleum to carpet marked the boundary between Doris’ kitchen and living room. Doris had a small table with two chairs sitting next to the counter on the living room side. The narrative I had given Doris was sitting on the table, along with a copy of her informed consent. Beyond the table a large television was sitting on a stand and, beyond that was a light blue retro style chair. The chair was unlike any chair I had seen before. Two strips of dark gray steel arched between the blue cloth seat and a square wooden base. I complemented the chair. Doris told me that the chair had
belonged to her ex-husband, who kept it in a shed. When he died, Doris kept the chair, which was actually a rocking chair, because she liked how it looked. On the other side of the rocking chair a sliding glass door opened onto a small balcony. A couch was placed against the living room wall, opposite the television and rocking chair. I felt welcome and comfortable in her tidy apartment.

We stood by the little table and Doris told me that the only thing she wanted changed in the narrative was a portion that referenced a conflict between Doris and a family member that resulted in Doris moving to Oregon. Doris told me she was worried that, while what I had written was accurate, it could have a negative professional impact on her family member. I told Doris that I understood her concerns, and I agreed to delete a couple paragraphs from the narrative. I borrowed a pen that Doris had sitting with the narrative and stood at her counter marking the paragraphs to delete. After a minute Doris invited me to sit at the small table. We sat and, once I had finished noting the deletions, began talking.

While we were talking, Doris told me that she knows a man who shares a room in an assisted living facility with another older man. She said that the man has difficulty standing after he goes to the bathroom, and the staff at the facility don’t respond when he buzzes, so his roommate is tasked with helping him to stand after he uses the toilet. Doris went on to say that the man’s roommate has hemorrhoids, which require suppositories. The staff also refuse to insert his suppositories, so Doris’ friend has to insert rectal suppositories into his roommate.

Doris also told me that she liked her apartment, as it was spacious. She noted that her kids told her that her kitchen was larger than theirs were. After we talked for a minute
we stood up and Doris gave me a tour of her apartment. We walked into her living room and turned right into a short hallway. Doris opened a pair of acaridan style doors and showed me her front load washer and dryer. As she did so, Doris remarked on how convenient it is to be able to do laundry without leaving her apartment. I looked through an open door to the left of Doris’ laundry area and saw a small bed with white quilt on top. Doris’ bathroom was to the right of the laundry area, directly across from her bedroom. Doris told me that she appreciated how large her bathroom was, and that it had a walk in shower. As we were walking back toward her living room Doris paused and asked me if I knew what a small piece of plastic that was mounted to the wall, about four feet above the ground. I said that I didn’t. Doris pulled the plastic strip away from the wall, revealing a small indoor clothesline.

After touring Doris’ apartment, I walked into her kitchen and stood near the door. Doris told me that she also had pullout drawers in her kitchen cabinets. She asked if I knew what pullout drawers were, I told her that I didn’t. She walked over to a cabinet, and leaned down to open it. I looked inside and saw that, instead of shelves, her cabinet had drawers. She pulled a drawer out part of the way, revealing canned food. Doris told me that the drawers were essential to her ability to use her cabinets, as she was no longer able to bend, and thus couldn’t reach items in the back of her bottom shelf. I complemented Doris’ cabinets and walked back toward her door.

Doris’ power wheelchair was parked a few feet in front of her door, charging. As we approached the chair, Doris told me that it was her car now. She said that she used her chair to drive to the large grocery store, which was located in an adjacent shopping center. Doris has a reusable shopping bag, which she puts her groceries in. Doris showed
me how, after she checks out, a store employee uses a small carabiner to clip her shopping bag to the back of her chair. I started to say goodbye to Doris, and I opened her door partway. I stood in her doorway, finishing my goodbye, when her door began to close on me. Doris told me that her door automatically closed, which was convenient when she was driving her wheelchair. Doris showed me a keychain with a small remote control that she used to open and close her door from her wheelchair. As she was showing me the remote, one of her neighbors paused in the hall outside of Doris’ apartment and said hello to Doris. Doris’ neighbor proceeded to tell Doris that she had just come back from the grocery store. Her neighbor went on to say that her trip to the grocery store was the most exciting thing that had happened to her that week. I felt sad when I heard her neighbor say that, and I hoped that Doris had more to look forward to than driving her wheelchair to the grocery store.

After her neighbor walked away I said goodbye to Doris and gave her a hug. All that I could focus on while I rode the elevator to the first floor and walked out to my car was Doris’ neighbor. I wondered how many older adults experience isolation to the point that a trip to the grocery store is their weekly social interaction and excitement. I thought about my parents, and wondered what their lives would be like in 20 years. I turned on my car and a Roger Waters song began playing.

All in all, it’s just another brick in the wall.
All in all, you’re just another brick in the wall.

The song seemed to mirror my thoughts. In the first line of the song Roger Waters is expressing that children construct metaphoric brick walls to protect themselves from the pain that is inevitable in social relationships in general, and particularly potent when an authority figure, such as a teacher, psychologically attacks a child. In the second line
of the song Roger Waters critiques education systems as institutions that are designed to produce bricks (children) that are used to construct social walls, which represent capitalism.

While telling their narratives to me Linda and Floyd both explored themes such as older adults losing their independence and autonomy and family members constructing walls between generations. Doris has also touched on these themes in her narratives, although it was to a lesser extent. As I am listening to the song, I began to wonder how some older adults construct representations of assisted living facilities as institutions that are used to dispose of older adults, while others, like Bill, construct them as an opportunity to live a comfortable, leisurely, healthier life.

Doris’ Second Member Check

After I finished writing the narrative of my second interview with Doris I called her to ask if I could deliver the narrative to be member checked. Doris said that I could come by that evening, as long as I didn’t mind that she was in her slippers. I told her I didn’t, but that I could come tomorrow if it was easier. She reiterated that she was fine with me coming by that night, so I got in my car and made the 15-minute drive to Doris’ apartment. Once again I pulled into the parking lot, backed into the same spot I had parked in a few days earlier, and entered the building. I paged Doris on the intercom, and she told me that she would unlock the security door so that I could come up to her independent living apartment. I approached the elevator, pressed the button, and waited. As I was waiting for the elevator I noted the mailboxes to my left, where Doris had told me that the residents sometimes gather. To my right I saw a spacious dining area with a kitchen. The elevator doors opened, and I pressed the button for the third floor. A few moments later the doors opened and I stepped out. I was immediately struck by how
much darker the hallways were in the evening, compared to the daytime when I was last there. I walked down the hall and knocked on Doris’ door. She opened the door and invited me in.

I stood in Doris’ kitchen and handed her two stapled packets of paper. I told her that the first packet was a copy of the narrative from her first interview, so that she could verify the redactions that she had requested. The second was the narrative I constructed based on our second interview. As I began to step back toward the door, Doris said that her sister was in the hospital. She told me that her sister had asked the van driver for the assisted living facility where she lives to take her to the store to get some flowers. While she was at the store her blood pressure unexpectedly dropped, and the van driver called an ambulance. Doris told me that her sister was fighting with everyone in the hospital, and that she was mad that she couldn’t go back home. Doris concluded that her sister seemed to have a lot of interpersonal struggles when interacting with care providers, but that the providers needed to learn how to work with her regardless of her attitude.

