

**COMMUNITY CONNECTEDNESS AND LONG-TERM CARE IN LATE LIFE:
A NARRATIVE ANALYSIS OF SUCCESSFUL AGING IN A SMALL TOWN**

A Dissertation

by

JILL SUZANNE YAMASAKI

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

December 2009

Major Subject: Communication

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ABSTRACT

Community Connectedness and Long-Term Care in Late Life: A Narrative Analysis of Successful Aging in a Small Town. (December 2009)

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This dissertation is a narrative inquiry of the ways in which cultural values, norms, and expectations shape the aging experience of elderly adults living independently in Kasson, a small rural town in southeastern Minnesota, and within Prairie Meadows, Kasson's residential assisted living facility. Despite significant evidence of the reciprocal relationship between community connectedness, successful aging, and healthy communities, we know relatively little about the ways in which contextual meanings of old age influence long-term care and perceptions of well-being in late life. I therefore utilized a variety of interpretive methods, including participant observation, textual analysis, in-depth interviews, and photovoice, to complement and enlarge existing research. Ultimately, I engaged crystallization methodology to co-construct with my participants a multivocal, multigenre text of layered accounts, photographs, stories, and personal reflections. My research design and presentation highlight the inherent possibilities of participatory methods, aesthetic ways of knowing, and asset-based community development for influencing policy and practice at

individual, community, and societal levels with typically disenfranchised populations in future communication scholarship.

My narrative analysis uncovered three overarching narratives – the “small town” narrative, the “aging in place” narrative, and the “old age” narrative – that guide communicative practices within and between Kasson and Prairie Meadows. Overall, elderly adults in these communities negotiate community connectedness in late life by drawing from or re-storying each of the three narratives. First, they co-construct personal and relational identities through social interactions and shared understandings (e.g., civic engagement, church membership, neighborliness, collective history) of what it means to live in a small town. Second, they face uncertainty (e.g., health and dependency issues) by turning to the past to make sense of the present and future. Third, they embrace old age through membership in age-specific contexts (e.g., Red Hats, senior center, Prairie Meadows) while resisting it in others (e.g., tensions between independence, isolation, and communal life). In total, their stories illuminate the ways in which personal meanings and cultural ideologies support and constrain interactions and decisions in late life as individuals strive for long-term living and a meaningful, supportive place in which to grow old.

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TABLE OF CONTENTS

		Page
ABSTRACT		iii
ACKNOWLEDGEMENTS		v
TABLE OF CONTENTS		vii
LIST OF FIGURES.....		ix
LIST OF PHOTOGRAPHS		x
CHAPTER		
I	INTRODUCTION AND REVIEW OF LITERATURE.....	1
	Constructing Community	7
	Community Connectedness.....	14
	Livable Communities	20
	Community Narratives and Late Life	29
II	RESEARCH METHODOLOGY.....	34
	Places and Participants	36
	Data Collection.....	51
	Narrative Analysis.....	64
III	THE SMALL TOWN NARRATIVE	69
	Neighbors	72
	Church	84
	Civic Engagement	92
	Collective History	101
	“Small Town Stuff”	108
IV	THE AGING IN PLACE NARRATIVE.....	113
	Setting the Stage: Place Attachment	118
	The Plot Thickens: “Assisted” Living.....	128
	Whose Story Is It?: Crises, Decisions, and Control	142
	A Foregone Conclusion: Rural Nursing Homes	147

CHAPTER	Page
V THE OLD AGE NARRATIVE	151
Late Life Enacted	153
The Paradox of Marriage	165
The Paradox of Congregate Living	175
VI CONCLUSIONS AND IMPLICATIONS	190
Successful Aging: Livable Communities and Narrative Work	192
The Story Continues	199
Implications for Research and Practice	203
REFERENCES	209
APPENDIX	226
VITA	236

LIST OF FIGURES

FIGURE		Page
1	The Small Town Narrative.....	72
2	The Aging in Place Narrative.....	118
3	The Old Age Narrative.....	153

LIST OF PHOTOGRAPHS

IMAGE		Page
1	Picture Me, Picture You	55
2	Changes	74
3	Meeting of the Minds	78
4	Neighborly Love	83
5	Wednesday Oasis	85
6	A Beautiful Day	88
7	Lutheran Brotherhood Loves Volunteers.....	91
8	Marigolds in May	96
9	Storytime with the Library	101
10	Remembering	106
11	Small Town Stuff	108
12	Our Second-to-Last House.....	120
13	The Best Part Yet	122
14	R&R	125
15	Walking in the Woods.....	129
16	A Friend in Need.....	130
17	The Family Farm.....	134
18	The Senior Center	137
19	Community Connections.....	142
20	Graduation Day	147

IMAGE		Page
21	606 W. Main Street	150
22	Quilting Sew-and-Tell.....	155
23	Foxy Red Hatters.....	156
24	Land of 10,000 Lakes.....	161
25	Kids Spoiled Here	163
26	Camping with the Kids.....	165
27	An Old Duffer at Work	169
28	Saturday Date Night.....	174
29	Stretchercise	176
30	B-I-N-G-O.....	178
31	Sunday Cards	180
32	A Good Book	184
33	Summer Driving.....	186
34	Prairie Meadows.....	188
35	Birds of a Feather Flock Together	206

CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

It's four o'clock in the morning, and 91-year-old Margaret Carlson is baking cookies. This is her third early morning in a row with one more to go until the annual quilt show and bake sale co-sponsored by the Happy Sew & Tell Quilting Group and Prairie Meadows Senior Living, but Margaret doesn't mind. "My best baking mood comes early in the morning," she always tells baffled people with a smile. She sifts flour in the "one-at-a-time kitchenette" of the apartment she shares with her roommate, Ada, and measures sugar from the 25-pound bag they bought together in anticipation of the sale. By sunrise, the aroma of freshly baked cookies fills her apartment and wafts down the hall in a warm greeting for the housekeepers arriving to work and the residents starting to stir. Ada wakes to join her for their usual breakfast of a homemade bun and cup of coffee; then, Margaret frosts the chocolate cake with white fluffy frosting she made for the weekly resident-staff social gathering that afternoon. She promises to vacate the kitchen to let Ada make her famous fudge, but the two will reunite there later that evening when Margaret makes her peanut brittle. Since Margaret is diabetic, Ada will taste each batch for consistency; since Margaret has trouble seeing, Ada will read the thermometer. "We get along just fine," says Margaret, "because we like a lot of the same things."

This dissertation follows the style of *Health Communication*.

Margaret, who moved to Prairie Meadows in Kasson, Minnesota, after her husband of 71 years passed away two years ago, seems to “get along just fine” with just about everyone. Residents and staff members sing her praise and flock to her treats. “She bakes like you would not believe,” says Bonnie, the head housekeeper. “And I think she’ll make a baker out of me yet. I had to call her when we went to Washington. I wanted to make her frosting but couldn’t remember all the ingredients. And she got the biggest kick out of that. You know, my frosting always gets a crust on it. Well, hers never does. So that’s why I wanted to get her recipe. And she just chuckled and chuckled about that.” They affectionately call her the “Cookie Grandma,” and they encourage her to submit her baked goods for judging at the Dodge County Free Fair. When she wins four blue ribbons – for chocolate chip cookies, oatmeal peanut crisp cookies, pumpkin pecan cookies, and peanut brittle – they use her likeness to advertise the quilt show and bake sale in the Dodge County Independent, Kasson’s weekly newspaper. By the time I interview Margaret for this project – in her apartment over a scrumptious piece of white cake with homemade lemon filling and the white fluffy frosting that never crusts – I have read about her in the newspaper, sampled her cookies at a facility social, and learned of her from staff members, other residents, and various adults living in Kasson. “Have you met Margaret yet?” they ask me. “You need to talk to Margaret.”

Our country’s population is aging in record number, making the well-being of elderly individuals an increasingly significant social issue (Gubrium, 2006). Currently, 37 million adults age 65 and over live in the United States, accounting for more than 12 percent of the total population; by the year 2030, this age group is projected to double to

71.5 million, or nearly 20 percent of the total population (Federal Interagency Forum on Aging-Related Statistics, 2008). While the proportion of individuals age 65 and over is expected to remain relatively stable at around 20 percent after 2030, the oldest-old population – adults age 85 and over – could grow from 5.3 million in 2006 to nearly 21 million by 2050 as baby boomers age and life spans increase (Federal Interagency Forum on Aging-Related Statistics, 2008). With greater longevity comes higher potential for a variety of age-related chronic conditions, functional limitations, and cognitive impairments. In light of these age-related challenges, researchers and practitioners have moved beyond the biological to a more complex view of aging to account for a person's overall well-being in late life (Rowe & Kahn, 1998). This perspective recognizes successful aging as more than a matter of health or ability by focusing instead on the ways in which elderly individuals satisfactorily cope with or adjust to age-related challenges in order to maintain functional status, pursue worthwhile activities or interests, and engage in meaningful (e.g., supportive or reciprocal) relationships (AARP, 2005). When defined this way, successful aging is contextual, does not require the absence of health or disability, and emphasizes the “preservation of key capacities to perform in domains that are important to the individual in her or his niche” (Inui, 2003, p. 391). This ecologic perspective also highlights the fundamental importance of communication for quality of life and health maintenance during the aging process (Hummert & Nussbaum, 2001).

Community connectedness is a critical component of successful aging (AARP, 2005) and a significant focus of study for health communication scholars. Social

support, social ties, and meaningful social roles are associated with better physical and mental health among individuals of all ages (Albrecht & Goldsmith, 2003). Margaret, for instance, seems to exemplify active community engagement at its best. She participates in reciprocal relationships with individuals in the Prairie Meadows, Kasson, and Dodge County communities; spends time pursuing meaningful activities; and receives the assistance she needs to function independently despite her frail bones, declining eyesight, and chronic diabetes. Conversely, social isolation has profound negative effects, especially for elderly adults (AARP, 2005). Consider the story of 93-year-old Marvin Schur, for example, which made national news during the winter of 2009 as I wrote this chapter. Marvin froze to death in his Michigan home five days after the electric company installed a power-limiting device due to months of unpaid bills. A widower with no children, he lived in the home for more than 50 years and could often be seen through the front window watching TV or peering outside. When neighbors found him lifeless on the bedroom floor in four layers of clothing and a winter jacket, the windows were frosted over, icicles hung from the faucet, a heating pad rested on his favorite armchair by the window, and money was clipped to a pile of bills on the kitchen table. His death sparked “outrage, soul-searching and a resolve never to let something like this happen again” (Eggert, 2009). Neighbors blamed the electric company for installing the limiter, which can be manually reset by homeowners to restore electricity, without any instruction, notice, or concern. Marvin had paid his bills regularly for 50 years, they argued, and mechanical interventions can be overwhelming for elderly adults. The electric company, on the other hand, faulted Marvin’s neighbors for not

watching out for him. “Neighbors need to keep an eye on neighbors,” they replied in defense.

Although extreme examples, Margaret and Marvin demonstrate that where and how elderly adults live have profound implications for aging successfully into late life. The pressing need for supportive environments in which to grow old has prompted public policies (AARP, 2005; Polivka, 2006), Congressional hearings (*Naturally Occurring Retirement Communities*, 2006), and a special issue of *Generations*, the journal of the American Society on Aging (Wilson, 2006), all of which recognize the importance of community connectedness but fail to address contextual meanings of age. Health communication scholars argue that communities create health opportunities or constraints through material resources, relational ties, and cultural expectations (Dutta, 2008). As a result, health issues are often defined in terms of cultural standards or meanings (Geist-Martin et al., 2003). Likewise, “the fate of the elderly depends to a large degree on what dominant narratives a culture constructs about the last years of life” (Morris, 1998, p. 236). Any exploration of successful aging, therefore, is incomplete without an understanding of the dominant meanings of age constituted within a particular environment.

This dissertation is a narrative inquiry of the ways in which cultural values, norms, and expectations shape the aging experience of elderly adults living independently in Kasson, a small rural town in southeastern Minnesota, and within Prairie Meadows, Kasson’s newly built assisted living facility. I chose these settings for a number of reasons. First, residential long-term care facilities – ranging from

independent living to assisted living to nursing homes – are fraught with meanings of old age derived largely from negative stereotypes that ultimately inform possibilities for or the absence of community connectedness both within and outside the residence. Second, elderly members of rural areas often have deep social and autobiographical connections to their communities, but lack much of the formal support available in urban settings. Third, Kasson is the largest town in the county with the greatest percentage of senior citizens per capita in Minnesota, and Prairie Meadows is seemingly integrated in rather than isolated from surrounding activity in town. Finally, my paternal grandmother is a lifelong resident of Kasson, and while I have spent considerable time with her over the years, I know very little about the lived experiences of older adults in Kasson. Ultimately, in these contexts, I aim to understand how shared meanings of community, old age, and assisted living (constituted as informal, formal, or residential supportive services) enable and constrain community connectedness, in particular, and successful aging, in general, during late life.

In the remainder of this chapter, I examine the concept of community as a communicative accomplishment. As part of this discussion, I introduce my methodological framework and consider how engaging in dialogic research with multigenre representations constitutes an additional form of community in which I, my participants, and our audience come together in shared time and space with mutual effects on one another (Frank, 2005, p. 968). I then explore existing literature concerning the relationship between community connectedness, successful aging, and healthy communities, followed by a review of livable communities in a variety of forms. From

this theoretical perspective, I pose a number of research questions to undergird this project. I conclude the chapter with an introduction to my grandmother's story and an overview of the five chapters that follow.

Constructing Community

Community is an ambiguous term with a variety of meanings. To some, it represents a particular space; to others, it means a collective identity or linked group of people. I define community in this project as a social accomplishment that emerges through communication (Adelman & Frey, 1997; Geist-Martin et al., 2003; Rothenbuhler, 2001). Members of a community create and sustain shared sets of meanings through customs, rituals, interactions, and other communicative practices. This perspective implies emotional connection, interdependence, mutual influence, and a common way of viewing the self and others (Adelman & Frey, 1997). It also provides an entry point for understanding individual and collective interpretations of health and illness in late life (see, for example, Frey et al., 1996).

Popular definitions of community usually incorporate the notion of a geographically bounded place in which members "share a physical, historical, and social environment and have the potential for face-to-face contact" (Geist-Martin et al., 2003, p. 343). Place, defined here as both physical location and social construction, is an important aspect of my project, as well. In their ethnography of the social construction of community in a residence for individuals with AIDS, Adelman and Frey (1997) explored how relational connections with others constitute "place attachment," or an emotional bond to places and things (Altman & Low, 1992). Rowles (1993) examined the link

between place attachment and successful aging in an individual's environment of choice. He suggests that physical attachment to place (i.e., familiarity from inhabiting a location for an extended period), a sense of social affinity (i.e., the rules of conduct and social norms at home or in the neighborhood that emanate from a history of interactions with others), and intimate links to personal history (i.e., the places where self-identity evolve over the duration of a lifetime) may become increasingly significant to older adults for preserving a sense of identity and continuity in changing circumstances (Rowles, 1993). Nowell et al. (2006) also examined place attachment – this time in distressed urban neighborhoods – but they contend this sense of belonging is paired with the self-identity of community members and based on community cues. The symbolic meanings ascribed to the physical conditions and markers of a community, they argue, can have substantive implications for residents' sense of connection and sense of self (Nowell et al., 2006). As a small rural town in southeastern Minnesota, Kasson's physicality affects how citizens think about, feel about, and behave toward their community, just as Prairie Meadows, the newly constructed assisted living facility in Kasson, influences the meanings and purposes attached to it by current and prospective residents and staff. I describe Kasson and Prairie Meadows, the two primary communities at the center of this project, in more detail in Chapter II.

Narrative Realities

Walter Fisher (1997) claims the study of community entails two considerations: “the grounds of its constitution and the nature of the communication that provides the forms and fabric of its existence” (p. 319). An analysis of the different communicative

practices forging community, therefore, must also include an understanding of the values, norms, and expectations shaping those practices. Given that people are storytellers by nature (Fisher, 1987), narratives are an especially common practice for communicating personal and public worldviews. Health communication scholars, for example, explore how ill individuals make sense of their experiences, assert control, transform identity, warrant decisions, and build community through the social sharing of narratives (Sharf & Vanderford, 2003). Harter et al. (2005) claim these narratives of health and healing “emerge as complex performances in the midst of enveloping life and social narratives that can enable or constrain, stigmatize or empower, confuse or enlighten individuals” (p. 29). Social narratives shape the aging experiences of older adults in similar ways (see Randall, 2001). Stereotypes constructed from negative images of mental and physical deterioration have largely medicalized old age as an illness or disability (Hepworth, 2004; Morris, 1998). Elderly individuals who possess physical cues of aging are at particular risk for triggering and reinforcing societal stereotypes of age. Wrinkled skin, assistive devices such as walkers or hearing aids, and white hair may initiate age-adapted speech, including patronization and infantilization (Hummert, 1994; Hummert et al., 2004), as well as inter- and even intra-generational discrimination or alienation (Barker et al., 2004; Harwood, 2007). Ultimately, these negative attitudes and behaviors may affect the health and/or functioning of older adults who conform to these stereotypes in a sort of self-fulfilling prophecy (Thornton, 2002). They may also contribute to the negative aging of younger adults. Individuals who subscribe to negative perceptions of aging, for example, may not seek medical care or

positive social support as they grow old, settling instead for a diminished quality of life consistent with their low expectations (Harwood, 2007; O'Hanlon & Coleman, 2004).

The dynamic relationship between narratives and experiences of aging illustrates that narratives are both personal and social. Smith (2007) argues that narratives are “thoroughly shaped, but not determined, by socio-cultural conventions about language. The context, setting, audience, the particular situated purpose of a story, tellability, and the narrative resources available to tellers frame *what* might be said and *how* it can be narrated” (p. 391). Likewise, Gubrium and Holstein (2009) claim the construction and use of stories in society represent an interplay of narrative environments and narrative work. Social settings, or the contexts within which story construction and telling occur, vary as narrative environments in that some affirm while others challenge existing stories (Gubrium, 2005). For example, residence in age-related contexts, ranging from nursing homes for the frail to retirement communities for the independent, may perpetuate age as a social border that separates, silences, and excludes older individuals from society at large (McHugh & Larson-Keagy, 2005; Morris, 1998). On the other hand, individuals living within these communities may find that “what one is in old age is not simply there for the asking but is actively produced in the telling” (Gubrium, 2001, p. 27). Such positive narrative environments could then enable older adults to re-shape their later years as a collective experience through shared stories (Biggs et al., 2000; Yamasaki, in press).

Gubrium and Holstein (2009) define shared stories as narrative work, or the interactional activity through which narratives are constructed, communicated, sustained,

or reconfigured. Narrative activity is an inherently dialogic communicative process in which participants co-construct meaning in the “mutual interplay of telling and listening” that constitutes ongoing interaction (Harter et al., 2005). To construct personal experiences and meanings, individuals draw on the cultural, psychological, and material resources available within specific social contexts (Gubrium, 2001; Harter et al., 2005). Combined, narrative environments and narrative work comprise the two chief components of a community’s narrative reality in which stories emerge and are embedded (Gubrium & Holstein, 2009).

Crystallization

Narrative inquiry, including this project, attempts to make sense of co-constructed social life and the meanings endowed within human experience (Harter et al., 2005, p. 13). Given the interactive nature of qualitative research, much of narrative inquiry has expanded to include the researcher’s actions for co-constructing meaning with participants, as well. Narrative scholars (e.g., Frank, 2005; Smith, 2007) endorse dialogic ways of knowing that emphasize “how researcher and participant came together in some shared time and space and had diverse effects *on each other*” (Frank, 2005, p. 968). According to Cortazzi (2001), the effort to feature human interest through narrative research relates to the research itself *as a story* (p. 387). Like their participants, narrative researchers emphasize their own narrative action using first person, develop meaning out of the material studied, develop their own voices as they construct others’ voices and realities, narrate results in ways that are both enabled and constrained by social resources and circumstances, and write or perform their work for particular

audiences (Chase, 2005, p. 657). Ultimately, in the shared time and space referenced by Frank (2005), researchers genuinely spend time with participants, allow for their stories, and become engaged witnesses to their lived experiences.

Harter et al. (2009) advocate aesthetic ways of knowing within dialogic or engaged communication scholarship. They argue that scholars can foster alternative logics by highlighting creativity as a form of sensemaking that relies primarily on intuition and imagination to craft “previously unimagined possibilities” (p. 36). Such diverse rationalities enable scholars to “bring and create selves in the field as we become trusted actors in the lives of participants. At times camouflaged and in other moments visible, we co-narrate other people’s lives – and advance our own lives – within our creative renderings. By expanding our methodological toolboxes, we stretch our own capacities as scholars and invite alternative representations of selves from participants” (Harter et al., 2009, p. 36). To substantiate their claims, Harter et al. (2009) offer a number of exemplary research methods to engage aesthetic rationalities; for this project, I turned to crystallization. Crystallization methodology provides a framework for blending social scientific analyses with creative representations of data into a coherent text or series of related texts (Ellingson, 2009a). It manifests in qualitative projects that:

- Offer deep, thickly described, complexly rendered interpretations of meanings about a phenomenon or group.
- Reflect several contrasting ways of knowing.
- Utilize more than one genre of writing and/or other medium.

- Include a significant degree of reflexive consideration of the researcher's self and roles in the process of research design, data collection and representation.
- Eschew positivist claims to objectivity and a singular, discoverable Truth in favor of embracing knowledge as situated, partial, constructed, multiple, embodied, and enmeshed in power relations. (Ellingson, 2009a, p. 10)

Since crystallization involves these principles to varying degrees, I explore each in turn as manifested in this project. First, I sought to provide an in-depth understanding of community connectedness and meanings of age in the Kasson context by incorporating “thick description” (Geertz, 1973), multiple voices, and conflicting points of view, patterns, and exceptions (Ellingson, 2009a). Second, I moved across multiple points of the qualitative continuum by including a middle-ground analytic method (narrative analysis), creative analytic practices (narratives, such as the one at the beginning of this chapter), and art/science hybrid accounts (participant photography). Third, I constructed a written text consisting of multiple genres that reflect those multiple points on the continuum. My dissertation represents my attempt at integrated crystallization, which Ellingson (2009a) likens to a quilt:

The making of a quilt involves creating art and producing a functional object by piecing together bits of fabric into a holistic pattern that beautifies, warms those who use it, reflects the artistic voice of its creator, and often provides a social outlet during its creation, via quilting bees and sewing circles. Likewise, crystallized qualitative projects produce both

aesthetic and functional projects that benefit a range of stakeholders and reflect the voices of both researchers and participants. (p. 99)

Fourth, as part of this “quilt,” I reflect on my position throughout the process of research design, data collection, and representation. Finally, I offer this dissertation with the understanding that knowledge is inevitably situated and partial. As I discuss in Chapter VI, I embrace the reality that my narrative inquiry, and the stories woven within it, embody some – but not all – of the possibilities for what may be within the specific social contexts of Kasson and Prairie Meadows (see Chase, 2005). Next, I examine the reciprocal significance of community connectedness, successful aging, and healthy communities.

