Beyond Liminality: Seniors on Making the Transition to Assisted Living

by

Faye B. Wolse
B.A., University of Victoria, 2004

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

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in the Department of Anthropology

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Supervisory Committee

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Abstract

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This thesis explores the transition experiences of 21 older adults who moved to the Cridge Village Seniors’ Centre, an assisted living facility in Victoria, BC. A review of other studies on the transition to seniors’ housing revealed that most new residents of assisted living facilities did not feel at home in their new residence. Using Ritual Process Theory as a framework through which to analyze participant interviews, this qualitative study examines the factors which aided new residents of the Cridge in making a full transition and developing a sense of home in their new residence. Positive social relationships, the ability to develop routines and personal rituals, furnishing suites with personal possessions, the ability to exercise control over their daily lives and a non-institutionalized environment were found to be important factors in Cridge residents’ successful transitions to assisted living.
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This thesis is dedicated to

Hanna & Pieter Wolse
Chapter One: Introduction

Canada’s senior population (those who are over 65 years old) is growing and will continue to grow relative to other age cohorts for years to come. If we are to properly prepare for the growing and changing needs of older adults, we must try to understand the needs and experiences of our citizens as they enter old age, as revealed in their own words. The decision to move to seniors’ housing can be one of the most difficult decisions older adults, their families and care givers, will make. While research on the transition to nursing homes (NHs) and other types of care facilities is available, very little is known about the experiences of seniors moving into assisted living (AL) arrangements. Assisted living faculties (ALFs) are a relatively new form of seniors’ housing. They have quickly gained popularity because they emphasize a home-like environment and promote independence amongst residents. ALFs combine individual housing with the security of prepared meals, and the availability of full time care staff, thereby balancing the need for assistance with a desire to maintain some independence.

The move to an ALF can prompt significant changes in a senior’s life. A change of residence (sometimes to a town or city with which they are unfamiliar), the need to significantly reduce the number of personal belongings, the loss of pets, and the alteration of routines are only a few of the adjustments a person will have to make. The move can also be associated with traumatic events such as the loss of a spouse, sibling or another loved one, or a decline in personal health. The process of selling, giving away and throwing away many of one’s possessions, combined with leaving the place one calls home - a place one may have lived in for decades - can result in a sense of homelessness: a period when an individual exists "in limbo" between the former home and what will
hopefully develop into the future home. The creation of a sense of home is a gradual process, and during the interim period the individual may feel lost, lonely, and out of place. Consequently, a sense of loss may pervade this experience, and lead to other problems including depression.

The objective of this research is to increase our understanding of the experiences of seniors who have made the transition to AL. Interviews were conducted with 21 residents of the Cridge Village Seniors’ Centre in Victoria, BC. A thematic analysis of Cridge resident’s experiences reveals some fundamental contradictions to the findings of other research on transitions to ALFs and NHs, which consistently found that residents did not make a full transition and did not consider their new residence to be home. Possible explanations for the differing results are explored in Chapter Seven.

**Definition of Key Terms**
Throughout this thesis some key terms will be employed with specific meanings attached. For the purpose of clarity, these terms are defined below.

**Assisted Living:** No universal definition of assisted living exists for all facilities in North America, or for within Canada. Therefore definitions vary from one facility to another depending on its location and the state or provincial regulations. In British Columbia as per the 2Act [SBC 2002] Chapter 75, assisted living is defined as:

> …a premises or part of a premises, other than a community care facility, (a) in which housing, hospitality services and at least one but not more than 2 prescribed services are provided by or through the operator to 3 or more adults who are not related by blood or marriage to the operator of the premises, or (b) designated by the Lieutenant Governor in Council to be an assisted living residence. [Community Care and Assisted Living Act 2002]

The Office of the Assisted Living Registrar offers the following definition:
Residences which provide housing and a range of supportive services, including personalized assistance, for seniors and people with disabilities who can live independently but require help with day-to-day activities [Office of the Assisted Living Registrar 2008]¹

Senior(s) will be used throughout my thesis synonymously with older adults. During the recruitment process for this project I decided that participants should be 65 years or older. This was an arbitrarily chosen age based largely on socially defined categories related to the age of retirement. Participants of this study were all 73 years old or older. The oldest resident interviewed was 101.

Transition will be used in the same manner as Mead et al. (2005), to “denote relocation from one healthcare setting to another, or from home to a residential care setting” (115). This includes the physical movement of people and objects and their associated emotional and social experiences.

Resident(s) will refer to individuals living in ALFs, NHs and the Cridge. Despite the fact that some AL literature prefers the term “tenant” when referring to individuals living in an ALF, much of the literature I consulted used the term "resident". It was also a term used by Cridge staff and residents themselves. In addition, the website for the Assisted Living Registrar² also refers to individuals living in assisted living as “residents” (Office of the Assisted Living Registrar 2008). Gubrium (1975:5-6) makes a distinction between patients and residents and uses the term “client” to describe both categories. I have employed the term resident when referring to his work to avoid confusion, and because

¹ Since completion of this research the website for the Office of the Assisted Living Registrar has undergone considerable changes. Unfortunately this definition is no longer on the website. I have chosen to keep it within this thesis because of its practical use and the simple, yet thorough definition it provides. As well, it may have been a definition available to residents of the Cridge when they began their search for seniors’ housing, thereby influencing their understanding of ALFs.

² Part of the Ministry of Health Services.
much of the information I drew from his work was on those individuals he termed “resident”.

On a related note, I use the term *residence* to refer to any place where an individual may live. A residence need not be a ‘home’, but in the sense that I use the term it is a place that one returns to, keeps belongings and engages in the activities associated with daily living. Therefore I use the term to refer both to older adults’ previous dwellings, and the seniors’ housing where they may reside.

**Seniors’ Housing** is used to refer to any type of congregate housing for seniors regardless of the level of care and services provided.

**Nursing Home** will refer to long-term care facilities that offer room and board and 24-hour health care services, including “basic and skilled nursing care, rehabilitation, and a full range of other therapies, treatments, and programs” (Encyclopedia of Surgery 2007).

**Thesis Organization**

Chapter Two will provide a review of relevant literature. It will cover research on AL, as well as research on NHs, that provide useful insights on the transition to seniors’ housing. The chapter will then cover the theoretical framework of “ritual process” that is used to understand the transition experience. Finally, research on the concept of ‘home’ will be reviewed to provide background information for the discussion of seniors’ constructions of ‘home’ in AL.

Chapter Three provides a description of the research context. The chapter begins by examining institutionalization and the ‘total institution’ as put forth by Goffman (1961). A detailed description of AL follows. The challenge of defining AL and the
implications for research on ALFs is discussed. As well, the merits of NH research as an additional source of information are covered. Subsequently, the rise of ALFs is described. Following this is a summary of AL in Canada and British Columbia. The chapter ends with a detailed description of the research site: the Cridge Village Seniors Centre.

Chapter Four outlines the methodology utilized for this research, beginning with an overview of the project. Next, participant recruitment methods are outlined. The interview process is then discussed followed by a detail description of the analysis process. The chapter ends with a consideration of research biases and influences in a section on reflexivity.

Chapter Five presents the Cridge residents’ transition experiences. First, moving experiences are described, including previous living arrangements, making the decision to move, finding and choosing the Cridge, if and how residents chose their suite, their experiences of the moving process, and how they chose what to bring. Second, the residents’ settling-in experiences and their memories of their first few days are reviewed. Finally, the chapter closes with a description of life at the Cridge and the residents’ sense of home, including residents’ perceptions of their fellow residents, what it is like to live with other seniors, the social life of the Cridge, residents’ impressions of Cridge staff, changes in residents’ lifestyles since moving to the Cridge and finally their advice for others who may be contemplating the move to AL.

Chapter Six is devoted to a review of other studies on the transition to seniors’ housing, focusing on three studies by Gubrium (1975), Shield (1988) and Frank (2002). All of these studies found that residents were stuck in the liminal phase of transition—that is, they felt as if they were still between places, and not settled. The subsequent
discussion reviews some of the reasons for residents’ liminal state outlined by Gubrium (1975), Shield (1988) and Frank (2002). These include residents’ uncertain future, ranking among residents, their perceived lack of control and independence, an altered sense of time, and the absence of a new role into which to transition. The chapter closes with a discussion of the residents’ resulting inability to build a new sense of home.

Chapter Seven presents an analysis of Cridge residents’ experiences with the aim of understanding why Cridge residents do not appear to be stuck in the liminal phase of transition. It begins with an examination of the social life at the Cridge, followed by a description of routines and personal rituals. Next, the importance of material objects and personal possessions is discussed, followed by residents’ perceptions of control. Analysis of why the Cridge does not qualify as a total institution is presented. The chapter closes with a discussion of how the above factors assist residents in progressing beyond the liminal phase and help them build a new sense of home.

Chapter Eight concludes with a review of the findings and possible topics for future research.
Chapter Two: Review of Pertinent Literature

A central focus of gerontological research has been health issues related to aging such as stroke, Alzheimer’s, decreased mobility, dementia and other medical challenges faced by significant numbers of older adults. Many of these medical conditions and physical impairments can necessitate the move to an environment where some level of assistance is offered. As the number and range of seniors’ housing options grow, there has been a corresponding increase in research on the many variations, the services they provide, as well as the experiences of seniors, staff, and families related to these types of living arrangements.

Research on seniors’ housing comes from a variety of sources and addresses a wide range of issues and topics. Research on assisted living, extended care, nursing homes and other residential care settings has been conducted by various disciplines including: Nursing, Sociology, Architecture, and Urban Planning, as well as Anthropology.

Research on Assisted Living

A considerable challenge facing research on assisted living (AL) is the lack of a universal definition. The different definitions used in the US and Canada will be explored in more detail in Chapter Three. Here, I wish to address the implications of the absence of a more comprehensive definition of AL. Recently, one of the influential peer reviewed journals in the aging field (The Gerontologist) published a special issue devoted to research on AL (2007). Several articles in the issue addressed this challenge as it applies to facilities within the US. Wilson (2007) examined the evolution of AL in the US and found that an inconsistency in defining AL has been a problem since its inception in
1979. Stone and Reinhard (2007) attempted to locate the placement of AL on the spectrum of long-term care services. They were unable to formulate a single solution and concluded that variations in state and federal policy have led to a diversity of models, which in turn fill a variety of roles in long-term care system. No single over-arching definition of AL could be found.

While diversity may offer a wider range of options for older adults, it poses problems as well, not only to older adults but also researchers. Zimmerman and Sloane (2007) attempted to define and classify AL without success, but concluded that defining a typology would be useful to consumers, practitioners, policy makers and researchers. Clear definitions and classification would “help researchers generalize their findings, policy makers work towards equitable service provision, practitioners provide quality care, and consumers exercise informed choice in selecting long-term care” (2007:34).

These conclusions are echoed in other studies. For example, Namazi and Chafetz (2001) add that the initial vision for ALFs, which was not intended for individuals with health problems requiring special medical care, has been overridden by facilities that cater to this portion of the population of older adults. They also note that the common goal of providing a non-institutionalized environment is sometimes missed by facilities that house large numbers of seniors (those that house 80-100 individuals) (2001:6).

The challenge of researching and defining AL is one that has presented problems in this research project as well. Although, as I will discuss in Chapter Three, British Columbia (BC) has a provincial definition of AL, the absence of a definition that can be applied across the sites examined in other studies creates problems in comparing results and evaluating similarities and differences. The power to formulate a definition of AL
does not lie with researchers, but with policy makers. The example set forth by BC has the potential to operate as a framework for other provinces and the US.

Despite the challenges facing customers and providers of ALFs in the US, Golant (2001) believes that the US examples could be a solution to Canada’s long-term care crisis. Long waiting lists for nursing homes, and families and care givers struggling to meet the needs of an older adult, call for not only additional housing, but also for more appropriate housing options that are suitable for the needs of older adults who need assistance, but not necessarily full time medical care. Golant sees AL filling this role.

Cutchin et al. (2005) used the answers from four open ended questions to assess residents’ AL experience. They state that few experiential studies have been undertaken, and present their research as a step to address this oversight. The results indicated that attachment to place was important to residents. Many of the residents were aging-in-place in communities where they felt a connection with the community and felt comfortable (2005:14). ‘Purposeful activities’ (as perceived by each individual), including religious activities, volunteering, and craft production, were found to be more important than socialization and other activities, which were seen as simply "passing the time" (Cutchin et al. 2005:18). This conclusion differs somewhat from other studies, which tend to emphasize socialization as the key factor in residents’ satisfaction (i.e. Street et al. 2007). Interestingly, in a previous study by the same individuals on the factors involved in becoming at home in AL (Cutchin et al. 2003), results indicated that while attachment to the community was needed, it was not sufficient to lead to a sense of home and that social activities were “pivotal” in becoming ‘at home’ (2003:S234).
Due in part to the variety of ALFs, and the diversity of services offered by each facility, seniors’ reasons for moving to AL are likewise varied. One case study (Porter 2001) followed a rural widow’s transition to AL. US federal government budgetary restructuring that resulted in Medicare reforms was believed to have required the older woman and many other seniors to move into congregate living because Medicare and home health services were minimized (2001:25). Other reasons for making the move include a decline in health, and the death of a spouse.

Additionally, the experiences of couples in AL are rarely examined. Although Kemp (2008) acknowledges that couples make up a relatively small portion of the AL population, they are a unique segment of ALF residents and even more so in terms of seniors’ housing in general. Couples’ moves to AL are either synchronous (both spouses required additional assistance that necessitated the move) or asynchronous (a decrease in one spouse’s health motivated the move). Kemp explains that a desire to stay together means older adult couples are living ‘linked lives’ and are thus both affected by changes in each others’ lives (2008:238).

In addition to the challenges faced by all AL residents, couples faced challenges unique to their situation. For example, couples’ socializing and their participation in activities were affected. Kemp identified four ‘interaction patterns’- or ways in which couples socialized with others- ranging from couples who supported each other but were also able to socialize and take part in activities separately, to spouses who wanted to spend time apart but felt they were unable to because of concerns for their partner (2008:242-245).
Resident satisfaction levels and the factors that help create a sense of home have been a central focus of a number of studies. One such study by Cutchin et al. (2003), reviewed place integration and the factors which led residents to feel at home in their AL residence. Attachment to the town or community where the AL was located and non-family social involvement were found to have a positive influence on residents’ sense of home.

In another study (Street et al. 2007) organizational characteristics of the facility, transition experiences, and social relationships were examined to determine their affect on residents’ satisfaction, quality of life, and sense of home using data from an AL study in Florida. Residents’ well-being was evaluated via a list of questions about loneliness, safety, boredom, helplessness and whether or not residents felt a sense of purpose. Results indicated that residents were happiest in facilities that accepted Florida’s low income program funding, and provided adequate privacy. Interestingly (and somewhat counter-intuitively), Street et al. (2007) found that larger facilities were twice as likely to house residents who felt at home. This was attributed to the fact that larger facilities were said to mimic apartment-style living, the most common type of previous residence among older Florida residents (S133). In contrast, results found by Sikorska (1999) in a study in Maryland found that smaller facility size was correlated with higher levels of resident satisfaction, although the study did not delve into why this may be the case.

Several edited volumes on AL have made significant contributions to the body of literature on AL (i.e. Zimmerman et al. 2001, and Golant and Hyde 2008). One volume (Golant and Hyde 2008) examines the future of assisted living and its role in providing seniors’ housing for a growing seniors population. Of particular relevance to this research
project was an article addressing the future of AL from the residents’ perspective (Wylde 2008). Some of Wylde’s conclusions will be discussed in chapters to follow, but it is worth noting here that the discrepancies between the priorities of residents and family members of residents, play an important role in the ways in which ALF are experienced, as can be seen in Figure 2.1. The significant differences between resident and family’s perspectives on such things as dining, personal care, administration, amenities and other services, illustrate the importance of consulting older adults before moving into an ALF and when doing research on AL.
Figure 2.1 Results of satisfaction surveys of assisted living residents and residents’ families. Reproduced based on Figures 6.5 and 6.4 in Wylde (2008:173-174)
Few long-term, holistic studies have focused on AL, and as a result research by Frank (2002) at the ALFs Wood Glen and Kramer in Chicago, Illinois, represents an integral part of AL research. The qualitative, holistic nature of Frank’s research brings together many of the issues addressed only in parts by other studies in addition to new information. Similar to NH studies, Frank examines the transition to AL, staff, resident and family perspectives, and the challenges of aging-in-place in an ALF. Her research will be discussed in more detail in Chapter Six; however it is important to note that her work, like many of the studies discussed above, explores residents’ sense of home. Not surprisingly, as ALFs often strive to be more ‘homelike’, investigating the specific parameters which attempt to make this a reality for residents of ALFs is a common research objective. Frank’s findings at Wood Glen and Kramer explored why residents at the two ALFs did not feel at home in their new residences. Frank’s work is of additional value in this instance as it represents a rare example of an anthropological perspective on seniors’ housing. The majority of research which focuses on AL has, up until this point, has been conducted by nursing, gerontology and other health science professionals, who are often more concerned with the roles of professionals, policy development, treatments and the management of institutions, rather than the experience of residents.

As illustrated above, a common thread in AL research is the consistent consultation of older adults and residents as central to the understanding of various aspects of AL. It is possible because the population that generally inhabits ALFs are individuals who, for the most part, have no or low degrees of cognitive impairments, allowing researchers to speak directly with them to record their accounts.
Research on AL has the potential to inform researchers, policy makers, service providers, and customers about the challenges faced by residents, the pathways that lead to transition, and the benefits that may be gleaned from other types of congregate living for seniors. AL residents’ perspectives may also help researchers and others understand the experiences of residents who could not be, or were not, consulted in other types of seniors’ housing.

**Research on Nursing Homes**

As AL is a relatively new development and research is encumbered by numerous variations in service provision and philosophies of care, it can be useful to examine research on other types of seniors’ housing to further our understanding of life in congregate living facilities. There are numerous NH studies, and while much of the seminal research on this topic is somewhat dated, the underlying premises that were explored remain relevant today.

The transition to any type of seniors’ housing is a stressful and challenging experience. Relatives of new residents often play an integral part in the moving process. Findings by Davies and Nolan (2004) indicate that NH operators have much room for improvement when it comes to working with family members to help seniors make a smooth transition. Often, as care givers, family members can offer a great deal of insight into the care of an older adult, one which NH staff should acknowledge and utilize (2004:525).

While not as frequently consulted in NH research, residents’ perspectives have revealed crucial insights on transition experiences as well. The process of transitioning or moving to seniors housing, be it AL or NH, is generally seen by researchers as consisting
of three stages: moving, settling-in, and creating a place. Research with residents of a NH in northwest Texas revealed these stages (Heliker and Scholler-Jaquish 2006). As with so many studies, residents reported not feeling at home, though many reported they were reconciled to the necessity of living in the NH (2006:40).

Two of the most frequently cited holistic studies of NHs are Gubrium’s *Living and Dying in Murray Manor* (1975), and Shield’s *Uneasy Endings* (1988). Both of these works will be discussed in greater detail in Chapter Six. Although they were written several decades ago, they continue to be relevant to current studies and concerns. They represent holistic studies which investigate various aspects of NH life and the perspectives of residents, their families, and staff members. This research provides significant time depth to the study of institutions designed to house older adults, and some of the deeply rooted problems associated with making a transition to new living arrangements later in life.