I asked Doris if she had been able to get in touch with the long-term care ombudsman. She said that their office had called her back, but the ombudsman was on vacation for the next week. Doris told me that, when the ombudsman got back, they would have a meeting that included her sister, her sister’s daughter, the ombudsman, and the staff at the assisted living facility where her sister lives. Doris and I talked for a bit about the importance of training staff to work with residents who sometimes present as grouchy, or even hostile before I left. As I was walking back to the elevator I passed a room that was labeled “Library”. I looked through the windows into the dark room and saw a single woman sitting in front of a computer. I continued down the hall, rode the
elevator to the first floor, and checked out the dining area once more, before getting in my car.

The next day I called Doris to schedule a time that I could meet with her to talk about her member check. Doris answered and told me that she had gone to the grocery store that is next to her apartments. She said that she would be home shortly, as she only had one item left to get. I asked Doris if I could come by in a few hours, and she agreed. A couple hours later I pulled into the parking lot at Doris’ apartment building. I walked into the building, paged Doris, who unlocked the door, and entered the elevator. A woman on a scooter with a little dog entered the elevator after me, and growled quietly as we ascended. As I exited the elevator I hear the woman ask her dog “why do you always have to be so bad?”. Doris was waiting in the hall outside her apartment.

Doris invited me in and I stood in her kitchen while she got the printed narrative. When I had given her the document I had written a note to Doris asking her thoughts on my including a brief story she had told me off the record, when I conducted her first member check. She told me that she thought it was important that I include the story, however, she felt like it was a bit personal, as it involved rectal suppositories. Doris told me that, while she was reading thorough her narratives, she realized why people always asked her where in the south she was from. I told Doris that almost everyone that I have talked to about reading transcripts of themselves said that they felt insecure about their speech. I offered my assurances that it is normal for people to say things like “um” and “you know” and that it sounds odd when people talk using perfectly formal English.

We talked briefly about assisted living facilities and what things will be like when I get to be her age. Doris also talked about her ex-husband, who lives in an assisted living
facility in a neighboring town. She said that he has been having severe memory problems that came on abruptly over the last few days. Doris said that they were considering moving him and his brother from the assisted living facility they are in now to the memory unit in the continuing care community that Doris, her sister, and her mother used to live in, as the Veterans Administration will reimburse some of his expenses.

Doris also told me that she really hoped that she was being helpful, and reiterated that she didn’t know how helpful she was. I told her that I felt like her stories were certainly helpful, and I shared that she had told me information that I hadn’t expected. For example, I had not considered that older adults might move multiple times between facilities. Doris asked me if she would get to see the video, and I told her that I would be in touch when I had selected the clips from our interviews, so that she could review the footage. She said that sounded good to her, and I showed myself out of her apartment.

**Floyd’s Member Check**

After I finished writing Floyd’s narrative I called him to schedule a member check. Floyd didn’t answer, so I left him a voice mail. The next day, I called Floyd again, and he answered. He told me that he was at McDonalds that was just north of my house, and he was planning to be there for the next few hours. I knew that the McDonalds where Floyd was planning to spend his next few hours had a playground, so I assumed he was there with his great grandchildren. I agreed to meet him at the McDonalds in a half hour or so. As I was pulling out of my driveway I called Floyd again, to make sure that he was still at the McDonalds, he said that he was. I told him I would see him momentarily. I pulled into the side of the McDonalds parking lot and walked into the building. As I walked in I noticed three tables that were occupied by older adults, but I couldn’t see Floyd. I walked back and looked in the playground and still couldn’t find Floyd. As I
walked toward the door that I had used to enter the building, I saw Floyd. He was sitting with Linda and another older couple. Linda had been directly in front of me when I entered the McDonalds, however, I didn’t recognize her as she had gotten her hair cut short.

I approached their table and greeted Linda and Floyd. I told Linda that I hadn’t recognized her because of her haircut. She told me she had gotten it cut short for summer, as she had been too hot. I handed the printed narrative to Floyd, and asked him if he wanted me to wait while he read it, or if he would prefer to meet me again later. Floyd suggested that we meet the next Monday at the Senior center. I sat for a bit and talked with Linda, Floyd, and their friends, they told me that they had all been pulled over by a police officer while they were in a motor home. The laughed as they told me how surprised the police officer was when he opened the backdoor of the motor home and found a huge group of seniors.

After we talked for a few minutes, Floyd and Linda’s friends excused themselves and left. After they left Floyd began reading through the narrative, while I talked with Linda about all of the pets that her daughter used to own. I felt guilty laughing as Linda told me stories about a gerbil that her daughter had that acted like it was possessed. As I was laughing I was acutely aware that Floyd was sitting across the table from me reading about his own suicidal ideation. After a few minutes the conversation shifted, and Linda told me that Floyd had broken his back earlier that week. She said that Floyd and her had a friend who was 89 years old and lived in an assisted living facility who had recently purchased a new couch, only to find that the couch didn’t fit in her apartment. Floyd and
Linda offered to take the couch back to the furniture store, so it could be exchanged for a love seat that would fit in the small apartment.

Linda said that Floyd and her walked into the store, and Floyd sat in a chair that was right inside the entrance. As soon as he sat down the chair fell over backwards. Floyd couldn’t get up, so they called the paramedics, who took Floyd to the hospital, where he learned that he had a broken back. They also told him that he has a severe form of osteoporosis, and that he will need to have both of his shoulders replaced. I felt worry as I listened to Linda. I worried that Floyd’s surgeries would compromise his independence, as they could impact his ability to drive.

Floyd finished reading through the narrative, and I asked he what he thought. Floyd told me that Linda and Doris didn’t live in the same independent living apartments, and he said that overall he felt like the narrative worked well. I took this to mean that he felt that the narrative was generally congruent with his purpose in telling his story. Floyd confirmed the meaning that I had constructed, as he added that he wished that I could find a way to teach people to stop treating older adults as disposable. Linda agreed, and said that she also wished there could be a shift in peoples’ perceptions of older adults, so they are no longer seen as disposable. We talked about the importance of family connections for a bit, and Linda shared that Floyd and her had both grown up in families where everyone ate dinner together. She said that U.S. culture seems to have drifted away from family gatherings, such as family dinners, which she sees as a loss. Linda also told me that many of the assisted living facilities in town are so bad, she wouldn’t even send a dog to live in them. I wonder if Linda is implying that older adults are sometimes treated worse than dogs.
I talked with Floyd and Linda for a few more minutes before saying my goodbyes. I told them that I planned to come to the Senior center on Monday to collect Floyd’s narrative, as he wanted to keep it so that Linda could read it. I also told them that I would be in touch with them as I went through the process of selecting video footage for the final video. I told Floyd that I was sorry to hear about his back, and I hoped that it felt better, and I walked out of the McDonalds, got in my car, and drove home.

While I was driving home I called Ashley. Floyd broke his back, I told her. She joked that my participants’ lives were all so eventful and exciting, compared to our lives. I told her that I was surprised by the frequency with which older adults experience injuries and hospitalizations. I told Ashley that I would be home in a minute, and hung up the phone. As I drove I thought about Floyd’s back, and how close he had come to being moved from the hospital into a skilled nursing facility. When Floyd was telling us that he would sooner die than live in a confined apartment, I had no idea how close he was to institutional care. As Linda pointed out, if he hadn’t kept his head off the ground when he fell, who knows what would have happened.