Community Connectedness

As I stated at the beginning of this chapter, community connectedness is an essential element of successful aging and a key component to an individual’s quality of life and overall well-being. Haun et al. (2008) characterize connectedness in their study with elderly stroke survivors as (a) the availability of others, including a close relationship with at least one other person; (b) support from others; (c) interaction with the community, including engagement in interactive activities, access to transportation, and occasional participation in social organizations; (d) the ability to contribute to the family unit or to others in the community; and (e) the ability to love and/or care for others. In his presentation on the importance of belonging for the very young and the very old, Tomison (1999) defines community connectedness as a strong sense of identity or feeling of belonging to the community; good relationships with neighbors, friends,

and/or family; and a number of links with people or groups from outside the individual's immediate group. Indeed, the availability of formal and informal social support between and among friends, family members, acquaintances, neighbors, and even strangers indicates connections to the community and offers profound consequences for physical and mental well-being (Albrecht & Goldsmith, 2003, p. 264). In particular, dense support networks – those in which relational partners are closely linked through multiple roles and more likely to presume the reciprocation of future supportive behavior – most often facilitate supportive communication and provide a sense of attachment to the wider community (Albrecht & Goldsmith, 2003).

Putnam (2000) identifies community connectedness as one of the most powerful determinants of well-being, claiming that “mounting evidence suggests that people whose lives are rich in social capital cope better with traumas and fight illness more effectively” (p. 289). Social capital refers to a community's social networks and the norms of reciprocity and trust arising from them (Putnam, 2000). According to Cannuscio et al. (2003), most definitions emphasize its characteristic as a collective good provided by a group or community. Communities high in social capital generally include high civic engagement, member participation in voluntary activities, and high levels of trust and norms of mutual aid between its members (Cannuscio et al., 2003; Putnam, 2000). Social capital can be operationalized as the informal and formal relationships that span people, organizations, and agencies; indeed, communities as a whole benefit most when social networks are diverse, inclusive, tie together organizations, and span other communities (Flora, 1998). Ultimately, “while a

community rich in social capital enjoys good health, one that is low in social capital suffers from disease and mortality” (Dutta, 2008, p. 211). Social capital is integral to the well-being of older adults, as well. Since community connectedness helps individuals maintain productive, independent, and fulfilling lives, the availability of social capital within communities is an important aspect of successful aging (Cannuscio et al., 2003).

Healthy Aging

Successful aging, as defined at the beginning of this chapter, represents health in late life not as an ideal or the absence of disease, but rather as “the capacity to engage meaningfully with and respond to the contingencies of daily life regardless of afflictions and (dis)abilities” (Bryant et al., 2001, p. 940). Hummert and Nussbaum (2001) equate successful aging with healthy aging. They claim that physical, cognitive, and emotional aspects of health are intertwined and linked to successful aging through communication. Community connectedness, for example, requires attending to interpersonal relationships, developing close emotional ties, and utilizing effective support systems to cope with varying degrees of physical and mental function, all of which rely on communication (Hummert & Nussbaum, 2001). The availability or absence of these social connections – in the form of informal networks, family ties, community links, and institutional relationships – ultimately have profound implications for aging successfully into late life (Stone, 2003).

Bryant et al. (2001) summarize and advance a model of healthy aging that emerged from their interviews with older adults. Like other explanations of successful aging, the model incorporates biological, functional, social, and psychological attributes

of the individual and environment. Unlike other explanations, however, it views health not as a static condition but rather as an ongoing balancing and rearranging of the four components comprising the model. The participants view health, and therefore successful aging, as going and doing something meaningful. To contribute positively to health, the things that people do need to matter to them (Bryant et al., 2001). Valued activities include those related to social roles (e.g., older person, friend, retiree, homemaker) and emphasize the importance of being able to conform to society's perceived standards and expectations for older people. Sufficient abilities (e.g., independence, mobility, vision, mental function) to respond to the challenges of aging affect how satisfactorily the participants can accomplish their valued activities, as do supportive resources (e.g., friends, family, social support) that counter declining abilities and a positive attitude. Combined, these components – activities, abilities, resources, and attitude – interact, support, and supplement each other to directly contribute to perceived positive health and successful aging (Bryant et al., 2001). Inui (2003) characterizes this conceptualization of successful aging as a “dynamic equilibrium” between a capacity for functioning in a changing environment and the various states of well-being that serve as a foundation for this functioning (p. 393).

Healthy Communities

Successful aging, like other health outcomes, is contextual and largely determined by the resources in social and physical environments (Anderson et al., 2003; Inui, 2003). In addition to personal behaviors and biologic traits, these environments shape human experience and offer or constrain opportunities for health at all ages. A

national task force created by the Department of Health and Human Services, for example, explored the link between the social environment and health in a conceptual model built on the fundamental premise that access to societal resources determines community health outcomes (Anderson et al., 2003). According to the model, community members draw upon societal resources to sustain health. These resources include the community's standard of living, culture and history, social institutions, built environments, political structures, economic systems, and technology. Six observable conditions in the social environment then serve as intermediate indicators along a pathway from root determinants of health – societal resources – to community health outcomes. These intermediate outcomes include neighborhood living conditions; opportunities for learning and developing capacity; community development and employment opportunities; prevailing community norms, customs, and processes; social cohesion, civic engagement, and collective efficacy; and opportunities for health promotion, disease and injury prevention, and healthcare. Ultimately, the model demonstrates the ways in which social resources influence levels of health in a community and offers support for community-based interventions that address environmental barriers to optimal health and quality of life (Anderson et al., 2003).

According to Dutta (2008), health is a community resource constituted at the intersection of structure, culture, and agency. Basic material resources reflect a community's structural features and become meaningful through cultural symbols, language, and processes, just as cultural meanings enable members to interpret, work with, and challenge those structures and disparities (Dutta, 2008, p. 205). Rowles (1998)

examines these relationships in his work on the community context of growing old in rural America. He contends that “systems of social support are grounded within a community space and culture that involves shared assumptions, expectations, obligations, and codes of conduct regarding the appropriate way to interact with older people” (p. 111). Shenk’s (1998) in-depth interviews with 30 elderly women living in central Minnesota similarly detail the systems of exchange and support that govern the rural community where they live and enable them to reside independently at home. On the other hand, clear gaps exist in the continuum of long-term care in rural communities (Krout, 1998). With few alternatives for those who cannot live independently but do not require institutionalization, nursing homes may be the default option for individuals with limited social ties to their communities (Hutchison et al., 2005a, 2005b; Krout, 1998).

Community connectedness is linked to the health of community members and the community itself. Communities that have a variety of health-related resources, high levels of reciprocal trust among their members, and meaningful social ties generally face lower numbers of health-related barriers and are better able to sustain the health of their members (Dutta, 2008). Community ties also serve as communicative links for providing health information to community members and reinforcing health-enhancing behaviors through community networks (Dutta, 2008, p. 213). According to Cannuscio et al. (2003), communities with high levels of social capital are better equipped to protect the health of their members, including those who are socially isolated, and are more effective in responding to external health threats. Older adults fall on both the supply and demand sides of a community’s social capital (Cannuscio et al., 2003; Tomison, 1999).

Although they are significant beneficiaries of social capital, older adults are also “the primary producers of the social glue that holds together communities” (Tomison, 1999, p. 396). In general, the so-called civic generation – the cohort of individuals who attended school during the Great Depression and lived during World War II – have maintained high levels of civic participation, community involvement, and social trust throughout their lives (Putnam, 2000; Tomison, 1999). They are also living longer in these communities with improved health and reduced functional impairment (AARP, 2005). Individuals who feel part of a healthy community are likely to see that they can contribute something worthwhile to that community, as well, thereby creating a cycle of positive support and enhanced community life (Tomison, 1999). Having explored the reciprocal significance of community connectedness, successful aging, and healthy communities, I next continue with an examination of so-called livable communities in which to grow old. After discussing them in general, I focus on two in particular: naturally occurring retirement communities (NORCs) and assisted living facilities.

Livable Communities

As the previous section demonstrates, the ways in which older adults interact with their environment can have profound implications for their personal independence and ability to remain socially connected to the people around them (Kochera & Bright, 2006). Limited mobility options and supportive services, for example, may threaten opportunities for socializing, volunteering, engaging in meaningful public activities, and providing and receiving informal support among neighbors and friends. Livable communities, on the other hand, offer the environmental provisions and supportive

services needed for aging individuals to sustain their overall well-being and perceived quality of life (Kochera & Bright, 2006). In its 2005 public policy report on the relationship between community connectedness and successful aging, AARP defines a livable community as “one that has affordable and appropriate housing, supportive community features and services, and adequate mobility options, which together facilitate personal independence and the engagement of residents in civic and social life” (p. 16). The report claims livable communities are vital to the successful aging of people age 50 and older and extends a six-point call to action to help focus attention on community needs for individuals of all ages and abilities. According to these recommendations, communities should (a) encourage community engagement by facilitating various forms of social involvement; (b) promote the design and modification of homes that meet the physical needs of older adults; (c) encourage stability by ensuring diverse and affordable housing environments; (d) promote community features intended to enhance inclusiveness for all individuals; (e) promote safe driving throughout the life span with supportive driver education and improved travel environments; and (f) enhance mobility options, including public transportation and walking, for individuals with varied functional capabilities and preferences (AARP, 2005). With these elements, “a livable community is ultimately inclusive of residents of all abilities, supporting independence, choice, and control for all” (AARP, 2005, p. 16).

Most older adults prefer and are able to live out their lives at home without formal services (Wilson, 2006). Indeed, AARP’s 2005 State of 50-plus America Survey reports that 89 percent of those polled want to stay in their current home for as long as

possible, and 85 percent want to stay in their community for as long as possible (*Naturally Occurring Retirement Communities*, 2006). These individuals rely on family members, friends, neighbors, church members, or local organizations to provide assistance when needed and will typically turn to paid providers only in dire circumstances, such as a significant health event or the loss of a primary caregiver. Wilson (2006) contends that the general reluctance to live in age-based supportive residences is partially due to financial resources but also related to “cultural norms that value personal autonomy and a creed of reciprocity that demonstrates continuing ability to live independently in a setting of choice” (p. 6). For these reasons, older adults who require formal services would rather receive them at home or, barring that, in the least restrictive setting (Bernard et al., 2001).

The overwhelming desire to age in place, a phrase that “describes the phenomenon of growing older within a specific environmental setting” (Bernard et al., 2001, p. 224), has fueled the popularity of assisted living as both (a) the provision of necessary formal or informal services for independent adults living at home and (b) a residential long-term care option for frail adults needing assistance with one or more activities of daily living (Rowles & Ravdal, 2002). Rowles (1993) argues that the dominant image of aging in the second half of the 20th century consisted primarily of vulnerable and frail individuals needing to move to special environments for long-term care. These negative stereotypes contributed to the massive growth of the nursing home industry and persist today, even though only about 5 percent of the elderly population actually resides in one (Rowles, 1993). Toward the end of the century, however,

residential and social policy began recasting existing housing policy and support programs with underlying priorities for the vulnerable and frail elderly to age in place (Rowles, 1993). Cutchin (2003) claims aging in place is now a “complex geographical process mediated by institutions and other social forces” (p. 1077). In his model, the process of aging in place is synonymous to the place integration of older adults using supportive services available in their community or within an assisted living facility. He concludes that the dynamic nature of community connectedness and the challenges of age-related instability ultimately demand flexibility and attention to contexts, processes, and meanings in order to maximize the well-being of older adults wanting to remain in naturally occurring or planned livable communities (Cutchin, 2003). The opportunity to age in place within assisted living facilities, for example, is an important part of the assisted living philosophy but usually depends on the resident’s changes in health or limitations in physical and cognitive functioning (Bernard et al., 2001; Hawes et al., 2003; Hawes et al., 2000). In most facilities, residents could move from relative independence (e.g., wanting or needing only meals, housekeeping, and staff oversight) to needing additional help with bathing, dressing, and managing medications. Residents with progressive cognitive limitations, behavioral symptoms, or extended nursing care, on the other hand, would likely be discharged to more restrictive settings (Hawes et al., 2003; Hawes et al., 2000).

Naturally Occurring Retirement Communities

Citing aging in place as a “compelling human need,” the Senate Committee on Health, Education, Labor, and Pensions met in 2006 to examine naturally occurring

retirement communities (NORCs) as a supportive model for elderly adults to remain at home in their local community. NORCs are based on the notion that communities should provide services that enable aging populations to age in place at home; the ultimate goal of NORC programs is to help transform communities into good places to grow old. According to the Committee, “It is not so much where people live. It is how they live. And because they were part of a community, they wanted to stay part of that community, close to family, close to doctors, close to friends. And therefore, while they had their social and medical network, what they needed was a social infrastructure to support that” (*Naturally Occurring Retirement Communities*, 2006, p. 2).

NORCs encompass age-restricted communities or neighborhoods as well as continuing care communities in which residents live independently with the promise of assisted living or specialized nursing care if needed. Policymakers have also recognized rural environments as important settings for the NORC model of care (*Naturally Occurring Retirement Communities*, 2006). In general, older adults living in rural communities face major barriers to long-term care, including lack of providers, limited knowledge of available resources, isolation, socioeconomic factors, lack of availability and coordination of services, and the rural culture itself (Hutchison et al., 2005a, 2005b; Krout, 1998). On the other hand, these individuals have often lived in their communities for most, if not all, of their lives; draw on a variety of informal supports when needed, including family, church members, and neighbors; and, to some degree, are the backbone of these community settings (Krout, 1998; McLaughlin & Jensen, 1998; *Naturally Occurring Retirement Communities*, 2006). As such, gerontologists have

increasingly focused on these rural demographic, structural, and cultural realities to determine their compatibility with service delivery models, including the NORC model of care (Krout, 1998; *Naturally Occurring Retirement Communities*, 2006).

The NORC model of care empowers older adults to help shape the type of community they think will be most supportive to them. It also engages social networks and public-private partnerships to provide a myriad of cost-effective services that foster successful aging and can respond with calibrated supports as individual needs change. As a form of asset-based community development (Kretzmann & McKnight, 1993), the NORC model of care is a “community-building path which is asset-based, internally focused and relationship driven” (p. 10). Most significantly, it recognizes the strengths of and nurtures the connections among residents, associations, and organizations already present within the local community. Ultimately, “successful programs must be partnerships that bring together the social capital, businesses and services in a community to effectively harness and target its resources to address the physical, social, emotional health and environmental structural challenges faced by a community as it ages” (*Naturally Occurring Retirement Communities*, 2006, p. 6).

Assisted Living

Consumer concerns about nursing home quality and demands for less medicalized, more homelike environments have contributed to the popularity of assisted living and its increasingly prominent role in providing long-term care for the frail elderly (Hawes et al., 2000). The Assisted Living Quality Coalition (1998) defines assisted living as a congregate residential setting that (a) provides 24-hour scheduled and

unscheduled supervision, assistance, and health-related services; (b) is designed to minimize the need to move by accommodating to individual residents' changing needs and preferences; (c) maximizes resident dignity, autonomy, privacy, independence, and safety; and (d) encourages family and community involvement. Although provider and consumer groups generally agree on these key philosophical elements, substantial variation exists regarding the degree to which the current industry embodies them in daily practice (Hawes et al., 2003). Hawes and her colleagues (2000) deem facilities that provide high levels of privacy, service, or both as most consistent with the basic philosophy of assisted living.

Facility diversity notwithstanding, Kane (2001) argues that assisted living has the joint challenge of creating genuine community while also permitting room for individual lives. Resident individuality entails fundamental values of assisted living, including autonomy, privacy, choice, and control – each of which has been deemed by assisted living residents as especially important for a positive quality of life (Ball et al., 2000; Hawes et al., 2003; Hawes et al., 2000; Hernandez, 2006; Polivka, 2006). Resident individuality also means being able to participate in reciprocal relationships, contribute meaningfully to family members or the community at large, and experience and express continuity with the past (see Borglin et al., 2005). Elderly residents of assisted living facilities identify social relationships, contact with family or friends, and participation in social activities as important influences on their quality of life (Ball et al., 2000; Hubbard et al., 2003; Mitchell & Kemp, 2000). Strong predictors of quality of life often include cohesive, homelike environments in which family members participate, staff

members spend one-on-one time with residents, and residents develop interpersonal relationships with other residents (Mitchell & Kemp, 2000). Eckert et al. (2001) endorse a person-centered view of quality of life and satisfaction that illustrates the nature and diversity of connections between residents, their care providers, and the places where they live. Community connectedness, they argue, is embedded in each resident's cultural and ideological contexts, and exists between residents and contextual aspects of assisted living: residents, staff, the facility, and the community. Staff-resident interactions, resident-resident interactions, resident-facility congruence, family involvement, and personal meanings and choices associated with residency in a particular environment all illustrate the salience of human relationships and connections within assisted living facilities (Eckert et al., 2001).

Ultimately, the most hopeful health intervention within assisted living facilities is also the greatest challenge: provide for continuity of life experience and personal identity within the normal elements of daily social living (Kane, 2001). To that end, facility-community integration has emerged as an important aspect of community connectedness, in general, and resident quality of life, in particular (Cutchin et al., 2005; Eckert et al., 2001). Relationships between an assisted living facility and the surrounding community offer a number of benefits. For residents with deep social and autobiographical connections to the local setting, (a) surrounding communities facilitate a sense of belonging and attachment between people and place, (b) shared histories preserve individual identities that precede their collective resident status, and (c) facility employees who may have known them for years provide more personal care (Eckert et

al., 2001). An in-depth case study of a rural Appalachian nursing home socially integrated in rather than separated from the local community demonstrates, for example, that it is possible for individuals needing nursing home care to preserve their ongoing involvement in the larger community and to retain their self-identities and continuity with their pasts (Rowles, 1998; Rowles et al., 1996). These results acknowledge the possibility of transforming long-term care facilities into more flexible community-wide models that residents, their families, and community members may experience as more accommodating and less alienating, particularly in rural environments where nursing homes comprise the majority of long-term care options (Hutchison et al., 2005a, 2005b; Krout, 1998; Rowles, 1998; Rowles et al., 1996).

Cutchin et al. (2005) note in their examination of the assisted living experience that residents frequently accentuate a “continuing, multifaceted connection to place beyond the residence but an evolving social role that is more inwardly oriented toward the assisted living residence and the residential community” (p. 21). These findings suggest residents recast meanings of aging in place and community connectedness as their active place attachment to the local geographical community begins to fade and is then at least partially replaced by social activities and ties within the assisted living residence (Cutchin et al., 2005). To be a true community, however, “residential facilities must have a collective identity which is created through interpersonal relationships that foster personal growth and promote community spirit” (Adelman et al., 1994). Ultimately, high quality communities are characterized by four elements: membership (e.g., sense of belonging or identification); influence (e.g., the group influences its

members while still respecting individual members' autonomy and control); social integration (e.g., shared values); and emotional connection that is fostered by positive interactions, defined group tasks, and shared crises (Adelman et al., 1994). Having considered both NORCs and assisted living facilities as livable communities to support successful aging, I next summarize this chapter in relation to Kasson, Prairie Meadows, and key project objectives, which I will present as the overarching research questions guiding my study.

Community Narratives and Late Life

Kane (2001) poignantly states that long-term care “shapes where people live, how they live, whom they see, what they do, and the relationships transpiring within families and communities. How we choose to view long-term care as a society, therefore, entails considering subjects as profound as the meaning of life” (p. 294). Just as psychosocial pathways link poor conditions and poor health, the effects of pervasive stereotypes regarding old age critically shape perceptions of well-being in late life (Angus & Reeve, 2006). It is therefore imperative that scholars address contextual meanings of age when attending to issues of long-term care, community connectedness, and successful aging. Likewise, narrative scholars have expanded inquiry to the broader realm of narrative practice to understand the construction and use of stories in context (Atkinson & Delamont, 2006; Gubrium & Holstein, 2009; Harter et al., 2005). As such, I pose the following questions to guide my narrative inquiry of contextual meanings of age in two seemingly livable communities, Kasson, a naturally occurring retirement community (NORC), and Prairie Meadows, its newly constructed assisted living facility:

- RQ1: What cultural meanings enable and/or constrain the construction of community connectedness for older adults living in Kasson and Prairie Meadows?
- RQ2: How is old age emplotted and performed by older adults living in Kasson and Prairie Meadows?
- RQ3: How do contextual meanings of community and age shape long-term care practices for older adults living in Kasson and Prairie Meadows?
- RQ4: How do narrative sensibilities recast the possibilities and challenges of livable communities, in general, and Kasson and Prairie Meadows, in particular?

I began this chapter with a glimpse of Margaret Carlson and will now conclude it with an introduction to another Kasson resident, my grandmother. Although I've never lived in Kasson and have only visited a few times throughout my adulthood, her lived experiences there intersect with mine in a variety of ways. I reflect briefly on my initial conceptions of this project as part of Grandma's story, but – in the spirit of narrative inquiry, in general, and crystallization, in particular – will offer further reflection as one of multiple ways of knowing layered throughout the remaining chapters. I provide a brief overview of these chapters, as well, at the conclusion of this section.

Grandma's Story

Jackie Kellar, my paternal grandmother, is a 78-year-old lifetime resident of Kasson. She lives alone in the house she shared with Grandpa and faithfully attends the church in which they were married, he was memorialized, and three generations of our

family were baptized. The license bureau she and her father once owned is still on Main Street; her previous homes are scattered throughout the neighborhood. Although her social networks have changed as people have moved or passed away, Grandma maintains active friendships within the community and is involved in a number of social clubs and volunteer activities that keep her busy throughout the week. Severe osteoporosis, however, threatens her independence. Within the last several years, Grandma has broken her kneecap, shoulder, and arm in falls. Each incident has necessitated familial assistance and has sparked numerous discussions regarding her future care. Grandma says that she will move to Denver to be closer to my immediate family when she can no longer live at home in Kasson. We've talked about finding a continuing care community where she could maintain a private residence but still thrive in an active social environment. Still, we worry that Denver won't be able to offer Grandma the comforts of her hometown, and Grandma regularly pushes back the hypothetical date of when she might want to move. Thus, like thousands of other families, we continue to grapple with a seemingly impossible decision: What will be best for Grandma?

Before this project, I last traveled to Kasson in August of 2005. Grandma had suffered a broken shoulder and the sudden death of her beloved sister within days of each other; she needed both practical assistance and emotional support to get through the funeral and aftermath. Two years later, I learned about Prairie Meadows during an uneventful phone call home in which Mom offhandedly remarked that Grandma was now playing bridge there on Tuesdays. The thought of a brand-new – indeed only –

assisted living facility in Kasson both startled and intrigued me. On one hand, it seemed awfully progressive for a town that doesn't even have a fast food drive-thru. On the other hand, my extended visit in 2005 had provided me with a glimpse of the reality of Grandma's needs, as well as the comfort that an informal network of support currently exists to meet them. The neighbor next door shovels snow and mows her lawn. Church members, when needed, bring her meals and clean her house. Friends transport her to appointments in nearby Rochester or to lunch in the neighboring town. When she's well, Grandma does the same for others. Kasson, as a community, has rallied behind Grandma, and I saw Prairie Meadows as a natural embodiment of this goodwill. It was so natural, in fact, that Grandma hadn't thought to mention it to me sooner, even though she is familiar with my research at various assisted living facilities and could describe in detail the history of and current happenings in Prairie Meadows when asked.

Overview of Chapters to Come

My lived experience has proven to be a source of opportunity – what Lindlof and Taylor (2002) deem a “found” topic. As an interpretive scholar who embraces the connection between knower and known (Miller, 2005), I welcome the chance to jointly construct a meaningful project with individuals from three populations of personal significance: Kasson, older adults, and assisted living. More importantly, I am intrigued by what Prairie Meadows could possibly represent for older adults living in Kasson, including Grandma. Assisted living is largely an urban industry, with an estimated 85 percent of all residents residing in facilities in metropolitan areas (Hawes et al., 2003) – often to live within close proximity of a visiting family member (see Lee et al., 2002)

and often resulting in diminished ties to the surrounding community and their previous lives. In contrast, the majority of residents at Prairie Meadows come from Kasson or neighboring towns, where they have spent much of their adult – and even childhood – years (Hudson, personal correspondence, 2008). As such, Kasson has positioned Prairie Meadows as a hopeful alternative for elderly individuals needing residential care but wanting to remain in the community.