**Ritual Process Theory**

The three main studies consulted for this research (Gubrium 1975, Shield 1988, and Frank 2002) were chosen because they examine the transition to NHs and ALFs. All three also use the concept of the liminal stage or liminality to help describe residents’ experiences. Liminality is a concept put forth as part of the three phases of transition outlined in *The Rites of Passage* by Van Gennep (1960\(^3\)), and later expanded upon by Turner (1967, 1974). The three stages of transition are separation, margin (or liminality) and aggregation (Van Gennep 1960).

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\(^3\) Van Gennep originally published his theories in 1909, however I will be referring to the English translation printed in 1960.
Turner contends that transition is a process, and rites of passage which mark transition “accompany every change of place, state, social position and age” (1967:94). Although Shield (1988), Gubrium (1975), Frank (2002) and Heliker and Scholler-Jaquish (2006) do not discuss the other stages of transition, or in some cases do not even acknowledge Van Gennep or Turner’s theory, all three observed the equivalent of what Turner terms the "liminal stage" for residents in each of their research locales. For example, Heliker and Scholler-Jaquish (2006) identified three themes strikingly similar to the three phases of Van Gennep’s ‘rites of passage’: “becoming homeless, learning the ropes and getting settled, and creating a place” (2006:34).

The transition to a NH or ALF is in many ways a rite of passage without ritual (Shield 1988:22). The move involves the ‘separation’ of an older adult from his or her previous living situation. This stage includes the period in which it is determined (though often not by the older person alone) that he or she can no longer live independently in his or her own home, and thus must begin the process of finding an appropriate new residence. During the separation stage, the older adult must pack up belongings, choose what will be taken and what will not, and begin to make the emotional transition from his or her ‘home’ to a new location.

The liminal stage involves the transition into the new environment of an ALF or NH. A significant part of this stage often involves the arrangement of personal belongings and furniture according to the personal preferences of the senior. During this stage new residents must begin to “learn the ropes” and to settle into their new residence.

Finally in the last stage, aggregation, the new resident has settled into life in the ALF or NH and is incorporated into the community there. The completion of transition
implies some form of resolution, which in this case is arguably the (re)creation of a sense of home. Gubrium (1975), Shield (1988) and Frank (2002) all claim that residents at the NHs and ALFs they visited were unable to move beyond the liminal or transitional phase, and could not (re)create a sense of home.

**The Study of Home**

The study of ‘home’ as a concept is broad and complex and a full review of the literature is beyond the scope of this thesis. Understanding Cridge residents’ notions of ‘home’ is central to the objective of this research: a better understanding of transitions to AL. Therefore, an examination of existing research is warranted. Below is brief review of some of the ways in which the topic of ‘home’ has been addressed by social science researchers and anthropologists in particular.

Making a home is an act of place-making; turning empty space into a place with meaning, memories, and a specific function or purpose. Place-making occurs through a variety of ways, such as the movement through a space, use of the space, and the labelling of the space. Home has tremendous diversity in meaning for different people. It also hosts a variety of functions and activities, such as a source of support, a place to sleep, or as a location for privacy. As such ‘home’ can be a valuable locus of analysis for a number of avenues of inquiry.

Rapoport (1995) expressed serious reservations about the term 'home' and how it is utilized. While it is true that the definition of a term should be as explicit as possible (25), he argued that 'home' is a vague, complex concept that is entangled in various elements that people attribute to a 'sense of home'. Rapaport argued that many of the elements that contribute to 'home' as a concept can be more profitably discussed and
described using more specific lexicon in relation to the specific focus in question. For example, when the term 'home' is used to talk about relationships, social groups and community, personal space, private space, refuge et cetera, Rapaport argues that terms such as 'social networks' or 'system of settings' would result in a clearer understanding of what aspects of home are in question (1995:34).

The study of home in anthropology has been approached from a range of perspectives. Miller (2001) in an introductory chapter to a volume of work on the material culture of home contends that ‘home’ has been central to anthropology for some time. He states that during the ‘classic’ period in anthropological ethnography researchers often stayed in the homes of families in the communities they were studying and were therefore privy to many of the aspects of homes abroad (2001:2). Certainly much has been learnt from early studies of the ‘other’ and perhaps in some cases these helped to shed light on the anthropologist’s own constructions of ‘home’; however these studies were only the beginning of what can be explored in relation to this complicated and deeply personal construct. Miller argues that the study of ‘home’ has been changed by an emphasis of anthropology “at home” (2001:2). Miller fails to explain how this has changed the anthropologist’s approach to ‘home’, and again it could be argued that little has changed in terms of the manner in which the topic is approached.

‘Home’ in anthropology has often been examined as a place: the center of domestic activities, gender relations/roles, and social reproduction (i.e. Bourdieu 1977; Buttimer 1980; Cieraad 2006; Chevalier 2006; Douglas 1991; Laermans and Meulders 2006; Marcus 1995). Related to this notion of ‘home’ as a ‘place’, are works which explore the concept of ‘homeland’ or a geographic location to which an individual has
ties related to their social-cultural values, dispositions, ‘nationality’ and other notions of identity. The household is frequently unitized in anthropology as a basic unit of analysis, demonstrative of the value of ‘homes’ as a locus of social organization and social reproduction, thereby exploring aspects of home as they relate to the social unit it can represent (i.e. Bourdieu 2003; Löfgren 2003).

A number of anthropologists have attempted to explore the meanings and characteristics of ‘home’ as a concept. That is, work by Douglas (1991), Counts and Counts (1997), and Frank (2002), for example, examine the ways in which ‘home’ is manifested in a place, material objects, social relations, as well as the meanings bound up in people’s notion of ‘home’. Understanding people’s constructions of ‘home’ is one of the main objectives of Douglas (1991), Counts and Counts (1997), and Frank’s (2002) research. Their work aims to explore the concept of ‘home’ and discover some of its components, rather than exploring an aspect of ‘home’ (i.e. the material culture within the physical structure said to be the location of ‘home’) in an attempt to learn more about the concept. Douglas (1991) also includes a consideration of ‘bad home’ or a ‘home’ which may not fit with the idealized image usually associated with the term. Her consideration of negative components of ‘home’ provides a more rounded illustration of the concept. The result of work by Douglas (1991), Counts and Counts (1997) and Frank (2002) is a broader understanding of the many facets of ‘home’, albeit sometimes at the expense of detailed analysis of each component.

Although the term 'home' can easily be misused and could in some instances be replaced by the words Rapaport (1995) suggests, I do not agree that the term 'home' is without merit and therefore should not be used. It is precisely because the term is used
both colloquially and formally to describe a vast array of aspects and attributes, that the term cannot be replaced. It is the connection of all of these attributes in one element, feeling, or understanding that make up 'home'. To discuss 'home' by breaking it into its component parts defeats the purpose. At the risk of polarizing the issue by emphasizing an anti-reductionist position, 'home' is indeed greater than the sum of its parts. ‘Home’ is also a cultural construct which evokes deep personal and emotional attachment in ways which “residence”, “house”, “apartment”, “condo”, “dwelling”, etc. simply do not. To ignore the emotional connection people feel with the places they inhabit would miss the central point of conducting this type of research.

To avoid confusion such as that described by Rapaport (1995), I will purposely not use the term 'home' to refer to buildings or dwellings where I do not mean to convey any information aside from the physical structure or place. The use of 'home' as it appears in names of types of place such as 'nursing home' is a necessary exception.

Like so many other cultural constructions, what ‘home’ is and how it is experienced is most easily discerned when it is threatened (Dovey 2005:362). As a result, research on transitions to seniors’ housing provides an excellent opportunity in which to explore ‘home’.
Chapter Three: Institutional, Local, Regional and National Contexts

The wide range of seniors’ housing available and the numerous definitions of each type make it difficult to classify and compare institutions and facilities within Canada and around the world. The following is an examination of contexts discussed in this research with the aim of clarifying some inconsistencies and describing the specific sites examined.

Institutionalization

Negative imagery depicts nursing homes (NH), assisted living (AL) and other types of seniors’ care homes as terrible places, a last resort, and as warehouses for the rejected, the unproductive, and the dying. Savishinsky (1991) contends that popular culture depicts NHs as bleak, gloomy, and joyless places. These dreary descriptions from the literary and scholarly accounts of old age and life in seniors’ housing have led to the negative stereotyping of seniors housing options and their inhabitants.

Despite these negative images and sentiments, seniors’ housing is becoming a prevalent option for older adults. The increase in the population of older adults creates a higher demand for assistance and care which are necessary to manage the physical and mental challenges associated with old age. As a result of social and economic shifts, institutionalized care has become an acceptable, often preferential option for seniors and their families. Community-based services have become more expensive and publicly

\[4\] Although the website of the Office of the Assisted Living Registrar (2008) states that “Assisted living is a middle option between home support and care in an institution (e.g., a community care facility, also known as residential care or complex care)”, I use the term institution here to refer to the nature of congregate housing for seniors where the basic operations are run by someone other than the residents.
funded services have become less available, causing seniors to seek alternative sources for the care they require (Savishinsky 1991). Due to changes in the family structure, such as the increased mobility and geographic dispersion of adult children and the higher number of women working outside the home, there are fewer individuals available to care for older members of the family (Savishinsky 1991; Regnier 1999). Institutional care provides 24 hour assistance and/or care, freeing friends and family from the worry and responsibility of caring for a senior.

The Total Institution

The nature of an institutional environment can lead to contradictions between the philosophy of care held by an assisted living facility (ALF) or NH, and the reality of living in one. Erving Goffman defined the total institution as “a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed formally administered round of life” (Goffman 1961:xiii). Goffman defines five types of total institutions, the fifth of which includes NHs (See Chapter Seven, pages 95-98 for further discussion of the total institution and the Cridge).

What is Assisted Living?

There is no universal definition of assisted living that applies worldwide, to North America, or even nationally across Canada. In Canada each province is responsible for the organization and provisioning of health care services and programs (Kane and Kane 1985). The result is a variety of definitions of seniors’ housing across the country.

A similar situation exists in the United States. Each individual state defines what services are provided as part of seniors’ housing options, resulting in a diversity of
models. Regnier (1999) has formulated a “hybrid” definition from care philosophies, building descriptions and regulatory categorization for the US as follows:

Assisted living is a long-term care alternative that involves the delivery of professionally managed personal and health care services in a group setting that is residential in character and appearance; it has the capacity to meet unscheduled needs for assistance, while optimizing residents’ physical and psychological independence [Regnier 1999:3]

In a recent investigation of the definitions of AL in the U.S., Namazi and Chafetz (2001) identified 50 different definitions, from the federal level to the state level, including definitions given in research reports. The variation between the 50 definitions was considerable. When examining seven examples chosen from the 50 definitions by Namazi and Chafetz (2001) certain themes can be distinguished. Many US definitions emphasize that AL is congregate living in a residential and ‘homelike’ environment. Although not always explicitly stated, definitions also express that AL is not an institutionalized environment. In the US, nursing staff are sometimes part of the regular AL staff; as a result, more seniors requiring medical care can live in these ALFs. In the US, as is sometimes the case in Canada, the ALF may exist within a larger care facility. Such facilities offer residents the option of staying within the same facility, while receiving increasing levels of care as required, without the disruption of a large scale move. This increases the senior’s chances of ‘aging-in-place’, a much sought after option.

A report attempting to categorize the types of ALFs in Canada and what can be learned from ALFs in the US, summarized the differences between ALFs in Canada and those in the US as follows:

They [facilities in Canada] are less likely to be freestanding and are more likely to be physically linked to a nursing home. They are less likely to

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5 Although ALFs may still fall under the definition of an institution, such references were made to the physical environment, not necessarily the services provided.
employ dedicated on-site staff to assist residents with their personal care and nursing needs, but rather hire or subcontract an “outside” home support or home care agency that responds to resident requests as-needed. Canadian facilities are less likely to be occupied by very frail seniors. They have lower staff-resident ratios and are less likely to provide unscheduled personal care assistance or nursing services. A smaller percentage of facilities have wings or units that can accommodate seniors with Alzheimer’s Disease. [Golant 2001:3].

It is clear that each definition of AL is linked to the structural specifics of the state/province and/or nation, which result in considerable variability in ALFs. Stone and Reinhard (2007) note that there is no easy answer to the question of what role AL plays in long term care and seniors housing systems in the US or Canada. Until more uniformly applied and widely applicable definitions can be agreed upon, research on AL will continue to struggle with these issues and comparative and evaluative studies will be impacted.

**The Nursing Home versus Assisted Living**

Throughout this study I have consulted research on NHs in an effort to supplement the limited research on AL, while recognizing that these are not equivalent institutions. One minor difference between the NHs studied by Gubrium (1975) and Shield (1988) and the Cridge is that the NHs visited by Gubrium and Shield differ from the Cridge in their size. Shield’s study site housed approximately 200 people (1988:10) and at the time Gubrium conducted his research, the NH he visited utilized 120 units\(^6\). In comparison, the Cridge housed approximately 80 seniors at the time of my research\(^7\).

Like ALFs, NHs offer congregate living for seniors who require some level of assistance with daily tasks. However, in addition to these services NHs also offer “basic and skilled

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\(^6\) Only the first, third and fourth floors of Murray Manor were occupied during Gubrium’s fieldwork (1975:6)

\(^7\) The largest ALF in BC offers 115 units (Office of the Assisted Living Registrar 2008)
nursing care, rehabilitation, and a full range of other therapies, treatments, and programs” (Encyclopedia of Surgery 2007), services not provided by ALFs. Therefore, residents of nursing homes are more likely to exhibit more severe physical and cognitive disabilities.

Despite these differences nursing home residents and AL residents are comparable in a number of respects. First, both are residents of congregate housing for seniors. This can create similar experiences with respect to the challenges and rewards of living day-to-day life with a large group of peers. Second, the age and gender make up of NH and ALF residents are very similar. Residents of Franklin Nursing Home, Shield’s (1988) research site, were predominantly female. The average ages of females was 83.2 and the average age of males was 85.3 (1988:42). At Gubrium’s (1975) research site, Murray Manor, females were also more prevalent than males. Murray Manor residents were somewhat younger than Franklin residents with the average age of females at 80.5 and the average age of males at 80.1 (1975:8). The demographics of residents of Franklin and Murray Manor are comparable to the residents of Cridge I interviewed at the Cridge, where females outnumbered males, and the average age of females was 86.8 and the average age of males was 83.2.

It should also be noted, that “residents” of Murray Manor were said to be “ambulatory and not require skilled nursing care” (1975:6). Because Gubrium’s study was done in the early 1970’s, it is not likely that assisted living would have been an option for seniors at that time. Therefore, the ‘residents’ of Murray Manor are likely to be those individuals who would today live in an ALF.

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8 Gubrium categorized seniors living at Murray Manor into residents and patients as per their care needs. Collectively they were referred to as ‘clients’ (1975:5-6)
As ALFs are a relatively recent development in seniors’ housing, research on ALFs is still in the beginning stages. Studies on NHs can provide valuable resources for understanding what it is like to move into, and live in an institutionalized setting. As will be illustrated in more detail in later chapters, many of the issues in studies on the experiences of seniors living in NHs can be applied to ALFs.

An ALF which caters to relatively healthy seniors with minimal medical care requirements may find that residents who decline in health represent a challenge for ALF staff and the seniors’ housing system as they await placement in NH facilities. They may develop health issues that cannot be properly addressed in their current location however; due to long waiting lists it may not be possible to relocate these individuals quickly to places that offer the appropriate level of care. This is a difficult issue which can confront couples in particular. The dynamic relationships between the two kinds of institutions is likely to grow in significance as populations now residing in AL facilities age and are forced to move to NHs.

The Rise of Assisted Living

Numerous factors have led to the development and the popularity of ALFs as an alternative to NHs. First, the emphasis on a residential style environment is a much more appealing option to seniors and their families than the more institutionalized setting of NHs (Regnier 1999). In the US, AL can cost 20-30 percent less than nursing home care (Regnier 1999:5). In addition, the increase in cost and decrease in availability of home care make ALFs a more financially attractive option.

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9 It should be noted that in BC special arrangements will be made for residents while they await placement in another setting. The Office of the Assisted Living Registrar (2008) states that an “exit plan” will be developed for the resident, which may include the negotiation of additional services such as short term professional care.
As more women, who have traditionally filled the role of caregiver, move into the workforce, there are fewer and fewer individuals available to care for older adult relatives. Care and/or assistance for older adults now increasingly come from outside the home. As Regnier (1999) notes, many seniors “are not acutely ill but are simply very old and frail” and for these individuals, ALFs offer a more appropriate level of care than NHs. The move to seniors’ housing is often seen as a threat to independence and autonomy, and the AL environment, which encourages more independence and self-reliance, is more desirable.

In 1995, close to 60 percent of states in the US were in the process of developing, or had already developed regulations for assisted living (Mollica in Regnier 1999) following the example set by Oregon and Washington (Regnier 1999). Canada has experienced a similar growth, with BC leading the rest of the country in terms of regulation and as a provider of seniors’ housing.

According to Wilson (2007) the term ‘assisted living’ first appeared in the US in a funding proposal to the State of Oregon in 1985. ALFs in the US were born out of residential care facilities which did not meet the criteria necessary to convert to certified nursing homes after 1965\(^{10}\). In the early 1980’s Wilson was actively involved in the development of the initial model of AL (2007). Her model described “a fully accessible apartment building with private living space, a full array of services, an emphasis on consumer autonomy, and the right to make choices regarding daily activities and health care” (Wilson 2007:10).

\(^{10}\) The 1965 enactment of Medicare and Medicaid lead to the development of the modern nursing home (Wilson 2007).
While the initial development of assisted living in North America began in Oregon, Virginia soon followed, and during the mid eighties and early nineties there was growing interest in AL on both coasts. In the period from 1994 to 2000 AL witnessed rapid national growth as AL companies went public and groups like “Assisted Living Concepts” arrived on Wall Street in search of funding (Wilson 2007:17). The subsequent rush to "cash in" on the new development and its rising popularity in some cases led to lax implementation of AL ideals, such as nursing home wings masquerading as AL units with a new décor (18). The initial definition and model of AL was lost in a cloud of marketing, state regulation and reimbursement rules. Consumer confusion and the wide diversity of facilities labelled AL eventually led to concerns over quality and how to deliver a more consistent model. The struggle to define AL and regulate services continues today. As Wilson notes, the Assisted Living Group (ALG), which reports to Congress on AL quality, faced a serious dilemma in trying to “decide which attributes of assisted living are definitional and which may vary among entities that have the name assisted living” (2007:19). In the end, members of the ALG formed a three part definition aimed at describing best practices. The definitions, however, were not checked for accuracy (Wilson 2007). Similarly, in an attempt to define and classify AL, Zimmerman and Sloane (2007) reviewed nine typologies drawn from existing literature, but were unable to delimit a universal typology.