**Conclusion and Reflections**

Around 8:00 the night before I completed Floyd’s member check I received a voicemail from the Director of the Senior center in a neighboring community, where I had met Rosaline and Debbie. She told me that I was welcome to continue sampling in that Senior center, and she encouraged me to set up a table with a sign and a few chairs so that patrons could talk with me. I had been preoccupied with interviewing participants, writing narratives, and conducting member checks, and I hadn’t called or emailed her to tell her that I had obtained a sufficient sample. I left her a voice mail the next Monday, indicating that I had obtained a sufficient sample, and that I really appreciated her
support. As I left the message, I couldn’t help but wonder what had prompted the Director of the Senior center to call me. I imagined Rosaline confronting her and asking her if I had gotten a sample.

That same day I drove to the local senior center, where I talked briefly with Floyd, Linda, and Doris about collaborating on editing the video. After we talked about the video, and Floyd’s back, I walked across the room and said hello to Bill. I had emailed Bill a copy of the narrative that I wrote based on our interview so that he could perform a member check, and I was eager to hear his response. Bill told me that he was impressed by the narrative, which meant a lot to me, particularly given his affection for quantitative methods. Later that day Bill emailed me and told me that the only thing he would like for me to correct was his undergraduate minor, which I had errantly reported as being in physics, instead of mathematics with a minor in physics.

The voicemail from the Director of the Senior center was, for me, an ideal ending for my study. When I began recruiting for this study, I felt like sampling was an immensely difficult, nearly unattainable process. However, as I talked with members of the local communities from which I was sampling, I realized that there is an abundance of older adults who are eager to tell their stories and to share their experience. Time, trust, and relationship building were major factors in gaining access, however, by the end of the study I felt that I could vulnerably share my interpretations of participants’, and, in exchange, they could vulnerably share their experiences.

In reflecting on this project, I realized that the end result was broader than my original research question. In conducting and analyzing the interviews I learned a lot about the aging process and participants’ experiences as older adults. In this way, the
results are much more general to aging than I originally intended. However, the results also speak to a much longer transition process, which can be seen in the way that Floyd and Linda conceptualize assisted living. They have both begun thinking about the process of transitioning into assisted living, however, they have no plans to move into an assisted living facility. This drift from the original research question is likely a result my difficulty gaining access to prospective participants living in assisted living facilities. Despite the drift from the original research question, the results of my study are foundational for my long-term research agenda regarding aging, development in later life, and the mental health needs of older adults.
CHAPTER V

DISCUSSION, IMPLICATIONS, AND LIMITATIONS

In the course of this study I learned a great deal through interacting with participants and reflecting on my own biases. I was amazed by the strength and resilience shown by participants, each of whom was experiencing some degree of personal difficulty. I was also surprised by the number of implications that participants identified, such as Linda and Floyd identifying the need for advocacy to create cultural change with regard to older adults being seen as disposable. Doris discussed the importance of residential care community staff being trained to work with challenging residents, and Bill highlighted the importance of both members of a couple being on the same page when making a decision about transitioning into assisted living. The results of this study have implications for a wide range of people, from counselors, counselor educators, and other mental health professionals to assisted living administrators and future cohorts of older adults. I will begin this chapter with a general discussion of the project, which leads into resilience. I will then discuss implications for counselors and counselor educators, researchers, assisted living administrators, and older adults. This chapter concludes with directions for future research and limitations.

Discussion

I was impressed by the diversity and richness of participants’ experiences. Some participants, such as Linda, Floyd, and Doris advocated for systemic change regarding the way that older adults are seen and treated. Conversely, Bill expressed a distinctly
different perspective, as he was actively engaged with his son and was seemingly eager to enter assisted living. During this study I found myself confronting my own stereotypes of older adults as emotionally restricted, naive, resistant to change, and resistant to moving into assisted living, although the latter was true for Linda and Floyd.

The results of this study provide fertile ground for future research regarding the aging process in general as well as the process of transitioning later in life. In their narratives Linda, Doris, and Floyd all highlighted the importance of understanding development in older adulthood and later life. Bill also spoke to developmental transitions by referring to his upcoming move into assisted living as the next stage of his life. The results of my research extended beyond the original research question, and I ended with a broad understanding of some of the obstacles that participants faced as they age.

Resilience

While conducting interviews and member checks I was consistently surprised by the amount of resilience shown by participants. Linda and Floyd are both experiencing significant conflict with their families; however, each of them consistently makes effort to connect with others and to obtain support. Participants also demonstrated a great deal of resilience with regard to coping with medical emergencies and grief and loss. Prior to his interview Bill informed us that he was in the process of coping with his wife’s medical needs. During his interview, Bill disclosed that his wife and him have outlived all of their close friends. However, Bill seemed to keep his life and his difficulties in perspective, and his optimism and motivation was inspiring. Doris also demonstrated a great deal of resilience, and maintained a balanced perspective, despite the fact that her sister was experiencing neglect and hospitalization.
When I was developing this study I met with a number of people who implied that older adults are inherently vulnerable. I personally carried a similar bias, as can be seen in the way that I found myself avoiding emotionally intense interview topics. However, as this study progressed, I found that the participants were all able and willing to explore emotionally intense topics, although I would sometimes have to return to the topic multiple times. Participants’ willingness to discuss emotionally intense topics seems to be a direct reflection of their resilience. This is consistent with the findings of Ong and Bergeman (2004) who found that older adults who were able to describe their emotional experiences were more resilient.

**Reflections on Video Recording Interviews**

This project was somewhat unique, as participant interviews were video and audio recorded. As I was designing this project, I was unsure of how video recording would impact data collection and the participants. Before I began sampling, I consulted with someone who serves on the board of a local Area Agency on Aging who is also familiar with research. She informed me that there was no way that she would ever let someone video record her for an interview, as she felt too self-conscious. I can relate to this perspective, as I am far more comfortable behind a camera than in front of one. Despite initial trepidation, I believe that the use of video strengthened the project in many ways.

First, I found that video is an invaluable tool for sorting through inaudible portions of audio. There were times during the interviews when a participant and I would both be talking simultaneously, which resulted in audio segments that were inaudible. I found that watching the video while listening to the audio provided additional context, as
well as an opportunity to look at participants’ mouths. This allowed me to distinguish and use portions of the recording that would have otherwise gone to waste.

Second, video recording was not as intrusive as I had anticipated. Participants were aware that the video cameras were in the room, as they would look at them during their interviews. Some participants would look directly into one of the cameras when they were emphasizing a particularly important point. While analyzing data I was able to evaluate participants’ eye contact, and other non-verbal cues, which added to the richness of the final narrative. None of the participants expressed concern about their appearance on video, and Doris and Linda both told me that, when you get to be their age, that sort of thing doesn’t matter nearly as much. While this may not be true for all older adults, it is encouraging for researchers who are interested in using video during interviews.