In the next chapter, I detail the places and participants at the heart of this project, as well as my methods for data collection, narrative analysis, and multigenre representation. I present my results in Chapters III, IV, and V. Each of these chapters comprises an emergent narrative that shapes the participants' experiences and lived realities in different ways. I discuss potential practical and theoretical implications stemming from this project in the final chapter. Throughout, as I have introduced in this chapter and will detail in the next, I aim to incorporate multiple ways of knowing, a number of voices, and a variety of narratives in textual and visual form.

CHAPTER II

RESEARCH METHODOLOGY

On the fourth day of my first week in Kasson, I met with the seniors advocate from Semcac, a community action agency that provides a variety of programs and services for 11 counties in southeastern Minnesota. Melissa was in the middle of moving one of her rural clients to Prairie Meadows; the administrator there had suggested I learn more from her about that gentleman's circumstances, in general, and the long-term care needs of the elderly populations of Kasson and the surrounding area, in particular. Melissa, a resident of neighboring Mantorville and long-time member of Grandma's church, was delighted to talk with me, and we spent two hours chatting informally over chicken salad at the local café. She explained that many of her homebound clients – most of whom are women – usually have some type of family, neighbor, or church-based support presence in their daily lives. This gentleman, however, was less connected to the community and needed “to take advantage of the services available” at Prairie Meadows to remedy his isolation. “How fortunate for people like him to have Prairie Meadows here in Kasson,” I remarked. “Yes,” said Melissa slowly, “but assisted living isn't always the answer.” She then told me about another client, a homebound widower who lived alone in an old house on the outskirts of Kasson. This 87-year-old gentleman had a network of people from the community helping him remain independent. Neighbors took turns visiting him, bringing him his mail, and transporting him to the bank or grocery store; a volunteer from church came once a week to straighten his house and help with his bath. He lived alone with their assistance for more than two years until

his grown daughter from out of state insisted he move to Prairie Meadows. “He’s been there six months and is frailer now than he was on his own,” said Melissa. “Like I said, assisted living isn’t always the answer.”

Her statement startled me for a moment, and then I realized I had heard it before. Two months prior at my dissertation proposal defense, Dr. Catherine Hawes, a recognized expert on long-term care policy, cautioned me to “move beyond a best practices project” and instead cast a critical eye on assisted living in philosophy and practice. A year before that, my advisor questioned my overt enthusiasm toward assisted living in a focus group I had conducted with residents in a different facility. “*Gosh, I want to move here myself!*” she read aloud from the transcript in front of her before turning to me and saying, “*Really, Jill?*” Even a professor from another university who had read my proposal in preparation for an upcoming doctoral research seminar encouraged me to “complicate my thinking” about Kasson and Prairie Meadows. Now Melissa was saying the same thing.

Although I conceptualized this project as an examination of the partnership between Kasson and Prairie Meadows, I left lunch that day with plans to spend a day shadowing Melissa and slowly began broadening my investigation to understand how elderly adults living in Kasson and Prairie Meadows perceive, story, and experience the concept of assisted living in a variety of formal and informal ways. My revised focus is reflected in the research questions guiding this study; it also serves as both a cautionary tale and a testament to the “elasticity of qualitative design” (Janesick, 2000, p. 383). Janesick (2000) likens the qualitative researcher to a choreographer who, at various

stages in the design process, situates and recontextualizes the “research project within the shared experiences of the researcher and the participants in the study” (p. 380). As this project demonstrates, I am learning to embrace the flexibility inherent in qualitative design. Still, I continue to struggle with the urge to romanticize “participants’ voices as though they reflect one-dimensional heroes or victims” (Ellingson, 2009a, p. 43). Having worked and conducted research with elderly adults in what are arguably exemplary long-term care facilities, I tend to instinctively gravitate toward residents and often take their proclaimed satisfaction at face value. With the cautionary words from esteemed professionals swirling in my head, however, I vowed this time to “work the hyphens” (Fine, 1994) throughout data collection, analysis, and final representation and instead “present people in all their complexity” (Ellingson, 2009a, pp. 43-44).

In this chapter, I detail the places and participants at the heart of this project, including an explanation of Grandma’s role as cultural broker and my goals as researcher. Then, I discuss the methods I employed for collecting data from a variety of sources. Finally, I elaborate on narrative analysis as a comprehensive framework for exploring and understanding the construction and use of stories in society (Gubrium & Holstein, 2009). This elaboration includes the procedures I used for analyzing my large collection of data, which resulted in the three overarching narratives – small town, aging in place, and old age – discussed in detail in Chapters III, IV, and V.

Places and Participants

The participants in this project comprise four groups from the Kasson and Prairie Meadows communities: (a) older adults living independently in Kasson, (b) residents of

Prairie Meadows, (c) staff members of Prairie Meadows, and (d) key community leaders from Kasson. Although I originally planned to protect participant identities with pseudonyms assigned to individuals and contexts, the names provided throughout are real at the participants' request. Individually, they offered two common reasons for wanting to include their names. First, they live in a small town where everyone knows everyone else, and they figured they'd be able to discern who said what regardless of disguised identity. Second, they expressed overwhelming pride at being able to contribute to a doctoral dissertation and wanted to accept ownership of their stories in print. I agreed to accommodate their wishes after I ensured they understood the purpose of my study and the ways in which their stories would be interpreted and represented. Ultimately, I still chose to exclude last names and have substituted pseudonyms for any individuals mentioned specifically by the participants.

Kasson

“Large enough to serve you, small enough to know you.” (Kasson State Bank)

Kasson is located in the southeastern corner of Minnesota in Dodge County. As part of the Rochester Metropolitan Area, Dodge County claims to offer “the best of both rural and urban lifestyles” (<http://www.co.dodge.mn.us>). Rochester, home to the renowned Mayo Clinic, has a population of approximately 100,000 people. In contrast, Dodge County has a combined population of approximately 19,770 people living in six municipalities and 12 townships. Kasson, the most populated city in Dodge County, has a population of approximately 5,500 people and is located 12 miles west of Rochester. According to the 2000 US Census, 12 percent of Kasson's population is over the age of

65 and almost one-quarter (23.7 percent) of all households includes an individual who is 65 years or older (<http://factfinder.census.gov>). These numbers are consistent with other elderly populations in similar counties (i.e., metropolitan with 10,000-24,999 residents) nationwide (McLaughlin & Jensen, 1998).

Dodge County's chief industry is agriculture and, by all accounts, Kasson is considered a farming community. Kasson's population has surged in recent years, however, because of its close proximity to Rochester. People employed by Rochester's two largest employers – the Mayo Clinic and IBM – have increasingly chosen to reside in Kasson. Indeed, Kasson offers a number of amenities, including a community pool, municipal golf course, renovated movie theater, full-service grocery store, multiple parks, and award-winning schools. On the other hand, its Main Street has struggled due to the competition in nearby Rochester, and long-term residents grudgingly admit Kasson feels more like a bedroom community than the town it once was.

I have always thought of Kasson as rural, partly because everyone we encounter on Main Street knows Grandma by name and recognizes Dad in my face, partly because it lacks the name-brand amenities of home, and mostly because weathered red barns dot the fields of corn stretching from the horizon to the two highways leading to and from town. The US Bureau of the Census, however, would officially classify Kasson as an urbanized metropolitan (urban-metro) area because it (a) has a population of at least 2,500 people and (b) is located in a county that is economically and socially tied to a neighboring urban county with a population of at least 100,000 people (McLaughlin & Jensen, 1998). In reality, both characterizations – mine as rural and the government's as

urban-metro – fail to accurately capture the experiences of individuals living in Kasson. The Mayo Clinic in nearby Rochester, for example, offers opportunities for renowned medical care and innovative treatment, but accessing these regionalized services may present a significant challenge for the older residents of Kasson. Researchers have cited a number of accessibility issues for rural elders, including transportation, distance, weather, and cost (Krout, 1998; Magilvy, 1996), as well as functional limitations that require the availability of companions for support and assistance (Cox, 2005). Ultimately, any one of these issues may dissuade elderly individuals from utilizing the health-related services available to them.

Recognizing the inherent limitations of rural-urban and metropolitan-nonmetropolitan dichotomies, many researchers instead view residence as a continuum that includes very large cities on one end and very small, remote places on the other, with a wide array of small cities, towns, and villages in between (Beaulieu et al., 1996; Coward et al., 1994). Even on this continuum, however, it is difficult to differentiate one point from another, as I have discovered while trying to reconcile the different ways to distinguish Kasson. Thus, for this project, I utilize research primarily concerning rural or nonmetropolitan communities with the recognition that Kasson shares general attributes of many and differs from those of some. I particularly favor residential characterizations drawn from the perspective advocated within rural health services research. This perspective differentiates communities based on a combination of the number of people living in a particular area and geographic size, as well as access to nearby health and human services (Coward et al., 1994).

Kasson's close proximity to Rochester provides its citizens with a large variety of available health-related services, most notably the Mayo Clinic, as well as a satellite Mayo Family Clinic located on West Main Street. The satellite clinic, established in 1979, has grown to currently include 12 staff physicians, 28 residents, and a number of nurses, physical therapists, lab technicians, and administrative employees. According to the Mayo Clinic Family Medicine website and brochures, the satellite clinic offers Kasson citizens of all ages "family-oriented comprehensive care" that accounts for "medical, social, behavioral, economic, cultural and spiritual dimensions." The satellite clinic works with patients to coordinate needed services or treatments at the main facilities in Rochester, as well.

Kasson residents also have access to a number of human services provided by nonprofit organizations serving Dodge County. Semcac, a community action agency for 11 counties in southeastern Minnesota, provides programs and services available to assist individuals of all ages. Semcac Senior Services, for example, coordinates Meals on Wheels, Senior Dining (including a site at Sunwood Manor in Kasson), Caregiver Advocacy, and the Retired and Senior Volunteer Program (RSVP), while Semcac Transportation Services manages the Volunteer Driving Program for individuals over the age of 60 needing transportation. Each program embodies the agency's overall mission: "Semcac assists people to achieve or maintain independence and self-reliance through their own and community resources." A second organization, Dodge County Faith in Action, "coordinates volunteers, provides resources, and aids interfaith efforts in delivering services which encourage the independence of all persons in need." A

network of volunteers gathered through church congregations and the community at large provides a variety of human services, including transportation, caregiver respite, friendly visits to reduce isolation, housekeeping, errands, yardwork, home repairs, and resource referrals.

Despite the services offered by the Mayo Clinic, Semcac, and Faith in Action, however, long-term care (LTC) services available in Kasson and Dodge County, are not much different than those found in other rural or nonmetropolitan areas (see Hutchison et al., 2005a, 2005b). In general, these areas have a narrow range of home- and community-based LTC options, as well as a limited pool of key health care professionals, available and accessible to older adults (Krout, 1998). A 2005 county-specific demographic and service profile conducted by the Minnesota Department of Human Services, for example, deemed the overall supply of LTC services within Dodge County inadequate. Specifically, the report listed transportation, in-home respite, adult day services, companion services, and caregiver support as inadequate or unavailable for adults over the age of 65 (<http://www.dhs.state.mn.us/2010>). On the other hand, the overall supply of nursing home beds was deemed adequate, which is consistent with research stating that rural elders have historically relied on nursing homes for LTC services (Phillips et al., 2003). Dodge County owns and operates Fairview Care Center (also known as Fairview Nursing Home), a 55-bed skilled nursing facility located minutes from Kasson in Dodge Center. Kasson offers older adults low-income, independent-living apartments at Sunwood Manor (where Semcac also coordinates its Meals on Wheels program and serves daily lunch through its Senior

Dining program) and, as of late 2005, assisted living and memory care residency at Prairie Meadows Senior Living.

Prairie Meadows

“The independence you want with the help you need.”

Prairie Meadows Senior Living is a pleasant 61-unit facility offering independent living, assisted living, and specialized memory care services for elderly individuals with changing needs. In addition to their private apartments, residents have access to a number of common areas, including the community dining room, library, movie room, chapel, lounges, outdoor patios, and a beauty/barber shop. Other available amenities include planned activities, exercise, social events, and outings, as well as three meals a day, weekly housekeeping, and local transportation. Staff members are present 24 hours a day to assist as needed with medications, continence management, bathing/grooming, and other activities of daily living (ADLs). Comfort Home Health Care has offices and staff, including a registered nurse, in the building 24 hours a day to provide health monitoring and care, as well.

Located adjacent to Veterans Memorial North Park on a parcel of land donated by the Marti family of Kasson for senior living purposes, Prairie Meadows represents a community partnership between the City of Kasson and the Schoeppner Blum Group. *Healthy People 2010* identifies access to quality health services, including the long-term care continuum, as the top-ranking rural health priority among stakeholders at state and local levels (Hutchison et al., 2005a, 2005b). Similarly, *The Comprehensive Plan for Kasson, Minnesota*, implemented in 1996 and revised in 2002, lists the following as one

of its goals for residential land use in the City: “Promote and support development of diverse housing types to meet the needs of a diverse community. More specifically, senior living options are currently limited in the community...It would benefit the City to support these types of development to better serve the community’s needs” (p. 29). To realize this goal, Kasson’s Economic Development Authority (EDA) worked with the City Council to solicit bids for the construction and operation of a senior housing assisted living facility to be built in the northwest part of the community. EDA members selected the developer of a sister facility in Rochester, and the City Council voted to fund the project by establishing TIF District 1-15, which will provide as much as \$1.2 million in tax increment financing over a 20-year period. Kasson broke ground on Prairie Meadows in 2004 and officially opened the assisted living facility in late 2005.

Since then, Kasson has seemingly embraced Prairie Meadows as a natural extension of the community. The City Council conducts its monthly meetings at the facility; members of the Lions Club, churches, and schools regularly volunteer their services; and the Kasson Public Library delivers books biweekly to residents through its Books on Wheels outreach program. Reciprocally, Prairie Meadows opens its kitchen and dining room to Kasson residents for large fundraising events (e.g., pancake benefits) and Sunday brunch (offered buffet-style at \$10 for anyone visiting residents, staff members, or simply wanting a nice meal after church); hosts holiday parties, weekly card tournaments, and entertainment programs for all generations; provides respite services to family caregivers; and sponsors ongoing health seminars for the Kasson community. The successful integration of Prairie Meadows into the Kasson community

represents many of the necessary principles for guiding effective LTC systems, including community locus of control, a client-centered philosophy of care, and access to information, as well as community interdependence, innovation, and integration (Beaulieu et al., 1996).

Prairie Meadows also embraces community connectedness, a key tenet of the assisted living philosophy, within the facility. On its web site, Prairie Meadows states the following:

One of the most valuable facets of assisted living is the friendships that are formed here and the socialization that takes place. A strong sense of community is part of the reason assisted living works so well. Tenants become close to one another and to the staff, helping to create a social network that tenants would not necessarily find living at home, especially if they live alone. Although we recognize the importance of independence when wanted, here at Prairie Meadows we believe that it is interdependence that gives value and dignity to life.

To that end, staff members encourage residents to eat their meals in the dining room with revolving tablemates, residents and staff members socialize together at weekly community mixers (called Sweet Treats), and residents elect members to represent them on the Resident Advisory Council, which meets once a month and reports to facility administrators. As in other rural LTC communities (e.g., Rowles, 1996; Rowles et al., 1996), many residents and staff members have long histories with or already know of one another; however, Prairie Meadows' close proximity to Rochester and status as the

only assisted living residence in Dodge County contributes some diversity to the facility, as well. A few staff members commute from Rochester, some residents come from rural Dodge County, and other residents have relocated from afar (including Alaska and Canada) to be closer to adult children, many of whom live and work in Rochester, or to be near needed specialists at the Mayo Clinic. Still, geographical differences do not necessarily impede the desired sense of community within Prairie Meadows, just as shared acquaintances do not necessarily facilitate it.

Grandma as Cultural Broker

I planned this project with the naïve (and, admittedly, arrogant) assumption that my childhood knowledge of Kasson, extensive participant observation in a number of LTC facilities over the years, and passion for narrative inquiry with elderly populations would quickly win me the confidence, trust, and support of potential participants several states away. Indeed, I *was* granted access almost immediately after initial contact and *did* enjoy a productive and early rapport with participants. This cooperation, however, stemmed not from my proposed project or previous experience but rather from my personal introduction: “Hi, my name is Jill Yamasaki. I’m a doctoral student at Texas A&M University *and the granddaughter of Jackie Kellar, a lifelong resident of Kasson.*” Wanting to simply locate myself to strangers in a cold call or letter, I promptly realized after the first returned calls – “Oh, you know Kasson!” – that this seemingly simple phrase could offer more than my school, my degree, and my ambitions combined.

Fadiman (1997) learned early in her ethnographic exploration of the collision between the Hmong culture and American medicine that she would need a cultural

broker to penetrate the inner world of the Lee family. Unlike interpreters who merely translate foreign languages, cultural brokers mediate between individuals from within and outside the local community. They are often trusted and respected members of that community with an inside understanding of local knowledge, beliefs, and practices. Just as May Ying assisted Fadiman, Grandma served as my cultural broker. I may have shared the same language as my potential participants in Kasson, but it was Grandma who provided me local access, confirmation, and clarification throughout my period of data collection and analysis. Individuals overwhelmingly welcomed Jackie's granddaughter into their homes, and I arrived at each with a plate of homemade cookies from Grandma's freezer. "It's always nice to bring a little something sweet," instructed Grandma. When I would figure five minutes for travel time, she made me budget ten. "Old people are always early," explained Grandma. She filled me in on other aspects of Kasson's history and climate, as well. Many participants referenced the congregational rift between supporters of the new and former pastors at the Lutheran church; she detailed the situation for me. I noted incongruity early on between the warm, familial tone and reserved body language of most individuals; she confirmed my observations: "You've been in the South too long! We don't touch much up here." Ultimately, Grandma played an invaluable role in helping me navigate the local culture in a short amount of time and with favorable results for everyone involved.

Wondering: My Goals as Researcher

As described at the beginning of this chapter, I re-examined and revised the original questions guiding this project during the time I spent collecting and analyzing

data in Kasson. This improvisation continued with my eventual desire to engage in the crystallization methodology I introduced and detailed in Chapter I, as well. Like all good interpretive research, however, my project began with the extensive thought, training, and planning needed to “set the stage for whatever opportunities may arise” (Ellingson, 2009a, p. 74; see also Janesick, 2000). Lindlof and Taylor (2002) advise researchers to consider several key questions early in the design process. Answers to questions concerning the researcher’s interests, abilities, intended audiences, and projects goals can then inform topics of investigation, scene selection, data collection and analysis, as well as the genres used to ultimately express these ideas. Likewise, throughout the duration of qualitative projects, Ellingson (2009a) encourages researchers to explore their goals and options in a stream-of-consciousness process she calls “wondering.” Although I did not explicitly answer the questions provided by Ellingson or Lindlof and Taylor, I did weigh a number of important considerations during my own periods of wondering. In this section, I elaborate on four particularly salient goals resulting from this process that then influenced decisions made in all phases of this project.

I wanted to invite stories. I conceived of and oriented to this project as a narrative inquiry. Although community documents form a portion of my collected data, I largely relied on interviews to gather stories. Narratives garnered from interviews are usually joint constructions between the interviewer and interviewee. According to Cortazzi (2001), “Narratives are not simply answers. They are not pre-packaged inside the person of the respondent, waiting to be expressed in response to the eliciting stimulus of a question. They are interactive co-productions” (p. 390). As such, I oriented to the

interviews as collaborative conversations between storyteller and storylistener (Chase, 2005; Ellis & Berger, 2003). I framed the interviews with a broad question, encouraged additional talk with a smile or utterance, and remained open to unexpected twists and turns during the conversation (Kvale, 1996). Most significantly, I asked elderly participants living in Kasson and in Prairie Meadows to story meaningful aspects of their daily lives through photography and follow-up interviews. The photovoice method, which I describe in detail in the next section, enabled the participants to naturally and easily share their experiences with me in narrative form. I started our conversations by asking them to tell me about their photographs and then encouraged the unfolding stories or, when they waned, prompted for additional information based on what I saw in the pictures. The participants seemed at ease while talking to me about their pictures, and the conversations elicited multiple stories that I could not have anticipated – or even elicited – with a predetermined interview schedule.

I wanted to co-construct representations. In addition to promoting collaborative interviews, the photovoice technique afforded my participants an opportunity to participate in the final representation of my research (Ellis & Berger, 2003), something I very much wanted to provide. Their photographs comprise one of the genres in my crystallized project (Ellingson, 2009a) and will be displayed on exhibit at the Kasson Public Library in the summer of 2009 to invite further dialogue with members of the community at large. Within this written presentation, I also examine my own subjectivity and personal experience. Chase (2005) defines the “researcher’s interactive voice” as “the complex interaction – the intersubjectivity – between researchers’ and

narrators' voices" (p. 666). Although this narrative strategy usually characterizes narrative ethnography or autoethnography, I incorporated my reflections to make sense of who I am in relation to this project, particularly in light of my personal history of and family ties to Kasson, as well as to locate this self for my audience (see Ellingson, 2009a). As Chase (2005) argues, "Readers need to understand *researchers'* stories (about their intellectual and personal relationships with narrators as well as with the cultural phenomena at hand) if readers are to understand *narrators'* stories" (p. 666).

I wanted to include multiple voices. Although I embrace my storied familial history of Kasson and gratefully acknowledge Grandma's substantial contributions as cultural broker, active participant, and even inspiration for my study, I did not want this project to be an investigation of solely – or even primarily – the personal narratives and lived experiences of our family. Nor did I want participation limited to individuals recruited from Grandma's inner circle. Instead, I sought to include individuals with different backgrounds and demographics from a variety of social groups. Kasson is comprised primarily of Caucasians (98%), most of whom are Christian, half of whom are Lutheran, and only a quarter of whom have more than a high school education (<http://factfinder.census.gov>); females 85 years and older outnumber males two to one there, which is consistent with nationwide statistics (<http://factfinder.census.gov>). My participants reflect these limited demographics but are diverse in their life experiences, current situations, and orientations to late life. I have therefore made a concerted effort to include as many of their voices as possible in my analysis and final presentation. Hopefully, the end result is a richly nuanced, layered, and multigenred representation

(Ellingson, 2009a) of the complexities of community, connection, and old age, as lived and storied by a variety of individuals.

I wanted to pay close attention to ethical issues of privacy and confidentiality.

Like other responsible and empathic interpretive researchers, I received IRB approval, obtained informed consent from all participants, and proceeded with the intent to do no harm (see Ellingson, 2009a; Lindlof & Taylor, 2002). Many of the decisions made throughout the duration of this project, including the other desires and goals discussed in this section, reflect this intent. Still, some of my choices presented dilemmas that I had not necessarily anticipated but nonetheless needed to resolve. My decision to stay with Grandma in her home during my time in Kasson proved most problematic. As a prominent lifetime resident of Kasson who also helped recruit participants for the project, Grandma not only knew the individuals I was interviewing but also each one's personal history, current status, and latest grist from the gossip mill. She would ask about the interviews and offer additional stories about each person in the spirit of helping me. I needed to remind her often that the interviews were confidential, that I would not discuss any particulars with her, and that I did not want to hear her opinions or the latest rumor about each person. I also took care to ensure the participants, who knew I was staying with Grandma, understood that I would not share details of our conversations with her or anyone else. Everyone seemed amenable to the arrangement, but I found it a sometimes precarious line to balance, particularly since Grandma would send me to the participants' homes with cookies and they, in turn, would send me back with messages for her. Between this situation and the participants' desire to use their real

names, I have tried to be particularly vigilant about representing them truthfully and ethically, as I detail in my discussion of narrative analysis at the end of this chapter.