**Assisted Living in Canada and British Columbia**

**Assisted Living in Canada**

The struggle to devise a universal definition of AL is a challenge in Canada as well. There exist a multiplicity of classifications and definitions of housing options for seniors across the country, including AL. For example, in Ontario there are three
categories of institutional care, in Manitoba there are four, and in British Columbia there are five (Forbes et al 1987). AL falls into different categories in each province and may not be specifically defined. Not only are there differences in classifications, the categories also overlap. Dissimilar categorizations often hinder national and international comparison of AL (see, Golant 2001, Kane and Wilson 2007, and Zimmerman and Sloane 2007).

**Assisted Living in BC**

British Columbia was the first province in Canada to regulate ALFs and requires both public and private facilities to be registered as of 2004. Under the new legislation, ALFs in BC are defined as:

> Residences which provide housing and a range of supportive services, including personalized assistance, for seniors and people with disabilities who can live independently but require regular help with day-to-day activities”. [Office of the Assisted Living Registrar 2008]

In BC, ALFs do not have nursing staff. While nursing and other medical assistance may be available, these services exist alongside the residence, not as part of it. Services can be purchased by residents and are provided in the same manner as home care, although the cost may be somewhat lower due to the convenience of serving multiple patients residing in the same residence. Today, there are 166 ALFs in BC (Office of the Assisted Living Registrar 2008). Data on the percentage of seniors living in AL was unavailable.

**The Cridge Village Seniors Centre**

This study was carried out at the Cridge Village Seniors’ Centre (hereafter the Cridge or Seniors’ Centre) which is part of the Cridge Centre for the Family (hereafter the Cridge Village). The Cridge is located on the top of the hill at the intersection of Cook Street and Hillside Avenue in Victoria, British Columbia. The building that houses
the Cridge has undergone a number of transformations, starting out as an orphans’ home in 1893, it was then converted into a day care and family support centre in the 1960’s. In its latest incarnation the main building has been remodelled and extended into an assisted living residence. Also located on the Cridge Village property are 31 townhouses which act as supportive transitional housing for families escaping crisis situations and a newly built child care centre. The playground of the child care centre is located adjacent to the Seniors’ Centre and can be seen from the dining room, patio area, and suites on the west facing side of the building. Therefore, the grounds of the Cridge Village house and support a wide range of people from varying backgrounds and ages. Although not explored in this study, the presence of children, families, single residents, and seniors is likely to have an affect on the experiences of all those living on the grounds of the Cridge Village.

The Seniors’ Centre contains 77 suites. Forty of these suites are sponsored by Independent Living BC, and the remaining 37 are offered as “market housing”, with one suite kept as guest accommodation for visiting family. Assessment for the occupancy for each of these two types of suites is made independently by the Cridge and the Vancouver Island Health Authority (VIHA). The Cridge determines who is eligible to live in the market housing and VIHA governs who can be offered the government funded units. There is no structural or visual difference between the two types of units.

Each unit consists of a separate bedroom(s), sitting/eating area and kitchen. The kitchen is equipped with a sink, fridge and microwave. A one bedroom suite measures

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11 A Canadian government organization that “serves seniors who require some support, but do not need 24-hour institutional care” by offering financial assistance to make home care and residential care more affordable for those with moderate to low-income (Independent Living BC Fact Sheet 2008). The program also offers assistance to people with disabilities (Independent Living BC Fact Sheet 2008)
500 square feet and a two bedroom suite measures 700 square feet. Residents have their own suites and some live in two bedroom suites with their spouse.

The Senior Centre offers a variety of services including: daily meals (lunch, dinner, and snacks), laundry services, therapeutic bathing, computer facilities, a chapel, 24 hour emergency monitoring, and transportation for outings and shopping. Lunch and dinner are offered in the communal dining room. Residents are responsible for their own breakfast. There is no medical staff at the Cridge, however residents can access a 24 hour emergency response system by pressing a personal call button they carry at all times.

The Cridge is a unique research opportunity in that it has only been open since November 1, 2006. As a result many of the residents were able to choose their suites and aspects such as which level they preferred, the sun exposure they received, and the view from their living rooms. In other studies (i.e. Gubrium 1975, Frank 2002, and Shield 1988) one of the factors that were identified as contributing to residents’ perpetual state of liminality was their perceived lack of control. For Cridge residents the ability to exercise choice over where they live had a positive effect on their happiness and sense of autonomy.
Chapter Four: Research Methods

Overview

This project was conducted in Victoria, British Columbia. Participant recruitment began in December 2007, interviewing began in late January 2008 and was completed in March 2008. The Cridge Village Senior Centre was chosen as the study for two main reasons. First, as an assisted living facility (ALF), the Cridge provides housing for seniors who are independent and would therefore be able to participate in interviews without the presence of a caretaker. Initially, I had wished to conduct my research at an extended care facility somewhere in Victoria. However, after consulting with the Health Research & Community Liaison Officer at the Centre on Aging at the University of Victoria, it was decided that an ALF would be better suited to my interest in talking directly with residents. Second, at the time of my first visit to the Cridge, it had only been open for just over a year. This meant that all residents had moved in recently and were thus especially well suited to my research focus on transitions.

Participant Recruitment

The Chief Executive Officer of The Cridge was approached with a summary of the research goals and methods to be employed, and permission was subsequently granted to interview residents on a voluntary basis. Arrangements for the distribution of introductory letters and an information session to recruit participants and inform residents about the project were made with one of the Centre coordinators.

The purpose of the information session was twofold. First, it was used as one of my main methods of recruitment. Second, and perhaps more importantly, the information session was intended to ensure that participants and other residents knew who I was and
what I would be doing at the Cridge. It was important that residents understood that I was not affiliated with the Cridge in anyway and that the purpose of my study was not to evaluate the Cridge or assisted living (AL). Efforts were made to “present the interview as a joint exploration of the topic of the research, rather than a mining of the interviewee for information” (Davies 2008; 121). During participant recruitment and interviews I explained to participants that I wanted to approach interviews as an opportunity for us to explore the transition to the Cridge and what it was like to live at the Cridge together.

On the advice of the assistant manager of seniors’ services, who acted as my staff contact, the information session was scheduled to occur directly after lunch when the majority of residents would already be downstairs in the dining room. The session was given in the Chapel, a small alcove off to the side of the dining room which is often used for movie nights and other presentations. During the information session, which was open to residents and staff, I described the study, and what participation would entail. Individuals were given the opportunity to ask questions and voice concerns prior to committing to participation. Attendance was less than expected and no staff members attended. However, the residents that did attend were eager to engage in conversation and had many questions about the research. Everyone in attendance was given a letter with further information about the project, my contact information, and a participant profile form (see Appendix A). Given the low turnout it was decided that I drop the letter and profile form in the mailbox of each resident. A large yellow drop box was placed at reception where residents could drop off completed profile forms.

Response to the recruitment letters was limited and in the end only half of participants were recruited in this manner. The remaining participants were recruited
through introductions made by the assistant manager of seniors’ services during a Friday evening Happy Hour, which I attended. Residents who expressed a willingness to participate were later contacted by phone. During the initial phone conversations I again described the project’s purpose and goals and explained what their participation would involve. If they agreed to these terms an interview date was scheduled. All residents who were approached agreed to participate.

Initially the criteria for participants was that they be at least 65 years of age, and had moved into AL sometime during the past year (see appendix A for Participant Profile form). Participants were not screened for eligibility for several reasons. First, as the Cridge is a new facility it was not necessary to screen residents for recent move in dates. Second, since initial recruitment of the required number of participants proved difficult, all 21 volunteers were accepted. Purposeful sampling was utilized to ensure that the sample was reflective of the general make up of the community of resident at Cridge. That is, the sample reflected the general demographic of the Cridge which consisted of mostly females, and a small number of couples living together.

Participants ranged in age from 73 years to 101 years old. At the time interviews were conducted, the youngest Cridge resident was reported to be 69 years old and the eldest was 103 years old. Three couples were interviewed to capture the experiences of couples who had moved together. In total, 7 males and 14 females were interviewed, a sample which reflects the female dominated demographic of the Cridge. While participants were not questioned about their financial situations, some (3) voluntarily informed me during interviews that they were receiving government funding to subsidize their housing costs. Participants also lived in various locations within the Cridge. Six live
on the fourth floor, nine on the third floor, three on the second floor and one on the first floor. Although this fact was not considered at the time of participant recruitment, suite location was brought up repeatedly during interviews and proved to be an important element for residents.

**Interviews**

One-on-one semi-structured interviews were the main source of data collection. Semi-structured interviews were used rather than unstructured interviews because they allow for the free-flow of conversation while still maintaining a level of control over the direction of the interview through the use of a guide list of questions. Semi-structured interviews are also the best methods if, as was the case with my research, the first interview may be the only chance to speak with a participant (Bernard 1995).

All of the interviews took place at the Cridge and lasted approximately one hour to two hours depending on the subject’s comfort level and the flow of conversation. In consideration of the interview context, interviews were conducted in the participants’ suites. Several reasons for doing so exist. First, by interviewing residents in their suite it was hoped that they would feel at ease and not worry about being overheard. Second, as the project placed a great deal of emphasis on residents’ sense of home, it seemed only natural, and indeed imperative, that the interviews be conducted in the space in which home would presumably exist. It was important to the research to see where residents lived and to be in the space for a period of time. The final reason for interviewing in residents’ suite is tied with the second. The location and timing of an interview are recognized to affect the way in which an interview proceeds and what may come out of the discussion (Davies 2008). Situating interviews within the context being discussed was
meant to emphasize the project’s purpose in a subtle but important manner. All, but one interview, were conducted in the participants’ suites. The one exception requested that we sit in a small library located in an alcove just off to the right of the entrance.

Another exception to the general interview context was an interview with a couple, Nate and Florence, who asked that their friend who was visiting them be allowed to sit in on the conversation. It had been difficult to schedule a time to meet with this particular couple as they were very busy, and I saw no reason why the other woman would not be able to stay. In the end she helped answer a few questions and helped remind the couple which other assisted living facilities they had visited. Her presence did not appear to hinder the conversation.

At the start of each interview I read aloud the consent form (see Appendix B) and asked the participant if they had any questions or concerns. If they were in agreement with the conditions laid out in the consent form they were asked to sign one copy, which was kept for my records, and were given a second copy for their own records. All the residents were in agreement with the terms and most scoffed at the idea of needing a pseudonym.

The consent form stipulated that I would like to tape record the interview. Given consent to do so (as was done by all participants), I began the interview by stating that I was now turning on the audio recorder, which I placed within sight, but not in an invasive location. While the use of an audio recorder in interviews is somewhat taken for granted today, my motive for recording interviews should be examined. The use of audio recorders, especially the small versions available today, are, as Davies explains, “less intrusive and destructive of open and natural conversation than having an ethnographer
taking notes, and it is infinitely more reliable than memory, no matter how good, of what was said” (2008:126). In addition, the use of an audio recorder allowed me to concentrate on the interaction between myself and the participants, rather than on the taking of detailed notes. This allowed me to observe their mannerisms, facial expressions, and tone of voice, all of which lent detail to what participants were saying. I was then able to concentrate what notes I did take on elements which could not be captured by the recordings, such as the physical surroundings, gestures, and facial expressions (Davies 2008). Another important reason for using an audio recorder in my interviews was my emphasis on capturing the residents’ experiences in their own words. This meant transcribing their words and phrases as accurately as possible.

At the start of my very first interview the woman offered to show me around her suite. We took several minutes to walk around as she told me details about certain items of furniture or features of the suite. This proved to be useful in providing me with a general understanding of Cridge suite layouts for subsequent interviews.

Each interview was initiated by asking participants if they could give me a brief summary of their life, including where they had grown up, and what they had done for a living. Participants usually answered this question with great detail and at times it was a challenge to shift into more specific questions about their transition. The purpose of the first questions was twofold. First, it was meant to ease us into the interview in a casual manner. Second, I found it important to learn a bit about the histories of my participants so as to contextualize their experiences of living at the Cridge within the larger events of their lives.
Rather than asking the remaining questions in any specific order, I allowed the flow of conversation to dictate which question was asked next. This was done with the intention of giving participants some control over the conversation, letting them direct what was discussed and to what extent. While the order of questions was situational, all questions on my list of guide questions were asked so as to collect reliable and comparable data (Bernard 1995). “Prompts” were added wherever the flow of conversation deemed them appropriate and were not necessarily repeated in each interview. The result was 18 interviews, all covering the same essential topics, but varying widely in the detail and length at which each topic was discussed. This explains why one participant’s quotes may seem to dominate a section in chapters to follow. It does not mean that other participants were not asked similar questions, or that they had nothing to add to the topic. All of the quotes and excerpts from interviews used were chosen because they were the best at illustrating a particular point and stated an idea clearly and concisely.

After the first two or three interviews, a few questions were added to my preliminary list. These questions arose from subjects that the first participants brought up during their interviews, which I had not considered during my preparation. Earlier participants’ responses also guided the direction of prompts made in subsequent interviews. This was not done with the intention of replicating responses, but merely with the intention of capturing multiple views on specific subjects. For example, during my first few interviews participants repeatedly mentioned that they did not use the microwave provided in the suite. A few said they’d rather have a stove top so they could quickly fry an egg or make a simple meal whenever they wished. When I asked about the
microwaves and cooking in subsequent interviews, answers varied from agreement to indifference.

During interviews participants frequently questioned whether they were giving me the ‘right’ answers or giving me the information I was looking for. This type of reaction was not unexpected as Frank (2002) reported similar responses from her participants. I met comments like “I’m sorry I haven’t been very useful” with reassurances that they had been useful and that I was interested in their experiences, so there were no wrong answers.

I had anticipated that in most instances there would be two rounds of interviews, and participants were asked at the end of the first interview if they would be willing to take part in a second interview. However, most of the interviews proved to be detailed enough so that only a few residents were contacted a second time to clarify details or ask a few follow up questions.

Interview questions were loosely based on earlier studies that have examined the transition process. They follow five main themes. The first set of questions were designed to put the resident at ease and provide general biographic information. The second group of questions were intended to obtain information on the first stage of transition, the decision to move. Next were questions on the second stage, moving. Another group sought to reveal the settling-in process (the third stage of transition). The fifth type of question was aimed at gaining a better understanding of daily life at the Cridge and gathering any advice residents would have for others contemplating the move to AL. A list of the interview questions can be found in Appendix C.
Analysis

Following the interviewing process all interviews were transcribed by me. While the decision to do so was primarily fuelled by the project’s budget, the transcription process proved to be an important step in the analysis of the interviews. Interview recordings were transcribed word for word, with the exception of ‘filler words’ like “um” and utterances made by myself like “ok” which were merely used to assure participants I was listening. In a few cases long tangential discussions were summarized inside square brackets with the location of the piece of audio for future reference. Participants were also given pseudonyms chosen from the list of tropical storm names for the Atlantic for the years 2008-2012.

Although circumstances for each individual were different and as such provided for various accounts of the transition process, certain similarities were apparent. The identification of these themes was an important step. The identification of categories and themes was an ongoing process that I had began while reviewing the literature in preparation to begin my own research. While I remained open to differing results, the application of ritual process theory in the literature led me to consider its application to my research. Furthermore, the main categories of moving, settling- in and the creation of home were drawn deductively from transition studies applying ritual process theory and from the stages of the theory itself. These categories also influenced the construction of the guide list of questions I asked in each interview.

Themes were arrived at inductively throughout the research process. During the interviews I made notes of similarities in participant’s comments and experiences. I continued to do so as I transcribed the interviews and finally formulated the themes while coding the interviews in the qualitative research software NVivo 7(2008).
As the sole researcher involved in the project, I had the opportunity to review all analysis of the obtained data personally. This process provided me with a comprehensive understanding of the research project. The analysis of data was a labour intensive process, however, each step proved to be crucial to my complete understanding of the research project. During the initial literature review I began formulating research questions and identifying themes within the literature. Because interviews were conducted over the period of three months I was able to focus on each individual interview for a couple days. The transcription process allowed me to revisit the conversations in detail and I began to view the interviews together as a whole. After I coded each interview I was able to see all of the data together. NVivo 7 allowed me to select portion of an interview and code it under a theme or topic heading of my choice. I was then able to view all comments made under a particular topic or theme together. The next step was to summarize the general consensus on a topic or theme and identify any unique cases or anomalies.

Each time I revisited the data I was able to view it from both a narrower and yet still broader perspective. My perspective became more focused as I honed-in on particular elements, and broader as I began to see each individual’s experience and each element as part of the whole. No single element or theme within my project exists outside of the others. Each is intertwined with multiple themes, topics and aspects and so it was important that the connections between them were analyzed as well.

This method is similar to what Borkan (1999) describes as viewing the material from multiple horizontal “passes” (1999:186). This process is part of an analysis technique known as Immersion/Crystallization (1999). Immersion/Crystallization
involves immersing oneself in the data repeatedly and allowing themes, patterns and insights to emerge from the data. Borkan outlines the process as follows:

- Initial engagement with the topic/reflexivity
- Describing
- Crystallization during data collection
- Immersion and illumination of emergent insights from collected data and texts
- Explication and creative synthesis
- Corroboration/legitimation and consideration of alternative interpretations
- Representing the account/reporting

[Borkan 1999:183]

The process requires the researcher to immerse themselves in the data, and then step out of it repeatedly in order to generate in-depth interpretation while not becoming so familiar with the data that elements become taken-for-granted.

**Reflexivity; This Anthropologist**

Reflexivity, defined as “a turning back on oneself, a process of self-reference,” requires the researcher to consider how the research is affected by the researcher and the process of researching (Davies 2008:4). The researcher’s presence in the research context will have an effect on the situation or behaviours observed regardless of the level of participation (Gilchrist and Williams 1999). Therefore, it is crucial for me to understand my biases, preconceptions, and vantage points in order to consider their effect on my interpretations. With this in mind I will describe myself, my preconceptions and other personal elements which may have affected the way in which I have approached and interpreted my research.

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12 Subtitle adapted from Shield (1988:16)
When I began my research I was 26 years old, and at the time of writing this I am 27 years old. I have no personal experience with ‘old age’ in the sense that while I am aging, like everyone else, I am still considered to be relatively young by Canadian standards. I have never experienced the pain, or prejudice, nor the joys associated with being a senior. I have 46 years less life experience than the youngest member of my project. I have no children, no grandchildren and have never owned a home of my own. The fact that I am female separates my personal experiences one step further from the male participants experiences as well. To the best of my knowledge my gender never had a negative impact on my research, but it did allow me to bond with female participants in ways I could not expect to with male participants. This became particularly clear to me during an interview with Irene while we were discussing the laundry facilities:

Irene: There's no laundry tub in the room and they have an ironing board with a steam iron. Where do you fill the iron and empty it?
Me: there's no tap?
Irene: no. There isn't any water in the laundry rooms.
Me: who does that?
Irene: yeah, Not a woman!
Me: [Laughs] yeah I was just going to say.
Irene: exactly.

At that moment we were two women discussing a chore we were both very familiar with and bonding over our shared amazement that someone would forget such an obvious (to us) detail. The conversation made it clear to me how who I am may have affected what participants told me about their experiences.