Third, video recording seemed to create a sense of community, within participants and between participants and the research team. I met with Linda, Doris, and Floyd shortly after Floyd’s member check, and they suggested that the four of us get together to work on editing the video. I was surprised and pleased when Floyd first encouraged me to meet with them collectively to determine what footage would go into the final video and how the footage would be interwoven to create a cohesive narrative. I was also surprised that Floyd shared his member check with Linda, and, when I saw them again the next week, it seemed that their relationship had grown closer and was more clearly defined. In that way video seemed to create a stronger bond between Floyd, Linda, and Doris. Bill is an avid fan of cameras, and he indicated that he is interested to see the other’s narratives, as he anticipates that participants’ will have diverse experiences.
Fourth, Ashley and Maya were consistently present for interviews, with the exception of Doris’ second interview, which was not attended by Maya. Ashley and Maya’s consistent presence seemed to increase participants’ trust, and also provided a more diverse direct audience while they told their narratives. During the interviews I noticed the participants looking to Ashley and Maya for support and encouragement, which they received. Because they were consistently present for interviews, Ashley and Maya were well situated to serve as peer auditors for this project. They were able to provide their interpretations of participants’ experiences, and their purposes in telling me their narratives. Conversations between Ashley, Maya, and I arguably added to the richness of the final narrative, as their perspectives and interpretations differed from mine, and they provided a great deal of useful feedback. Further, Ashley and Maya became invested in the study participants, who in turn became invested in Ashley and Maya. When I met with participants without Ashley and Maya the participants would generally inquire about them, how they were doing, and what their future plans were. Similarly, Ashley and Maya would ask me how the participants were doing, and they expressed concern when I couldn’t reach one participant for about a week and empathy when other participants told me about health concerns, or trouble with their loved ones.

Fifth, video provided a clear audit trail, and likely bolstered the trustworthiness, credibility, and dependability of the final narrative. Further, video provides research consumers with direct access to the interviews, which can serve a point of comparison as they determine the extent to which they trust the narratives.

Finally, video provided a critical action component to this research project, as participants were able to disseminate their voices as they advocated for change regarding
the ways in which older adults are treated. During the project participants expressed that they hoped the project would make a difference, and that it would alter the way that people in the United States often react toward older adults. Video that is distributed for free over the internet is arguably more accessible for lay persons than peer reviewed journal articles. In this way video enables participants to feel a sense of generativity by spreading their messages and experiences to a wider audience, which might include other older adults, assisted living administrators, and allies of the older adult community.

**Implications**

There are a number of implications that can be drawn from the results of this study. Participants’ narratives open the door for counselors and counselor educators to begin to delve deeper into the mental health needs of older adults. Researchers can benefit from my difficulties gaining access, as well as the diversity across participants’ experiences. The results of this project will likely benefit assisted living administrators, as they speak to the diverse circumstances and experiences of older adults regarding assisted living facilities. Additional mental health care, increases in research, and knowledgeable assisted living administrators have direct implications for older adults.

The results of this study, as well as my experience conducting the study have implications for anyone working with older adults. While conducting interviews with participants I found that I encountered my own existential struggle with meaning making and existence. At times it was uncomfortable for me to consider things like the potential of parting with many of material possessions, my own parents’ aging, and mortality. My experience left me wondering if researchers, mental health professionals, and even family members sometimes avoid engaging with older adults, because of their proximity to existential anxiety, particularly around mortality and meaning making.
Implications for Counselors and Counselor Educators

As I have discussed in Chapters I and II, there is a need for counselors to increase their engagement with older adults (see Lambert-Shute & Fruhauf, 2011; Van Amburg, Barber, & Zimmerman, 1996). Each of the participants in this study highlighted multiple areas where counselors are trained to intervene. Bill indicated that transitioning into assisted living came with emotional unknowns, which would need to be addressed once his wife and him transition into assisted living. Counselors could play a valuable role in helping older adults anticipate and navigate these emotional unknowns. Floyd and Linda both expressed feeling as though they are disposable. Counselors can work alongside older adults to engage in social justice advocacy to shift larger cultural narratives regarding older adults, while simultaneously addressing any mental health concerns that accompany perceiving oneself as disposable. During her interviews, Doris indicated the need for staff in all levels of housing for older adults to be trained to work with people who might be grumpy or confrontational. As counselors must work with a wide range of clients with a wide range of temperaments, they are arguably well prepared to provide training and support for staff in residential care communities.

Floyd disclosed that he would consider suicide as a viable alternative to assisted living or skilled nursing, particularly if he couldn’t drive. As Floyd is relatively young, only 73 years old, I didn’t consider him particularly close to entering assisted living, or skilled nursing. However, a back injury that happened shortly after our interview demonstrated how close he actually was to spending time in a skilled nursing facility to rehabilitate. Floyd’s experience speaks to the importance of providing incoming assisted living and skilled nursing residents with access to mental health care, although it would
be ideal to expand access for all older adults. Counselors are well positioned to provide crisis intervention for incoming residents, which could be lifesaving for some older adults who find themselves admitted to skilled nursing facilities following a major health event.

While interviewing participants’, I began to conceptualize the potential role of counselors in residential care communities as somewhat similar to counseling in schools. School counselors provide services such as crisis intervention, social justice advocacy, group counseling, conflict management, psychoeducation, and training for teachers who are having difficulty working with students who have behavioral problems. Similarly, counselors working in residential care environments could provide crisis intervention, social justice advocacy, group counseling, conflict management, psychoeducation, and employee trainings. Counselor educators could work with gerontologists and older adults to develop a residential care counselor specialization, which could draw upon existing school counselor training programs.

Linda, Floyd, and Doris also talked about intergenerational conflict with family members. The experiences of Floyd and Linda demonstrate that, for some families, conflict and hurt accumulates across the lifetime of the family. Access to family counseling could help to heal those life-long injuries, and could also help families to negotiate role transitions, such as children taking over their parents’ finances. Bill also mentioned disagreement with his wife regarding their individual levels of preparedness to transition, which highlights a potential role for couples’ counselors. Both Floyd and Linda talked about their experiences raising their grandchildren and, in Floyd’s case, greatgrandchildren. Counselors could work with older adults like Linda and Floyd to
explore the impact that raising grandchildren and great-grandchildren has on their hopes, dreams, and plans regarding later life.

All four participants talked about grief and loss. Bill disclosed that his wife and him have outlived all of their close friends, which resulted in a substantial decrease in their social engagement. Bill also talked about the pending loss of his material possessions, which will come when his wife and him transition into assisted living. Bill recognized that as his wife and him continue to age, they will have to give up their lifelong passion for creating photographs, as well as their collection of photographs. The grief and loss described by Bill seems to relate to development in later life, as he continues to face challenges based on what he describes as his upcoming life stages.

Linda and Doris both described parting with valued possessions following a change in living environments. For Linda parting with her possessions represented an additional loss of her ability to contribute, should she decide to get married again. Doris was not able to control the process of selecting which of her possessions would be moved, and she talked about losing cherished heirlooms, such as her grandson’s cowboy boots and some of her favorite antiques. While counseling cannot bring back the possessions that participants’ have lost or will lose, counselors can work with older adults to validate, explore, and heal from the many potential losses in later life.

This increased engagement between counselors and older adults will require counselor educators who are knowledgeable regarding the diverse needs and experiences of older adults and who can train future cohorts of counseling students to be passionate about working with older adults. Counselor educators can encourage counseling students
to consider issues related to aging by utilizing case studies based on older adults, and can also ensure age is considered as an important factor in multicultural competence.