Data Collection

With the aforementioned goals and overarching questions in mind, I chose to employ ethnographic methods oriented to storytelling texts and their communicative contexts (Gubrium & Holstein, 2009, p. 17). Ethnography in applied communication research involves “describing and interpreting observed relationships between social practices and the systems of meaning in a particular cultural milieu” (Lindlof & Taylor, 2002, p. 16). To that end, ethnographers incorporate holistic and “thick description” (Geertz, 1973) of the culture being studied, negotiate the documentation of social life with cultural members, and join process and product in all phases of field research, analysis, and presentation (Lindlof & Taylor, 2002). Doing so requires that ethnographers *be there* to write about what they see, hear, feel, taste, and smell (Ellingson, 2009b). Ultimately, they may utilize a variety of practices, including extended observation, interviews, participant interaction, document analysis, and narrative construction, to accomplish these goals.

I collected data over the course of a year (November 2007 through December 2008). During that time, I gathered online community documents, conducted informal and formal interviews, spent time participating and observing in the Kasson and Prairie Meadows communities, and engaged elderly adults in photographic participatory research. Each method is described in detail within this section. Although I present them here as discrete categories, in practice I overlapped and fine-tuned these methods as each

informed the other. The newspaper articles I collected online from my home computer in Houston, for example, helped guide my interviews with key informants in Kasson, just as my interviews with elderly individuals living in the Kasson and Prairie Meadows communities then refined my article search back home. Overall, I spent four weeks in Kasson divided between a 10-day trip in May and a 3-week trip in June. My prolonged interaction with many of the participants, however, continued throughout the period of data collection, has extended through analysis and writing, and will conclude with the presentation of my results in Kasson this summer.

Photovoice

The storied everyday realities of six residents from Prairie Meadows and 28 older adults living in Kasson comprise a meaningful and significant portion of my collected data. These 34 individuals, ranging in age from 72 to 96 with an average age of 84, took pictures with a camera provided by me and then, with pictures in hand, described their lived experiences in individualized, in-depth interviews. This was my first time employing photovoice, a specific photographic technique developed and explicated by Wang and Burris (1994, 1997). Like other researchers, however, I quickly discovered that “the camera is an unusually motivating and appealing device for many people, and photovoice provides a source of community pride and ownership” (Wang, 2003, p. 182). My experiences working in partnership with the participants throughout the photovoice process follow.

As a participatory research method, photovoice empowers individuals to “identify, represent, and enhance their community” through the pictures they take and

the stories they tell (Wang & Burris, 1997, p. 369). Researchers have employed photovoice with diverse populations in a variety of settings, including homeless individuals in urban Michigan (Wang & Redwood-Jones, 2001; Wang, 2003), older adults experiencing chronic pain (Baker & Wang, 2006), village women in rural China (Wang & Burris, 1994, 1997; Wang et al., 1998), listeners of an entertainment-education radio initiative in India (Singhal et al., 2007), adolescents of a Baltimore after-school center (Strack et al., 2004), and African American breast cancer survivors in rural North Carolina (López et al., 2005). These studies demonstrate how traditionally underserved or marginalized individuals can instead become advocates for their own well-being and that of their community. Rather than privilege the researcher, photovoice “prioritizes the knowledge put forth by people as a vital source of expertise” (Wang, 2003, p. 182).

I originally intended to recruit three populations – residents of Prairie Meadows, independent older adults from Kasson, and homebound or disadvantaged older adults from Kasson – for participation in the photovoice process. To do so, I enlisted the help of Laura, the activities director at Prairie Meadows; Grandma; and Melissa, Semcac’s advocate for seniors and caregivers. Laura identified 10 potential residents with the needed cognitive and physical abilities to operate their cameras and engage in discussion. She individually asked them if they would be interested in participating and then arranged for me to meet with them as a group for training purposes. Grandma recruited 28 older adults, including herself, to participate and hosted a group training session at the golf course clubhouse. Citing privacy and access concerns, Melissa requested I train her to then recruit and train interested clients. I provided her with

materials for 10 participants, but she was unable to secure their participation. Instead, she arranged for me to visit some of them for observation and informal interviews during a ride-along, which I describe in the next section; I donated the unused cameras to Semcac. Ultimately, six of the 10 residents from Prairie Meadows and all 28 of the independent older adults from Kasson participated in the process from start to finish.

During the two training meetings held at Prairie Meadows and the golf course, I introduced myself, explained the purpose of the project, and asked the participants to take pictures of people, experiences, places, and/or things that make their daily life meaningful. I provided each participant with a disposable 27-exposure camera with flash and a folder containing the following: a project information sheet; instructions for taking pictures, returning the cameras, and participating in follow-up interviews; a consent form; and an acknowledgment form for people appearing in the participants' photographs. I adapted these forms from examples provided in a case study with African American breast cancer survivors (López et al., 2005) to ensure I provided the necessary information and instruction for my participants to give informed consent and have ultimate success (see Wang & Redwood-Jones, 2001). After reviewing each form in detail, I taught the participants how to operate their cameras (e.g., advancing the film), offered basic instructions for taking successful pictures (e.g., when to use the flash), and encouraged them to practice by taking pictures of one another.

To simplify the process for the participants and myself, I asked the older adults in Kasson to submit their cameras to Grandma and the residents of Prairie Meadows to return their cameras to Laura within three weeks. Grandma and Laura then mailed the

cameras to me in bulk, and I developed them at home before returning to Kasson for the follow-up interviews. I opted for two sets of prints and a photo CD per camera; that way, I could archive one set, give one to the picture-taker in appreciation of his or her participation, and use the set on disc for presentation purposes (i.e., written and oral, including an eventual exhibit in Kasson). In total, the participants took 840 usable pictures, ranging from 6 to 27 pictures per camera.



Image 1. *Picture Me, Picture You.* “I took a picture of the lady across from me because she was taking a picture of me and I thought that would be sort of a fun picture to take.” (Roberta, age 86)

I scheduled follow-up interviews via phone and returned to Kasson for my second (and longer) visit approximately three weeks after receiving and developing the cameras. All interviews were audio-recorded and transcribed with permission. During each interview, I invited the participants to peruse the pictures and then discuss their most significant or favorite ones. The pictures often sparked stories; as a result, the interviews progressed in a natural give-and-take collaborative conversation that extended

beyond the visual images in front of us. Often, I was able to incorporate other planned prompts (e.g., “Tell me how you envisioned this time of your life” or “Tell me about your perceptions of assisted living”) as part of these co-constructed stories, as well. I also asked the participants to tell me what was missing from the pictures (e.g., something just outside of the particular frame or something/someone they were unable to capture during their time with the cameras) and to share how the pictures made them feel. Our conversations lasted, on average, approximately one hour and concluded with my asking the participants to evaluate their experiences in taking and sharing the photographs. The participants overwhelmingly stated that they enjoyed the process. According to Dorothy, an 80-year-old lifetime resident of rural Kasson who now lives at Prairie Meadows, “It was fun. You know, it just makes you stop and think of some of the things you do have in your own town, or that you’ve had through the years, and appreciate them.”

Photovoice is uniquely positioned to influence opinions, situations, and policies at the community level. To that end, it encompasses three main goals: (a) to enable individuals to record and reflect their community’s strengths and needs; (b) to promote dialogue about important community issues through the discussion of photographs; and (c) to reach policymakers, concerned citizens, and other community members (Wang & Burris, 1997). This dissertation, as well as other articles and presentations to follow, provides a scholarly outlet for the participants’ images and stories. Besides sharing their stories with me, however, the participants will also have the opportunity to present their storied realities at a public exhibit in Kasson in the summer of 2009. They will title and caption their most attractive or meaningful photographs, we will display them at the

Kasson Public Library for community members to view and discuss, and we will invite key community leaders, including the mayor of Kasson and the editor of the *Dodge County Independent*, to attend. Prairie Meadows has already displayed some of the residents' pictures in their community dining room, as well. These "community discussion sites" (Singhal et al., 2007, p. 223) will hopefully spur dynamic interactions and wider narratives of the individual and collective experiences (Wang & Burris, 1994, 1997) of Kasson citizens, in general, and older adults, in particular.

Participant Observation

Over the course of my four weeks in Kasson, I spent 40 hours at Prairie Meadows participating in a variety of activities with the residents. I started by shadowing Laura, the activities director, for a day, during which we led chair exercises, Wii bowling, and gardening on the patio. Each activity lasted between one and two hours; approximately 10 residents participated in each. I later filled in for Laura as a volunteer while she took a vacation day. That time, I again led chair exercises, followed by bingo and lunch with the residents in the dining room. During my time at Prairie Meadows, I also mingled with residents and staff at their monthly community mixer, attended resident-led chapel services every Sunday afternoon, visited with residents in the great room at various times during the day, and sat in on the monthly Resident Council Meeting.

On two separate occasions, I assisted Bonnie, the director of the Kasson Public Library, with the library's Books on Wheels (BOW) outreach program at Prairie Meadows. The library visits Prairie Meadows on the first and third Thursdays of every

month to distribute magazines, deliver requested books, and entertain the residents, including a regularly scheduled intergenerational story time to which local moms bring their young children. Bonnie planned a program in honor of Memorial Day the first time I accompanied her. She asked me to read a poem and then led a patriotic sing-along at the piano with help from Pat, a regular volunteer from Kasson. The second time, Pat brought some of her young piano students for a recital, and I helped take pictures and arrange chairs for family members and residents to watch. At the end of each program, Bonnie and I distributed magazines to residents in the great room and then took their requests for the next visit. Bonnie posts information and pictures from each BOW outing on the library blog and submits them to the *DCI*; I was featured in each on both occasions.

I also spent a day on a “ride-along” with Melissa, Semcac’s advocate for seniors and caregivers. We spent the morning at Sunwood Manor, where she conducted an informative meeting regarding Semcac-related services (i.e., Nutrition Assistance Program for Seniors, transportation, energy assistance) for residents gathered in the community room. Then, we visited three households headed by elderly individuals living outside of Kasson in rural Dodge County. Melissa contacted these clients prior to the ride-along and secured verbal permission for me to observe their meetings. Each stop lasted approximately one hour, during which Melissa reviewed the clients’ monthly expenses, called telephone and/or utilities companies on their behalf, drafted letters to landlords, designed household budgets, and distributed vouchers for the Semcac food pantry and thrift shop. The conversations, all of which took place around the clients’

kitchen tables, were animated and friendly. Sometimes I grew uncomfortable being privy to such personal hardship, but the clients greeted me warmly and interacted freely throughout my time in their homes.

Finally, my participant observation included immersion in the daily life of the Kasson community at large. I regularly bought groceries at Erdman's, drank coffee at The County Seat, visited Veteran's Park, and walked throughout the neighborhoods. With Grandma, I went to church on Wednesday evenings and Sunday mornings, ate dinner at the Hubbell House, saw a movie in the refurbished theater on Main Street and a melodrama in the old opera house, visited with family friends, and attended the end-of-the-year choir concert and pork chop dinner at the junior-senior high school. I quickly became a familiar face in town and recognized people wherever I went, as well. Some of these people knew me as Jackie's granddaughter or Lee's daughter, but many others saw me as the friendly student from Texas working on her PhD. They would ask about my research and express interest in someday hearing the results.

Although ethnographic researchers may serve in a number of roles ranging from complete participant to complete observer, I most often assumed a participant-as-observer role during my time in Kasson (Lindlof & Taylor, 2002). I came to Kasson to explicitly collect data for this project, but I also wanted to participate in the communities of study and even help at Prairie Meadows when possible. The participant-as-observer role enabled me to involve myself in activities with community members while openly acknowledging the research purposes underlying my participation (Lindlof & Taylor, 2002). During my interactions with the residents at Prairie Meadows, for example, I

assumed multiple vantage points – including friendly visitor, honorary resident, and volunteer facilitator – to gain an inside understanding of the residents’ daily lived experiences. At the same time, however, the residents recognized this project was my overarching reason for being there and would graciously answer my naïve questions or even volunteer additional information and explanations without first being prompted. In fact, participants from both Prairie Meadows and Kasson often approached me to share something they had forgotten to mention in an earlier interaction or to offer “interesting tidbits for your book.” To this day, Grandma refers to this project as “our dissertation.” Their enthusiastic desire to include and assist me both honored and thrilled me, particularly since I conceived of this project as a participatory study. It also served as an important reminder that I was an “engaged *witness*” (Frank, 2005, p. 972) to the lived realities of others and therefore had a moral obligation to recognize and represent these individuals responsibly both in our ongoing interactions and in this written presentation.

I carried a small notebook at all times to capture what I heard, what I saw, what I thought, and what I felt as a participant-as-observer in Kasson and Prairie Meadows. Although I took notes with participant permission during spontaneous informal interviews, more often I resorted to hastily recording brief scratch notes in the moment (e.g., dialogue, statements, impressions) or furiously transcribing headnotes in private once I departed the scene (Lindlof & Taylor, 2002). I typed all these notes with room to return to add additional thoughts upon further reflection. Ultimately, my fieldnotes reflected “an inward/outward balance of data from lived experiences” (Goodall, 2000, p. 90) and totaled 143 single-spaced typed pages.

Key Informant Interviews

In addition to the informal interviews conducted spontaneously during my period of participant observation, I met individually with 10 community leaders for further insight and information. Each in-depth, semi-structured interview lasted approximately 80 minutes, was tailored to the participant's experiences and expertise, and was audio-recorded and transcribed with the participant's permission. These 10 key informants included four staff members at Prairie Meadows from the administration, activities, culinary, and housekeeping departments; the Kasson mayor; the editor/publisher of the *Dodge County Independent (DCI)*, Kasson's weekly newspaper; the director of the Kasson Public Library; a social worker from Semcac; an outreach director from Faith in Action; and the associate pastor of St. John's Lutheran Church in Kasson. I chose them based on their extensive experience in and knowledge of the Kasson and Prairie Meadows communities. Combined, the interviews resulted in 135 pages of single-spaced transcripts.

Community Documents

To inform my preliminary understanding of the partnership between Kasson and Prairie Meadows, I gathered a variety of online community documents, beginning in 2002 with the revised *Comprehensive Plan for Kasson, Minnesota*, continuing through monthly City Council and Kasson Economic Development Authority (EDA) meeting minutes from 2003 through 2005, and culminating with preliminary results from the 2006 community focus group meetings sponsored by the EDA. These texts highlight the decision-making process leading up to Prairie Meadows' opening in late 2005. I then

supplemented this information with a visit to the *DCI* office, where I manually perused all issues published in 2005, 2006, and 2007 for mentions of Prairie Meadows. I continued collecting *DCI* content through 2008 via a paid online subscription that enabled me to view each issue in its entirety. Examples of this content include articles (e.g., facility events, resident profiles), notices (e.g., upcoming events open to the public, anniversary/birthday celebrations), facility advertisements, and resident obituaries.

Over the course of one year (November 2007 through December 2008), I actively collected public documents related to Prairie Meadows, older adults living in Kasson, and health and social services available to older adults within Dodge County. Regularly published documents include the aforementioned weekly *DCI* content, monthly Prairie Meadows newsletters and Resident Council meeting minutes, a weekly blog written by the director of the Kasson Public Library, and the monthly Mayor's Memo posted on the City of Kasson website. In addition, I received a variety of organizational documents from Prairie Meadows, Faith in Action, Semcac, and the Kasson Public Library during my period of participant observation. Overall, I collected approximately 500 pages of relevant community documents.

Data Management

In summary, my data collection consisted of 44 audio-recorded and transcribed interviews totaling 427 single-spaced pages, 840 photographs, 143 single-spaced pages of transcribed fieldnotes, and 500 pages of community documents. I anticipated having such a large amount of data from the beginning and therefore worked to organize it as I compiled it. First, I kept a computerized database of every document received, sorted by

source (e.g., *DCI*, Prairie Meadows, library blog), title, date, and for *DCI* content, type (e.g., advertisement, feature, notice, obituary). I stored hardcopies of these documents in a large three-ring binder divided by source. I also kept the developed photographs and accompanying photo CDs in archival binders, with participant demographics (e.g., name, age, religion, marital status, years in Kasson) and camera numbers recorded in the database, as well.

Second, I transcribed all of my handwritten field notes and recorded interviews. As discussed earlier in this chapter, I collected data and conducted preliminary analyses of that data simultaneously. Transcription, considered an act of interpretation itself by many researchers (e.g., Kvale, 1996; Mishler, 1991), proved a necessary step in this process. For purposes of narrative analysis, I chose to include in the interview transcripts all spoken words, laughter, interruptions, and vocal fillers (e.g., “uh” or “um”) that indicated thought before answering a question or continuing a response. While listening to the recordings, I would note any feelings, memories, or pertinent contextual details regarding the interviews in a notebook I kept next to the computer. I then transcribed those notes, as well, and combined them with the field notes I had written immediately after each interview. Thus, even though I did not incorporate nonverbal cues, vocal emphases, or pauses between sentences, I was still able to represent part of the “lived oral conversation” (Kvale, 1996, p. 166) in each transcript. I also wrote myself notes based on what I was currently transcribing that then informed further data collection or prompted in-depth written reflection (i.e., memos) of particular ideas or narrative threads. According to Charmaz (2006), “Memo-writing provides a space to become

actively engaged in your materials, to develop your ideas, and to fine-tune your subsequent data-gathering” (p. 73). Ultimately, this lengthy, painstaking process of transcription, reflection, and writing afforded me the intimate familiarity I would need to analyze such a large amount of data.

Finally, I imported the transcribed interviews and fieldnotes into NVivo, a qualitative software program, to more easily separate, sort, and categorize the content. Although the program also supports photographs and .pdf files, I chose not to upload the participants’ pictures or community documents because (a) the interview content contains discussions of the pictures and (b) it was easier for me to simply examine the documents by hand. I moved between these different sources to search for general concepts arising from the similarities and differences in the data. With this method of constant comparison (Glaser & Strauss, 1967), I generated 19 categories, each containing a number of different codes I attributed to the data. These distinctions then enabled me to examine relationships and paradoxes within and between the categories. Once I sorted and categorized the data, I turned to narrative as a framework for making sense of the various patterns, contradictions, and tensions I uncovered.

Narrative Analysis

My analysis focuses on the hows and whats of storytelling. To answer my research questions, I needed to understand how individuals in Kasson and Prairie Meadows story personal experiences of late life by drawing upon, resisting, and/or transforming the narratives available in their physical, social, psychological, and cultural environments (Chase, 2005, p. 659). Alternating between reflexive aspects of narrative

work (the hows of narrative reality) and narrative environment (the whats of narrative reality) in the categorized data enabled me to richly explore story as text and process (Gubrium & Holstein, 2009). First, I concentrated primarily on the internal organization of the stories I had gathered by paying attention to recurring themes and patterns of emplotment. Then, I moved outside the narrative text to examine “the narrative organization of these occasions” (Gubrium & Holstein, 2009, p. 23). In this step, I considered the following questions supplied by Gubrium and Holstein (2009): Who produces particular kinds of stories? Where are they likely to be encountered? Under what circumstances are particular narratives more or less accountable? What are their purposes and consequences? How do they gain acceptance and how are they challenged? Doing so meant studying the categories, exploring the examples I had collected within each category, and then returning to the original transcripts, as well as my own fieldnotes and memos, to evaluate selected stories in context.

To guide my inquiry, I drew from Harter et al.’s (2005) typology of narrative assumptions – what they deem narrative problematics. These “core dimensions of narrative theorizing” (p. 8) encompass functions (e.g., identity construction and community building), grammars (e.g., emplotment and temporality), and types (e.g., institutional and societal stories) of narrative activity. As I understood and sorted my collected data in relation to the hows and whats of storytelling, engaging narrative problematics helped me to create working models (Janesick, 2000) that visually represented and related specific instances in the data to various aspects of narrative theory. Ultimately, I employed three kinds of narrative analysis – thematic, structural,

performative – and focused on three narrative problematics – knowing and being, continuity and disruption, creativity and constraint (Harter et al., 2005) – to understand the three emergent narratives explored in Chapters III, IV, and V. I summarize the analytical framework for each chapter in the following table and then elaborate on each in the accompanying paragraphs.

TABLE 1
Analytical Framework for Chapters III, IV, and V

Chapter	Emergent Narrative	Narrative Problematic	Narrative Analysis
III	The small town narrative	Knowing and being	Thematic
IV	The aging in place narrative	Continuity and disruption	Structural
V	The old age narrative	Creativity and constraint	Performative

Narrative Knowing and Being

Chapter III is a thematic analysis of the underlying patterns of meaning (Gubrium & Holstein, 2009) in the participants' stories. Riessman (2008) differentiates the thematic narrative tradition from grounded theory in four ways. First, prior theory typically guides the inquiry of narrative scholars. Second, while grounded theorists may code line by line or incident by incident, narrative scholars attempt to preserve each story's sequence for interpretive purposes. Third, narrative scholars attend to the time and place of narration in addition to the narrative content. Finally, narrative scholars generally focus on case-centered analysis rather than theorizing across multiple cases.

As I categorized and grouped my data, I realized that the participants draw extensively on their perceptions of “small town life” to make sense of their actions, their identities, and their relationships with others. The narrative problematic of knowing and being, which foregrounds how individuals narratively construct and understand personal and social life (Harter et al., 2005), helped me to construct a typology of values from my collected stories that I then related to extant literature on late life in rural communities. I devised this typology as a web of interrelated concepts – civic engagement, collective history, neighbors, church – in my working model of the “small town” narrative and discuss it in detail in Chapter III.

Narrative Continuity and Disruption

Chapter IV is a structural analysis of the dominant storyline of long-term care plotted in the participants’ narratives. Structural inquiry requires careful attention to the ways in which storytellers construct and convey meaning through narrative organization and sequence (Riessman, 2008). The categorized data suggested a common set of reasons or situations for relocation based on expected decline in late life; when I returned to the original stories for further investigation, I discovered a recurrent narrative structure the participants used to trace these reasons for relocation to a specific resolution (namely, nursing home placement). The narrative problematic of continuity and disruption, which “concerns disorder and the human desire for coherence” (Harter et al., 2005, p. 14), describes how storytellers construct and weigh “the past/present/future flow of continuity and disruption to give force to some understanding of the distinction between ‘now’ and ‘then’” (pp. 15-16). This problematic of narrative theorizing, coupled

with extant literature I collected on the philosophy of aging in place, enabled me to better understand the components sequenced by the participants in a temporal trajectory of independence, assistance, and eventual nursing home residence. I visually emplotted the “aging in place” narrative in a working model and discuss it in detail in Chapter IV.