I was drawn to the topic of transitioning to AL for a number of reasons. First, I became interested in the process of moving to seniors housing after two of my grandparents were placed in care homes. Neither of them were willing participants in the process and I wanted to learn more about why people moved to seniors housing and what
their experiences were of the transition. As explained above, I chose to centre my research specifically on AL because of the opportunity to speak directly with participants. Knowledge of my grandparents’ transitions and what I had learned from the literature on transitions and seniors housing made me determined to understand the experience from the senior’s perspective. As my grandparents’ experiences and the literature portrayed the process in a rather negative light I had some expectation that my participants might have had negative experiences as well. I was very conscious of this preconception from the beginning and have done everything possible to stop it from influencing my interpretations. At the same time, I consciously guarded against over-compensating and only focusing on the positive aspects of my research. For example, during interviews I routinely questioned residents whether their comments about life at the Cridge were positive or negative so as not to assume one or the other.

During the process of designing this project and choosing my research questions I drew a great deal on my own experiences of moving from one place to another. I have lived in 8 different countries\(^\text{13}\) around the world, usually for a period of two years. As a Canadian citizen, each move posed a significant change in lifestyle. When considering what may be involved in a senior’s move from their home to AL I drew upon my own moving experiences. For example, several of my interview questions about the moving process where generated from my own experiences of what is involved in moving from one place to another. I was also aware that there may be a difference between my experiences and those of seniors in that I chose to move each time\(^\text{14}\), and that seniors who move to seniors’ housing, may not always choose to move.

\(^{13}\) Including: Canada, United States, the Netherlands, Thailand, Australia, Saudi Arabia, Mexico and South Africa.

\(^{14}\) Although in many cases I was simply following my parents, I never once remember not wanting to move.
My experiences moving around the world were also a major factor in my desire to understand the concept of home. Each time I have moved, be it within the city, within the country or to the other side of the world, I have always made a new home for myself. As a result I was very interested in the reports of other research on ALs and NH which stated that residents generally did not feel at home in them.

Perhaps the largest bias in my research is the idea that residents have only progressed beyond the liminal phase if they have created a sense of home. This is not solely a bias that I alone hold, however, and it is also expressed by most, if not all, the researchers consulted on the topic of transition to seniors housing (e.g. Frank 2002, Gubrium 1975, Shield 1988, Heliker and Scholler-Jaquish 2006). Alternative types of aggregation may be possible but have not come to light through this research or in the literature.
Chapter Five: The Residents’ Experiences in Their Own Words

The narratives of Cridge residents’ moving experiences follow a sequence of events parallel to the three stages of ritual process. The first stage, separation, which I have identified as the moving stage, encompasses the events and experiences that separated older adults from their previous living arrangements and lifestyles. The next stage, the liminal phase, was a period during which new residents needed to gain their bearings and settle into their new environment. The final stage, which Van Gennep (1960) termed ‘incorporation’ and is also known as aggregation, sees the completion of the transition, and in this instance is marked by the resident considering their new residence home. The following is a compendium of residents’ narratives of their experiences progressing through these three stages.

Residents’ Moving Experiences

Previous Living Arrangements

The living arrangements of Cridge residents prior to moving to the Cridge varied very little in terms of the style of housing. Almost all participants lived in either their own house, or in an apartment. While a large portion previously resided in Victoria, there were also several residents who came from neighbouring towns such as Sidney, Duncan, Shawnigan Lake and Parksville. Several residents had emigrated from other countries at some point during their lifetime. One gentleman came to Canada from Italy, several women and one gentleman emigrated from England and another woman moved from the United States. In all but the last case, the residents’ made these moves while in their
twenties, thirties and forties and most were followed by a series of moves across Canada before finally ending in Victoria or neighbouring towns.

The previous living arrangements of Cridge residents had an affect on their moving and settling-in processes in a number of ways. Residents who had previously resided in Victoria had an established social network and familiarity with the city. Seniors from Victoria were more likely to have friends nearby or even in a few cases, friends living at the Cridge. As will be shown later, the social networks of residents played important roles in moving, settling-in, and independence. One man who moved from a near-by town also reported having trouble finding a new doctor, something he wouldn’t have had to do if he could stay in his home town. Erika moved to Canada in 2003 in order to be closer to her son. She had previously lived in Minnesota, and the move took her away from her social network. While she made friends at the Cridge, she found it hard to be away from her friends in the US, “I miss my friends terribly. They call all the time, but it’s not the same”.

**The Decision to Move**

The majority of residents made the decision to move to an assisted living facility (ALF) with the help of family, friends and others involved in the care of seniors (i.e. case workers from Vancouver Island Health Authority (VIHA)). A few made the decision to move on their own, and in these cases residents usually cited boredom and loneliness as well as an inability to keep up with the daily demands of housekeeping as the chief motivations for moving. The need for assistance with daily tasks such as cooking and cleaning was a factor in nearly all residents’ decision to move.
For many residents the decision to move came after an accident or deterioration in health. Irene explained that she decided to move after a fall, “I fell and broke my wrist and I felt I needed more help. So it didn't turn out too good and my hand was numb so I wasn't able to do what I can do, you know? And I hurt my back too so I was kind of needing help, you know?” For Irene and others like her, assistance with day-to-day activities, like cleaning and meal preparation, relieved a burden. A health “scare” in the middle of the night or at some other inconvenient time made some seniors feel they needed to look for help from someone other than their children. “There has to be a time when you find you can no longer care for yourself, where you're putting a burden too much on your family” (Paula). At the Cridge, residents found comfort in knowing that if they need help, they could get it at any time and would not have to feel they were bothering anyone by asking for it. Residents stated that this relieved stress not only for themselves, but also for their loved ones who are concerned for them.

A common factor in the decision to move was residents’ loneliness or boredom. Several residents said they decided to move, or were happy to move, because they felt alone and had nothing to do all day. Erika, who had been temporarily living with her son, felt lonely and bored during the day when he and his wife were at work. She said, “I needed where there were activities.” Nicholas, an 87-year-old who had been living on his own in his townhouse told me: “So my wife died about 10, 12 years ago. And I lived on my own a lot of the time and it got a bit boring…and that's how I came to move into the Cridge.” Before he passed away, Nicholas had settled into the Cridge quite well. He gave computer lessons to some of the residents and often used the internet to find music for social events at the Cridge.
Being surrounded by people proved to be important to residents’ happiness as well. Alberto, an Italian-Canadian man who still retained an accent, told me he could afford to get paid help to come into his home and take care him there, however, he explained:

Alberto: because I had, if I go home I have no wife, what are you going to do?
Faye: So you came here because you’re bored?
Alberto: No, I can hire a woman, like I say I can afford to hire a woman, but the same company everyday. Here today I see you, tomorrow there’s another one. I see in the dining room different people everyday. If I go home it’s the same company everyday. You know what I mean?

Several participants commented on how they enjoyed the company of their fellow residents and how this had added to their everyday lives. Nate, Tomas and others said they liked having the option of going to the lounge to socialize whenever they pleased.

In only one instance among Cridge residents with whom I spoke did anyone say they resisted making the move to seniors housing. When Emily’s partner got cancer and was moved to Oak Bay Lodge, case workers from VIHA said it was time for her to move as well. Emily was also ill and not entirely against moving, but she says she just did not like the way things progressed: “And then people decided the place [her home] was too big for me to live in there by myself, which I was agreeable to. I agreed with them, just not really this way the system works.” When asked to explain she said, “Well, they just came in and said ‘we’re making arrangements to move you.’ Period. End of statement.” Emily credits herself with having the “smarts enough” to get a lawyer to help her with the process. Her “lawyer friend” as she called her, was very involved in Emily’s moving process. The lawyer even helped decide to where she would move. At first, while her partner was in Oak Bay Lodge, Emily said everyone expected her to go there once they
had space. However, after a bad winter during which they were unable to move her (as she was living in Shawnigan Lake) Emily said she moved into the Cridge. When asked why she ended up at the Cridge and not Oak Bay Lodge she says her lawyer friend decided that the Lodge was not the place for her, that the Cridge was more appropriate for her. The lawyer also chose the suite for her. Emily is happy with all the decisions that were made and is grateful to her lawyer friend for her support during that period. She says her actions “stood up for the way of living for everybody” and that because of her no one was going to push her (Emily) around “like a checker piece”. During my conversation with Emily I mistakenly asked her how she came to live at the Cridge if she was planning to go to Oak Bay Lodge, and she quickly corrected me: “I didn't say I was planning…” It was important to Emily that I understood the distinction between her decisions and the decisions that were made for her.

Although she said she was ready and agreeable to the idea of moving, Paula too experienced pressure to move from a caseworker. After a series of falls which resulted in her needing regular visits from a nurse, a case worker came to visit one day. Paula explained “she said to my daughter, ‘it's time your mother was in a place where she could get more help.’ So she said the Cridge is just building and she said I'll put your name down for that. She had been talking to my daughters in the kitchen and I overheard her saying it's time.” When I asked Paula if this upset her, she said no, that she also thought it was time. Paula and Emily’s examples show that seniors are not always the first ones consulted about the decision to move, and may not always be involved in the decision making process.
**Finding and Choosing the Cridge**

Cridge residents discovered the Cridge in a variety of ways. Some saw it being built and inquired, but most learned about the Cridge from friends, family and care providers. In many instances, once a senior had decided to make the move to an ALF or similar type of seniors’ housing, case workers suggested a few locations and took them to view prospective facilities. Usually about three were visited.

Several of the residents came to view the Cridge while it was still being built. They describe it as being a mess with paint cans and ladders and rubble everywhere. In some cases prospective residents were not able to see the actual suite they would be living in as elevators were not working yet or the room was not finished. Instead, they were shown suites on the main floor, which were similar to the suite they would eventually have. Nate and Florence, a couple who moved in as soon as the Cridge opened, were two of the residents who saw the Cridge before it was completed.

Florence: We came down during the summer and saw the place. There wasn't much here.
Nate: [there was] garbage! You didn't come up so you didn't know. Because she couldn't come up, there was no elevator.
Florence: I didn't see the place [the suite] so I told Nate what to look for. It's a very nice place it's very relaxing not the usual old folks home. It's really pleasant and happy and people care for each other.

Those who saw the Cridge once it was completed described their first viewing favourably. Maria, one of the younger residents at the age of 79, liked the Cridge immediately; “I walked in the door and I said to my daughter-in-law, without going anywhere else, I said to her, this is it, this is my home, if I'm fortunate.”

The availability of subsidized housing was a factor in some residents’ decision to choose the Cridge. The Cridge has 40 government subsidized suites. The occupants of
these suites contribute 70% of their income towards the cost of room and board supplemented by government funding which pays for the rest of the cost. Three residents that I interviewed who received subsidies, (Bonnie, Ana, and Arlene), explained to me what a help this was to them. Without this assistance it is doubtful that they would be able to afford living in an ALF. Availability of funding was a major factor in their facility selection. All three women were very grateful and animatedly expressed their appreciation for this assistance.

Choosing a Suite

Many of the current residents moved into the Cridge shortly after it was opened, and the majority of them were able to choose their suite. The majority of residents’ main concern when choosing their room was sun exposure. South-facing was the most common request due to the increased amount of sunlight. Westward facing was also favoured so residents could watch the sun set. One couple chose a suite on the fourth floor facing south so they could take advantage of one of the Cridge’s best views. Suites on the fourth floor facing south have far reaching views of the city and in the spring the trees in view bloom with cherry blossoms.

Other more personal factors figured into the choices as well. For example, Grace explained to me that she’s terrified of fire and that in her previous apartment, when the fire alarm would go off she had to climb down three flights of stairs. This was not an easy task given that Grace walked with the aid of a walker and descending the stairs was difficult. When the fire department would give the all’s-clear and allow residents back in the building, Grace would have to wait longer until the elevators were operating again.
So, when Grace came to the Cridge she requested a suite on the ground floor. “I've got two outs where it's easier and no stairs involved. So that was a big thing for me.”

**Moving and Choosing What to Bring**

The biggest concern for seniors, when they were moving to the Cridge, was sorting out what to bring, figuring out what would fit into the space and getting rid of the rest. Many residents were assisted in the moving process by their children or siblings. In some cases other’s involvement meant that some residents lost control over what was brought and what was left behind. For Irene, her sons’ help was both a blessing and a burden. Before moving Irene had broken her wrist, so her sons did the majority of the work. She said they told her that her suite was very small and that she would not be able to fit much into the space. But Irene disagreed. She said, “I could’ve fit everything I had in here by covering up the doors. I have another bathroom door in from the bedroom so you can put something in front of there if you want to.” (Irene is referring to a door to the bathroom which is located in the living room/kitchen area. The bathroom can be entered from the bedroom through a second doorway. See figure 5.1)

Irene also laments the loss of other personal items like many of her books.

Irene: I didn't like losing things that I could've kept. They took Everything. They threw everything away.
Faye: threw it away?
Irene:.….yeah in the garbage! Two sets of dishes, such stuff like that. I said “you should have given them to a church or something!” And all my books, they give them all away just like that. I could give them to the library here. I didn't know what it was like here though till I got here.”
Space was a big issue, since suites were almost always significantly smaller than previous residences. Some furniture, which had fit perfectly in a resident’s previous home, was now too big for the available space. Furniture items were chosen, either for their practicality (i.e. a small table to eat breakfast at, a cabinet to store things in), or for their personal meaning (i.e. a photo given at retirement, a lamp that had been in the family for decades). Many cabinets and shelving units were brought by residents to
compensate for the lack of storage space. Almost every resident living in a single
bedroom suite said that the two small hallway closets and the closet in the bedroom were
not enough to store all their belongings. As a result most residents had large china
cabinets in their living room which held dishes, special mementos, books and other
personal items.

Getting rid of furniture and items that were no longer needed was a difficult task
as well. Most residents gave things to charities like the Salvation Army, St.Vincent the
Paul, and Open Door, because children and grandchildren were not always willing or able
to take them. A few residents, like Tomas, were able to store things with relatives and
could gain access to them again. Alberto’s son lives in Alberto’s old house, so he was
able to leave all his belongings in his previous residence.

Grace, an 84 year old woman, moved in over the course of a month. She explains
that she started paying for her suite on January 1st, but did not begin to live there until
February 1st. “We moved in bit by bit, so it was kind of handy, because as we moved we
put it away. So the day that I actually moved in here on February the first everything was
sort of in place,” she explains. “So it was easy to move. It was expensive, but it was
easy.”

The arrangement of furniture and other items within the suites were largely a
question of personal preference and need. Irene arranged her suite in such a manner that it
was easy for her to move around with her walker. In contrast, Emily wanted everything
close at hand, due to a leg injury, which made it difficult for her to get around. From her
living room chair Emily was able to easily reach her walker to her right, and her
medication, drink, paperwork, remote controls, and other repeatedly used items on a table to her left, without getting up.

In general, the suites of residents living in one bedroom suites were very similar in their basic layout (see figure 5.1 for an example of suite layout with most common furniture placement). This is due in part to the physical restrictions of the space; there is really only one space that allows for the living room furniture to be arranged and another for the breakfast table to be set up. The two bedroom suites where couples live are larger and therefore residents have more options in terms of furniture arrangement. For some, the second bedroom acted as storage room. Others turned the additional space into a den. The couples’ suites are located in the old building and have high ceilings, a feature which many couples liked and other residents said they envied.

Residents’ Settling-In Experiences

The First Few Days

Most residents moved into the Cridge soon after it was opened on November 1st 2006. To avoid one chaotic rush, move-in dates were staggered, so that there would be at least a few days gap between small groups of new residents coming in. After the initial move-in period, new residents continued to trickle in.

For some, the first few days at the Cridge were a blur, but all say they settled in easily and quickly. It appears that meeting people was the most important aspect to moving to the Cridge. To help people become acquainted at first, everyone wore nametags. It was not long however, before the habit was dropped by residents. For a while afterwards nametags were worn on Mondays to help the latest arrivals get to know everyone.
Many residents who described their first few days as pleasant and easy, also describe themselves as ‘people persons’. When asked if it was difficult to meet people they said that they’ve always been the type to introduce themselves to others; “Well, number one, I start with lots of company, I say, ‘hi how you do? Where you come from?’ Very friendly people.” (Alberto).

Often new residents were shown around by other, more established residents. Paula explained that her neighbour from across the hall made her feel welcome: “Laura over here showed me around all the different places and she escorted me down for my dinner. She’d knock on my door so on and so forth. And I did the same for Emily and I'm sure Emily will do the same for somebody else if needs be. And that's the way it seems to work, you know? So that you don't feel alone and miserable.” Emily and Paula already knew each other before they moved into the Cridge, something that Emily says made a big difference for her: “I knew of Paula being here but I didn't expect her to be right here for my first meal. She came to get me to go down for supper…sort of like going and meeting a relative that you always heard about but never saw…it was very nice.” Other residents also had friends or acquaintances living at the Cridge. Erika and Harvey were both former residents of Parkwood Manor, another ALF, and informed me that there are a few other former Parkwood residents living at the Cridge as well.

Most residents found that meeting people was most easily done in the lounge and dining room. Lunch and dinner are very social times of the day. It was during meals that people met new residents, got to know one another, and socialized with new and old friends. In an attempt to help people meet and prevent cliques from developing, the

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15 The term “established resident” is not meant to indicate a level of comfort and integration into Cridge community. It is used here to indicate a resident who have been living at the Cridge for a longer period of time than another. The settling-in process is a personal process which differs in duration between individuals.
Cridge does not have assigned seating for meals and staff encourage residents to change seats. Most residents, however, said that they had settled into one particular seat at the same table with a group of friends. Ida explained to me, that finding a group of people to sit with was a process during which residents could meet others and often people eventually chose a group of like minded people to sit with. “At first there was not seating assigned at meal times. I went around and tried to talk to a lot of people. You gradually settle into more or less sitting with the same people or close to it” (Rose).

At times seating arrangements can be threatened by one member being late, but most residents did not seem to mind too much when another resident comes to sit with them: “It’s very nice and we get a change of climate you could say” (Emily). One group of four men, who routinely sat together, had their group dynamic disrupted when two of the members passed away. Nicholas explains, “at one time there used to be four of us. We used to sit together. Two of the four guys died. That kind of split the table up.” As a result the two remaining men moved around other tables. At the time of our interview, Nicholas had been sitting with his son at a separate table for the past month\textsuperscript{16}, so he was not as concerned about finding a new spot to sit. When relatives or friends come to visit, residents sit with their visitors rather than with their regular group of tablemates. “If you got company you put a sign ‘reserve,’” explained Alberto.

While residents did their best to welcome newcomers, they acknowledged that it could be hard for them to settle into a group of more established residents.

Faye: So you generally sit together with a certain group of people?  
Bonnie: You know we weren't supposed to, but us oldies have all got used to the same table. And gone back. We realize they [the staff] can't be wrong you know  
Faye: In what way?  

\textsuperscript{16} Nicholas’ son had been staying at the Cridge in the visitor’s suite for a month.
Bonnie: Well, when the new ones come in they got, they can't go, they can't get the tables we've got to. And of course it's hard for them.