In the future counselors may be faced with difficult decisions, as they may have to determine if an older adult who is considering physician assisted suicide is justified in doing so. Depending on the future legal climate, counselors might need to distinguish between suicidal ideation that results from grief, loss, depression, family conflict, financial difficulties, or other situational factors that could be treated and suicidal ideation related to avoiding a loss of dignity or alleviating chronic pain or illness. It will undoubtedly be important for all mental health professionals, as well as the educators who are tasked with training mental health professionals, to closely monitor legal action regarding physician assisted suicide, and to seek current research regarding best practices around working with clients who are considering physician assisted suicide. Standard B.2.b of the Ethical Code of the American Counseling Association (2014) states that

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

However, state law takes precedent over the Code of Ethics (Kaplan, 2008), and physician assisted suicide is currently legal in only five states: Oregon, Vermont, Washington, and California (CNN, 2106).

While recruiting participants for this study, I spoke with a prospective participant who informed me that a friend had experienced physical violence from one of her children. Linda, Floyd, and, to a lesser extent, Doris all spoke indirectly about being taken advantage of due to their age. Linda and Floyd also alluded to abusive comments made by family members. It is important for counselors to be trained to recognize and,
when appropriate, report elder abuse to the appropriate authorities. As Floyd, Linda, and Doris all talked about losing some amount of their autonomy due to peoples’ perceptions of older adults, it may be important for counselors to seek opportunities to empower older adults through the reporting process, while respecting their autonomy.

Respecting older adults’ autonomy will likely require knowledge of the developmental stages that older adults’ are likely to progress through in later life. Counselor educators have the knowledge and skills to conduct additional research regarding development in later life, which will provide critical conceptual information to counselors working with older adults. The participants in this study all identified developmental issues. For example, Bill spoke about the impact that physical changes have on his ability to care for himself and his wife. Linda talked about a developmental transition that took place when she transitioned from being a retiree to caring for her grandchildren. Floyd anticipated difficulty with upcoming developmental changes, such as losing his ability to drive or facing health problems that require residential care. Doris stated that she is cognizant of the fact that she will have to transition back into an assisted living facility as her ability to engage in her activities of daily living declines.

**Implications for Assisted Living Administrators**

The results of this study have a number of implications for assisted living administrators. Bill indicated that his wife and his transition into assisted living was prompted by their having difficulties with activities of daily living, such as cleaning and caring for their house. Similarly, Doris stated that she would know that it was time for her to move back into assisted living if she began to have difficulty with her activities of daily living. Bill and Doris’ descriptions regarding a decline in ADLs precipitating a
transition into assisted living is congruent with findings from other researchers. Kemp (2008) found that difficulty with ADLs mark the beginning of the transition process. Similarly, Coe and Wu (2012) found that one half of assisted living residents required help with ADLs in the months leading up to their transition. However, neither Floyd nor Linda were experiencing substantial difficulties with their ADLs at the time they were interviewed, yet they had still considered what a transition into assisted living might involve. Thus, the process of mentally considering and preparing for a transition into assisted living may begin before a person experiences substantial difficulties with ADLs. Assisted living administrators could benefit from Linda and Floyd’s experiences, as they reveal some of the ways in which older adults conceptualize assisted living facilities.

Litwak and Longino (1987) proposed that relocation in later life occurs in three stages. During the first stage the young old seek recreation, leisure, and warmth. They proposed a second migration when older adults begin to experience chronic health problems, which prompts them to relocate so they are closer to support systems, such as family. The third migration takes place when older adults’ health declines to the point that they require institutional care. The results of this study are, in some ways consistent with Litwak and Longino’s theory. For example, all four participants indicated that they lived within driving distance of at least one of their children (Bill only has one child). This is congruent with the second stage of Litwak and Longino’s theory. However, the reason that participants were living in proximity to their children didn’t necessarily correspond with Litwak and Longino’s proposition that the second migration is precipitated by developing health problems. Linda indicated that she moved from another state to live with her daughter so that she could assist her daughter with caring for her
children, foster children, and home. Similarly, Floyd is currently responsible for financially supporting multiple grandchildren and great-grandchildren. Thus, the proposed causal mechanisms for this migration may, as Feder, Komisar, and Niefeld (2000) observed, be inaccurate.

Doris and Bill both noted that a decrease in their ability to complete their ADLs would prompt a move into assisted living. The ability to conduct ADLs is directly tied to one’s health, however, Doris also discussed how her apartment is set up in a way that enables her to continue to independently engage in ADLs. For example, her door is wide enough to accommodate her wheelchair, and it also opens and closes automatically so that she can easily drive in and out. She also showed me pull out drawers in all of her kitchen cabinets, which she indicated are germane to her being able to access the contents of the cabinets. Thus, the setup of one’s home may be a factor that mitigates older adults’ transitions into residential care settings. In this way the findings of this study overlap with Wiseman’s (1980) model, in which he proposes that people in later life move because they require assistance with ADLs and healthcare.

During the recruitment stage of this study, I was surprised by how many of the older adults that I talked with had toured assisted living facilities, or had met with employees from facilities. I spoke with one person, who informed me that she was only 61 years old. She went on to tell me that she went through a period where she and her friends would frequently tour assisted living facilities. She indicated that she liked to tour them, since she got free goodies, such as lunch, out of it. Similarly, Doris talked about touring assisted living facilities for her sister, but noted that she was keeping track of what she learned for herself, as well. It may be easier for older adults to tour assisted
living facilities, if their purpose in doing so is not directly related to their own experiences. In this way they are able to obtain information in advance of when they will be making a decision regarding transitioning, without directly confronting the emotional aspects of transitioning.

The results of this study indicate a need for additional research regarding assisted living facilities being flexible, in order to meet older adults’ housing requirements. For example, Doris lived in an assisted living facility while she was experiencing respiratory problems. When her respiratory problems were treated, she moved to independent living apartments. Doris knows that she will have to move back into assisted living when she is no longer able to complete her ADLs. Doris also talked about her sister, who used to live in the same assisted facility as she did. Her sister has now moved to a different assisted living facility, and Doris is looking into moving her to a third facility. This suggest that some older adults may move between multiple facilities for a variety of reasons including dissatisfaction with the food (Doris) or the care they are receiving (Doris’ sister). It is also important for assisted living administrators to attend to the vastly different experiences of incoming residents, which can be seen in the contrast between Floyd and Bill’s perceptions of assisted living.

Residential care administrators would likely benefit from exploring ways that counselors could be integrated into daily life in their facilities. Administrators could begin this process by partnering with counselors to advocate for Medicare reimbursement, which would benefit their residents. As I demonstrate in Chapter I, research regarding mental health later in life is scant. Administrators could explore options, such as hiring internal consultants who specialize in qualitative and quantitative
research methods and data analysis, which would provide insight regarding the mental health needs of older adults, without the risks that external researchers might bring.

Each of the four participants indicated that their perceptions of assisted living facilities were, at least in part, based on their experiences visiting the facilities and interacting with residents and administrators. Doris told us that she particularly appreciated being able to meet the director of the facility that she would like to move her sister to. Floyd talked about his experiences driving older adults who were living in assisted living or nursing facilities. During a member check Linda also indicated that she visits friends in assisted living facilities. Each of the participants indicated that their peers’ experiences in assisted living facilities influenced their perceptions of the facility. This finding is consistent with the findings of Walker and McNamara (2013) who found that some older adults will begin joining the social programing of a given facility before moving in, to ensure that the facility’s values are consistent with their own. Bill discussed attending dinners, concerts, and other events at a wide range of local continuing care and assisted living facilities, and indicated that he appreciated having the opportunity to try the food and experience the activities before making a decision.