Narrative Creativity and Constraint

Chapter V is a performative analysis of the construction and accomplishment of late life. Gubrium and Holstein (2009) explain that performative analysis documents “how performative particulars, such as roles, purposes, audiences, modes of expression, and emphases, reflexively shape stories over and above their texts” (p. 85). An orientation to performance incorporates components of thematic and structural analysis but “folds them into broad interpretive research inquiries” of historical and cultural context (Riessman, 2008, p. 136). As I categorized and grouped the data, I discovered distinctive themes and plotlines related to tensions between individuality and community in old age. The narrative problematic of creativity and constraint, which “foregrounds the human struggle to be individuated (i.e., assert creativity) and still identify with a group (i.e., respond to social and institutional constraints)” (Harter et al., 2005, p. 19), helped me further refine these tensions. I explored the performance of old age as simultaneously personal and collective by highlighting a number of interrelated and emplotted components (e.g., social groups, widowhood, congregate living) in the participants’ narratives; examining them further in related extant literature (e.g., ageist stereotypes, master narratives of late life); and devising a working model of the “old age” narrative, which I discuss in detail in Chapter V.

CHAPTER III

THE SMALL TOWN NARRATIVE

When I was very young and my children were little, I went with my Bible Study group, my Circle, here in Kasson to the old Dodge Center nursing home. They had a chapel there, and they had long hallways, and people were just sitting. Just sitting, looking into space. I went to the chapel because I needed to get away, and I was sitting there crying. And this lady in my Bible Study group came in and said, "What's the matter?" "I feel so sorry for them," I said. "Their days have nothing in them." And she said, "Well, that's why we're here. You know, not everybody can do it, but if you can go and give them a hug, that will mean the world. They miss that touch from people. Some people don't want to hug somebody who's elderly. And if you can do that, that's all that's required." I said, "Well, I can do that." And she said, "Okay. Then stop crying and come with me." And I did.

My friend and I, when we had a few minutes, we used to go up there and just visit them after that. Rose is a wonderful lady, and she's a real jolly gal, and we'd go up there and just stop in and say hi and pat their hand and maybe give them a hug. "Can I give you a hug?" I'd ask. Well, and back then you didn't even have to ask. You just did. And one day this gentleman was walking down the ramp, and he set a radio at the end of the ramp, and he carried a white cane. I said to Rose, "I wonder why he did that." And he kind of walked around out in the yard, and when he came back, I said, "Can I ask you something?" And he said, "Yeah." And I said, "Why did you put that radio there?" And he said, "Because I walked back to the sound of the radio." What a teaching lesson that

was! I said to Rose, "I would've never thought of that." But he did. And it worked great for him. He could walk around and be outdoors and enjoy just a nice little walk by himself and then come back to his radio. He picked it up and walked back in.

You know, you can learn a lot. I wish more people would come up or just go to any nursing home. Our Circle goes twice a year just to provide a little entertainment. We bring cookies and they have coffee and you just visit with them. One lady – I had a friend of mine who was playing his accordion, and this lady was a resident up there – came up and said, "Will you dance with me?" I said, "Well, I'm not very good at this old-time stuff, but I'll try." And it just thrilled her. I had talked my husband into coming, and we came at 2 o'clock and usually by 4 o'clock you're out of there, but there were so many from our own congregation living in there, and as we walked down the hallway just to say hi to a few of them it was 6 o'clock before we got out of there. They enjoy company. They miss company. Even though they maybe won't remember tomorrow what you talked about today, it doesn't matter. It made them happy today. Who was it that used to say, live today; tomorrow is not yet yours? That's what you do when you go to a nursing home. You're living today for them. And you're living today with them.

Bonnie, a 68-year-old lifetime resident of Kasson and part-time housekeeper at Prairie Meadows, shared this story during our conversation about her current relationships with residents, many of whom she has known for years within the Kasson community. Although her narrative is personal, it embodies many of the same values communicated by other participants in their own stories and lived experiences. She visits the nursing home with a group of companions from church, encounters and spends time

with residents she knows from her congregation, and advocates that people spend time volunteering to help brighten the lives of others. Bonnie's story ultimately offers insight into the ways she sees herself and the ways she views those around her. When combined with the other stories and photographs included in this chapter, her story also serves as an interpretive framework from which to explore narrative acts of knowing and being (Harter et al., 2005) in the Kasson community.

I developed the conceptual model shown in Figure 1 to illustrate how older adults living in Kasson narratively construct and understand their personal and social lives in meaningful ways (Harter et al., 2005). Four fundamental components of the participants' social environment – neighbors, church, civic engagement, and collective history – emerged from close examination of the collected stories, photographs, and observations. These components serve as shared values, assumptions, expectations, and codes of conduct (Rowles, 1998) that the participants draw upon and reproduce in daily practice. They also form a web of interdependent relationships that comprise the Kasson culture, shape interactions within the Kasson community, and inform general understandings of what it means to live in a small town. According to the model, the participants' social environment offers a variety of opportunities for companionship and support. I explore these opportunities in relation to community connectedness, late life, and successful aging in a preliminary discussion at the end of the chapter. Before this discussion, however, I examine each of the four core components separately through the participants' voices, experiences, and photographs. I begin with a section on neighbors, followed by church, civic engagement, and collective history.

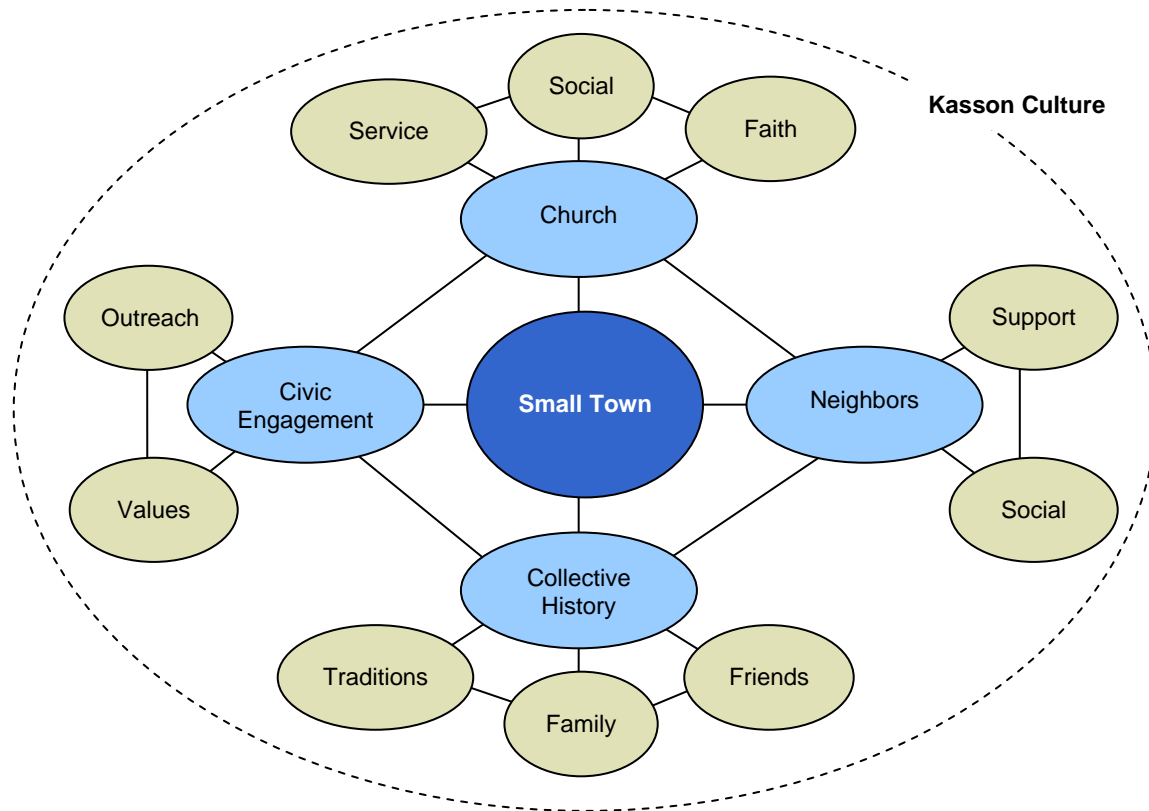


Figure 1. *The small town narrative.*

Neighbors

Neighborhoodly relations constitutes the first narrative component characterizing a small town and comprising the Kasson culture. Although some of the participants once lived on farms in the rural area surrounding Kasson, all of them now live in one of four neighborhood types within town. The first, deemed “the older part of town” by most citizens, comprises families of all ages, including older couples who live in the same homes in which they raised their children more than 40 years ago. The newer part of town generally attracts younger families who work in Rochester and live in Kasson, although a few participants currently reside there, having downsized to smaller duplexes once they retired. Other participants live in newer duplexes located in the third

neighborhood type, a small cluster of homes specifically built for adults over the age of 55. Congregate housing for older adults needing varying levels of assistance characterizes the fourth neighborhood type in Kasson. These communities include the low-income Sunwood Manor apartment building for older adults and Prairie Meadows.

The three latter neighborhood types built around the original, older part of town signify Kasson's steady population growth from approximately 2,800 in 1980 to 5,500 now. In general, the participants acknowledge the changes resulting from this growth but still contend that Kasson has "that small town feeling." According to Marion, for example, "It's not like it was when my kids were growing up. I can't say everybody knows everybody anymore because they don't. It's gotten big, but the people are friendly, and I hope it still has a small town atmosphere." On the other hand, some participants living in the older part of town presume their neighborhood is likely closer knit than the newer ones. "At least in the older part of town, you know your neighbors and that," says Joan. "I don't know how it is out in the new subdivisions with the younger people because, you know, they're all so busy working and with their children that I don't know if they get to know the neighbors in the next block or not." Other participants similarly stated they don't know their younger neighbors. According to Arlene, "There are a lot of strangers. I think people are fairly friendly, but a lot of people work in Rochester so their social life is there, too."

Regardless of neighborhood type and perceptions of closeness within each type, all of the participants mentioned meaningful interactions with at least one neighbor, and many of them described close relationships with people of all ages on their immediate

block. They characterize these relationships as social and/or supportive. In the first example that follows, Barbara A. illustrates the ways in which she socializes with and, by doing so, provides informal support to older neighbors. In the second example, Doris explains how inclusive relationships with younger neighbors afford her both friendship and safety.



Image 2. Changes. “If you go south out into the country, there are a lot more homes than there ever were before. It has just grown so much. We used to go up and down and be able to tell who lived in every house without any problem. And, of course, it started growing. And I can’t believe how it’s grown out east and west and now north and even south. It isn’t the same. There isn’t the closeness, I don’t think, that there used to be because you knew everybody. But those of us that have been since way back when are still together.” (Ellen, age 80)

“People marvel at the ones that do so well” (Barbara A., age 75)

Barbara and her 80-year-old husband, Roger, have lived in the same house directly behind Main Street for more than 42 years. There they raised three daughters, owned and operated a successful plumbing business, and actively participated in church, school, and civic functions. Now retired, they continue to busy themselves with church,

friends, out-of-town grandchildren, and favorite activities, including stained glass for Roger and lengthy daily walks for Barbara. “I do a lot of walking,” says Barbara, “and I’ve gotten to know so many people. They see me walking all the time, and they’ll stop and ask me about my walking and how far I go. I don’t know their names, but I know their faces. They always say, ‘Well, you’re the lady that walks all the time’ (laughs).” Barbara also spends significant time with her immediate neighbors. She interacts regularly with the young family next door – “our yards connect, and so they’re good neighbors, good friends” – and two older couples living on her other side. It is these relationships with the two older couples that especially exemplify the socialization and support inherent in most of the participants’ stories of neighborhood involvement. As Barbara explains:

My neighbor lady, Glenna, will be 91 in July. We have coffee at least three days a week. She’s getting quite forgetful, and she calls several times a week to see if we can do coffee. I go to her house or a lot of times we go down to Erdmans and sit at the little table-and-chair area. We do that quite a bit; in fact, she came up to my house the other afternoon. She had called in the morning, and I was busy baking bars for my grandson’s graduation party, so I said, “Maybe in the afternoon when I get done.” So I called her and took the time and we sampled bars and drank coffee. That’s about all she does anymore is make coffee. She doesn’t do much. Her husband, Dick, has sort of taken over the cooking because she has trouble remembering. But she can come down to my house, and she goes for walks every day, so I hope they can stay together.

As with Barbara and Glenna, conversations over coffee and treats are a popular way for most of the participants to spend time with neighbors. These gatherings are usually impromptu, as are the spontaneous interactions occurring between individuals working in their gardens or walking through the neighborhood. With few exceptions, neighbors usually meet outside, even if they speak frequently by phone. Gretchen, a 93-year-old resident at Prairie Meadows, enjoyed this type of relationship with her former neighbor in Kasson: “We’d call back and forth or when I’d bake I’d call and ask her if she was ready for a piece of cake or a piece of pie. Well, she was always ready. Then we’d go out and talk in the front between the two houses. (laughs) We wouldn’t go in each other’s house much.” Barbara’s story also continues outside:

Glenna and Dick are quite active yet so they get out, which helps them a lot.

Dick loves to cut grass; he loves his riding lawnmower. That grass doesn’t get very tall before he’s out there cutting it. I bet he cuts it at least twice a week, if not three. He quite often cuts for his neighbor, as well, plus one other neighbor down the street. He just keeps busy. He has a little garden back here – just a small strip with beans and tomatoes and lettuce and onions. He has a compost maker that he puts his leaves in and has his own compost every year. I think people marvel at the ones that can take care of themselves and do so well. You know, Dick and Glenna are at church every Sunday, and we go and have coffee, and they go out to eat at least seven or eight times a week, maybe once or twice a day, instead of cooking at home. They go out to the golf course, and he still can drive to Rochester.

Barbara's observations of Dick and Glenna suggest she equates successful aging with community connectedness. She knows Glenna has "trouble remembering" but recognizes her frequent activity outside of the house and therefore hopes she can remain independent at home with Dick, who is active both within and outside their home. In Barbara's mind, her elderly neighbors are doing well in late life despite Glenna's cognitive difficulties; they continue to participate in the community by attending church, eating out, having coffee with neighbors, or mowing the neighbor's lawn. As Barbara's story continues, these activities stand in stark contrast to her other older neighbors:

Our other neighbor man is only 77, and he's in worse shape than Glenna and Dick. He takes care of his wife. She's almost housebound and will be 76 in August. She's had her hips replaced and her knees replaced and has a lot of arthritis and osteoporosis, and she just doesn't walk anymore. Glenna and I used to go over there once a week and have coffee with her, but she wasn't feeling good and said, you know, we shouldn't come for coffee until she called us again. That was in February, and we haven't seen her since. If we take cookies over there, he just meets us at the door and doesn't invite us in. He always says she's sleeping. She sleeps so much it wouldn't make any difference if he woke her. They don't have much socialization at all, and they don't get to church anymore. The ministers have called and they don't want them to come by, so it's very sad. They need some contact. He gets out and goes places yet with his walker, but she doesn't get out of the house. It's sad. We keep asking him and saying we'd like to come over for coffee, but we just can't. You can't force your way in.

Since Barbara equates successful aging with community connectedness, she reaches out socially to her neighbors as a way of supporting them. She willingly spends time over coffee with Glenna and tries to visit her older homebound neighbors, as well. Other participants share similar experiences. Marlene, for example, teams up with another neighbor to organize a coffee party on her porch once every few weeks for her 86-year-old neighbor who has trouble seeing. “My mom always taught me that you’ve got to be a friend to those in need, and you’ve got to entertain to have a friend,” says Marlene. “Betty is just the sweetest lady, and I enjoy being with her. I know she likes coming over because she can’t do much else.” Doris also characterizes her interactions with neighbors as supportive and social. Unlike Barbara and Marlene, however, she is the older neighbor in these relationships. Her story follows.



Image 3. *Meeting of the Minds.* “My husband and his friends have little garden plots back there behind the house. So the big meeting of the minds is when the three men are back there working in their gardens. Frank will come sometimes – he lives about four houses down – and he’ll come on his green John Deere tractor. He just drives on down and sits there and visits with them, too.” (LaVonne, age 73)

“They watch over me” (Doris, age 81)

Doris and her husband moved from their farm in rural Dodge County to a single-family home in the newer part of Kasson 14 years ago. According to Doris, “We couldn’t have found a better block to be in. Every one of our neighbors are just gems, every one of them. Of course, maybe it’s because I’m old and they’re young (laughs), but it’s been just a joy to live here really. I love it here.” Doris now lives alone. Her two grown children live out of state and her husband, having been diagnosed with “old age dementia” more than five years ago, resides at the Fairview Care Center in Dodge Center. Doris also contends with her own health problems; however, she remains independent at home and clearly delights in her good-natured and vigilant younger neighbors. She explains these relationships below:

My neighbors – of course, I love a good time – and they don’t fail to remind me of it. (laughs) Anyway, on July 1st two years ago, I was gone in the afternoon on my birthday and when I came home it was a little later than usual – I always try to be home before dark – and when I did turn the corner the whole neighborhood was outside. I thought, “Well, why are they outside of their houses? They never usually are. Maybe a few, but not all at once.” I thought, “That’s really strange.” And when I got up to the driveway here, I had from this corner of the house over to that corner of the porch over to the flagpole and back up covered in bras. (laughs) I just gasped. “Oh, mercy, what are they trying to do?” And, of course, by the time I got the car in the garage and came out to see what in the heck was going on, why, the whole bunch came over and were laughing at me. There were

two people that were really responsible, but the rest were all behind them. So there they stood out there in the yard. Anyway, that was memorable. (laughs)

Doris's narrative highlights positive social relations with younger generations. Indeed, she and her husband intentionally chose to live in a neighborhood with young families. "I never had any grandchildren, and when we moved up here the whole area was full of little kids," says Doris. "We were the oldest people in the cul-de-sac and so we were kind of the grandpa and grandma of the whole group." Other participants living in the multigenerational neighborhoods share similar sentiments. Einkar acts as a surrogate grandparent to his three-year-old neighbor, for example, and Betty, who continues to work part-time as a secretary at the high school, attends her teenage neighbors' basketball games and track meets. Furthermore, at the high school's end-of-year annual choir concert and pork chop dinner, I saw a number of older adults mingling with various students and their parents. According to Shirley, whose grown children live out of state, "It's nice to support the community, and I like getting out to see my neighbors. My daughter sang in choir, too, so I know a little about what they do. It's fun." Doris continues to describe her relationship with younger neighbors as follows:

The neighbor across the street there has two boys, and they're involved in honors choir and lots of athletics and stuff. They invite me to go with them to different things, you know, and I enjoy that a lot. Most of them go to our church, too, to St. John's. We just kind of mingle. We don't really do a lot. Whenever anybody does have something, why, you're all welcome, you know. And different times, they'll call me. They have bonfires down at Wilkinson's. He'll call and say, "I'll

come up and get you. You can come down and enjoy our fire.” One night he drove his car up here to pick me up – three houses. (laughs) And then they’ll walk me home. Of course, we get together in the yards, too. We don’t have anything specific that we do, just enjoy each other more than anything.

Neighborly interactions in Kasson tend to be informal and impromptu, though still friendly and supportive. At times, however, neighbors get together for parties and other social events like the bonfire Doris described. Thelma G., for example, lives in the cluster of duplexes for people over the age of 55 and states, “We have picnics in the summertime and before last Christmas we had a progressive dinner. Some of them are so much older that they don’t really care to do much, but usually in the summer we have a picnic and then we have a party out at the golf club for Christmas. The rest of the time you see each other out in the yard.” Gretchen, who lived in the same neighborhood before moving to Prairie Meadows, joins them for these parties and has carried on the tradition by inviting some of her former neighbors to a spring luncheon at Prairie Meadows. Another resident, 86-year-old Hazel, says, “I am still close to my neighbors. I talk on the phone pretty much every day with them.” Likewise, Orville, a 91-year-old resident, sees his former neighbors regularly. He and 97-year-old Kenneth golf nine holes at the country club two mornings a week, and he attends church on Sundays, followed by brunch at Prairie Meadows, with a couple in their 60s who lived across the street. Summer block parties are popular within the various neighborhoods of Kasson, as well. These organized social events facilitate connectedness by offering a sense of camaraderie and by acquainting lesser known individuals with their neighbors,

ultimately establishing relationships that could potentially provide future support. Doris describes the support she receives from her younger neighbors as follows:

They watch over me. They watch my window shades, you know, so I deliberately raise my shades as soon as I get up so that they know I'm okay. And the lady over here, she's a nurse, and she sat me down the other day and she said, "Have you ever thought about getting a lifeline?" And I said, "Yeah, I have." But I said I didn't think I was quite at that point yet." (laughs) And I said, "Probably I will within the next year." Because you don't have to be crippled or battered to have one. It's just a good safekeeping. And if I woke up and wasn't able to get out of bed or something, it would be really nice to know that all you had to do was punch that button, and so, yeah, I think I probably will get one for my own good. Because I can fall down – I've done it a few times. (laughs) And I know I have lung disease – I have COPD – because I was a smoker for 40 years. I quit in 1984, but I didn't quit quick enough. I'm doing real well – it hasn't gotten worse or anything – but it's there and I could have a bad cold and not be able to get my breath. If I had the lifeline, why, I'd be okay. I think I have, what, four keys out in the neighborhood (laughs) so they can get in at anytime that they need to.

As Doris illustrates, neighbors provide a variety of informal care and practical support to one another. Charlotte, who is 83-years-old and resides in the older part of town, lives near a young couple who picks her up every Sunday morning for church and then breakfast at the country club. Jackie, my grandmother, calls on younger neighbors to shovel her snow or help with odd jobs around the house. Like Doris, Gretchen's

younger neighbors watched over her: “I fell and broke my hip, and they didn’t find me for 24 hours. I just laid on the floor. But the neighbors – see, my husband was in the rest home and he couldn’t get me on the telephone so he got the neighbors to go in. They’re the ones who finally found me. And they’re the ones who helped convince me to move to Prairie Meadows.” These relationships, combined with the others highlighted in this section, point to the fundamental importance of neighbors for socialization and support within the Kasson culture. Even though the participants wistfully acknowledge the changes precipitated by Kasson’s growth, their stories and lived experiences demonstrate viable connections exist between generations living on the same block.



Image 4. *Neighborly Love.* “This little honey, you know, she’s something. I’ve known Maxine ever since I moved down here because my husband rented their farm, but we weren’t able to be together. I had a family, and she had a family. But now she’s living next door. And she is something else, I tell you. She loves to golf, and if everybody’s busy and she can’t get someone to go with her, she goes by herself. She’s 93! She’s kind of like a mother image, too, you know. I would never say that to her, but she is, and I love it. My mom died at 37 and would be Maxine’s age now, so I really like being with her. We do things together. I keep track of her, and she keeps track of me.” (Carole, age 76)

Church

Church membership represents the second narrative component characterizing a small town and comprising the Kasson culture. Kasson is home to 12 churches serving members throughout Dodge County and the Rochester area. Most of the churches are Protestant – a reflection of Kasson’s largely Scandinavian culture. Of the 12, three are Lutheran, two are Methodist, two are Christian, one is Presbyterian, one is Baptist, one is Episcopal, one is Congregational, and one is Catholic. The largest, St. John’s Lutheran Church, counts more than 3,000 members, including 28 of this project’s 34 older adults living independently in Kasson or in Prairie Meadows and seven of my 10 key informants. This is the church where my grandparents were married, three family generations (including me) were baptized, and my grandfather was memorialized. When I think of childhood visits to Kasson, St. John’s figures prominently in my memories, all of which came flooding back when I returned for this project. The building is larger, but the sanctuary remains unchanged; the congregation has swelled, but I see familiar faces.