In Bonnie’s admission, she makes a distinction between more established residents such as herself (“us oldies”), and those who might have come to the Cridge a bit later. She went on to explain that her seating arrangements were important to her sense of comfort and that she had built a bond with her tablemates. She said that moving to another table would be hard; “…you get to know all of them when you're sitting with them there and if it was me now and I’d have to go to another table I wouldn't be really as comfortable as I am when I go with my tablemates.”

An additional way people met was through the activities that take place at the Cridge. There are entertainment performances like book readings, musical performances, movie nights, and happy hour, as well as excursions outside the Cridge, like the trip organized in December 2007 to see the holiday lights in Victoria at Christmas, and the trip to Sidney to visit a museum and have lunch. An activities director at the Cridge also organizes activities such as physical exercise, ‘mental aerobics’, and bingo.

The performances that come to the Cridge every week for Friday night Happy Hour and at other times were very popular amongst the residents. A few performances that residents described included performances by the Pacific Opera Victoria, book readings, the hand bells choir from the First Metropolitan United Church, and a women’s barbershop quartet.

Movie nights are apparently not well attended. As Nate and Florence explain though, this is not because the movies are not appealing to residents:

Nate: They have movies here pretty well every night, but they don't get too many people coming down.
Faye: why do you think that is?
Nate: I don't know. I've believe one of the problems is, well, people are old, eh? Just to sit through a movie is quite a challenge.
Faye: yeah it's uncomfortable sometimes?
Nate: or they get tired. So they don't bother coming down to watch a movie.
Florence: I don't go down in the evening. I'm happy if I can make it through the day!

While many residents spoke very highly of the activities director and most attend her exercise sessions, their comments have led me to believe that residents were not very interested in the activities being planned. “Some of the things are a bit childish [laughs] …there's two or three things that she puts out and we don't like it so we haven't gone and then she's grumbled at us and said…, well it isn't much good putting stuff on if we don't go” (Bonnie). It appears that some residents only go to the activities to make sure that the activities director feels appreciated. Bonnie explained that they feel obligated to go to activities and events arranged by her, so she would not be making an effort for nothing. “Because we try to go to everything, like us crib players, we made up our minds that we were going to go to everything so she wasn't putting everything on for nothing, you know. In fact we don't see eye to eye with a lot of it [laughs]”

Although some activities were unappealing to them, residents have had a small part in creating activities that more people enjoy. For example, Bonnie said she helped instigate bingo sessions. Another activity organized by the residents is card playing. Card playing is in fact a very important feature of life at the Cridge and plays an integral role in socializing for many residents. Crib and bridge are the two main types of card games and residents play on a daily basis. The frequent presence of the crib and bridge players in the lounge is repeatedly commented on by residents, including the card players themselves; “We were playing one night and the boss comes in one morning and he says,
“were you here all night?” We were in there in the morning and since he went home at night. ‘We take a break in between’ I said,” Irene, one of the avid crib players explains laughing a little.

Most days, when entering the Cridge, four tables of four can be seen set up in the lounge near the entrance where crib and bridge players gather to play cards. Many of the card players have formed strong friendships with their fellow card players and sit with the same group of people at meal times. The card players are very friendly and several, such as Paula and Alberto, made an effort to welcome new people into the Cridge. Some card players acknowledged that they formed small cliques. “I guess the most cliquey thing was the Bridge players” said Bonnie “and I guess ours is, because we’ve only got about six playing crib. So naturally you look for them.” Erika, a bridge player, confirmed Bonnie’s observations;

Erika: You make your own friends and those are the ones you stay with and are close to. You’re nice to the others, but you have your own friends…
Faye: You’re a tight little circle. Do you sit with them at lunch and dinner?
Erika: Oh yes together. I don’t play pinochle I play bridge. We have our own group but you’re still friendly with everybody.
Faye: Yeah. Of course. There’s just people you’re closer with?
Erika: Yeah, well you don’t mix quite as much.

**Being at Home: Life at the Cridge**

**Perceptions of Their fellow Cridge Residents and Living with Other Seniors**

Cridge residents often stated that they found their fellow residents to be very friendly. Emily said that the other residents were part of the reason why she liked the Cridge. On her first visit she noted the amicable nature of other residents, “the people, while they didn’t talk seemed to be pleasant, they smile, you know? They didn’t shuffle to get out of your way or anything like that.” Residents were quite friendly, even to
strangers, like me. When I first visited the Cridge, and before I was introduced to everyone, I was often greeted in the hallways and asked how my day was. Their helpfulness towards one another also extended beyond that of individuals, like Laura and Emily, who showed new residents around. Irene said she helped a fellow resident, who had short-term memory loss, find her suite everyday. “I take her home everyday. As soon as she finishes lunch, she roams up past the elevator and goes down there and she lives on one [level] where I smoke. And I had to take her down every day and I said, ‘your name’s on the door Wendy’ and she says, ‘what’s my name?’” While Irene is happy to help residents like Wendy, she also expresses concern over her own well-being as a result of being around some of the residents.

Irene: Yeah, there’s a lot of people like that in here, with dementia. All those little bits of stroke and stuff affect you, you know?
Faye: Yeah
Irene: It’s too bad, but if you mix with them you think it’s going to rub off on you.
Faye: Do you think so?
Irene: Yeah. We listened to it all day long, the old delusions, hearing voices and this kind of stuff and saying oh dear…
Faye: Yeah?
Irene: Yeah.

Irene was the only participant who discussed other residents whom she perceived to be suffering from dementia or Alzheimer’s.

Many of the more active residents, who spend a great deal of time in the lounge socializing and taking part in activities, said they did not understand what other residents do all day. They suspect that they must be sleeping. “Every time you go in, Ingrid’s sleeping. You open the door to go in and she’s snoring away, reading a book or watching TV. People sleep too much…I think they’re bored” (Irene). Nicholas, a resident who keeps to his room for the most part explains, “It’s, you’re not living with a bunch of
people, not like in the army. You know in the Army it’s different. You’re all together… whereas here, you’re all together but separate.” For Nicholas this is a good thing. He says he enjoys his privacy. “I mean, I’m living in this room. I don’t get involved with anybody else, unless I want to.”

One of the questions on my guide list was to ask participants what it was like to live in an environment with so many other seniors. Most had to stop and think about it for a moment. After a minute several decided that they did not notice a difference. Like Fiona who told me: “I never thought about it like that. You know it’s not going to be teenagers in here. That type of thing. It’s mostly senior and single people. You just don’t think about it. Or I don’t anyway.” Fiona’s tone when she answered my question indicated that she was surprised by the question and hadn’t thought about how living with other seniors may have been affecting her life.

A recurring theme in many participants’ answers was a reference to sameness, a positive sameness that resulted in mutual understanding. When asked if he found it different to live with mostly seniors Nicholas said “no, not really because you’re the same!” As Paula explains, this sameness brings comfort and understanding. “I think it’s very pleasant [living with other seniors], because as Laura put it, we’re all the same. We all have a disability of some kind or another. They could be hidden, or it could be very obvious, but we all are in the same boat. We’ve all had homes that we’ve had to get up and move on.” Rose feels the same way,

“I’ll tell you how it is: we all have our little problems of age here and I can remember years ago saying you have to have your own peerage, people the same age. So when everybody’s older and they can’t trot around as much and we all have to have walkers or canes or something, you don’t think about them. You don’t have to be alone. If you’re feeling bad you can find somebody to talk to. Quite frankly, if you’re not feeling good,
you’re your own worst company. You think ‘oh I’m sick’, you see some
one who’s probably worse off than you and their smiling so you can smile
too”

Participants frequently alluded to past living arrangements when they discussed
what it was like to live with other seniors. Of those who said that they enjoyed it, all
made reference to other occasions in their lives when they had lived in some sort of
congregate living arrangement. Tomas had lived at a boy’s school, and in dorms at
university; Nicholas had been in the army and recalled living in the barracks, and several
of the women had gone to boarding school. For them, living with others, in some form of
congregate housing, was not a new experience.

Socializing
Socializing at the Cridge, while an important part of daily life and of many
residents’ happiness, is done solely in the lounge and dining room. Residents do not visit
one another in their suites. Even residents who described themselves as ‘people persons’
said they went to the lounge to socialize. This self-imposed, unwritten rule, as it appears
to be, acted as a control over when and with whom residents socialize. Irene explained it
best:

  I don’t want people knocking on my door every five minutes. Especially
some who might be a little goofy. I have to listen to them talk and they
never know when to go. I’m not going to start that. I didn’t do that at the
apartment either. It’s wise not to or it can be a pain in the neck [I laugh]
It’s true! And then you get mad at them or something so you stay on better
terms when you don’t get too close.

Not inviting one another into their suites seems to be a preventative tactic.

Understandably residents wished to control their private space and felt that the best way
to do so was by not letting others into it too often. As Irene explained, if they never
allowed anyone into their suites, no one’s feelings would be hurt by not being invited in, and each resident could have a private oasis away from others.

As is to be expected, not all the residents get along or like each other. Several participants described residents who were difficult, rude, and disliked by most of the other residents. Invariably participants said that they thought these residents had always been difficult and rude individuals and that their behaviour and general attitude was not a consequence of their living arrangements. One resident in particular was repeatedly brought up in conversation and was described as being an angry, disagreeable woman. She was said to be constantly complaining, “‘what is this crap you’re feeding me? Don’t ever give me that again!’” Explained Irene, “And she talks real loud because she’s deaf and the whole place is looking at her. ‘I’m sweaty, put my sweater on, I’m cold, do this! Do that!’” Participants said they gave her a wide berth and tried not to interact with her.

**Cridge Staff**

All the participants agreed that they were very happy with the staff at the Cridge. Cridge staff were described as “permissive” (Tomas) and residents said that there were not too many rules at the Cridge. The maintenance staff were appreciated. They came quickly for emergencies like plugged toilets and sinks, and other staff members were described as being helpful by bring up meals when someone was sick, responding quickly to the personal emergency call buttons, moving walkers out of the way or bringing them to residents after meals, as well as a long list of other positive points. When residents talked about Cridge staff it was always with a big smile on their face and with the highest praise. The relationship between the residents and staff was a close one. Everyone knew
each other by their first names, they hugged, and they joked. Ana told me about her special relationship with the activities director:

She is just sort of a kindred soul. She’s quite crazy, [laughs] that’s a compliment! Do you know that long hall downstairs? She’s at one end and I’m at one end and if there’s nobody around we both go like this [makes a hula move]. I’ve got a walker, so I can’t do much, but just, I don’t know, it probably sounds crazy, she’s like that. I’ll often say to her when she goes by “keep your pecker up” or something like that. We have lots of crazy fun together.

Residents also said that the different members of the Cridge staff appeared to get along well.

**Changes in Residents' Lifestyles**

When asked what has changed about their lives, since moving into the Cridge, participants gave two types of answers. In some cases they gave specific examples, like they were not able to cook or bake anymore or they could not make a real meal for themselves. Others missed having a garden. Some said that there was not much change at all.

The second type of answer came from residents, who understood my question in a greater sense, and told me about what had changed since they’d gotten older. Many times these were the same changes that led them to move. For example, a few residents simply said that their life had become quieter. That they’d become less active, usually because of physical impairments or a decrease in energy levels which were reasons that had initially led them to move to the Cridge. Several residents told me how transportation was a real problem for them now that they did not drive. Others talked about the change from being a wage earner to being retired. While some changes, such as missing the garden or
wanting to cook their own meal once in a while, were negative, participants generally accepted the changes as part of their new lives. Residents’ responses indicated that this was not done in resignation, but rather as just another aspect of growing older and living in an ALF.

**Advice for Others**

When asked what they might tell someone else, who is about to go through the process of moving into an AL, residents gave a variety of answers. Many simply recommended making the move. Some gave specific advice, like Nate who said, “Start getting rid of your stuff beforehand. Start early. Don’t wait till the last minute because that’s pretty well what happened to us. You don’t really realize how much stuff you have until you have to move it.” One piece of advice, that came up repeatedly, was to make a conscious effort to make the move and the change in lifestyle a positive one. This advice came up many times throughout interviews, and participants seemed to agree that having a positive mindset was important to making a successful transition. “Make up your mind that you’re going to like it and not be an old sorehead” (Irene).

What followed for most residents was the routine of life at the Cridge. Visits from family and friends were quite common and several residents I spoke to, said their sons or daughters came to visit on a regular basis. If residents’ children lived in Victoria, it was quite common that they would visit at least once a week. Many residents joined some of the organized activities like Crib, Bridge, and ‘mental aerobics’. Others preferred to stay in their suites most of the time and were content to read, watch television and go about their daily lives.
Chapter Six: Liminality as Concept and Experience.

Three other studies on transitions to seniors’ housing (Gubrium (1975), Frank (2002), and Shield (1988)) have found that seniors who have moved into a range of seniors’ housing options become caught in the liminal stage. The authors of these studies report that residents do not feel at home and never settle in. Caught betwixt and between, these residents are said to be in a perpetual state of unease and uncertainty which makes for a negative experience, rather than one which is meant to bring security and comfort.

Over the course of reviewing other research on seniors’ transition experiences several themes and common experiences became apparent across the literature. While not always explicitly stated or acknowledged, four studies in particular (Frank 2002, Gubrium 1975, Heliker and Scholler-Jaquish 2006, and Shield 1988) applied the principles of Victor Turner’s theory of ritual process to the moving and settling-in experiences of seniors in assisted living (AL) and nursing home (NH) settings. All four found that residents were stuck in the equivalent of Turner’s liminal phase. A number of factors which were deemed to influence seniors’ transition experiences were that: residents were uncertain about their future at the assisted living facility (ALF) or NH, they did not engage socially with other residents, they felt a loss of control and independence in their lives, they had difficulty keeping track of time, and residents did not have a new role into which they could transition. The combination of these factors meant that residents in other studies reportedly never felt settled and were unable to build a new sense of home in the ALF or NH that had become their new residence. A closer examination of these five themes may provide insight into why Cridge residents appear to be experiencing a very different transition.
Uncertain Future

One issue that other transition studies discovered is that residents often do not know how long they will be staying in the ALF or NH residence (Frank 2002). Frank (2002) argues that since ALFs in the US operate according to varied definitions, residents cannot be sure of how long they will be able to stay at any particular site. As well, because ALFs usually do not accommodate more than the most basic medical needs of residents, as health declines seniors may be required to move to other care facilities. The result can be a prolonged residence, but not necessarily a permanent one. Residents’ uncertainty over their future at the ALF resulted in many not settling-in or making an effort to build a sense of home in their new residence.

Residents in Frank’s research also worried about retribution from staff members. Some were afraid they might get into trouble for things they said or did and feared that they may be asked to leave. Several would not agree to have their interviews tape-recorded, and others expressed concern over who would hear the tapes. Frank also found that residents were suspicious of staff members, even accusing them of lying or stealing (2002). While group meetings, intended to identify problems and seek solutions, were held at one of the ALFs Frank visited, one participant in her study said that some residents didn’t always voice their concerns or problems at the meetings (2002:117-118). Residents’ cautiousness of saying the wrong thing or making negative comments at meetings resulted from a fear of being sent to another facility or a NH (2002:118).

Research by Mead et al. (2005) revealed that facility managers play a pivotal role in determining when a resident may need to be moved to another facility. The study focused on residents with dementia; however, a quote from one facility’s managers reflects the tenuous position of residents:
That’s why I always tell them. I don’t guarantee them anything, even if you sign the papers that I have to keep them for one year. I tell them, if I cannot take care of them, if they become destructive, they hurt themselves or somebody else, or are being combative, they have to go.” [Mead et al. 2005:118]

The manager’s unwillingness to guarantee the length of a resident’s stay is understandable as it is their duty to ensure the safety of all residents. It is also evident that residents and their families are given no assurance that an older adult will be able to stay at the ALF. Residents are at the mercy of their health and the staff and manager’s discretion as to whether or not they are being “combative” or “destructive”. In light of this it is easy to see why residents may worry about following the rules and not complaining. It should be noted that two of the three facilities visited by the research team for Mead et al’s study, did retain some residents even after their dementia worsened to the point of being severe (2005:120). The ability of a facility to accommodate residents with severe dementia was attributed to the degree to which facility culture was “dementia-friendly” referring to their ability and willingness to accommodate residents with dementia. Most decisions were made on a case-by-case basis (2005:120). This case-by-case review may lead to further confusion if it is not implemented in a consistent manner. If the criteria for residents’ continued residence are not clearly understood by family members and the older adult themselves, staff and manager’s decisions could be seen as favouritism or as being unevenly applied thereby adding to the confusion.

Residents Rank Each Other

In three studies (Frank 2002, Shield 1988, and Gubrium 1975) residents either avoided other residents completely or were very selective with whom they interacted. Residents avoided each other for a number of reasons. First, many did not want to
associate with other residents who they perceived to be mentally or physically less capable than themselves. As a result they socialized within close-knit groups and hierarchies. Gubrium (1975) termed these groups “alertness cliques” referring to residents’ preference for cognitively alert peers. Shield (1988) noticed a similar phenomenon among residents in Franklin Nursing Home. She states that the presence of residents with cognitive impairments reminded other residents of what maybe awaiting them as they aged, something which they would rather not be confronted with and thus tried to avoid. As complete avoidance was impossible, residents were sometimes able to develop coping strategies which allowed them to deal with some mentally impaired individuals. For example, it was discovered that one woman who wandered into others’ rooms could be appeased if she was given candy (Shield 1988:56).

Frank also noted that residents of the Wood Glen and Kramer held negative perceptions of their fellow residents. Like those in Shield’s study (1988), residents in Frank’s study believed that there were residents living on their floors who did not belong there because of their cognitive impairments. Ranking of other residents and prejudices against those with mental and physical impairments were further emphasized at several sites by the categorization of residents in terms of their care needs. Residents or patients requiring different levels of care were often spatially organized. For example, at the Franklin Nursing Home, visited by Shield (1998), and at Murray Manor, visited by Gubrium (1975), residents and patients were located on different levels of the building according to their care needs. By physically separating individuals based on their medical needs, differences between groups were further emphasized. It also meant that when residents saw others in their section behaving in a manner which they deemed
inappropriate, the misbehaving resident was said to be on the wrong floor. Residents also
categorized *themselves* in the same manner. A resident’s quote from Gubrium’s study
articulates these sentiments very clearly:

> I don’t know too much about ‘em [patients]. I just don’t. We’re on our
> floor and they’re on their’s. It’s a good way of classifying them. The ones
down here can take care of themselves. And I never go up on third floor.
> It’s just that we don’t belong up there. It’s noisier up there. That’s not for
> me. [Gubrium 1975:25].

While ranking of residents promotes exclusivity, the separation was seen as a positive
thing by residents, and was actively reinforced by residents and staff (Frank 2002,
Gubrium 1975, and Shield 1988). In all three studies (Frank 2002, Gubrium 1975, and
Shield 1988) residents expressed displeasure at having to mix with others who they saw
as functioning with less mental and physical capacity then themselves and made
conscious efforts to avoid these residents at all times. In some cases some went so far as
to discuss the relocation of other residents with staff members (Shield 1988, Frank 2002).