All of the participants talked about the expenses associated with assisted living facilities. While Bill’s son reassured him that they would be able to afford assisted living, Bill didn’t seem to know with certainty that his wife and him would be able to live the rest of their lives in assisted living. Bill also noted that financial planning in later life is further complicated by the fact that no one can predict at what age they will die. Linda and Floyd also expressed uncertainty that they would have resources to transition into assisted living, while Doris indicated that she plans to move back into an assisted living
facility, despite her concerns that she will not have enough money left over to provide for her daily needs. Based on the financial uncertainty expressed by each of the four participants, it seems important for assisted living administrators to clearly communicate regarding the expenses associated with assisted living. As administrators have an interest in ensuring that as many of their beds as possible are filled, they could advocate for increased financial resources for older adults whose incomes are not congruent with the expenses associated with assisted living facilities.

**Implications for Older Adults**

The results of this study have numerous indirect implications for older adults, many of which have been discussed in the preceding implications sections. An additional implication of this study for older adults is the potential for participants’ experiences to normalize the experiences of other older adults. As Bill noted, there are emotional unknowns for incoming residents. Having access to the experiences of other older adults can provide incoming residents with information that helps them to anticipate some of the unknowns, while realizing that their trepidation is likely normal.

The video that was produced in conjunction with this project has implications for the way that older adults are perceived and treated within the culture of the United States. As three of the participants discussed, older adults can be dismissed and treated as disposable. It is my hope that one of the implications of this research project is increased awareness of older adults and issues that impact older adults.

**Limitations**

There are a number of limitations regarding the generalizability of participants’ narratives. Narrative methodology provides a means for exploring rich stories, which can
challenge preconceived stereotypes (Clandinin & Connelly, 2000). Therefore, the results of this study are not intended to generalize and, as Merriam (2009) observes, readers are tasked with assuming the role of author, as they must decide for themselves about trusting, transferring, and interpreting the results of this study.

Study participants all identified as White or Caucasian, and all had access to sufficient financial resources. Thus, the results of this study may be less applicable to members of other cultural groups as well as people who are economically disadvantaged. As Bill pointed out, Medicare and Medicaid do not pay for assisted living facilities, thus this project is limited to participants who are economically advantaged. I was surprised to learn that Doris is currently living in a low income apartment complex, where she pays income based rent. Nonetheless, Doris did indicate that she has the resources to move back into an assisted living facility, which she plans to do, when she needs help with ADLs.

Doris, Linda, and Floyd had preexisting relationships with one another. Thus, they have likely shared their experiences with one another and developed some shared meaning, which seems to be particularly present across Linda and Floyd’s narratives. During his interview, Floyd disclosed that one of the factors that contributed to the formation of their friend group was a mutual concern regarding the way that younger generations interact with older generations. While Doris touched on this briefly during her interview, it seemed to be less salient for her. This preexisting relationship may further restrict the extent to which their narratives can be generalized.

As I had difficulty obtaining access to assisted living facilities, none of the participants in this study were living in an assisted living facility at the time of the
interview. Doris was the only participant with past experience living in an assisted living facility. It is possible that participants’ experiences could change with time and experience living in an assisted living facility. Longitudinal research is needed to further clarify the perceptions of older adults across time and residence. As I framed this study in narrative methodology, participants were given substantial freedom to discuss whatever they found salient during interviews. Thus, the results of this study are more broad than the initial research question, and they include substantial data regarding the overall experience of aging and later life.

**Future Research**

I was surprised by the contrast that was present across participants’ experiences. For example, Doris has lived in many senior housing communities, including an assisted living facility. Doris’ primary complaints regarding life in assisted living were that she didn’t require assistance and that the food was of poor quality. Doris also spoke about institutional neglect and the importance of training caregivers, however she didn’t express any aversion to assisted living in general. Bill also expressed very few negatives with regard to assisted living, and generally seemed to see his impending transition into assisted living as an opportunity to increase his physical health, social support, and engagement with activities. Doris and Bill’s experiences contrasted sharply with those of Linda and Floyd, as Floyd would sooner die than live in assisted living, and both Linda and Floyd equated assisted living in particular, and residential communities in general, with a warehouse for older adults. Floyd conceptualized this as a symptom of a culture that views older adults as disposable. Thus, there is clearly substantial diversity in participants’ perceptions and experiences. Additional research is needed to better understand these differences. The diversity of participants’ experiences also speaks to the
importance of utilizing research methods and methodologies that have been designed to highlight and celebrate differences, while confronting stereotypes about aging and later life. Narrative methodology provides researchers with access to rich, diverse experiences, and thus is particularly suited to these aims (Clandinin & Connelly, 2000).

I found that gaining access to corporately owned assisted living facilities was extremely difficult, as corporate representatives were largely inaccessible. It is my hope that future researchers can learn from this difficulty and can devise strategies, and even partnerships, that provide them with access to older adults in assisted living facilities. If counselors are able to successfully advocate for Medicare reimbursement, assisted living facility directors would have incentive to hire or partner with counselors who could also act as internal research consultants.

There is a need for additional longitudinal research exploring the experiences of older adults starting well before they begin experiencing difficulties with ADLs and continuing through the end of life. A longitudinal study could better account for the changing experiences of older adults as they navigate aging and, potentially, transitioning into institutional care. One limitation of this study is that it provides a snapshot of participants’ narratives, rather than a long term perspective. However, during the course of the study participants’ experiences shifted. For example, during her first interview Doris indicated that she thought the continuing care community in which her sister lives was nice. During her second interview, Doris’ perceptions shifted drastically, and she indicated that staff had been neglecting her sister, and Doris expressed increased concerns and hesitation regarding assisted living.
Future research could also provide useful insights regarding the drastically differing perspectives that can be seen when one contrasts Bill’s narrative and Floyd’s narrative. There is a need to understand factors that ease the process of transitioning into assisted living facilities, as well as skilled nursing facilities, so that future cohorts of older adults can be fully supported in their transitions. Prior to conducting this study, I viewed transitioning into assisted living facilities as optional, however, Doris provides an example of someone who transitioned into an assisted living facility as she needed short term help because she was experiencing asthma. Bekhet, Zauszniewski, and Wykle (2008) found that learned resourcefulness and positive cognitions have a positive impact on older adults who recently relocated to retirement communities. Bill demonstrated positive cognitions throughout his interview, and remarked numerous times about the positive aspects of assisted living. Thus, future research could also explore mechanisms for fostering positive cognitions and resiliency in older adults, particularly those who are faced with an imminent living transition.

Bronfenbrenner (1979) suggested that life transitions inherently result from and cause development. However, developmental models, including Bronfenbrenner’s are lacking with regard to development in later life. There is a need for counselors to understand potential developmental stages that older adults transition through, so they are able to accurately conceptualize clients, thus providing the highest possible level of care. Additional research, such as a grounded theory study, could provide insight into the developmental tasks that older adults navigate, while exploring potential developmental differences between older adults who transition into residential facilities and those who age in place.
Summary

In conducting this study, I hoped to better understand the experiences of older adults regarding the process of transitioning into assisted living facilities. I was impressed with the diverse range of participants’ experiences, which were presented in Chapter IV. I believe I was partially successful in answering my research question as participants identified a wide range of experiences and perceptions regarding assisted living, although the scope of the results was far more broad than the research question. Participants’ experiences ranged from relief, in the case of Bill, to suicidal ideation, which Floyd reported. Participants’ narratives provided a launching point for future research exploring topics such as development in later life, research within assisted living facilities, and the perceptions of older adults regarding assisted and other community living environments.