Church, conceptualized as faith, fellowship, and service in this project, figures prominently in the participants’ stories and lived experiences. Research has long demonstrated the fundamental importance of church membership for older adults (Ellor & Coates, 1986; Rowles, 1986) and faith communities for social capital (Putnam, 2000). Church-related activities, much like neighborly relations, afford older adults in Kasson the opportunities to socialize and receive or provide support, as well. As their stories suggest, the participants spend much of their time at church in service to the community with friends. Arlene, for example, equates church activities with friendships, while

Roberta highlights church service more than socialization. Although their emphases differ, both women engage in and enjoy church-related fellowship and service. Their individual stories, combined with examples from other participants, follow.



Image 5. *Wednesday Oasis.* “Every Wednesday night at church at St. John’s they have a supper for people in the congregation. Paul is the head cook. He cooks every Wednesday night, and we always go. They ask for a \$3 donation, you get to be with other members of the community, and the food is always delicious. We just walk across the parking lot. They have services afterward at 6:30, so sometimes we stay for that. Last night we didn’t because we could hear the music so loud through the door that we decided not to go. The youth group band was playing, and it was just too loud for us.” (Kay, age 82)

“My friends and the church are one and the same” (Arlene, age 77)

Arlene has been a resident of Kasson and a member of St. John’s Lutheran Church for the past 29 years. Although she always attended services on Sundays, it wasn’t until she retired two years ago that she became active at church on a “full-time basis.” Through St. John’s, Arlene serves on the Stevens and BeFriends Ministries, both of which offer care and support for people experiencing any number of challenges,

including the loss of a job, long-term illness, divorce, or the death of a loved one. She also meets regularly with her Circle and travels to Rochester with a group from church once a month to serve meals to the homeless. Still, while Arlene enjoys helping others, her greatest pleasure comes from the time spent with friends during these and other church-related activities. She describes one of her favorite fellowship groups as follows:

We have a group at church where everybody puts in their name and then they put a bunch of people together. They have maybe four couples who get together three or four times during the winter to get to know each other better. The age is immaterial. After we got done eating one night – it was always everybody brought something – I said, “Well, you know, instead of sitting around talking, we should have this thing where we each go around and you say something about yourself that probably no one knows.” We said, “I bet you didn’t know this about me” and then told them something that happened to you in your life or when you were young or whatever. We had more fun doing that because the most interesting things came out. (laughs) You think you know somebody your same age – you’ve probably only known them for 10 years, but you think you know everything about them – and then all of a sudden they start telling you something they did when they were a teenager or something at their first job or something. We really had a lot of fun with that.

A number of participants share Arlene’s enthusiasm for the social opportunities provided through church. Barb, who also attends St. John’s, coordinates an adult fellowship group that meets once a month for a variety of activities, including

progressive dinners, plays, picnics, and card games. Many of the participants belong to Bible study groups, and Phyllis, who belongs to Kasson United Methodist, attends a book club that meets at church between services. “We don’t have a large group, but we have all different ages of people and I’ve read many very interesting books that I wouldn’t have read without getting together with that group,” she says. “It’s through church, but we don’t necessarily read literature that’s biblical or anything. We just read some historic novels, and, oh, we’ve read any number of things. I really enjoy that group.” The participants also meet with friends for coffee before church, breakfast after church, and lunch after weekday church activities. Fellowship over food has continued as a tradition at Prairie Meadows, as well. Pastors from local Kasson churches take turns leading the Thursday afternoon worship there and then stay for Sweet Treats, a scheduled hour of coffee, cake, and conversation with residents and staff.

Circles are also important to most of the female participants. Dorothy P., an 82-year-old resident of Prairie Meadows and lifelong member of St. John’s, describes Circle as follows: “It’s your ladies group in church. You’ve got the big group, and then they split up into Circles. We have eight Circles in our church, and each Circle has 20-some members. We meet about once a month. And it used to be we did all kinds of things, like serve meals at weddings or auctions and stuff, but now, really, it has developed into more of a Bible study and keeping up with the shut-ins. You’re assigned shut-ins for birthday cards or whatever you want to do and that kind of stuff.” Dorothy no longer attends weekly church services at St. John’s but continues to meet with her Circle. “In April, my Circle met here,” she says. “We had dessert and coffee and spent

time in the dining room. It was nice that I could still take a turn as host.” According to Marlyn, who also attends St. John’s but belongs to a different Circle than Dorothy, the monthly meetings are enjoyable but serve a greater purpose, as well. She says, “If there’s anything you ever needed, your Circle would just always be there for you.” Her sentiments illustrate the connection between church socialization and service and are shared by many of the participants, including Roberta in the story that follows.



Image 6. *A Beautiful Day.* “Last Thursday, it was my turn to lead worship at Prairie Meadows. As I left the building I talked with those sitting outside at the front door. We all agreed that it was a beautiful day. The sun was warm, but not hot, the breeze was blowing, but not strongly, and the scent of freshly mown grass was in that breeze. There was a couple sitting on the bench holding hands. They had been married many years and were remembering numerous other times when they had sat in the early summer sun holding hands. There was a woman patiently waiting for her son to pick her up and then they were off for a marathon of activities: picking up plants, watching grandchildren’s ballgames, and eventually planting those flowers at the cemetery to celebrate the lives of loved ones. The other woman sitting there was an old friend and a long-time member of the church. I had just spent some time catching up with her. It was a beautiful day because there was evidence of God everywhere: in the delightful aromas, warmth, and wind of that moment and in the relationships that make life worthwhile.” (Pastor Marie, St. John’s Lutheran Church; picture by Hazel, age 86)

“Church is a big part of my life” (Roberta, age 86)

Roberta is a lifelong resident of Kasson and member of the First Congregational Church. Most of her four children, 17 grandchildren, and 28 great-grandchildren live out of state; her second husband of 25 years has Alzheimer’s disease and recently moved to a facility in Minneapolis. Roberta therefore socializes primarily with friends, including her six remaining siblings and their spouses, all of whom still live in town. Unlike Arlene, who equates church with her friends, the majority of Roberta’s close friendships are based outside of her small church. Indeed most of her friends, as well as a few siblings, attend St. John’s instead. Like Arlene and the other participants, though, Roberta’s church is very important to her. She worships every Sunday, serves on committees, participates in community outreach ministries, and enjoys fellowship with other members. She exemplifies the magnitude of her commitment to the church with the following:

We’re so busy with our church this year because we’re having that sesquicentennial – 150 years – and so, my goodness, we have something going on every month. We had the tea and we had a luncheon and then we had renewal of wedding vows and now in July we’re going to have a big ice cream social and then in August we have a three-day event. We’re having some speakers and songfest and displays of all the old historical books and artifacts, things from our church. And then on Saturday noon we’re having a catered dinner so that all of our congregation can just enjoy the dinner – we don’t have to work at it. So we’re having it catered. And then on Sunday we’ll have a regular church service

and then a potluck dinner and then that will kind of end that. And in October – no, September, I guess it is – they plan to have a square dance or something out in the church lot, just for something fun. And then in October they have some kind of a Halloween party. And so they’ve got something for everything. In November, I don’t just know what’s on the docket for that, but I know December’s our prayer sister party. It’s quite the celebration, and it keeps us busy working and planning and having committees for everything. We’re all very busy, and I think that’s best.

According to Roberta, she and her good friends, Joanie and Maxine, “work a lot together at church.” Almost all of the other participants do, as well. Ronda, for example, is an officer in the Southeast Women of the ELCA (Evangelical Lutheran Church of America), helps serve coffee between Sunday services, and is a volunteer on the church Bereavement Committee. Marlene also serves on the Bereavement Committee, as well as regularly staffing the Welcome Center and helping with communion. Some participants, such as Jackie and LaVonne, lead groups of children every summer during the weeklong Vacation Bible School and every Wednesday as part of St. John’s Oasis after-school program. “It’s always a lot of fun with the little ones,” says Jackie. “I like getting to know the kids and their parents.” Other participants meet regularly at church to count the offering, assemble bulletins, or bake for weddings, funerals, and other occasions. According to Dorothy A. and her husband, Bob, “Church is probably our main activity. We try to get there as often as possible to take care of our obligations. You know, we worship and take care of what needs to be done.”



Image 7. *Lutheran Brotherhood Loves Volunteers.* “Dorothy took this picture. I help copy *The Messenger* for the church, and she grabbed my camera when we were putting it together. It usually runs about 18 pages, and they send it out to 1100 people. It takes Dorothy and me all day to run it off. We put it together the next day with a bunch of other ladies. Usually, if we have 15 to 20 people, it only takes a couple hours to put it together and then we all go have lunch.” (Joan, age 77)

In addition to serving the needs of their individual church and its members, the participants also serve the Kasson community and beyond through their church. The women who quilt at St. John’s, for example, made more than 200 quilts in 2008 to distribute to families who lost homes in the Rushford floods, reside at the Ronald McDonald House in Rochester, or live on limited means in Kasson and Dodge County. Many of the participants also devote time to Faith in Action. Rosemary, the Vice President of Dodge County Faith in Action, describes the program as follows: “We’re a local chapter of a national interfaith volunteer caregiving program that brings volunteers from many congregations together to provide resources and encourage the independence of all individuals in need. With more Americans living longer lives, many face the

challenge of helping a family member, neighbor or friend who suffers from arthritis, diabetes, cancer, Alzheimer's, or other long-term health conditions. We're founded on the ideal of community volunteerism of neighbors helping neighbors." Volunteers provide non-medical assistance through a variety of community-based services, including transportation, respite care, friendly visits, chores or housekeeping, errands, yardwork, and resource referrals. According to Carole, who is 76 and a regular volunteer for Faith in Action, "It's up to the Lord what we do or what we don't have. We just live from day to day and try to do what we can for others. That's what we're here for, to try and help people."

Civic Engagement

Civic engagement emerged as the third narrative component characterizing a small town and comprising the Kasson culture. In addition to serving their church, volunteering through church, and informally supporting their neighbors, many older adults in Kasson volunteer privately through formal organizations. Their combined activities include volunteering, service, mutual aid, political involvement, and paid employment, all of which can be operationalized as civic engagement (Morrow-Howell & Freedman, 2007). Research links civic engagement in late life to successful aging (AARP, 2005; Burr et al., 2002), community connectedness (Hinterlong & Williamson, 2007; McBride, 2007), and healthy communities (Henkin & Zapf, 2007). As the two primary examples below suggest, Thelma G. and Barb are actively involved with positive outcomes for themselves and the Kasson community. Still, their motives for civic engagement differ. In the first example, Thelma volunteers for personal

satisfaction. Barb, on the other hand, volunteers out of a sense of civic responsibility.

Their stories follow.

“There’s hardly a day I’m home” (Thelma G., age 73)

Thelma moved to Kasson eight years ago from a farm outside of Dodge County near Rochester. She had always planned to move to Rochester once she retired, but ultimately chose Kasson because she felt it was more conducive to her lifestyle. “It’s just simpler,” she explained. “You can be a little more independent here than if you live in Rochester and you’re not comfortable driving in traffic. There are more retired people here, and it’s a real friendly community here.” Before she retired, Thelma envisioned this period of her life as a time to do some of the things she wanted to do but never could because of work and familial responsibilities. Now, she happily exclaims that her “biggest challenge is trying to find time to do everything I want to do!” Besides playing cards, quilting, traveling, and “digging in the dirt” with her friends, Thelma devotes a significant portion of her time to volunteering. She explains her largest project, one that she initiated almost 15 years ago before moving to Kasson, as follows:

I do a lot of volunteer stuff for the Historical Society. They had books over there that had obituaries in them, but they weren’t listed or anything. If you didn’t know the cemetery that the person was in, for instance, you’d have to look under all the Ds in each book. I went over there to look for some of my ancestors, so then I offered to make a database for them. I brought one book home at a time and then I made a database on the computer and entered them all into the computer: last name, first name, maiden name if it was a woman, date of birth,

date of death, which paper it was out of – sometimes all of this information wasn't in the obituary – and then which cemetery it was in and which page in the obituary book it was on. It was quite a project, and it's still ongoing. I've got them all listed, but now we're making backup copies and then we're going to make new books because these books have the newspaper articles in them and, you know, that deteriorates. We're copying them on a copy machine because that paper will last longer than the original, and I have the backup copies here so they're offsite. If something should happen to those over there, they won't be lost. I suppose it's 15 years I've been working on that. Each night I read *The Post-Bulletin* and if there's any for Dodge County I take them out and mark them, too. Then I'll enter those and put them in the book. It's mostly a wintertime project because I like to be outside in the summertime. But I spend a lot of time in there – that's why my computer room is such a mess.

As her narrative demonstrates, Thelma volunteers for personal enjoyment. She recognized a need, had the skills needed to start a computer database, and – 15 years later – continues to maintain the records as a sort of hobby that ultimately benefits the greater community. Other participants volunteer outside of their church for similar reasons. Charlotte, for example, joined the Women's Auxiliary at the Fairview Care Center once she retired and spends every Wednesday there helping to feed the residents who can no longer eat independently. Until recently, she also read to students at the elementary school two mornings a week. "When I retired, I didn't have any hobbies or belong to any organizations or anything, and one day I was telling a gal at coffee that I

had no idea what I was going to do with my time,” says Charlotte. “She said, ‘Go over to the school and offer to read.’ So I did, and a couple months later they called me, and I did it for 18 years. It was a fun thing to do.” Like Charlotte, Thelma busies herself with more than one volunteer project at a time, which she explains as follows:

I’m also president of the Association out here and that takes a little time. I get complaints, of course. There’s 22 units out here and you can’t please everybody so we just do the best we can to please the majority. Well, it’s hard to find anybody out here that will do it because they’re all older. You know, somebody like Max – you can’t expect her to do it. And we have three vacancies right now. Well, three that are trying to sell, I should say. One lady still lives here, but two are empty. So that kind of cuts down on who can do it, too. I think there’s one, two, three, four – I think there’s only four – no, six – that are younger than me. Three couples. I’m 73. I don’t know where those 73 years went, but there you go.

Thelma lives in the duplexes built for adults over the age of 55 and, as she explains, is one of the younger homeowners there. To spare her older neighbors, she feels obligated to serve as president of the homeowners’ association. At the same time, however, she grows frustrated with those who are retired, restless, and reluctant to give of themselves or their time:

Some of them out here complain because they don’t have anything to do and they’re bored. Well, go find something to do. Volunteer. One guy said, “Where are you going all the time?” I said, “I go and volunteer over at the Historical Society.” “You get paid for that?” he asked. And I said, “No. I said it was

volunteer.” He’s kind of a gruff old guy, you know, and he said, “Well, I ain’t gonna do nothin’ if I don’t get paid for it.” And I thought, “Well, then, sit there and complain.” (laughs) I think life is whatever you make it. I’m happy. I think this is probably the best time of my life, really.



Image 8. *Marigolds in May.* “There’s a big garden out alongside that road that curves when you leave Kasson and head into Mantorville. Well, there’s a big plot there that usually has flowers in it, and so our garden ladies – there were only three of us that day – planted the little marigolds. They’re doing okay, but now I don’t think anybody’s been able to water them. We can’t water them. That area is so long, and, well, you can’t take a bucket and dribble a little water in there. I think they should get the fire department to do it.” (Marlyn, age 75)

“You need to give something of yourself to the community” (Barb, age 74)

Barb and her husband, Bob, moved from Rochester to Kasson 55 years ago as newlyweds. They came seeking affordable housing, a family-friendly community, and a small town atmosphere. Over the years, Barb has maintained a very public presence in town. “Community involvement is really important to me,” says Barb. “I don’t think you can just take and take and take. I think you need to give something of yourself to the

community in order for the community to be the type you want to live in.” When her kids were young, she served as 4-H leader; now, she coordinates the adult fellowship at church and works part-time for a company that provides social services for adults with mental disabilities living independently in Dodge County. She has also served in public office. After retiring from her position as deputy clerk administrator at City Hall, Barb sat on the City Council for four years and then served as the elected mayor of Kasson for two years before deciding “it was time to let the young people take over.” She describes her tenure in public office as follows:

I think a town is pretty much what you make of it. I worked at City Hall – well, it never really was called City Hall; it was always the municipal building – for 25 years. I was on the committee that helped to retain the water tower. It’s not in use now, but it’s used on all the logos for the City of Kasson, so it was great that we were able to save it. I also worked on the committee to establish some trails in Kasson. One goes from 8th Avenue all the way to Mantorville, and the other one is on the east side of town, so we have the Sunrise and the Sunset Trails. I like to do things where people can enjoy them if they have any money or not. You always see people walking on the trails, so that was really a worthwhile thing. And so was the playground. The other one was so outdated, so we got together a committee and worked to have new playground equipment installed. We did some fundraisers for that and got the new modular playground equipment. That’s been nice for the kids because it seemed like there just wasn’t much going on for the children, which I think there needs to be.

As evidenced from her experience, Barb takes pride in her community and strives to better Kasson for people of all ages and abilities. Like Thelma, she enjoys keeping busy; however, Barb also believes it is her responsibility to “engage in activities aimed at the social good” (Morrow-Howell & Freedman, 2007, p. 6). Gloria, an 82-year-old resident of Kasson for the past 67 years, shares similar sentiments. “It takes a lot of volunteer work to keep a small community going. To keep a small community from dying, really,” she says. “As far as history goes, our community isn’t that old. We’re about 150 years. And in the beginning, these people were pioneers. To make it successful, they had to work together and care for each other and be supportive of one another. That’s what community work involves. Any community you live in is nice if you make it nice.” Community work for the social good extends beyond Kasson, as well. Kasson is largely Democratic, and many of the participants’ front yards sported signs in support of Obama while I was there. “I’m interested in politics, and I’m glad Obama got the nomination,” claims Lyle, who serves on the Kasson City Council and is the current mayor’s father. “We’ll certainly do what we can to get the voters out in November. Hopefully, (laughs) they’ll make the right decision.” Lyle joined a large gathering of citizens and residents one evening at Prairie Meadows, as well, for a meet-and-greet with Senate candidate Al Franken and incumbent Congressman Tim Walz. According to Barb, who also attended, “Our district includes Rochester, which tends to lean right, so we need a good show of support. We were fortunate to have them here.”

Barb’s commitment to the community is further reflected in her decision to continue working part-time, which she describes as follows:

I work for a company in Austin, and they contract with Dodge County, and we work with people that are in their own homes but need some services. Mostly they are people that have some mental challenges, but they are able to have their own homes. So I take them to the grocery store to do their grocery shopping. I take them to the doctor, the dentist, the eye doctor. I help them set up their prescriptions for the week. One gentleman likes to go to visit his parents' graves up in Rosemount, so I take him up there so he can visit there once a year. He likes to go get smelt feed at Byron, so I take him. I just get them out into the community so that they feel like they're part of the community. Right now I just have three clients. Two of them are older, single gentlemen and one is a young mother with a 4-year-old child. With her, I don't do some of the things I talked about. She has her mother as her guardian, so she does some of those things, but I work with her on some money issues and things like that.

Barb isn't the only participant serving the community through part-time employment. LaVonne, for example, works one week per month as a court reporter for the Social Security Administration in Rochester. "If you file for disability and get turned down, you get a reconsideration. And if that's turned down, you get a hearing before an administrative law judge," explains LaVonne. "It's interesting to say the least. These people come in, and they all have this story that they're so disabled. And I said to the judge, 'Why, I would have allowed every one!' He said, 'Stick around a little while. You'll catch on.' (laughs) And I'm beginning to understand after eight years. There are some that pull your leg, and the harder they cry, usually the less disabled they are. That's

a terrible thing to say, but it seems to be the case. Of course, I don't see the whole file or all that medical evidence in there, so I'm just listening to this terrible story about this poor person. But I'll do the job as long as they'll have me because it's good to stay busy and I feel like I'm doing some good." LaVonne and Barb both retired in their 60s but continue to work part-time in their 70s not for the salary but rather for the opportunity to contribute to the common good (Henkin & Zapf, 2007). According to Barb, "Through the years, I've accomplished things that I felt were important, helped some good people, and made lots of friends in the process. Hopefully, I've left my mark here."

For many residents at Prairie Meadows, a previous orientation to civic engagement continues to inform day-to-day experiences within the facility, as well. Margaret waters the plants on the patio and in all the common areas, Myrtle sets the dining room tables every day for lunch, Dorothy P. plays the organ for worship services on Thursdays and Sundays, and Andy reads to residents with dementia living in the secured wing. Some of them serve on the Resident Advisory Council, as well. "I noticed they put my name down to be a member of the Council, but I was hoping I wouldn't get it!" laughs Gretchen. "I'm not ready for that yet. I can't hear, you know, and I thought if they have a meeting and they have to say everything three times that isn't nice. But I probably will do it sometime because I think everybody should help." The residents also benefit from the volunteer efforts of individuals from the surrounding Kasson community. The American Legion and various church groups lead evening bingo sessions, children from the neighboring schools play the piano or sing songs, and teenagers enrolled in the high school's Community Actions Class play cards and spend

time with the residents. According to Laura, the activities director at Prairie Meadows, “A small town is really good about looking after others. They come because they want to help make the residents’ day, and that’s really so important.”



Image 9. *Storytime with the Library.* “The library comes once a month – well, they come twice a month on Thursdays, but storytime is usually once a month – and we have stories with the kids. Their mothers come, too. After the story, the kids color a picture or make us a craft. (laughs) Most of us have grandchildren who live out of state, so we always enjoy being around the younger ones.” (Hazel, age 86)

Collective History

Collective history represents the final component characterizing a small town and comprising the Kasson culture. As I quickly learned during my time in Kasson, many of the participants are connected through relationships that extend decades into the past. Some of them went to school together, and others met while their children were in school. A few of them are sisters-in-law; some are related through marriages between children, nephews, or grandchildren. At a minimum, most know through firsthand experience who lived where and who worked when. This “autobiographical insideness”

(Dorfman et al., 2004) permeates the participants' stories, lived experiences, and daily interactions. It also stands in stark contrast to Thelma's late life residence in Kasson. Her story follows as a "negative case" (Waitzkin, 1991) that both contradicts and confirms the importance of a collective history in the Kasson culture and small town narrative.

"They've lived here all their life and won't take anyone else in" (Thelma F., age 90)

Thelma is the self-proclaimed "new kid on the block." Unlike the other participants, Thelma is new to Kasson, Dodge County, and even Minnesota, having lived all but the last two years in California. She moved cross-country from her home in an age-restricted neighborhood to a brand new duplex in the older part of town that her daughter and son-in-law built after tearing down the previous house on the lot. They downsized to live in the other side. "You know, everybody says, 'Not many people retire to Minnesota from California!'" laughs Thelma. "And the funny thing is my friends in California worry I'm going to freeze to death out here. I say, 'No, really I won't.'" Thelma's daughter, Donna Lee, moved to Kasson 30 years ago when her husband was transferred to IBM in Rochester, and Thelma has visited over the years. Once Donna Lee retired, however, she thought Thelma should live closer, and Thelma agreed. "I thought it was the right thing to do. It was what God wanted me to do. And I didn't want to wait until I got to the point where I couldn't do anything for myself and then had her come take care of me." Although Thelma likes her new home and enjoys a close relationship with her daughter, she admits the transition hasn't been easy:

It has taken time because the culture is so different here than in California. The Scandinavian culture – apparently that is what it is – they're very closed in and

they're very private. California is not that way at all. Much more open. Some of the people have lived here all their lives. They know people, and they're not taking anybody else in. There's one woman, in particular, and now it's kind of a challenge because she doesn't talk to me. At Circle, she sits at the table here and I sit here, and she's never said a word to me. So now it's kind of a game to see if I can make her talk to me. (laughs) It doesn't hurt my feelings; it's just who she is. And Donna Lee thought it would be a good idea for me to go to the senior center and know new people. My son-in-law's mother had moved here three or four years before she died, and she loved going to the senior center and doing the things that they did over here. When I'd come out to visit, I would go with her. Well, there's not too many people there that are interested in getting to know – I mean they're nice to you, but they have their own circle and that. So I haven't been there in a long time. One of the gals called me the other day and wanted to know how I was, though, which is nice.