Another reason that residents avoided one-another was that living in close
proximity made them wary of altercations with individuals they would not be able to
avoid in the future. Frank (2002) and Shield (1988) both found that residents kept to
themselves as a method of ‘self-protection’. Keeping to oneself was described by
residents as positive behaviour. This tactic was undoubtedly a method of keeping the
peace and an adaptation to congregate living.

The temporary sense of their situation also made residents reluctant to make
social connections with others. Because residents were uncertain of how long they could
stay, or perhaps how long they may live, Frank (2002) says that residents found it too
difficult to make close relationships and avoided doing so to circumvent the pain of loosing another friend.

Limited social interactions were also observed between staff and residents by Heliker and Scholler-Jaquish (2006). They found that staff and resident relations were limited to the necessary service-based interactions. Heliker and Scholler-Jaquish (2006) make an important note: “…staff, particularly nurse aids, are now these residents’ new neighbours…” (2006:40). If interactions between the two groups are limited to only professional interactions, then positive bonds would be difficult to develop or would at least be restricted in nature.

Not surprisingly given this evidence, Shield (1988) did not find that residents’ liminal state was accompanied by *communitas*\(^\text{17}\), a sense of fellowship born from their shared experiences (1988:22). Residents were clearly liminal in that they were physically separated from the community in the nursing home, and occupy a state between that of adulthood and death (1988:22) however there was no bond between cohort members.

**Residents Perceived Lack of Control and Independence**

Settersten (2002) has stated that individuals must find a sense of purpose or make themselves feel useful in their own way but notes that “…the period of later life is largely without models or pattern” to guide this process (2002:71). Residents in Frank (2002), Gubrium (1975) and Shield’s (1988) studies all described a loss of control and independence associated with the move to an ALF or NH. For example, some residents expressed frustration over not having a full kitchen which would allow them to bake (Frank 2002:104). Others felt a lack of control over privacy due to the lack of lockable doors (Gubrium 1975:20). Moving to an AL or NH is usually prompted by the need for

\(^{17}\) For further discussion of Turner’s concept of *communitas* see chapter seven.
some level of assistance and therefore threatens a senior’s sense of control and independence. When one is able to do things without the assistance of others, there is considerably more freedom, and thus control, in terms of how and when tasks are completed. Once the ability to perform these tasks on one’s own is lost, so too is the ability to control how and when the tasks are performed.

In most cases the move to a NH or ALF is an irreversible step; an additional reason why residents may feel a loss of control. In many ways they have lost the ability to dictate where they will live. Personal health, facility managers, and the availability of space in facilities are all factors which control where a senior resides and for how long. These factors are out of a senior’s control once they have entered the housing system and require some level of assistance.

**Time**

Time is very much linked to control. As described above, having control often means having control over *when* something happens and for how long. Time in an ALF or NH seems to operate and pass differently from in the private home. Shield (1988) terms the unique time structure of the NH “institutional time” (1988:185). Time is at once structured by the routines set by the staff of the NH or ALF, such as meal times, and yet still endless in the sense that days stretch on without differentiation.

Several of the studies noted that a sense of time is altered in ALs or NH and residents lost track of which day of the week it was in seniors’ housing (Frank 2002; Gubrium 1975; Shield 1988). Shield (1988) notes that time or the perception of time is altered during the liminal phase and that this holds true for residents of nursing homes and ALFs as well. Frank concurs, saying that during the liminal phase time appears
“suspended in the air until a new role is learned and reincorporation into society can take place” (2002:126). Not surprisingly then, time in NHs and ALFs appears to be suspended and days drag on without much distinction. Frank (2002), Shield (1988) and Gubrium (1975) all noted that residents frequently asked which day of the week it was and many noted that each day was no different from the others. At the same time that residents struggle with institutional time and its simultaneous limits and limitlessness, death as Shield says, “lend[s] a particular edge to the perception of time” in ALFs and NHs (1988:186).

No New Role
Residents’ liminality in other studies was attributed in part to the fact that when seniors move to an ALF or NH they have no new role to transition into (Frank 2002). Days that were once filled with the activities of daily living, like cooking, cleaning, shopping and paid work, have been replaced with retired life in an ALF or NH where staff are employed to take care of many of these chores. Residents are left without a new role to replace that of wage-earner or new activities through which residents can make themselves feel useful. As one participant Frank (2002) spoke to said, “’The useful, productive part of our lives is over’” (2002:111).

No Feeling of Home
Many of the people Gubrium (1975) spoke to in Murray Manor did not feel at home. “Well, this isn’t home! This is an institution!” exclaimed one man (1975:88). For some, loosing their home was so difficult they hope for the end, “It’s just not home for me. But, I have to put up with it and be here till I die. I hope soon. Very hard. Very hard to lose your home” (Gubrium 1975:88). Reasons why residents were unable to feel at
home in Murray Manor varied. For some it was personal belongings and spaces, “I miss my little radio and the window I had where you could see the dog in the yard” (Gubrium 1975:87). Others longed for the freedom “to do what you want when you want” (Gubrium 1975:87). Some felt they had been cheated, “My daughter and my son and his wife and, you know, the relatives…when they were ready to bring me, all they did was get the Handicab. It brought me here and there was nobody here. They didn’t tell me. There was nobody here. And I tell you, I did cry and cry. [weeps]” (Gubrium 1975:89). Gubrium states that this feeling of being “shortchanged” was an underlying theme in much of his conversations with residents (1975:89).

Similar themes resonate in the works of Shield (1988) and Frank (2002). One resident in Shield’s study, Mrs. Grosz, refused to make Franklin her home, Shield notes that “…she thinks she is to return home, her family does not know how to tell her that Franklin is now home. She refuses to decorate her room with belongings from her former apartment or take more clothes or make friends” (1988:49). Elements from themes explored above are evident in Mrs. Grosz’s situation and were clearly key in her resistance to settling-in.

Frank (2002) devotes much of her discussion of her research at Wood Glen and Kramer to the lack of a sense of home among residents. Many residents are quoted as saying that the ALF they now reside in is not their home. Among the reasons given for not feeling at home were the loss of personal items, the absence of family and friends and the lack of the general, intangible feeling associated with home. Fannie, a Kramer resident explained, “Small things make home. And, if I say the coffee pot here [at Kramer] is not the same as mine [was], that’s a small thing, but it is not. It belongs to my
life. It [home] is everything together” (Frank 2002:33). Fannie is also quoted as saying, “When I [used to] come home, I was sitting in my home, not in a borrowed home. And people are very nice here but I have no connection” (2002:33, italics not my own). Other residents forced themselves to make the ALF their home because they knew they had no choice and must live in ALF; “This is my home, I decided that and then made it my home,” said Wilma, a resident of Kramer (2002:34).

Home and all its associated meanings, emotions, and connotations are clearly threatened or absent in the experiences of older adults in these studies of NHs and ALFs. Factors identified as prolonging residents’ transition are tied to their notion of home and therefore combine to create a perpetual liminality.
Chapter Seven: Beyond Liminality: A Sense of Home

Interviewing older adults living at the Cridge made it apparent that many factors combined to make for a relatively positive outcome to their transition experience. Although there were often minor issues, such as a disagreement over what furniture would fit in a suite at the Cridge, residents remarked that these were “little things, but immaterial” (Irene). Themes emerged across individual accounts of moving and settling-in, including the importance of the social life of the Cridge, the ability to build routine and the use of personal possessions to display and communicate identity. These factors were also pivotal in an individual’s ability to re-create a sense of home at the Cridge.

A comparison of the experiences of Cridge residents and residents from Frank (2002), Gubrium (1975) and Shield’s (1988) studies has revealed a number of areas where the Cridge residents’ experiences differ. These include social interactions with other residents, staff-resident relations, and residents’ feelings of control and independence. There are of course certain similarities between accounts as well. However, the most significant result of the comparison of these works with my research is the positive outcome of Cridge residents’ transition experiences and their progression beyond the liminal phase into aggregation.

Social Life at the Cridge

The anxiety of moving to a new place with a new and unknown group of people was mitigated via a variety of social interactions for many residents of the Cridge. Card games, Bingo, mental aerobics, meal times and other organized activities provided opportunities for positive social interaction, which in turn created a feeling of
community. The activities gave residents an opportunity to gather, to talk, and to socialize. Often friendships developed out of these interactions, as is seen by the residents who bonded by playing crib and bridge, as well as by all the residents who settled into a specific spot in the dining room.

Hochschild (1973) noticed a similar phenomenon among widows in a small apartment building in San Francisco. Just as crib, bridge and meal times gave Cridge residents an excuse to gather and socialize, when one widow brought a coffee machine to the lobby of their apartment building, residents found an excuse to gather there, talk and drink coffee. The result for the widows in San Francisco was the development of a Service Club, described as a ‘beehive of activity’ (Hochschild 1973:38). Through the service club the widows set up activities, like bible studies, birthday parties, and visits to nearby nursing homes (NHs). The Service Club and its activities gave residents a sense of purpose and became what Hochschild terms ‘work’. Hochschild uses the word ‘work’ to describe labour in the form of arts and crafts projects such as making dolls, placemats and waste paper baskets, which were then sold at a bazaar to fund future trips and support charitable causes. This example shows how one activity can develop into others, foster social relationships and can help people to create a new role for themselves.

Responses to an open-ended questionnaire, which illustrated the importance of activities for AL residences, led Cutchin et al. (2005) to redefine how they discussed the types of activities residents identified as significant parts of their daily lives. Characteristics of the activities described indicated that “purposeful activity” would be a more accurate description than simply “activities”. They concluded that “exercises, religious activities, volunteering, crafts, and education all can have significant purposes
for residents. The purpose may vary by person, but the majority of activities do not appear to be about filling time or simply keeping busy” (Cutchin et al. 2005:18).

While it is not always possible (nor necessary) to identify the purpose of each of the activities participants engaged in and described in my research, it is possible to see how residents may find or create meaning in some of their activities. Many of these meaningful activities could also fulfill the need of a new role, which Frank (2002) identified as missing from the AL experience of the residents in her study. For example, at the Cridge, Irene created a role for herself by acting as caretaker for Wendy and taking her back to her room after meals. Several other women, including Irene, also formed a group, who took it upon themselves to make decorations for various holidays, hang them up and take them back down again. Before he passed away, Nicholas taught some of the residents computer skills. He also went online to help find the music for social events at the Cridge.

The purpose of AL is to provide services and support to assist seniors with the activities of daily living that they can no longer perform for themselves. Some of these tasks, such as cooking and cleaning, may have been tasks that gave seniors a sense of purpose. They may also have provided seniors with a role to play in their family or in the community. One study found that older adults’ sense of home was associated with “satisfaction with their lives, security, autonomy, and purpose” (Hammer 1999:10). The roles of Cridge residents, like Irene and Nicholas, were important to the older adults in my study and helped them maintain their sense of self-worth and their connection to the Cridge community.
Moving and transitioning into a new living environment can be a stressful event and has been found to be among the top ten most stressful events for older adults (Mead et al. 2005). Most older adults at the Cridge said they needed some time to get used to the new environment, but stated that because of social interactions, what was first unfamiliar quickly became familiar. Through a combination of friendly residents and social gatherings through which they could meet others, new residents were able to quickly learn about life at the Cridge or “learn the ropes” as one resident in Heliker and Scholler-Jaquish’s study put it (2006:38). However, unlike the residents at the long-term care facility in their study who said that “Nobody tells you anything” (38), Cridge residents I interviewed said they either knew someone already living at the Cridge, or met someone there who showed them around and helped them get settled. As described in Chapter Five (see page 58), several residents described how more established residents helped show newer residents around and helped them to meet others.

Residents often commented on how helpful and kind residents were to each other. Ida told me about a woman she knows at the Cridge who was quite ill: “[she is] from a town [far away] where she knew a lot of people. And I knock on her door every once and a while, and maybe go in and visit for maybe ten minutes or so. Just to let her know that somebody’s looking out for her. And she does the same for me. So it’s tit for tat.” Florence made a similar comment: “It’s really pleasant and happy and people care for each other. There’s this one lady, she’s 101, and she went to the hospital this morning, so everybody’s running around to see how she is”.

This sense of community extended beyond that of small groups of friends or people with similar interests. Several residents reported that living with so many other seniors made certain handicaps, like needing a walker to get around, much less noticeable, because in one resident’s words: "everyone’s the same." Paula agreed, explaining:

Paula: I think it's very pleasant because as Laura put it, we’re all in the same boat; we all have a disability of some kind or other. They could be hidden, or it could be very obvious, but we all are in the same boat. We've all had homes that we've had to get up and leave and move on.

Faye: so you can relate to each other very well?
Paula: yeah. I think it was one of the easiest moves I've made [laughs]

While not everyone said that they noticed a difference in living with a large group of older adults, some commented on the positive aspects of living with others of the same age:

Rose: I’ll tell you how it is: we all have our little problems of age here, and I can remember years ago saying, you have to have your own peerage, people the same age. So when everybody’s older and they can’t trot around as much and we all have to have walkers or canes or something, you don’t think about them. You don’t have to be alone. If you’re feeling bad, you can find somebody to talk to. Quite frankly, if you’re not feeling good, you’re your own worst company. You think ‘oh I’m sick’, you see someone who’s probably worse off than you and they’re smiling, so you can smile too.

It should be noted that the Cridge differs from the other study sites discussed in Chapter Six in that the Cridge only houses assisted living residents. As a result, the hierarchies of residents related to their level of care, described in several of the other studies on transition (i.e. Frank 2002, Gubrium 1975, Shield 1988), were not as pronounced at the Cridge. This is not to say that Cridge residents did not practice exclusionary social behaviours. As discussed in Chapter Five, some residents admitted to forming cliques and
others, like Irene, said they tried to keep residents with dementia or other cognitive problems, at a distance. Again, it should be noted that Irene was the only participant who gave an indication that she saw herself ‘above’ others, and even then she did not entirely segregate herself from these individuals (see Chapter Five, page 63).

The sense of community at the Cridge also extends to the relationships between the residents and staff. Residents report not only being happy with the staff members, but some say they have formed personal relationships with them, which extend beyond a merely service based relationship. Ana told me:

The girls that wait on tables will come put their arms around you. They’re so sweet! They might be your own daughter. And they remember all our names and we’re trying to remember theirs. But, they’re the loveliest people....They’re so nice and so concerned. You know, little things that you just don’t expect. It’s just lovely.

There were many accounts by other residents expressing similar sentiments about the kindness and helpfulness of the staff. “The staff is very good. They mix well with people here and are helpful to each other” (Nate). Overall there seems to be a relaxed and informal atmosphere at the Cridge. Residents and staff call each other by their first names, indicating a level of familiarity and casualness, which helps create a more home-like environment. “Everyone knows each other and that’s nice. And the girls [the staff] are all pleasant. You know they are” (Irene). The relationship between staff and residents is an important one. As Heliker and Scholler-Jaquish (2006) point out, that although they might not live on-site, staff members and residents interact frequently and staff are therefore in many ways like the residents’ new neighbours, so it is important that their relationship is a positive one.
Clearly, social life at the Cridge fulfills a number of residents’ needs. Meeting people and making friends is easy to do via a variety of activities and social gatherings that residents can take part in. New residents reportedly found it easy to learn about Cridge life through social gatherings and through the friendships they made, which in turn made it easier for them to settle in. Friends and activities also provide entertainment. Several participants explained that the need for activities and friends was part of the reason they decided to move to an ALF. As residents settled in they found a sense of purpose in their interactions with others and by taking part in activities. Finally, a positive social life creates an atmosphere of fun, comfort and community that unites residents and staff and makes everyone feel comfortable, or essentially, at home.

**Routine and Personal Rituals**

Routines or personal rituals are another factor in building a sense of home. Much of the literature on home refers to domestic practices within a dwelling and their centrality in creating this sense of home (i.e. Buttimer 1980; Douglas 1991; Marcus 1995). Pastalan and Barnes (1999) contend that personal rituals are not anchored in the physical structures that we inhabit, but instead exist in our experiences and behaviours (82). Therefore it is possible for personal rituals to be transported from one residence to another. Indeed, the transference of personal rituals or routines from one home to another is essential in the recreation of a sense of home in a new residence. While many of these practices, such as cooking and cleaning, may be performed by others in ALFs, there are other routines that residents engage in that constitute personal ritual. These repeated practices build familiarity and comfort within a space. As Gubrium stated, it is through personal rituals and routines that “people make locations meaningful and tend to maintain
these meanings as practical solutions to getting on with the affairs of living together for some time in some place” (1975:1). There is no framework or guideline for what these routines. Setternsten states, “…people have to find their own ways to purpose and usefulness: the period of later life is largely without models or pattern” (2002:71). The personal rituals and routines must be just that, personal.

At the Cridge, residents created both private rituals within their suites, as well as more public rituals created through engagement with other residents. For example, although there is no assigned seating for meals and people are encouraged to circulate, many residents settled into one particular spot at the same table with the same group of people. There were also a number of residents who routinely played crib or bridge in the lounge for extended periods. “I go down every afternoon. In the evening I go down and I keep the crib for the girls,” said Erika. “But I only stay down about an hour, not even that, because I go to bed early. Because I get up at five.” This example illustrates how individual’s routines can incorporate both personal and group components. Arlene described a clearly defined routine for the week that involved her personal rituals, the routines of the Cridge, and additional care that she receives:

I always get up at six in the morning, so that’s not a change. I can just get up and make myself a cup of tea and make some porridge. Then I sit and look at the paper or something. Then about half past seven I'll get up, I wash myself and two days a week I get the lady to come and wash my back especially. My back and between my toes and where I can't get. And I do all the other parts myself and then I go onto bed, she'll help me onto the bed and then I can dry myself off and I can powder myself. So I can do that myself, but they would do it if I couldn't. That's all on their routine, but I'd rather do it myself. So that's how we manage that. They make the bed for me, but I like to do that myself again. On Wednesday's there is a man that comes to do your tidying up for you. He vacuums, and then on Wednesday they come and give you clean towels and things.
As discussed in Chapter Six, many of the residents in other studies reported losing track of time. Cridge residents mentioned this challenge as well. On one occasion a participant told me that she knew I was interviewing a friend of hers next and that I should call her to remind her which day I was coming, because she had said she couldn’t remember. Ana said that she too had trouble keeping track of which day it is:

I’ll tell you what we all feel. I’ve often had people say, ‘what day is this?’ Because some how you’ve got a different routine and you don’t remember. I don’t know, at home I didn’t do this and that on certain days or anything, but I always knew what day it was. Here I have to think sometimes. Lots of people say to me, what day is it? So it must be that you get disoriented.