Based on my engagement with participants, I feel that I began to develop an understanding of the complex range of thoughts and emotions experienced by each participant with regard to assisted living transitions. Interactions with participants encouraged me to challenge my biases regarding older adults and assisted living and to confront my existential anxiety related to meaning and death. The results of this study have some overlap with the seminal theories of elder migration that were proposed by Wiseman (1980) and Litwak and Longino (1987). However, participants described different causal mechanisms for their migration. Both theories proposed that chronic health precipitates migration toward family. However, participants’ circumstances, such as Floyd’s experience raising his grandchildren and greatgrandchildren and Linda’s experience helping to raise her grandchildren demonstrate that migration toward family can happen for different reasons.
Participants’ narratives also highlighted the importance of counselors gaining access to reimbursement through Medicare, which would increase mental health services available to older adults. Each of the participants’ narratives highlighted areas where mental health care could substantially impact their lives. Bill indicated that his wife and him have substantially different views regarding transitioning into assisted living. Doris spoke to the need for assisted living staff to be trained to provide care to older adults who may, at times, be hostile or verbally abusive. Floyd disclosed having suicidal ideation following the death of his wife, and also stated that he considers suicide a viable alternative to continuing care communities. Floyd fell and injured his back and shoulders shortly after the interview, which could have resulted in his being admitted to a skilled nursing facility. Had Floyd been admitted to skilled nursing, a counselor who was trained to provide crisis care could have been the difference between life and death for him. Finally, both Floyd and Linda discussed intergenerational conflict, which involved grandparents raising grandchildren. Working with a systemically trained counselor could help both Floyd and Linda heal their relationships with their children and grandchildren.

The results of this study have numerous implications for mental health providers, researchers, assisted living administrators, gerontologists, and future cohorts of older adults. There is a need for ongoing research exploring development in later life as well as older adults’ experiences transitioning into a range of residential care settings. Passing legislation providing counselors with reimbursement through Medicare could directly increase the amount of research regarding mental health and development in later life, while also providing older adults with a broader range of care providers and access to the social justice advocacy that is germane to the counselor professional identity. It is critical
that counselors advocate with older adults, so they do not reinforce the perceptions of some older adults, including Linda and Floyd, that they are disposable, forgotten members of society.
REFERENCES


developmental study in an Italian sample. Aging & Mental Health, 19(8), 698-704. doi: 10.1080/13607863.2014.962003


APPENDIX A

PARTICIPANT INFORMED CONSENT
CONSENT FORM FOR HUMAN PARTICIPATION IN RESEARCH

Project title: Narrating Transitions: Experiences of Older Adults Transitioning into Assisted Living Communities

Lead investigator: J. Scott Branson, M.A., Doctoral Student, Counselor Education & Supervision
Lead investigator phone: [redacted]

Research advisor: Dr. Betty Cardona, Associate Professor, Department of Applied Psychology & Counselor Education, College of Education & Behavioral Sciences.
Research advisor phone: (970) 351-1627

Research Purpose
The purpose of this study is to better understand the experiences of older adults transitioning into assisted living facilities. This understanding is important for healthcare professionals who would like to better understand how to provide support for future cohorts of older adults. The results of this study will also benefit assisted living facilities as well as other older adults and their family members, as portions of participants’ interviews will be distributed as a video, which will be accessible through the Internet.

Description of Research Activities
You will be asked to provide basic demographic information (age, gender, ethnicity, etc.) and will be asked to schedule an interview. These interviews will last approximately one hour and will be audio and video recorded by a small film crew consisting of two camera operators and a microphone operator. These recordings will be used to produce a video of the stories told by you and other participants about transitioning into assisted living facilities. If you and your spouse both agree to participate you will be given the option of completing these interviews together.

After completing the first round of interviews you will be contacted a second time and asked to review the initial recordings for accuracy and to ensure you are comfortable with the interview being included in a video that will be made publically available. The initial video will be distributed via the website YouTube and will be licensed so that others may benefit from showing or using the video, provided they don’t modify or edit it. This means that teachers, assisted care homes, and others will be able to use or distribute the video free of charge under a Creative Commons Attribution-No Derivatives 4.0 International License. If you do not want your interview to be made publically available, you will be given the option of either discontinuing your participation in the
study or having your interview analyzed for inclusion in a written report of the study. You will also be asked to provide any items or information you find relevant to your initial interview, such as documents, brochures, or other materials you accessed when researching assisted living facilities. This second round of interviews will be audio recorded and the resultant recordings will not be included in the video.

Finally, you will be given the option of viewing the final video individually, as a couple, or with a group consisting of other participants. After viewing the video, you will be asked to talk about your reactions to the video. This process will be audio and video recorded and will be included as an epilogue to the video.

Confidentiality

By signing this document, you are consenting to having audio, video, and photographic images of you recorded and made publically available. You may choose for a pseudonym, instead of your real name, to be used in the final video and written research report, although video recordings that visually depict you will be used in the video. As a video containing images of you will be produced in the course of this study, your interviews as well as the materials you provide will not be considered confidential. However, raw (unedited) recordings of interviews will be kept confidential, as they will only be viewed by the two camera operators and the microphone operator who will produce the recordings as well as the lead investigator and an auditor. The auditor will provide feedback to the lead investigator to ensure the final edited video accurately represents what was captured in the raw recordings. Thus, you will be able to withdraw your consent for your interviews to be used in the final video at any point in the research process, until the video is produced.

Risks and Benefits

Risks associated with participation are expected to be minimal. Risks of participating may include emotional discomfort while being interviewed, particularly if you experienced or are experiencing the process of transitioning into assisted living as emotionally distressing. Also, there is risk associated with sharing your story publically. This might include others mocking or ridiculing you based on your story.

Benefits of participation include having an opportunity to make meaning out of the process of transitioning into assisted living by sharing your experience with other older adults and their family members who will be going through a similar process in the future. Additional benefits include knowing that you are helping to advance the understanding of professional counselors regarding the mental health needs of older adults transitioning into assisted living facilities in addition to providing assisted living facilities with additional information that may be used to refine the resources they offer to incoming residents. Thus, the primary benefit of participation is the knowledge that you are giving back to healthcare professionals, assisted living facilities, and future generations who will be moving into assisted living facilities. Your participation is greatly appreciated!

Resources

The following resources are not associated with the research project and are provided for prospective participants who are interested in utilizing them. You are not required to contact any of the resources. They are provided in case you feel that contacting them would be personally helpful.
The Alzheimer’s Association, Colorado Chapter, which is located in Greeley, Colorado, can answer questions and provide resources on forms of dementia, including Alzheimer’s disease. They can be reached at: (970) 392-9202

If you have concerns about the safety and rights of anyone residing in a nursing or long-term boarding facility you can contact the Long-Term Care Ombudsman of Weld County at: (970) 346-6950 x 6128

If you are interested in professional help regarding long-term care, you can contact professional care managers at the Weld County Area Agency on Aging at: (970) 346-6950

The Weld County Area Agency on Aging provides information regarding services and benefits for older adults. They can be contacted at: (970) 346-6952

Voluntary Participation

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Participant’s printed name: ____________________________________________

Participant’s contact phone number: ________________________________

Participant’s email address: _________________________________________

Participant’s signature: ____________________________________________
APPENDIX B

CONFIDENTIALITY AND RIGHTS AGREEMENT
FOR FILM CREW
I ________________________________, by signing this document agree to maintain strict confidentiality regarding my interactions with study participants. This includes not discussing interviews or interactions involving study participants with any party that was not physically present for the interview. Further, I agree that I will not store or duplicate any content that I create for the project and agree to relinquish all media that I create to J. Scott Branson at the end of each working day.