Thelma states that she has trouble fitting in because older adults in Kasson are “closed in” and have known one another for most of their lives. In many ways, she's right. As I stated in the first chapter, Jackie, my grandmother, is a lifelong resident of Kasson. My grandfather, Armond, was a lifelong resident, as well, until his death in 1997. To this day, both public and private Kasson bears his signature. He designed and built the gazebo in Veterans Memorial North Park, constructed a number of homes throughout town, and handcrafted the cabinetry in St. John's remodeled kitchen and great room. During our interviews, many of the participants remembered him fondly

with anecdotes or stories and would sometimes point out a piece of furniture he crafted or a backyard garden he helped initiate. Betty, for example, told me, “I’ve lived in Kasson all my life, and I knew your grandparents in school. Actually, Jackie’s brother, Wally, graduated with me. Jackie and I have always been really good friends. Carole used to have us all over at Christmastime for a potluck, and Armond was such a wonderful cook. We always had such a nice time.” Dorothy P., a resident at Prairie Meadows, shared similar sentiments. “I was real good friends with Jackie and Armond. He and I worked together a lot – well, she did too – on Stewardship for church. We got it painted and we counted money and we made lefse and we did all kinds of stuff. We missed Armond when he went, that’s for sure.” Like most of the participants, including Grandma, Grandpa was devoted to Kasson and dedicated to church, where he spent significant time in worship, service, and fellowship. As such, Grandma regularly strives to honor him publicly through opportunities at church. “The church sponsors two missionaries,” she explains. “It’s \$40 a week to sponsor them, and so now the people of the church can sponsor them in memory of somebody. I did the last one, and that was in memory of Armond. So every Sunday somebody is either remembering somebody or honoring somebody, which is good. You kind of make people remember that departed one or somebody that they hadn’t seen for awhile.”

In addition to remembering people through donations at church, the participants speak often about two other particularly meaningful traditions: cemetery visits and family reunions. “We go down to a couple cemeteries down by Lyle. My parents and grandparents and my husband’s parents and grandparents are buried there,” explains

Marlyn. “If he can, Steve and my oldest granddaughter, Kayla, go with me; otherwise, I go by myself. Steve always says to her, ‘That’s gonna be your job someday, Kayla, to take the flowers down there.’ He’s been telling her that for years!” The participants bring flowers, as Marlyn does, to family gravesites and attend Memorial Day services at the cemetery right outside of Kasson.

Many of them gather for yearly family reunions each summer with out-of-town relatives, as well. “I have brothers and sisters that I’m quite close to, even though we live all over Minnesota,” says Thelma G. “We make it a point to get together with just the brothers and sisters – not our kids – every summer, and it’s really nice. We all bring appetizers and then we play cards and the guys play pool. Sometimes we watch movies. And we all bring pictures, so usually we look at each other’s pictures. My one brother and I get into the genealogy part so we put old pictures of when we were kids on our laptops. We set them up so everybody can see them. We just sit around and have a good time.” Dorothy A. meets relatives from her father’s side every Memorial Day for a picnic, and Marlene hosts her family for a few weeks in her lakeside cabin up North. Phyllis reunites with as many as 80 family members each year. “With seven siblings and all their families and stuff, you can get a pretty big group sometimes,” she laughs. “Everyone takes a year. This year we’re going to be in New Ulm at the State Park. We’ll have cabins and a big hall with a kitchen area where we can all meet. We do it for the whole weekend – Friday, Saturday, Sunday. Next year we’ll be out in Virginia because my brother out there will host it. One year it’s in Minnesota, and then the next year it’s out of state. It’s a lot of fun.”



Image 10. Remembering. “We try and go to the Memorial Day services every year. Our son used to be in the band, so he played for many years at those events. They always have a very nice service, and it’s important to remember those who have passed.” (Barb, age 74)

As demonstrated above, Thelma lacks the deep social and autobiographical connections of many older adults in Kasson. To find companionship in town, she attends church and two Bible studies each week with Donna Lee. Although she earlier described a woman in her Circle who doesn’t talk to her, Thelma has found it easier to become acquainted with people at church rather than through the senior center. She socializes with Donna Lee and her circle of friends, as well. Thus, Thelma continues her story as follows:

As I’ve gotten acquainted with people and that it’s getting better. I’m fitting in. Some of the ladies have been very nice. I got a little letter about table fellowship, and if you wanted to go, you filled this out and turned it into church. So I turned it in. Well, then they paired five other ladies – there were six ladies – together,

and you had four meals together in November, February, March, and May, I think. So little by little I'm getting to know people. I will probably never, ever have a buddy-buddy close relationship with anyone here, but I have a close relationship with my daughter so it's okay. And I still talk to my friends back in California. My cell phone is California area code so my friends there can call me without a charge.

Thelma talks to her friends in California on a weekly basis, just as other older adults living in Kasson nurture their long-distance relationships via mediated means. Roberta sends birthday cards to her six children, 17 grandchildren, and 28 great-grandchildren, while Charlotte and Carole both send care packages to their college-aged grandchildren working or volunteering overseas. Carole is also working to "stay in touch" with her extended family. She explains her reasoning below:

My cousin on my dad's side died, and it kind of made me think a little bit. You don't see them as often as you'd like to. My parents had eight siblings, so there's a lot of grandchildren and cousins, and I think it's time that we stay in touch a little more. I'm trying to get the email or home addresses of all of them. I keep in touch by email with about five of them, so I'm hoping I can reach out through them to the others. Even if we can only get together once a year, I think we should as long as we can. It's time to sit back and pay attention to who we are and we better be staying in touch.

“Small Town Stuff”



Image 11. *Small Town Stuff.* “It’s such a quaint little town. It’s so friendly, and I feel safe here. I know everybody here, my church is here, and it’s just my kind of community, just a nice place to live. You know, small town stuff. I think deep down I’m just a small town person. I really am.” (Betty, age 76)

Rowles (1998) argues that “it is not an exaggeration to suggest that community values, norms, and expectations shape the aging experience” (p. 106). As the stories shared within this chapter demonstrate, older adults draw extensively on their perceptions of Kasson as a small town to make sense of their actions, their identities, and their relationships with others. To these individuals, “small town stuff” means supportive and social neighbors, fellowship and service through church, a commitment to civic engagement for personal satisfaction and public good, and deep social and autobiographical connections within the community. Their collective narrative of life in a small town ultimately fosters social integration and community connections in late life. Henkin and Zapf (2007) characterize this phenomenon as follows:

The social structure of a community refers to the values, norms, and patterns that influence interactions among community members. If the established social norms encourage prosocial, altruistic behavior, they can move people to act in collective, supportive ways. If organizations and institutions intentionally build social networks and foster social connectedness, the higher the likelihood that individuals will develop a shared responsibility for each other and for their community. This may be particularly true for older adults, who often experience the loss of social ties and support networks as they age. Communities that are high in social capital and have sets of interlocking social networks are better able to support members and achieve common goals. (p. 73)

Given the preceding, two overarching themes repeatedly emerge from this collective small town narrative and seem to especially characterize the social actions and identities of older adults in Kasson. First, service, socialization, and support are often one and the same in the participants' stories and lived experiences. Their relationships with friends, neighbors, and acquaintances are marked by acts of kindness, reciprocity, and trust. Frequently, these interactions stem from activities at home, in the neighborhood, in church, and through organizations. Such everyday "sharing-caring behaviors" have been documented as important in the lives of older adults and are often conceptualized as the "social glue that bonds, shapes, and even creates community" (Barker, 2002, p. S158). These behaviors embody an ethic of helpfulness and responsibility that define who the participants are as older citizens of a small town and that shape their ways of being in that small town.

Second, based on the above, older adults living in Kasson draw from and reproduce the small town narrative to make sense of their personal identities and social expectations. AARP (2005) notes that social norms and obligations are not always specified in late life. The loss of work-related roles, children leaving home, and spouses or friends passing leaves many older adults feeling that they lack direction or purpose (AARP, 2005, p. 22). The participants in this project, however, remain active and constitute constructive identities in late life for a number of reasons stemming from their collective narrative. Many of them volunteer in their neighborhoods or through church, for example, because (a) they are younger than their oldest-old peers, whom they believe should not be required to participate or (b) they are older than the generations following them, whom they excuse based on perceived family- and work-related obligations. As AARP (2005) suggests and their stories demonstrate, the participants' social connections and active engagement within the community "can result in useful and well-defined roles that provide meaning and a sense of purpose, enhance their feelings of self-worth and mastery, involve them in relationships that can offer them social support, trigger a flow of positive emotions, and provide a source of cognitive stimulation" (p. 23). Ultimately, just as the small town narrative is characterized as a web of interdependent components in the participants' social environment, so too is the "interdependent living" (*Naturally Occurring Retirement Communities*, 2006) constituting and reflecting it. As Elinor Ginzler, Director of Livable Communities for AARP, summarizes:

We are all dependent upon and working with each other as we go through all of our life's phases. And as one is in the older age spectrum, it does not mean you

are only receiving care, you are also giving back to the community. And this ability to think about it as long-term living also can then shed the light a lot better on the contributions that our older citizens make in their roles as volunteers, as engaged in their civic community on both a formal and informal basis. (*Naturally Occurring Retirement Communities*, 2006, p. 14)

Since this chapter examines the collective narrative of “small town stuff” and the ways in which it ultimately fosters social integration and community connectedness in late life, I conclude by addressing one gaping question: What about the men? The lived experiences and storied perspectives of older women admittedly comprise the majority of this narrative, as well as a significant portion of my data. Women over the age of 85 outnumber men two to one both nationwide and in Kasson (<http://factfinder.census.gov>), and I recruited older adults living independently in Kasson primarily with Grandma’s assistance and from her social networks. Thus, most of the older male perspective in this project comes from secondary interviews (i.e., husbands who participated during their wives’ interviews), personal observations during my time in Kasson, and primary interviews with male residents of Prairie Meadows. This collection of data does suggest, however, that the nature of older men’s participation in Kasson differs from that of older women. Most noticeably, these men lack the depth and variety characterizing the social networks of women. While older women cultivate connections at church through Circle, quilting groups, and volunteer service activities such as Bereavement Group or Vacation Bible Study, older men tend to serve in more task-oriented roles with fewer opportunities for sustained and meaningful interaction. They work as greeters or

assistants during Sunday services, for example, and volunteer as drivers for individuals needing transport through Faith in Action or Semcac. Ultimately, married men in Kasson seem to primarily seek support and socialization at home from their wives, and widowed men are more likely to remarry or move to congregate housing. I specifically explore the perspective of older men in my discussion on late life friendships and marriage, as well as the residential experience at Prairie Meadows, in Chapter V.

CHAPTER IV

THE AGING IN PLACE NARRATIVE

My mother died in 1974, so I was responsible for my dad from '74 to '84. And that was when he was 80 to almost 90 years old. My only sister lives out East – I don't have any relatives around here – so I was responsible for him, either in his little apartment for a few years or in the nursing home. He didn't want to be in Blooming Prairie at the nursing home, so I said, "Well, you can live with us." "No, no," he insisted. "I want to stay in Austin. I know all these people here." And I think he made the right choice because he knew a lot of people in Austin and they were older. They wouldn't be driving to Blooming Prairie.

He was a sweet old gentleman and never complained about being in the nursing home. He thanked the maintenance people, you know, and the housekeepers. And he'd eat everything they gave him and thank them for the wonderful food. He was just that kind of a guy. He'd take a taxi downtown from the nursing home to go to church, and he didn't like the barber that came – (mimicking) "He doesn't cut good hair" – my dad was a barber – so he took the taxi downtown to get his hair cut right. (laughs) Good for him! And then I'd have him in my home in Blooming Prairie. It was only 18 miles, so if there were relatives that did come to visit, he'd be up in our home. But then in his later years when he declined, my sister would just come one week a year and that was it. They'd have a wonderful time and then she'd be back East again. She was no help. (laughs)

Then my husband's mother, Cliff's mother, lived with us for 12 winters instead of being on the farm in the winter because it wasn't a real modern house. It didn't have a

furnace; it had those upright heaters. And she had bad arthritis, so it was hard for her to shovel or anything. Of course, she could get it plowed out by somebody, but we didn't feel she should be out in the country with that older home. It wasn't reliable, and the water could freeze. So she lived with us in the winter about three months for 12 years. In her dying days – she died of cancer, too – I took care of her until two months before she died when she went into the nursing home. So I guess that's why God meant us to be around here instead of off in the military somewhere. Cliff's only brother was in Chicago and he'd just come and visit once in awhile. So I think that's why we were meant to be around here, to take care of our parents.

Then Cliff had bad health the last five years. He had dementia, and he had chronic leukemia. He didn't have dementia to start with, but he had chronic leukemia from '95 on, and that kept getting worse and worse. When you have chronic leukemia, you don't have enough red blood cells because your body doesn't manufacture them, so his hemoglobin would go way down to 5-point something, and I could kind of tell when that was happening and I'd say, "Okay, we'd better go get some blood transfusions." And he was watched carefully by Mayo, either in Kasson or in Rochester. But in the end that's kind of what he died from. And he had strokes too, probably three major strokes that would affect him enough that he had trouble walking, and his mind was starting to be affected by that and the lack of oxygen because that was causing brain damage. So his last five years were not good at all, and the last, oh, I guess, the last nine months I had home health care a couple hours three times a week. It was just six hours total, but I could get a little other work done. I couldn't really go away in two hours – what could I

do in two hours? And he liked going to the grocery store yet at that time. He'd get in one of those carts, but then he knocked over things, so that had to come to an end.

His last six months were in a nursing home because our son, Clark, found this scooter for him – it was a three-wheeler – and he could ride it on the upper level around here because he was so used to taking his big lawn tractor. Well, he tipped over at their house because it's a little bit slanted, and we said, "Cliff, you can't go down there." But he did anyway, and he flipped over and broke his leg way up here so they couldn't set it. I think it was the right leg; I'm not sure. So he ended up in a nursing home. He was completely out of it. He didn't visit with anybody. He was hollering out loud, never sleeping, rolling on the floor, and they had mats on the floor for him. Those last six months from April until he died at the end of October he was really out of it. He didn't visit with anybody about anything. All summer we knew he was dying, and the doctor said, "Don't do anything; just keep him in the nursing home; keep him comfortable. They'll see that he's cared for but don't be bringing him in for all kinds of tests. He's going to die, you know, he's terminal." So that's what we did.

Marlyn is 75 years old and lives alone in the large house she shared with her husband, Cliff, until six months before his death in 2003. She is an active, vibrant woman who spends most of her time tending to her expansive garden, volunteering at St. John's Lutheran Church and the Kasson Welcome Center, traveling cross-country with friends from Circle and Red Hats, and visiting with her three sons and their families, all of whom live within a two-hour drive of Kasson. She exercises three times a week at the local Curves (a fitness facility for women) and walks regularly through the woods that

adjoin her property. By all accounts, Marlyn is physically sound, cognitively intact, and socially connected. Still, she expects to end her life in a nursing home and offers the preceding story as a rationale for her eventual fate. “I suppose no one wants to feel that they’re going to end up in a nursing home, but you just have to take life as it happens,” reasons Marlyn. “That’s what I did with my dad and Cliff and Cliff’s mother. And that’s what I’ll do when it’s my turn. I accept that.”

Marlyn isn’t alone in her thinking. Nursing homes have historically dominated the long-term care (LTC) continuum in rural environments as the primary residential option for older adults (Phillips et al., 2003; Krout, 1996). Small towns in non-metropolitan areas have traditionally relied on nursing homes to provide “a higher degree of chronic care” (Rowles, 1996, p. 113) for residents who are older and have fewer functional limitations than their urban counterparts (Hutchison et al., 2005a, 2005b; Krout, 1998). Researchers contend the availability of nursing home beds in rural areas reflects a lack of sufficient community-based options required to meet the diverse needs of older adults living independently at home. Although the rural-urban service gap has diminished in some areas within the last 30 years, service availability, accessibility, and acceptability still present considerable challenges to rural areas (Hutchison et al., 2005a, 2005b; Krout, 1998). Provider shortages, socioeconomic factors, limited knowledge of available resources, and geographic isolation continue to threaten LTC delivery in these areas, as does the rural culture itself (Hutchison et al., 2005a, 2005b; Krout, 1998). In general, an ethos of independence, self-reliance, and a “we take care of our own” mentality underlie these communities (Rowles, 1996, p. 111), likely making

the rural response to disability and illness in late life different than in urban areas (Hutchison et al., 2005a).

At first glance, Kasson presumably offers a number of LTC options for its aging population. Formal community-based services, including a satellite Mayo Clinic, Prairie Meadows, and various faith- and government-based outreach programs, complement the informal support networks (e.g., neighbors and church) and volunteer organizations that constitute and characterize the Kasson culture (see Kochera & Bright, 2006). Like most individuals, older adults living in Kasson want to remain independent at home for most, if not all, of their lives. Few, however, actively plan ahead to do so. Instead, as Marlyn's story demonstrates, they draw on past experiences to predict future realities.

In this chapter, I examine the ways in which older adults living in Kasson and Prairie Meadows narratively emplot and locate (Harter et al., 2005) residence in late life. My analysis of the participants' stories uncovered an overarching narrative comprised of a number of structural commonalities and particular sequences of action (Riessman, 2008) that both guide the participants' experiences and inform their expectations. Marlyn, for example, organizes her parents, her spouse, and even herself in a temporal trajectory toward nursing home residence (see Harter et al., 2005). Her "and then" sequence "weighs the past/present/future flow of continuity and disruption to give force to some understanding of the distinction between 'now' and 'then'" (Harter et al., 2005, p. 16). Although Marlyn admits "no one wants to feel that they're going to end up in a nursing home," her story offers a sort of coherence in the face of disruptive illness and impairment. Other participants offer similar stories in similar ways for similar reasons. I

developed the model shown in Figure 2 to visually represent the overarching narrative that both comprises and informs these stories and lived experiences.

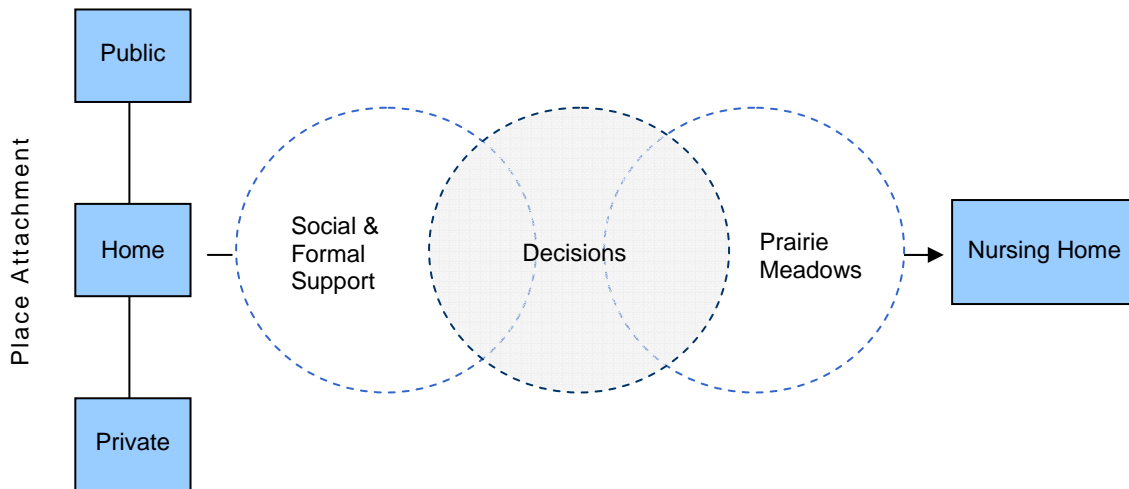


Figure 2. *The aging in place narrative.*

As demonstrated in the model, the participants want to remain in the Kasson community and acknowledge the availability of supportive services to help them live independently at home. These services, however, coupled with the decisions dictated by past experiences or current disruptions, prolong – but don’t prohibit – their inevitable path toward dependence. In the remainder of this chapter, I explore in-depth the elements and consequences of, as well as any deviations from, this plotline. The participants’ stories, lived experiences, and photographs punctuate my discussion.

Setting the Stage: Place Attachment

The participants’ stories of residence in late life – which most often emerged in response to the question “What do you envision or hope for your future?” – usually begin in the past with an ill parent or spouse at home who then eventually passed away

as a nursing home resident. These anecdotes serve to contextualize and inform the lived story to come of their *own* late-life residency, which begins at home in Kasson. Most of the participants have lived in Kasson for most, if not all, of their adult lives. Their longstanding “sense of physical, social, and autobiographical insideness” (Rowles, 1993, p. 67) fosters clear connections to Kasson and an intense desire to age in place within the Kasson community. Rowles (1993) argues that physical attachment to place (i.e., familiarity from inhabiting a location for an extended period), a sense of social affinity (i.e., the rules of conduct and social norms at home or in the neighborhood that emanate from a history of interactions with others), and intimate links to personal history (i.e., the places where self-identity evolve over the duration of a lifetime) become increasingly significant to older adults for preserving a sense of identity and continuity in changing circumstances. Examples of the participants’ attachment to private and public places in Kasson, as well as their desire to age in place under changing conditions, follow.

Place Attachment

“It’s a very good place to live with a lot of friendly people.” (Kay, age 82)

Understandably, home is very important to older adults in Kasson, and they’re proud of where they live. “My home out here is very meaningful to me, and I love living in the country,” claims 77-year-old Arlene, who lives on the outskirts of town next to a wooded preserve. Phyllis offers similar sentiments: “We’ve lived in this house for 48 years. We raised our children here. It’s been a very good home for us.” In addition to their current homes, many of the participants also have former houses scattered throughout Kasson. “We’ve lived here about 56 years,” says Marlene. “We first lived

downtown where that video store is now. There used to be the drugstore and apartments up above there. That's where we started out and then we moved to a little house right next to the fairgrounds. Then we lived out on Old 14 for 30-some years before we built our other house. Yeah, so I can look around and see we've been here a long time." As Marlene and others similarly demonstrate, former houses continue to hold meaning as private markers of the participants' familial history in town. Although they explicitly state they have no desire to see how later residents transformed the interiors, many participants, like Barb, still claim, "It's nice to go by and see it and see that they're still taking good care of it."