In part, the blending together of days, may be the result of losing some types of routine. Although Ana said she did not perform tasks on specific days of the week in her previous residence, it is likely that other activities took place in and around her home that signified which day it was. While I would argue that residents of the Cridge are not completely shut off from the outside community, the fact remains, that they are separate in many regards, largely because of their spatial segregation from the rest of society. The nature of AL, with its congregate living arrangement, its concentration of older adults, and the regulation of certain activities, like meals and cleaning on a set schedule, creates a unique time structure, akin to what Shield describes as “institutional time” (1988:185) (see Chapter Six, page 75 for further discussion). As well, in private residences people engage in weekly rituals that are missing in institutions: garbage collection, recycling pick-up; garden refuse removal, lawn and garden care performed by outsiders, for example, all must be tracked on a weekly basis when people live in a private residence: the nature of assistance removes these temporal features.
Material Objects and Personal Possessions

Just as routines help bring meaning to a space, objects can do the same. As with any move from one place to another, Cridge residents were required to pack up their belongings and rearrange them in a new space. The suites of the Cridge are often considerably smaller than the houses and apartments that seniors were leaving behind and as a result new residents needed to carefully consider what they would bring with them and what would need to be sold, given away, or thrown out. It is important to remember that, as Hecht (2001) states “these are more than mere ‘things’, they are a collection of appropriated materials, invested with meaning and memory, a material testament of who we are, where we have been, and perhaps even where we are heading” (Hecht 2001:123). The manner in which many of the residents spoke about the items that filled their suites reflects this idea. Furniture and personal items were important in the telling of biographies and as displays of identity. For example, Tomas proudly pointed out an old art deco style lamp in the corner of his room, telling me that it had been in his family for over 50 years. For Ida, a large old armchair held a special status. She explained that it had been in the family for decades. Part way through the interview she decided to sit in it, despite the fact that she obviously usually sat in another chair decked out in orthopaedic pillows. On one occasion Ida took me around her suite, pointing out the 'nice' furniture and carefully noting what she considered unimportant, but utilitarian furniture. To Ida it was important that I understand what was there to serve a purpose (usually extra storage), and which of her belongs were meaningful items.

On several occasions participants brought out a photo or told me about a piece of furniture that they were not able to bring with them. Through my discussion with Alberto about a mosaic tiled cabinet that he had made, but couldn’t bring, it became clear that the
material objects of people’s lives were important vehicles for their identity and history. By showing me a picture of the cabinet, Alberto was able to tell me about his hobby of laying mosaic tiles. He told me that he and his brother had decorated Centennial fountain located behind City Hall, and that he had decorated his house with mosaics too.

Ida also used a photo of a cabinet to tell me about herself. Handing me the photo of a large maple cabinet, she explained that it had been made by a man, who her parents had met on the boat from England to Canada when they emigrated. The three remained friends after they arrived in Canada, and when Ida’s parents got married, the other man gave them the cabinet as a wedding present. Ida told me how she remembers the cabinet standing in the kitchen of her family’s farm in Ontario. She later inherited the farm and the cabinet, which continued to stand in the kitchen. She had taken the cabinet with her when she moved to BC, but said with great regret, that she was unable to bring it to the Cridge. She explained that she had given it to her nephew, who was now living on the family farm in Ontario, and that the cabinet stood in the kitchen once again. After telling me the story of the cabinet, Ida went on to show me pictures of her nephew and his wife and to tell me more about her past.

These two examples illustrate how a treasured piece can carry personal and family history, and symbolize important parts of an individual’s identity. While in some respects it may be beneficial that “everyone’s the same”, there is a danger in congregate living arrangements of becoming just “one of the residents” (Wylde 2008:172). The ability to communicate personal history and identity through possessions helps to avoid that from occurring.
Personal possessions, be they pieces of furniture or smaller trinkets, give people the opportunity to share their stories with others. After a fashion show at the Cridge of historical clothing, presented by a local heritage group, a woman came to where I was chatting with a few residents and showed us a number of sketches. She explained that she had drawn them as a young woman when she went to a museum display of old clothing. The sketches acted as a conversation piece which gave the woman an excuse to come over and talk to us. Personal items are more than just vessels of memories. They are vehicles through which people convey their identity, their biographies to others or in some cases simply a means through which to start a conversation.

Material objects and furniture may also be used to mimic previous residence in an effort to recapture a sense of home. For example, Nicholas told me that the layout of his suite was quite similar to his previous residence. Ana told me that she had always had blue carpeting and that the brown carpeting of the Cridge didn’t show off the couch and chairs as well. With the help of her son she bought a new blue area rug for the living room. She explained that before she did not feel that things looked right. Later in the interview, when I asked her if she felt at home, if she felt that the Cridge was her home, she pointed to the carpet and said, “Now it is”. She added, “I said to him [her son] just today I keep looking at it, I can’t believe I’ve got it now. And he couldn’t believe what a difference it made in the room, you know? You couldn’t imagine what that means to me.”

Sometimes a lack of furnishings or decorations was important. A woman I spoke with, Maria, told me how her now deceased husband had never liked hanging anything on the wall, because he didn’t like making holes in the plaster. She seemed a bit sorry about...
this, but when I intimated that she must now be taking this opportunity to hang lots of pictures on her wall, she said no, she hadn’t. She only had one picture of two lovebirds hanging above her bed and that that was enough, that it didn’t seem right to have more. For some people material objects don’t carry the same meaning that they do for others. Erika professed to have no attachment to things and her suite was indeed quite bare. There was only enough furniture to seat herself, and two guests and a table on which to place her papers and a cup of tea. There were no pictures on the walls, nor any photos or trinkets displayed around the room, and yet she said she felt perfectly at home. For her, the lack of material objects was important.

If the home is indeed a mirror of its resident, then it is only natural that seniors in AL, (and indeed in any type of seniors’ housing), would feel the need to exhibit their own unique personalities and life histories. The opportunity to decorate and furnish their suites provides residents control over their environment.

Control

This sense of control is another important feature in residents’ lives at the Cridge. The nature of AL is such that residents will have more control than those in most other types of seniors housing. The philosophy of AL in BC is as follows:

Assisted living operators must provide residents with choices. They must also respect residents’ privacy and personal decisions, and accommodate residents’ right to take risks — provided that those risks do not place other residents or staff in jeopardy. In assisted living residences, staff provide minimally intrusive assistance and support residents to live as independently as possible and manage their own lives, even when assistance is needed with daily activities. [Office of the Assisted Living Registrar 2008]

The residents in the ALFs and NHs that Gubrium (1975), Shield (1988) and Frank (2002) visited felt a lack of control and this was seen as part of why they did not feel at home
In large part, residents’ lack of control in Gubrium and Shield’s work can be attributed to the fact that their research took place in NHs, which are by definition more restrictive than ALFs. Control over the furnishings of their suites is just one of the ways residents have control at the Cridge. Frank also noted the importance of personal furnishings and belongings at the ALFs she visited (2002:59).

Cridge residents exercised control over how they socialized with one another. Gubrium claims that “the ways that residents rank one another, differentiate themselves from the others, and maintain their separateness are basic strategies of adaptation to the nursing home” (53). This need not be the only strategy of adaptation. While Cridge residents also ranked one another (see Chapter Five, page 63), they appeared to do so to a lesser degree. One “self-protection” strategy (see Chapter Six, page 73) that Cridge residents engaged in was an unwritten rule that socializing amongst residents only took place in the lounge or other common areas of the Cridge. Residents did not visit each other in their suites. Irene explains that this is a strategy which is aimed at protecting one’s privacy and preventing conflict:

Irene: I don't visit them [other residents]. I've been to the people I eat dinner with, into their house, but not for very long.
Faye: So you socialize downstairs in the lounge?
Irene: That's right.
Faye: Okay.
Irene: I don't want people knocking on my door every five minutes. Especially some of who might be a little goofy. I have to listen to them talk and they never know when to go. I'm not going to start that. I didn't do that at the apartment either. It's wise not to, or it can be a pain in the neck. [I laugh] It's true! And then you get mad at them, or something, so you stay on better terms when you don't get too close. Familiarity breeds contempt. It can be true.
By only socializing in the common areas of the Cridge, residents were able to control when they socialized with others. By not socializing in their suites, they were also able to create a safe zone, where they could escape from others. This notion of a private space correlates with the idea that ‘home’ is a private, rather than public, space. The fact that Cridge residents exercise control over who may enter their suite is very similar to the fact that people in other types of homes (i.e. a house or apartment) have control over who enters their residences. The unwritten rule that Cridge residents socialize outside their suites, however, is also different from the manner in which privacy is controlled in other types of housing. As Irene’s comments illustrate, the nature of AL with congregate living, in which residents arguably spend more time together than neighbours living in houses or apartments would, necessitates that they exercise control over their space more diligently.

Frank’s research revealed that the majority of AL residents wanted access to a kitchen. Access to a kitchen was seen as important in residents’ sense of autonomy by allowing them the right to choose and giving them the ability to exercise their independence by cooking their own meals should they wish to (Frank 2002:55). Frank acknowledges the difficulty in defining what constitutes a kitchen, be it the presence of a fridge, or the necessity of a stove, but emphasizes the importance is not with how food can be prepared, but that it can be prepared by a resident. She states:

The true importance of kitchens goes far beyond choosing one’s food, controlling the way it is cooked, and eating when, where and with whom one desires. Consider the fact that approximately 80 percent of assisted living occupants are women whose average age is eighty-four. The majority of these women were housewives for at least a good part of their adult lives. A kitchen may very well serve as an important symbol of identity, competence, and home. If these women positively identify with the meaning that a kitchen embodies, they will have a stronger foundation for attributing a sense of home in their new environment if it has a kitchen. [Frank 2002:56]
While what Frank says is true in some respects, the fact remains that AL residents have moved to AL precisely because they require assistance with the daily activities, including the preparation of meals. For the most part, Cridge residents I spoke to did not necessarily need meal preparation services everyday for every meal, however grocery shopping, meal preparation and clean up, on a daily basis was becoming too much.

Several residents I spoke to did express the desire for an oven or stove and said that they missed cooking:

Faye: Do you miss not having an oven and stove?
Irene: I miss cooking. Yes I do. I would like to have a fried egg. If I get it made here it's usually too soft or too hard or something. I'd like to have some things. I'd like to have my vegetables cooked in salt. No salt because a lot of people can't have salt. But they have salt on the table. But you can't salt vegetables after they've been cooked. It's not the same.

More often than not, residents who expressed this desire did so saying they wished to use an oven or stove occasionally, not necessarily on a daily basis:

Rose: I am not missing that [cooking] at all! We have good meals served here. I’m quite willing not to. When I go over to my daughter’s I don’t do any cooking. There was something one of the grandkids asked ‘could we have some of granny’s’ something or other, and I did it and it was kind of fun to do it. So occasionally if there’s something special they like, I do [cook]. I’m quite prepared to eat their [the Cridge’s and family’s] food.

In large part I believe that residents’ satisfaction with Cridge meals is responsible for the fact that most did not report missing the ability to cook. Nearly every resident I spoke with raved about the meals served at the Cridge. Invariably the first thing people told me, when I asked them what it was like living at the Cridge, was that the food was excellent.

Faye: It's nice to have your meals prepared for you, but do you
occasionally just feel like making something now and don't feel like waiting for a specific time to eat?
Nate: I have no problem with it! [laughs] I just go down for food and wait and complain about having to wait too long. No, I have no problem with that!

Frank’s suggestion that cooking may be an important part of older women’s identity is a valid one. Although I do not presume to make such an analysis here, I do wish to point out however, that this suggestion does not allow for a change in identity as we age, nor does it allow for one’s identity to be altered according to one’s circumstances. A common stereotype of older adults is that they are stubborn, and stuck in their ways, suggesting that seniors are not capable of formulating new identities as they age.

In fact, the ability to adapt and change with their circumstances was a prominent feature in the narratives of Cridge residents I spoke with. Residents of the Cridge described themselves as having adapted to the small inconveniences or changes that came with moving to AL. They spoke of their ability to do so as a natural personality trait. “We’re quite flexible”, said Bill describing his wife and himself.

Not a Total Institution
While Erving Goffman’s (1961) definition of a total institution was originally applied to NHs (see discussion of the total institution in Chapter Three, page 23), Frank (2002) contends that the term can also be applied to ALFs. She presents several points of similarity. After reviewing each of Frank’s points I have noted several differences between Frank’s correlations and those that can be drawn between total institutions, their implications, and the Cridge. Below is a list of the aspects of AL that Frank noted that
fall under Goffman’s definition and the corresponding evidence I have found at the Cridge.

The first point that Frank makes is that “life in total institutions is very scheduled” (2002:44). At the Cridge this is true as well. For example, lunch and dinner are served everyday at the same time and activities like mental aerobics and bingo occur on a scheduled. Some residents I spoke with noted that the strict adherence to the meal schedule sometimes conflicted with their personal activities or with their eating habits. Also, while residents themselves never brought it up, a staff member makes the rounds in the morning at a little after 10 AM to check the signs hanging outside each resident’s door. The signs say “Good Morning” on one side and “Good Night” on the other. Residents are asked to turn the sign to “Good Night” when they turn in for the evening and then turn the sign to “Good Morning” when they wake up. If the sign is not turned to “Good Morning” when the staff member comes by, he or she knocks on the door to check if everything is alright. If no answer is given, staff members have keys with which to enter the suite and check on the resident(s). This check is in place to ensure the safety of residents and to make sure that no one who has passed away during the night, or has become ill, lies in their suite for days before someone discovers them. This routine implies that residents must make sure they’ve turned their sign by a certain hour or risk being disturbed by the staff member checking on them.

The second correlation Frank makes is “…there is a strong division between residents and staff” (2002:44). At the Cridge this is not true and it may signal differences in both local tradition and wider cultural differences. There are indeed many differences between the experiences of residents and staff. For example, staff work there, don’t live
there, go home at the end of the day and have days off. However, as discussed above, residents and staff have friendly relationships, and staff members can often be found visiting in the lounge or hallways with residents.

Frank states that residents in Wood Glen and Kramer “often end up feeling trapped in the institution and disconnected from the wider community” (2002:44). This is somewhat true for the Cridge, although this may not necessarily be the fault of the institution and more likely that of the residents’ loss of driving privileges. Residents did not openly state that they felt “trapped” or “disconnected”. While personal outings to church, the store or for walks et cetera were not especially common, there were several residents who told me about these activities. Therefore, it is not unheard of for residents to continue their connections to the wider community. A few participants were also not members of the community prior to moving into the Cridge. They had moved to Victoria in order to live in the Cridge and therefore had no social ties to the wider urban community to begin with. There were several who managed to maintain contact with others within the community or with others living outside of Victoria via monthly, weekly or daily phone calls. Visits from family members were also a regular occurrence for most residents.

Frank reiterates that it was also somewhat true that “…assisted living possesses many components of a total institution…There are a number of similarly situated people who are frequently cut off from the wider society for an appreciable period of time and who lead formally administered lives” (2002:44). As explained above, residents are not necessarily cut off from the wider society, however, residents of the Cridge are a similarly situated group of people living together, and they do live a formally
administered life to a certain degree. I wish to emphasize here that Cridge residents are not restricted by Cridge administration for the most part other than meal times and rules that apply to living in the building. The most stringent control on their lives comes not from the administration of the Cridge, but as a result of their transportation challenges. These are largely associated with restricted mobility—one of the reasons they require assistance in the first instance. It could easily be argued that if the residents had remained in a private residence and required a live-in assistant or that all meals be delivered, their lives might be even more constrained.

Frank goes on to state that “assisted living residents did not choose their living arrangements, just as ‘inmates’ of total institutions often do not choose their living arrangements. Residents are forced to sleep, work, and play in the same place with the same people, none of whom they chose to live with” (2002:44-45). While residents aren’t able to choose each of their co-habitants, most participants in my study did have a say in where they would live. The Cridge is undoubtedly not their first choice of living arrangements. Most, if not all, would prefer to live in their own homes. However, a degree of choice did exist in their selection of living arrangements as the Cridge was often chosen by residents from a short list of facilities. As well, the fact that many residents were very happy to have the opportunity to live at the Cridge should also not be overlooked.

Frank’s final point of comparison is that “unlike home, which reflects our sense of self and identity, total institutions reflect the exact opposite” (2002:45). As explained earlier, Cridge residents have a variety of ways in which they can express their sense of self, their identity and their individuality. While their displays of identity may for the
most part be confined to their suites, this is in many ways no different from the ways in which residents of an apartment building are restricted to their apartments for personal display and must share common areas.

“Home”

As argued in Chapter Two, because our home is intrinsically tied to so many facets of our lives, it is a very important and personal part of our experiences. Like so many other cultural constructions, what home is and how it is experienced, is most easily discerned when it is threatened. This means that research on the transition to AL provides an excellent opportunity in which to explore the concept of home more fully.

Rapoport (1995) has been critical of the value and usefulness of the term “home,” due to its ambivalent and subjective nature (see Chapter Two, pages 18-21 for further discussion). However, the importance of “home” in AL is clearly evident in the emphasis on residential style environments, and ALFs’ philosophies of care promising a “homelike” residence. A sense of home is also important from the resident’s perspective. A survey, that measured the extent to which different attributes contributed to AL residents’ overall satisfaction, found that “feeling at home” had the greatest impact on residents’ experience of AL (Wylde 2008:189). As Cutchin et al. (2003) have found, the social life of congregate housing (like an ALF), the ability to bring personal belongings, and the “continuity of identity, home, and their meaning for the older person” heavily influence transition experiences (S235). Although a sense of home is largely unconscious and abstract, it can manifest itself in a number of ways. At the Cridge, every resident interviewed said they felt at home in their new residence. A sense of home was attributed
to a number of different factors by residents, and it became clear, over the course of interviews, that a variety of aspects were involved in making a resident feel at home.

The physical environment of the Cridge plays an important role in residents’ sense of home. Comments about hominess of the general environment and atmosphere of the Cridge came up repeatedly in residents’ accounts. The physical environment was a significant factor in Maria’s decision to move to the Cridge. As described in Chapter Five, she knew right away that she wanted to live there. When asked what gave her the feeling that the Cridge should be her home she said,

Maria: the brightness, the cheeriness, the windows, the sun! I mean it was bright! Large. I mean lots of room. I only saw that, in the dining room [see figure 7.1], well if you had a lunch here that seals the deal! The dining room, the vastness, the bigness of it! The airiness of it! The brightness of it! The trees! The children! It just was home when I walked in… I was sitting in the lunchroom and I says to my daughter-in-law, ‘Billy this is it’. And she says, ‘well, you haven't seen it.’ I says, ‘this is enough.’ You know I was going on a waiting list. And then when she said... oh my goodness! When she said it was mine. And when I came down, there were three people, they had three rooms ready and two were gone and mine was the last, so oh! It's been wonderful.

Maria’s statement highlights how the décor and the physical structure of the building are important.
As described in Chapter Three, the Seniors Centre is partially housed in a building that has quite a lot of history (see page 31). There are many indications of the history displayed around the building such as displays of artifacts in glass cases in the hallway, pictures and descriptions of the orphanage and its creators, an old bible used in the orphanage, and the words “BC Protestant Orphans’ Home” outside above the main entrance. Many of the residents are familiar with the previous uses of the building and like the thought of their new home having a history. “It's like a ‘lived in place’, you don't mind living here” said Tomas. Emily told me about her first impressions of the Cridge:

Emily: … I like the hominess and the walls, they talked to me.
Faye: The walls talk to you? How so?
Emily: Well, the colour, of how they seem to reach out to you. And then, when you go down into the hallways here, you'll find pictures that are done by some of the residents and other things and to know the history of the Cridge itself. It's quite interesting.
Several residents explained to me that it is possible to see where the new and old buildings meet by a change in the carpeting. The Old building, which used to be a Protestant orphanage, now houses the reception area, the lounge, the chapel, and the dining room. Residents also comment on the stone archway that separates the lounge and dining room (see figure 7.2). Through residents’ accounts it is easy to see how their sense of home is tied up in many different aspects of their experiences. The hominess of the Cridge comes from its history, its physical structure, its colors, and its residents. No one part could be singled out as the deciding factor.