Additionally, by signing this document I release, without consideration or compensation, any rights or ownership that I might have in the media that is created for this project to John Scott Branson and hereby agree that he will hold the sole right to license and distribute all content that I produce in conjunction with this project. This includes still pictures, video, and audio recording. I further agree that any media related to this project that I produce can be distributed, used, and modified without crediting me as the content creator.

Print full legal name: ________________________________

Signature: ________________________________

Date: ________________________________

Witness full legal name: ________________________________

Witness signature: ________________________________

Date: ________________________________
APPENDIX C

SAMPLE PROPERTY RELEASE FORM
I ___________________________ hereby provide my consent for the collection of data at as well as the creation and distribution of audio, video, and photographic recordings of the property located at the following address:

Property Name: ___________________________
Address: ___________________________
City: _______ State: _______________
Zip Code: ___________________________

I agree that J. Scott Branson may produce audio and video recordings in [location], with the understanding that no recordings depicting the name or logos of [location] will be made. Further, recording will only take place in private locations that are designated by the staff at [location] and will only depict individuals who have signed consent forms agreeing to be recorded in conjunction with their participation in this research project. I understand that recordings will be distributed under a Creative Commons Attribution 4.0 International License, and that Scott will not experience any financial gains from the recordings.

Signature: ___________________________

Job title: ___________________________

Date: ___________________________
APPENDIX D

PARTICIPANT DEMOGRAPHIC DATA QUESTIONNAIRE
The information provided on this form will be used as additional data in this research project. You are not required to respond to any question on this sheet, and non-responses will in no way impact your ongoing participation in this study. You are free to withdraw your participation in the study at any time.

1. What is your name? ________________________________

2. If you would like to be identified by a pseudonym instead of your real name, please write your preferred pseudonym here: ________________________________

3. What is your ethnicity (white/Caucasian, African-American, Asian-American, etc.)? ________________________________

4. What is your age (years)? ________________________________

5. What gender do you identify with? ________________________________

6. How long have you lived in this state (years)? ________________

7. What is your marital status (single, married, widowed, divorced, etc)? ________________

8. Do you have any children (yes/no)? ________________________________

9. If you do have children how many? ________________________________

10. If you do have children do they live within driving distance of you (yes/no)? ____
APPENDIX E

INSTITUTIONAL REVIEW BOARD APPROVAL LETTERS
DATE: April 28, 2016
TO: John Branson, M.A.
FROM: University of Northern Colorado (UNC) IRB
PROJECT TITLE: [858798-4] Narrating transitions: Experiences of individuals and couples regarding relocation into assisted living communities
SUBMISSION TYPE: Amendment/Modification
ACTION: APPROVED
APPROVAL DATE: April 27, 2016
EXPIRATION DATE: March 26, 2017
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNC) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of March 26, 2017.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.
Thank you for submitting clear amendments and modifications to your IRB application.

Please add places on each page of your consent form prior to the signature page for participant’s to initial (e.g., Page 1 of 3) before using in your participant recruitment and data collection.

Best wishes with your very interesting and worthwhile dissertation research.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNC) IRB’s records.
DATE: March 30, 2016
TO: John Branson, M.A.
FROM: University of Northern Colorado (UNC) IRB
PROJECT TITLE: [868798-2] Narrating transitions: Experiences of individuals and couples regarding relocation into assisted living communities
SUBMISSION TYPE: Amendment/Modification
ACTION: APPROVED
APPROVAL DATE: March 26, 2016
EXPIRATION DATE: March 26, 2017
REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNC) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

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Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of March 26, 2017.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.
John,

Dr. Weiler, the first reviewer, has provided approval based on the amendments and additional materials submitted. I, subsequently, have reviewed both your original and amended materials and am also providing approval.

Please add a place for participants to initial each page of the consent form (e.g. Page 1 of 4 _____ please initial) at the bottom of each page prior to the signature page before use in your data collection.

This is a very interesting and unique project. I encourage you to be very cognizant of any slight changes in the protocols that might warrant amendments to your IRB application given the vulnerable population and somewhat sensitive nature of the research topic.

Best wishes with your research project.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNC) IRB's records.
APPENDIX F

JOURNAL ON PARTICIPANT SCREENING
Should I exclude older adults who show signs of cognitive impairment from participating in this study? In considering this question I immediately see two opposing arguments. On one side of the issue I value upholding the rights of vulnerable populations. One inherently has to give up rights by sharing one’s narrative in a public venue, such as a movie. Audiences objectify characters in movies – they don’t have the opportunity to interact with the subject being portrayed in the movie. Audience members assign their own subjective biases, stereotypes, and beliefs to the characters in the movie, sometimes in very public ways, via the internet, for example. Further, the sharing of one’s narrative can have risks. For example, an active duty member of the military may be denied promotions or could face other consequences for sharing their story of mental health struggles. While participants in the current study are probably not likely to be denied promotion for sharing their stories I still wonder what consequences they might face. Could family members become enraged and reject the elder? Might they become a public example of some negative trait or characteristic? Once a film has been released there is no easy means to take it back.

On the other hand, who am I to privilege the narratives of those who don’t show signs of cognitive impairment over the narratives of older adults with cognitive impairment, even dementia and Alzheimer’s disease? These narratives surely need to be heard and told. The telling of these stories could prove beneficial in disputing dominant cultural narratives about cognitive decline. I think about a YouTube video (https://www.youtube.com/watch?v=fyZQf0p73QM) I watched recently. It shows a man, Henry, who was diagnosed with Alzheimer’s disease being asked questions. At the beginning of the video he is essentially non-responsive to the interviewer, or really to
pretty much anything. Henry is then given headphones with some of his favorite music to
listen to. After just a few minutes of listening to the music the interviewer removes his
headphones and begins asking him questions again. His responses are animated, engaged,
and show emotion. It is as though they are interviewing a completely different person.
While watching this video I feel that my own narratives about Alzheimer’s disease and
other forms of dementia are challenged. I now see these diseases in a new light and
context. When I watched the video it had just under two million views on YouTube.
Surely a sign that others were as touched and perhaps surprised by the video as I was. In
this way I see the video of Henry as a social justice force that challenges the perspective
that Alzheimer’s disease and dementia are death sentences that result in one living a
miserable existence in a locked door facility. Henry has the potential to remove barriers
for individuals with dementia, their caregivers, and the general public.

By excluding the narratives of individuals with dementia including Alzheimer’s
disease do I risk reinforcing the dominant cultural narrative that these are frail elders who
exist in a helpless infant like state? Simultaneously, by including their voices am I
placing them at risk? Both sides seem to have merit. As this is a preliminary
investigation, it seems to make sense to screen participants for cognitive impairment to
ensure that they are able to understand the implications of consenting to their likeness and
narratives being presented in a public forum. Maybe, after trial and refinement of the
methods associated with the current study, I can complete a project based on the lived
experiences of older adults with dementia