Figure 7.2 Stone archway between lounge and dining room: looking from front entrance through the lounge towards dining room.
Ritual Process at the Cridge

The application of ritual process to seniors’ transitions to AL is complicated by a number of factors. First, “rites de passage” as described by Van Gennep (1960) and Turner (1967) involve a change in status, role, or position. The statuses between which seniors are transitioning are ambiguous and difficult to distinguish. It can be said that the transition to seniors’ housing is a change from the status of independently living older adult to that of dependently living older adult. However, problems arise when attempting to discern how this change of status is perceived by others and the older adult in question. Older adults who move to seniors’ housing may be perceived as being frailer than older adults living alone in their own homes. Unfortunately, this stigma has not been fully explored in the literature. Also, when considering the change in status from the older adults’ perspective it is difficult to identify what may have changed in their lives as a result of the transition. Many of the seniors I interviewed at the Cridge said that there were very few changes in their lives that came about as a direct result of moving to AL.

The difficulty in accurately identifying the change in state in transitions to AL may in part be due to the efforts made by AL operators and the AL industry to make facilities appear more like the homes seniors are leaving behind. ALFs are promoted as providing a home-like environment and a philosophy of care that change the senior’s life as little as possible while providing services to assist with the activities of daily living. The move to AL (and any other type of seniors’ housing) symbolizes a change of state by moving people into a new space, a space that is defined as being a place for dependent individuals. As a result, the efforts to disguise the nature of the building may be why the change of status is difficult to identify.
Efforts to mask the purpose of ALFs through design elements indicate that there is indeed a difference in the state between older adults who live in houses and condominiums and apartment buildings, and older adults who live in ALFs. The exterior appearance of an ALF can lead to assumptions about the environment it contains and the residents who live there. A study by Marsden and Kaplan (1999) evaluating how older adults perceived the exterior appearance of AL illustrated the preference of older adults for structures which communicate “homeyness” through a number of architectural features that mimic houses through the presence of such things as landscaping, shutters, and gables (Marsden and Kaplan 1999:222). The article does not address the reasons why a home-like exterior is important beyond the fact that providing a home-like environment is one of the main goals of AL. Kaplan and Kaplan state that “research shows that people classify environments according to salient themes and commonalities” (Marsden and Kaplan 1999). In the introduction to a volume of articles on the architecture of ALFs, Schwarz and Brent (1999) state that “the contributors to this book agree that long term care settings [including AL] should first have a residential rather than an institutional character. The common notion is that residential qualities of ‘home’ and the normalized life patterns that they imply should be used in all kinds of environments for frail elders” (1999:xvii). These statements illustrate the affect that the physical environment has on the perceptions people hold of a building and its residents. The effort to portray “normalized life patterns” implies that the environment is not host to the usual patterns of daily life. It is this subtle implication which indicates that a change of status has taken place, but it is difficult to discern due to numerous efforts to disguise it.
The move to AL is a transition that involves more than the movement of the individual from one physical location to another. It also involves the adaptation to congregate living, changes in social relations, and the emotional and psychological adjustment to a new structure of daily life. Turner partly defines the term “state” as applying to “…the physical, mental or emotional conditions in which a person or group may be found at a particular time” (1967:94). The transition to AL signifies a change in all these aspects of a senior’s life.

Another challenge in the application of ritual process to transitions to AL lies in the transition’s lack of ritual. As Shield notes, this makes ‘the passage of each individual through the nursing home an isolated struggle” (1988:205). Turner’s discussion of ritual process uses highly ritualized examples that exhibit a great deal of symbolism. He contends that initiation rites are some of the best examples of transition “since they have well marked and protracted marginal or liminal phases” (1967:95). Therefore, his examples may overemphasize the role of symbolism that may occur in other types of transition. There do not appear to be any symbolic rituals associated with the transition to seniors’ housing. The first stage of rites of passage is said to be comprised of “symbolic behavior signifying the detachment of the individual or group either from an earlier fixed point in the social structure, from a set of cultural conditions (a “state”) or from both” (Turner 1967:94) and subsequent stages are likewise full of symbolism. The transition to AL is not completely without symbolism, however. As discussed above, the transition to seniors’ housing could be said to symbolize the seniors changing status from independently living older adult, to dependently living older adult through their change in physical location.
Ritual could facilitate the process by symbolically marking the entrance to a stage and/or the completion of each stage of the passage. Rites of passage are understood to provide a stabilizing effect on transitions, and to help remove ambiguity over states. The lack of ritual associated with the transition to AL could mean that the stabilizing and clarifying effects are lessened or lost. Ritual could also assist by signifying the end of transition. Ambiguity over one’s place, state, and status would thus be clarified because each stage would be delineated by specific symbolic markers. The lack of ritual may explain why so many seniors’ in other studies were stalled in the liminal phase.

The ability of Cridge residents to progress through the three phases of transition indicates that ritual need not accompany every type of transition. The other factors of positive social interactions, routines and personal rituals, personal possessions, and a sense of control combined with a non-institutionalized environment made it possible for Cridge residents to progress through all three stages and build a sense of home in their new residence despite the absence of ritual.

Gubrium (1975), Frank (2002), Shield (1988) and I did not find any evidence of *communitas* among residents of the seniors’ housing we visited. It should be noted that *communitas* need not accompany every rite of passage. Due to staggered move-in dates the process was not collectively experienced. When rites are collective *communitas* may develop (Turner 1967:100) however, this is not likely to be the case if transitions are made separately.

While residents in other studies struggled with a loss of control, poor relations with staff and minimal social interaction with other residents, Cridge residents had much more positive experiences in all of these areas, which in turn helped them to progress
beyond the liminal phase and create a sense of home and the sense of belonging which is central to it.
Chapter 8: Closing Observations and Implications of the Research.

The aim of this research has been to generate a better understanding of the experiences of seniors as they make the transition to assisted living (AL). Twenty-one residents of the Cridge Village Seniors’ Centre located in Victoria, British Columbia were interviewed. Interviews revealed that most participants of the study had made a smooth transition and that all considered the Cridge to be “home”.

Assisted living facilities (ALFs) are a relatively new type of seniors’ housing and until recently, very little research focused on AL. Unfortunately, the research that has been conducted has been impeded by the lack of a universally acknowledged definition. An advantage of studying AL in British Columbia is that the province of BC has a legislated definition of AL (see Chapter One, pages 2-3). This provides a clear description of the nature and function of AL which may be lacking in other studies, or other regions. In addition little research on AL has been done in Canada; therefore this research provides a much needed Canadian perspective.

A review of transition literature revealed that in many cases residents did not make a full transition, and few considered their new residence their “home”. Analysis of a few key studies revealed several factors that may have impeded residents’ settling-in process. Many residents in other studies were uncertain about their future at the nursing home (NH) or ALF. Residents were not given any assurance that they may remain at the NH or ALF if their health declined. This, coupled with fear of reprisal from staff made residents uncertain about their future at the new residence. Other studies also observed that residents were reluctant to form friendships with other residents. This was due to a
number of reasons. First, residents ranked each other according to health status and were reluctant to form friendships with residents with more health problems than themselves. Second, they were fearful of losing friends due to residents moving or passing away. Finally, keeping to oneself was a coping strategy designed to avoid confrontations. It was observed that relations with staff members were poor as well.

Some studies reported that residents lacked a sense of control and independence. A sense of time was sometimes altered and many residents had trouble keeping track of the days. An additional reason why many residents interviewed in other studies did not make a full transition was the absence of a new role to replace roles lost by moving to seniors’ housing, such as daily household tasks. New roles would help give residents a sense of purpose. These factors led Gubrium (1975), Shield (1988), and Frank (2002) to suggest that residents were in a perpetual state of liminality.

An examination of Cridge residents’ transition experiences revealed different experiences to those of residents in other studies. A factor in Cridge residents’ successful transition and progression beyond the liminal phase was the social life at the Cridge. Participants of this study said they easily met new people and made friends. Residents also had positive relationships with staff members. Many participants developed routines and personal rituals, which were important in their creation of a sense of home. In addition, the opportunity for residents to bring their own furniture and decorate their suites with personal belongings proved to be important, as these were used as both displays of identity and the telling of biographies. Furniture and other personal items were also found to help residents maintain their sense of individuality. Finally, residents of the Cridge appeared to feel more control over their lives than residents of other studies.
During the process of interviewing seniors at the Cridge it became apparent that the transition from a private dwelling to the Cridge was a positive experience for the seniors making this transition. This contradicted my initial expectations. My review of the literature available on this subject revealed that the majority of material published highlighted the negative effects of the transition and its immediate effect on the seniors after they had moved into the ALF. There are two reasons why this research differed markedly from other research. The first reason for this difference are the factors mentioned above and discussed at length in Chapter Seven (i.e. the ability to bring personal belongs, positive social relations, a sense of control, the development of personal rituals and the home-like environment of the Cridge).

A second possible reason is that my research may have been conducted in a different manner from others. An emphasis on medical problems and social conflicts could have influenced the atmosphere in which seniors were answering questions in other studies. As discussed in Chapter Six, there appears to be a tendency in the literature, usually unintentionally, to approach research on seniors housing from a negative perspective. For example, as part of her research Frank (2002) used the Sheltered Care Environment Scale (SCES), a quantitative questionnaire to assess the social environment of the two ALFs she visited. An examination of the questions on the SCES shows how research questions can be phrased in such a way that they lead to negative answers. For example, “Do residents sometimes criticize or make fun of this place?” or “Do residents ever start arguments?” (Frank 2002:196-197). These are valid avenues of inquiry, however, the manner in which the questions are posed may have led participants to answer that these situations did occur at some point. The questionnaire only allows for a
“yes” or “no” answer and as a result it is not known whether criticism or arguments made by residents are a frequent or infrequent occurrence. In addition, the SCES tends to emphasize residents behaviour, especially in ways that suggest that residents may be lazy, inactive, fearful, argumentative or difficult.

When formulating my research questions I paid a great deal of attention to how they were phrased, in order to ensure that they could be answered to reflect the real experiences as the residents perceived them (a list of interview questions is in appendix C). It is crucial that future research avoids leading questions and observes strict neutrality during the initial inquiry. Certainly, should there be some indication of problems, these suggestions should be explored. While I do not believe researchers necessarily intend to produce negative results, the propensity of research on seniors’ housing to yield reports highlighting the negative aspects, may predispose future research to follow the same trend.

The questions asked in interviews for this research covered five general topics: biographic information, questions about the decision to move to AL, the moving process, the settling-in process and advice residents would give others contemplating the move to AL. Although the flow of conversation dictated the order in which questions were asked, biographical questions were always asked first, in order to put residents at ease. I was careful during the recruitment process and during interviews to make it clear that I saw residents as the experts on their own transition experiences. This was done to help residents feel I was interested in anything they might have to say. I did not want residents to feel obligated to give answers they thought I was looking for; rather they were encouraged to tell me anything that they felt was important about their transitions.
Future Research

A better understanding of the experiences of seniors as they make the transition to AL has revealed a number of issues which warrant future research. This research was designed to acquire a general overview of the experiences of seniors as they experienced the transition to AL. As such, the differences in participant characteristics based on gender and marital status were not fully addressed. Further research directed towards these specific types of residents would provide additional information which can be used to assist seniors during the transition process. For example, on several occasions over the course of conducting this research I observed male residents on their own in the lounge. One female resident commented that men at the Cridge did not appear to have the same type of close friendships as the women. Research on the different experiences of men and women in AL could generate valuable insights.

Three couples were interviewed for this research, however, their experiences were not compared to those of residents living alone at the Cridge. Additional research, with an emphasis on the differences between the two groups, could highlight important elements of couples’ experiences which have not previously been considered. Work by Kemp (2008), who examined the transition experiences of married couples in AL, is an example of such work. Kemp contends that research on couples ethnic, geographic, class and racial make up need to be taken into consideration in order to understand what factors influence the transition process to AL (2008:249).

In addition, ALFs may find that residents who decline in health present a challenge to AL staff while they await placement in NH facilities. This is a very difficult issue which can confront couples, in particular as they represent the need to move two individuals rather than one individual through a system which is already crowded.
Understanding the needs of couples in AL and their reasons for moving, may assist in improving seniors’ housing services for this subsection of the population.

The dynamic relationship between NHs and ALFs is likely to grow in significance as populations now residing in AL facilities age. This too generates an interesting avenue of research: what are residents’ experiences transitioning from AL? Research by the Fraser Health Authority in Vancouver found that in 2007, 27% of residents passed away, 38% were transferred to residential care (i.e., a nursing home), 22% were transferred to hospital, and 13% were transferred to another setting (i.e., hospice, community, another AL site) (McBain 2008). Additional research on the experiences of and reason for moves could assist in making these types of transitions.
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Appendix A: Recruitment Letter and Participant Profile Form

[Faye Wolse
MA candidate
Department of
Anthropology
University of Victoria
PO Box 3050, STN CSC
Victoria, BC V8W 3P5]

September 6, 2007

Dear Sir or Madam,

I would like to invite you to participate in my masters thesis research “Transition of New Residents to Assisted Living”. You are being given the opportunity to participate because you are a resident of the Senior Centre at the Cridge Centre for the Family where the study will be taking place. My research aim is to better understand the transition to an assisted living facility from the perspective of residents like you, in your own words.

Participation will involve an interview of approximately one hour and one follow up interview. During the interview you will be asked questions about your experience of moving to the Cridge and will be asked to describe what made the process easy or difficult. Your answers will be kept anonymous and confidential.

If you are interested in participating in the study or have any questions please do not hesitate to contact me:

By phone:
or
By email:

Sincerely,

Faye Wolse
Graduate Student.
Participant Profile Form

If you are interested in participating in my research on the transition to assisted living, please fill out the form below and deposit it in the box labelled "Transitions Research" at the reception desk in the lobby. This information will be kept confidential and will only be used by myself to ensure that my research covers the experiences of the broad range of residents living at the Seniors Centre. Thank you!

Name:___________________________________________________________

Age:________________________

How long have you been living at the Cridge? _______________________

Did you live alone or with your spouse? _____________________________

How may I contact you?__________________________________________

Phone: __________________________

Email: __________________________

Other: __________________________

Do you have any question or concerns about the project and your participation?
Appendix B: Participant Consent Form

Participant Consent Form

Transition of New Residents to Assisted Living

You are invited to participate in a study entitled “Transition of New Residents to Assisted Living” that is being conducted by Faye Wolse.

Faye Wolse is a graduate student in the department of Anthropology at the University of Victoria and you may contact her if you have further questions by phone: _______ or by email: __________

As a graduate student, I am required to conduct research as part of the requirements for a Masters degree in Anthropology. It is being conducted under the supervision of Peter Stephenson. You may contact my supervisor at _______.

Purpose and Objectives
The purpose of this research project is to describe the experience of the transition process, and to identify some of the common challenges seniors face when making the transition to living in a new place.

Importance of this Research
Research of this type is important in understanding the experience of seniors during the transition process. By learning more about how the transition to assisted living is experienced by seniors it will be possible to make improvements to the process and better prepare new residents for the transition.

Participants Selection
You are being asked to participate in this study because you are a resident of the Senior Centre at the Cridge Centre for the Family where the study will be taking place.
What is involved
If you agree to voluntarily participate in this research, your participation will involve an interview of approximately one hour and one follow up interview. I will make detailed written notes during the interview and with your permission the interview will also be recorded. During the interview you will be asked questions about your experience of moving to the Cridge and will be asked to describe what made the process easy or difficult. Your answers will be kept anonymous and confidential.

Benefits
Your participation in the study will help contribute to individuals such as yourself and society in general. One of the hoped-for outcomes of my research is the ability to improve the lives of seniors. Depending on my findings it may be possible to circulate literature based upon my research, which will benefit and prepare seniors and their families for the transition process. It may be possible to develop and distribute an informative pamphlet or guide for seniors and their families about the transition process.

The research I am proposing will add to the current body of knowledge by providing a uniquely anthropological perspective that focuses on the descriptions of this process from the point of view of the seniors who have recently experienced it.

Voluntary Participation
Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you feel stressed or fatigued at any time during the interview please inform me. We will then stop the interview and you will have the choice of continuing the interview after a break, at another date, or you may choose to end the interview completely and withdraw from the study. If you do withdraw from the study, the data that was collected up until the point of withdrawal will only be used with your permission.

On-going Consent
To make sure that you continue to consent to participate in this research, you will be asked to sign an additional consent form.

Confidentiality
Your confidentiality and the confidentiality of the data will be protected by the use of a pseudonym. If quotes from your interview are used all identifying information will be removed. In the case that identifying
information cannot be removed (e.g. the identifying information is of significance to the research) you will be asked for permission to use the information

**Dissemination of Results**
It is anticipated that the results of this study will be shared with others in the following ways: in a presentation to yourself and other residents and staff of the Senior Centre at the Cridge Centre for the Family, in my masters thesis, possibly in published articles in scholarly journals and presentations made to the academic community.

**Disposal of Data**
Data from this study will be disposed of 12 months after completion of data analysis. All paper copies will be shredded and electronic files will be erased. Until that time all paper copies of the data will be stored in a secure location and electronic files will be password protected.

**Contacts**
Individuals that may be contacted regarding this study include:

Myself, Faye Wolse, by phone: ________ or by email: __________

And

My Supervisor, Dr. Peter Stephenson, by phone: ________ or by email: __________

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant __________________ Signature __________________ Date __________

A copy of this consent will be left with you, and a copy will be taken by the researcher.
Appendix C: Interview Questions

Interview Questions

1. Could you please tell me a little about yourself? For example, how old are you and where did you grow up?

2. What sort of work did you do before you retired?

3. Can you tell me more about the place where you lived before you moved here? (Probes: i.e. was it a house or apartment, did you live with someone else, were you happy there, etc.)

4. When did you move to the Cridge?

5. Why did you move to the Cridge?

6. Could you tell me about the move to the Cridge? How was this accomplished?

7. Was anything surprising about the move? (Probes: Did you find anything unexpectedly difficult? Easy?)

8. Did you have any expectations about what it would be like to live here? (Probes: How is it the same or different from what you expected?)

9. Can you tell me about your first days here?

10. How did you go about settling-in here? (i.e. how did you meet people and figure out how things worked?)
11. What was most significant about the transition process to you?

12. What about your life has changed since you moved here?

13. Do you still have contact with friends and family who don’t live at the Cridge? (Probes: how often? How: by phone, do you visit them or do they visit you?)

14. How often do you make trips outside the Cridge? Why do you make trips outside the Cridge? (i.e. for groceries, to visit friend and family, or doctor and dentist appointments etc.)

15. Do you consider the Cridge home? (Probes: In what ways? or why not?)

16. What advice would you give someone else who is about to go through the transition of moving to assisted living?