Image 12. *Our Second-to-Last House.* "I was walking to work one day, and I saw that the house on the corner was for sale. I went home that night and I said to my husband, 'Do you want to go look at a house?' And he said, 'Well, okay.' So we called the realtor and he showed it to us, and we said, 'We'll take the house if you can sell our other one.' The next morning – I don't remember where I was; I was someplace for coffee – at 9 o'clock in the morning he called up and said, 'I just sold your house.' (laughs) Just like that we were moving. It doesn't happen these days, but at that time there wasn't that much for sale apparently, and he had a buyer the next day. We lived there 30 years." (Barb, age 74)

The participants also overwhelmingly express pride in Kasson as a public setting. Many of them characterize their town in terms of the friendly people who live there or the variety of services offered there. Ellen, who has lived in Kasson for 58 of her 80 years, summarizes Kasson as follows:

I love Kasson. It's a perfect town for older people and, I suppose, for people who work in Rochester. The only thing we're missing now is our clothing store; otherwise, we have our hardware store, we've got a good grocery store and drugstore – everything but a clothing store. We've got a variety store; we've got a dollar store for things like that. We have the Mayo Clinic, which is a godsend, and a pharmacy. We have a couple flower shops. Not a problem, you know, getting your hair done or nails done because we have a facility that does pedicures and nails. We have probably four or five beauty shops, so even if you don't have the stylist you like at one place you don't have to go to Rochester because you can try another one. We have a good library. There's nice places if you want to go out to lunch. We have a very good school system. Community education is very complete – they do trips; I do yoga with them; they do Pilates for people that want to do that; they have lots of things for kids; they have lots of things for every aging part of the community. The school does plays and a lot of music programs, too, if you're interested in that. I like that we live 15 miles from Rochester and 90 miles from the Cities so, you know, you're not isolated.

According to Nowell et al. (2006), physical landmarks may suggest “feelings of belonging and positive identification to residents of that place” (p. 36). In addition to the

retail offerings on Main Street, the participants speak proudly of the community pool and parks, and they overwhelmingly echo Ellen’s sentiments about the school system and satellite Mayo Clinic. Often, these statements are made in comparison to Rochester or to other towns in Dodge County, most notably Dodge Center and Mantorville.

“Kasson is the perfect place to live,” says Joan, a 77-year-old lifetime resident. “We don’t have the crime that Rochester does, but we have our own grocery store and many of the facilities that so many places in Dodge County don’t. We’re very fortunate.”



Image 13. *The Best Part Yet.* “Kasson is a perfect town for older people, and the Clinic is the best part yet. There are so many places in Dodge County that don’t have our facilities. We were very fortunate to get the Mayo Clinic. They started with just a couple doctors and now I think there are 30 doctors there. And if you need to, they get you right into the Clinic in Rochester – you don’t have that wait, which is a big plus. They can do everything here except for diagnostic, like mammograms or colonoscopies or that kind of thing, and heart. But the wonderful thing is they even do house calls, which is just unheard of in most places.” (Dorothy A., age 87)

Long-time Kasson residents also take pride in and value various “markers of community history” (Nowell et al., 2006, p. 36) throughout the town. Three places, in

particular, seem especially meaningful for capturing Kasson's past and symbolizing its present: the State Theatre, the old elementary school, and the historic water tower.

According to Kay, who has lived in Kasson for more than 60 years:

The State Theatre is a historic building that my kids went to when they were still living at home and were young. We all went to see movies there. And then for awhile it became a church and they had church services there. There was some smell about the building. You could always tell when someone had been to the movies because the popcorn smell hung on your clothes. But now they have remade it into a theater again, and they show movies there that you can go to for \$3.00 – I think they've now raised it to \$4 – so very affordable. And they get current new movies, which are great. We enjoy going there again.

Barb, the 74-year-old former mayor of Kasson, describes the significance of the Kasson water tower as follows:

It's not in use now, but it's used on all the logos for the City of Kasson, so it was great that we were able to save it. They were going to tear it down, and some people came to the Council meeting and objected, so the telephone company said that they would donate \$75,000 if the committee could raise a matching amount. That was quite a challenge, but we set out to do that. We also applied for grants with the Historical Society because this also was on the National Register of Historic Places. Anyway, we were able to raise close to \$300,000 with all of those grants and everything and got it restored. When they were going to do the tank on the top, we discovered there was lead-based paint in it, so that was a

challenge. And what we actually did was got a huge crane and took the tank down and laid it there on the ground. It was there about a year and a half, and I'd go by and I'd think, "Oh, my, this will never happen." But, actually, it did. It's got very unique features inside. There's a circular stairway that goes all the way around up to the top and is all made of water pipe and elbows, which is very unique. Someday we're planning to have a small mini museum in there, which could be open for special occasions. That's not done yet.

The third marker of community history, the old elementary school, has sat empty for years and is a current source of contention in town. Members of the City Council, with support from key businesses and many younger families in town, would like to demolish the school and use the space for much needed government and/or library expansions. A group of community activists, many of whom are older citizens with long-term ties to Kasson, oppose the City's demolition plans and have led a local "Save the School" campaign to preserve and renovate the building. To some, including Bonnie Adams, director of the Kasson Public Library, these older citizens are impeding progress and growth; to most of my participants, the school serves as a meaningful reference of past experiences and changing conditions (see Nowell et al, 2006). They reminisce about their school days, when the elementary school encompassed kindergarten through 12th grade, and they reflect on Main Street's overall decline, as Betty, a 76-year-old lifelong resident of Kasson, demonstrates:

As far as the town is concerned, well, it has changed over the years. We used to have two grocery stores and a meat market when we first got married. I'd like to

see the downtown area be – like all the stores filled. Our proximity to Rochester makes it difficult. We just lost Leuthold’s, which had men’s clothes, women’s clothes, and children’s clothes, because they can’t compete with Kohls and Target. You know, a lot of people work in Rochester, but there are getting to be some more jobs. Prairie Meadows brought some jobs; the Clinic has some jobs; and, of course, Erdman’s has some jobs. It would help, you know, if we could get more industry, but it just isn’t that kind of town.



Image 14. *R&R.* “This is a working farm. We don’t have livestock anymore; we just have the crops. It’s 500 acres and, starting every April, it’s a lot of work. But I know we’re very fortunate, especially on days like these with my family.” (Ronda, age 78)

Aging in Place

“I’m not ready to go into a senior place where they play bingo and serve your meals at set times. I’m just not ready for that.” (Maxine, age 93)

Like most older adults, the participants living independently in Kasson want to remain at home in the house where they currently live. “I’m hoping I can stay here in my

home for as long as I can,” says 80-year-old Ellen. “I have no desire to be anywhere else, and I have nowhere else to go.” Ronda, who has lived with her husband in Kasson for 53 of her 78 years, shares similar sentiments. “This is home, and it would be pretty hard for us to leave. If we do move, it will be Kasson if we have to downsize at some point. But that’s only going to be when we absolutely can’t – because, you know, with our son next door, we’re going to be able to stay here fairly long.” Rowles (1993) argues that the concept of aging in place, which gerontologists define as the desire to grow old in a familiar environment and the participants operationalize as “hoping I can stay here in my home for as long as I can,” naturally encompasses the belief that older adults will benefit from aging in environments to which they are already accustomed and connected.

In their own ways, the participants more or less support Rowles’ logic. They want to remain independent at home and, in the face of changing circumstances, seek to at least remain independent in Kasson. Many of them, for example, anticipate having to someday downsize to a smaller home in Kasson. Charlotte, who is 83 and has lived in her current house for 37 years, says, “I hope to stay here until I can’t take care of it anymore. That’s why I keep this place up because I know someday I’ll have to sell it and then I would probably buy a condo someplace.” Arlene also expects to someday move from her house of 34 years. “Living out here in the country is so important to me,” she says. “I could probably sell my house and move into town in a condo and live a lot more easily, but I hate to give it up, even though it’s hard work mowing my lawn.” In addition to the challenges of maintaining larger homes, some participants expect to someday

downsize based on their expected physical decline. According to Gloria, who is 82 and has lived with her husband in their current home for almost 60 years:

We probably will have to move from this house. I can see that that will be a necessity because it's a four-level house. The bedrooms and bathrooms are all on the top, and the laundry and so on is on the bottom. We don't have trouble now but because of our age you don't know when we would have trouble – that's the same for everybody, but I think the percentages go up when you get older – so probably it will be necessary for us to move. I'm not anxious to do that.

Some participants currently live in smaller homes or duplexes, having already moved from larger homes in town or from farms in the rural areas surrounding Kasson. Although these individuals may have once experienced the anxiety expressed by Gloria in the preceding example, many older adults who have already downsized to Kasson planned the move ahead of time and/or are content with the decision to do so. “I lived a mile south of Byron on a farm and moved over here when I sold the farm,” says 73-year-old Thelma G., who lives in one of the duplexes meant for adults over the age of 55. “When I lived on the farm, I thought by the time I was 65 I should be out of there. I always had kind of thought when I retired I would move to Rochester. Well, then I realized I was coming to Kasson to get groceries, coming to the doctor over here, the drugstore was over here, so I decided to move over here. And I'm really glad I did.” Lois, who is 76, also planned to downsize with her husband from their farm to Kasson. She is now Thelma's neighbor, although living in that part of town wasn't their original plan, as she explains below:

It'll be six years in November since I moved to Kasson. I lived in Dodge Center for 40-some years, and we've gone to St. John's since 1978, so I've been at St. John's for 30 years. I've always liked Kasson. We talked about how, you know, someday when we retired we would move to Kasson. We lived in the country, and there was no way I could keep that up on my own any longer. So we just decided we would build a home here, and in the middle of building the home my husband died of brain cancer. The house we were building is located on 13th Avenue NW. I lived there for a year and a half – I moved in November, and my husband died in September – but the home was just too big for me. And then Thelma said, "Build a townhouse down by me," and I said, okay. So I did, and here I am. (laughs)

Both Thelma and Lois demonstrate sentiments echoed by many older adults living in Kasson. To them, aging in place means first and foremost being able to remain independent in their longstanding community of choice. While some participants, like Gloria, dread having to eventually move from their current homes because of anticipated decline or difficulty, they still expect to remain somewhere in Kasson.

The Plot Thickens: "Assisted" Living

Older adults living in Kasson expect to need some type of assistance for remaining independent at home, due in large part to what they've witnessed with parents, spouses, friends, and acquaintances, as well as what they're currently feeling and experiencing themselves. "I'm 81 and very thankful that I can take care of myself, but some days I feel old," says Barbara L. with a laugh. "When I feel good, I don't

usually think about my age until I look in the mirror and know I'm not young anymore. I once told my kids I wasn't going to get old! (laughs) Well, some days I think I just might get there. But I'm just going to keep going. Hopefully, we can find the help to stay in our own home and take care of ourselves and whatever we need to do. I'm not going to give up." The participants exchange social and instrumental support in reciprocal relationships with neighbors, friends, and acquaintances from church and, if possible, turn to family members living nearby. They will hire help when needed and consider Prairie Meadows a "godsend for people who need it." The following discussion and examples illustrate the participants' strategies for aging in place at home and in Kasson as they experience and/or anticipate the challenges associated with growing old.



Image 15. *Walking in the Woods.* "I love going out in the woods. Our Red Hats group went out to Dee's place. She's right out there just a little ways past the golf course. They have quite a few acres out there, and they have paths through the woods and stuff. We went with golf carts this year. I walked most of the way, but there are some that don't walk as well. It was a beautiful day, and it's fun to be outside. It's another world there, but really it's not much further than our own backyard." (Phyllis, age 76)



Image 16. A Friend in Need. “I think probably living alone and not being able to do some of the things means you’re at the mercy of whoever you contract to do something. They do it on their time, and sometimes that can be very frustrating. You have to be sure you contract with somebody to do snow removal. As far as the yard, I usually mow my own yard. I have a service that does the spraying and fertilizing – I don’t do that. And then there’s friends. You rely a lot on your friends. Like Harold was a wonderful friend. He had a pick-up. If we had garden refuse or a lot of leaves to take out to the landfill, we’d call Harold and he’d help. Now Harold is not in very good health right now, so I’m going to have to find another friend that will be doing that type of thing. And I help friends, too. If they need clinic appointments or if they’re going to have a cataract removed or that type of thing, I go with them to the clinic appointment and then I drive them. If you have a friend that is sick, you call and find out if they need something at the grocery store. I’ve been doing that type of thing.” (Jackie, age 78)

Social and Community-Based Support

“I can’t imagine retiring and moving to a big city because we all know each other out here. If anybody needs help, all they have to do is say something.”
(Carole, age 76)

Research demonstrates the significant role that non-kin caregivers can play in supporting older people in their own homes (Barker, 2002; Nocon & Pearson, 2000; Stone, 2003). Friends and neighbors, in particular, may provide tangible assistance and

meaningful interactions that facilitate independence, foster connectedness, and enhance quality of life (see Albrecht & Goldsmith, 2003). Older adults living independently at home in Kasson likewise provide and receive a variety of informal support through the everyday “sharing-caring behaviors” (Barker, 2002, p. S158) that characterize the relationships between neighbors, friends, and other non-kin acquaintances. Grandma, for example, illustrates the nature of the support she received while caring for Grandpa as follows:

When Armond was sick, we were in hospice care and then we also had different people help. If I needed to go to a doctor’s appointment or something, there’d be people I could call to sit with him. This one gal, Shirley, just loved coming over because Armond had one of those scooters and he would be on the scooter and she would be with him and then he’d tell her where everybody lived in Kasson and stuff. Armond didn’t like it to start with, but he got more comfortable with it because, you know, he could not be left alone and there were times I just had to leave for appointments. Grocery shopping wasn’t a problem because I was only gone 15, 20 minutes. But we had a lot of good friends. Bernie and Roberta would come, and Bernie would help him get in the car so we’d go for rides. Arlend would also do that. If we needed something done, the neighbors would move things for me. We didn’t call on the church very much, though. That was right after Pastor Johnson left, and so we had interim people. They came to visit, but actually the chaplain we had through hospice was just a doll. She’d say, “I talked to God. I tell Him I’m a real wimp. You just have to help me. I’m a wimp.”

Grandma's example is indicative of the social support reciprocated among older adults in Kasson. The participants talk about reaching out to sick or lonely friends in a variety of ways. According to Roberta, who is 86, "I'm not sure that we know about everybody, but usually you hear about people in need through your church or through your involvement in the community. If they're isolated, chances are they have a friend who's telling people they just need a little cheering up or help." Transportation is a particularly common type of support exchanged among the participants. Kasson has no available public transportation system within town or to Rochester. The participants therefore regularly call on their friends for rides to the Mayo Clinic or to the airport shuttle stop in Rochester. "My one friend and I go way back to when I had a big job at the Byron bank and she rented me a room. She's had several illnesses and now she just had a shoulder replaced, so I take her to the Mayo Clinic for her checkups," says Doris, who is 81. "I like to do it on occasion, but I don't help as much as I used to because if they need any help I can't help them. I can't lift or break up a wheelchair. If they have a lightweight walker I can help them with that, but I can't help them when they get heavy." Some participants take older friends who can no longer drive beyond Kasson to Rochester for shopping, while others pick up friends living in Prairie Meadows for church on Sundays.

Just as neighbors watch over neighbors, a phenomenon detailed in Chapter III, friends also watch over friends. They monitor one another's health or functional status, and they reach out to those who seem lonely. LaVonne, for example, explains, "You know, Jackie's alone. In fact, she made the comment not so long ago that John isn't here

anymore. And it went so fast that he left. Well, and then her sister isn't there anymore either, and she feels alone. And I said, 'Well, maybe we should go to lunch sometime.' She said she would love it, so I just found time enough to call her and we did it."

Likewise, Carole attends to Marion, her friend through church:

I try to look after her because I don't want her to fall down or something. She has fallen; she stumbled on something. She goes for walks out on that walk trail all by herself. Well, Einar knows how long it takes her and then he kind of watches for her, but she told me yesterday that things are slowing up for him, too. And I said, 'Marion, then what happens, you know, if he can't drive?' 'I know it,' she said. But their kids are really good about helping. Paul lives out in the country just north of here and David lives in Rochester and then the daughter lives up North somewhere.

A number of participants, such as Marion and Einar, receive supportive services from their grown children who live within or close to Kasson. "Our kids are real good about stopping and checking on us if we need help," says Marion. Carole's daughter lives about a mile outside of town and comes over to help her maintain her gardens because "I can't get down and do that very well anymore." Similarly, Betty's daughter drives from a neighboring town to deep clean her house once a month. Other participants, including Thelma F., Ronda, and Marlyn, live next door to their grown children and grandchildren. Marlyn's son mows her yard every week, and Ronda's son recently hung new cabinets in her kitchen. "I see her every day," says Thelma F. about her daughter in the adjoining duplex. "Sometimes she'll say, 'I made so and so; do you

want to come over?’ And when I was sick she came over and fixed breakfast, lunch, and dinner for me, which was really nice.” Roberta, whose children and grandchildren live in the surrounding area, agrees. “It’s just nice to know they’re close by if I need to call on someone for help real quick.”



Image 17. *The Family Farm.* “We had a wedding in my nephew’s family last Saturday. It was a perfect day, perfect wedding, and it was my old home. I was born there 83 years ago, so it’s our old home; it’s a homestead. My nephew lives down there now. My brother passed away – he had cancer and died in ’96 – so my nephew has taken over. He’s not farming, but they live on the place. I think it’s just beautiful. And there are reminders, like this truck, from all our years there. I was almost overwhelmed with emotion just being out there.” (Charlotte, age 83)

Even with neighbors, friends, and family available, however, many of the participants rely on paid help for mundane tasks or large projects. “I hire things a lot because I know my sons are busy,” says Marlyn. “If I need something painted or something fixed, I just hire it done. It’s the only way I can stay here is just to hire that stuff.” They share with one another the names of good handymen and ask for referrals when they have a specific task, such as cleaning large windows or winterizing the yard.

Some of them also recruit kids from church, including Joan, who pays a 10-year-old girl \$5 plus a Dr. Pepper and two homemade cookies for an hour of weeding and trimming each week.

Older adults in Kasson also turn to community-based volunteer services for assistance when needed. Many of the participants volunteer on their own or through church for Semcac – a community action agency that coordinates Meals on Wheels, Senior Dining, Caregiver Advocacy, the Retired and Senior Volunteer Program (RSVP), and the Volunteer Driving Program for adults who are 60 years and older – and for Faith in Action – a network of volunteers that provides a variety of human services, including transportation, caregiver respite, social visits, housekeeping, errands, yardwork, home repairs, and resource referrals. As such, both organizations enjoy a familiar presence in the Kasson and Dodge County communities for older adults wanting to remain independent at home. Dorothy A. and her husband, Bob, for example, schedule transportation through Semcac for his regular dialysis appointments. Other participants say they use Semcac for transportation, as well, particularly when friends who normally help aren't available. Some participants call on Faith in Action when they need help with small repairs, assistance with grocery shopping, or a ride to church. “When I had my eye surgery, I asked Faith in Action to pick up my prescriptions,” explains Arlene. “I couldn't drive, and I knew they'd be happy to help me.” Likewise, members of St. John's Lutheran Church arranged for Faith in Action volunteers to visit 97-year-old Kenneth, who lives independently in town with his 86-year-old wife, Bernette, while she was hospitalized and in physical therapy for a broken hip. Twice a week, the volunteers

did light housekeeping, brought homemade meals, and spent time watching TV or “shooting the breeze” with Kenneth.

For some older adults in Kasson, the senior center provides important opportunities to socialize with others and reduce isolation and loneliness. In addition to socializing at the senior center over lunch and cards two days a week, however, many participants also attend for free blood pressure readings and the occasional health fair or educational speaker. According to Krout (1996), senior centers in large rural communities “can serve as a hub” for a wide range of health, social, recreational, and educational services through linkages with nutrition sites and other community organizations (p. 97). In Kasson, Semcac works to educate and assist older adults at both the senior center and at Sunwood Manor. One morning, for example, 20 residents of Sunwood Manor, Kasson’s low-income apartment building for senior adults, congregated in the community room for a lighthearted workshop on “stretching grocery dollars” with Melissa, Semcac’s advocate for seniors. Melissa spent the hour trying to convince the dubious residents that older adults in their tax bracket qualify for a monthly \$10 food credit from the federal government that is neither welfare nor charity. “All of us truly want to be okay, and sometimes a Social Security check just doesn’t go very far,” she told the group. “These aren’t food stamps and you’re not taking money away from someone who needs it more than you. In fact, you’re doing harm to the local economy if you don’t use the allotted funds set aside for seniors like you.” She punctuated her discussion with a table displaying \$10 worth of groceries – pudding, applesauce, bananas, soup, cereal, canned vegetables, beans, and rice – that she then

gave away as a doorprize. “Ten dollars isn’t a tiny amount, and you can save your credits for special meals if your family visits,” she explained. Semcac operates its Meals on Wheels program and the weekday senior dining program out of Sunwood, as well.



Image 18. *The Senior Center.* “We meet once a week on Mondays for lunch, and then there is another group that likes to play cards and they meet on Thursday afternoon. They just play cards and then have a snack that they bring. It’s quite active. Last time I think there were 30 people there. So it’s quite nice for people who like to get out. You know, that’s kind of their social activity for some of those people. I started going there when I took my mother there, and I was probably not even 50 years old. I would take her, and then when she was no longer with us I kind of hated to drop it so I just kept going.” (Gloria, age 82)

Prairie Meadows

“When you can’t – when you shouldn’t – be living by yourself anymore, I think assisted living’s the way to go.” (Thelma G., age 73)

Semcac and Faith in Action share similar missions to encourage the independence and self-reliance of all persons in need through personal and community resources. When older adults in Kasson require more assistance than these organizations

or their own social networks can provide, however, they resign themselves to residential long-term care, which they hope will be assisted living and/or Prairie Meadows rather than a nursing home. “I suppose one of these days we’ll have to go into an assisted living type thing, which would probably be Prairie Meadows here in Kasson,” says 84-year-old Marion. “It’s very nice and there’s wonderful care, I hear.” Cutchin (2003) claims adult day centers and assisted living facilities mediate the experience of aging in place for older adults who are not ready for a nursing home but still need assistance to remain independent in familiar settings. His research ultimately suggests that adult day centers are more successful at developing a sense of community than they are at re-creating home, while assisted living facilities are more successful at developing a sense of home than they are at re-making community (Cutchin, 2003, p. 1087). I examine the residents’ current experiences within Prairie Meadows as part of the old age narrative in Chapter V. First, however, I discuss the participants’ views of residential assisted living as a viable option for mediated aging in place. As the examples illustrate, they perceive of Prairie Meadows as providing a sense of both home and community.

Most of what older adults living independently in Kasson know about Prairie Meadows comes from either their own limited experiences or the personal experiences of friends who live there. Without exception, the participants view Prairie Meadows as a positive service for people who need residential support. “I think for people that need it Prairie Meadows is just a godsend because they’re able to maintain a private life where they’re not in an institution but yet they have help with their meds or some household chores,” says Barbara L. “They get their meals included. And they have their own

furniture, so it's just a smaller version of what they had at home." Betty shares similar sentiments:

Prairie Meadows is very nice. Hazel is there, and my sister and I went to visit her shortly after she moved in. And then we were there one other time when Hazel had our Circle meeting down in that special room. But I do have a sister-in-law that's in Rochester at the Golden Living Center. She's been there 9 years now. And she just adjusted to it really well. She had a heart attack and wasn't able to be home because her husband has passed away. We were just down to see her on Tuesday, and she's just as happy as a lark. She always says, "This is my home." So I guess I always think, "Well, if something happens like that, why, there'll always be a way."

Aging in place within a residential care setting requires an accommodating model of care in an environment that is capable of providing supportive services (Bernard et al., 2001). In addition to offering a sense of home, Prairie Meadows provides services that older adults in Kasson appreciate and value. "Prairie Meadows is a place where I would definitely go. I told the kids, 'When I get so I can't live here, you might as well just send me over there,'" laughs Thelma G., who is 73. "No, I think it's really nice. I think they do a real good job, and the apartments are really pretty. I was impressed." Marlene echoes Thelma in her description of the services offered at Prairie Meadows:

I know people there, and I think it's an asset to the community that they can stay here and get the help they need if they can't stay in their home, especially for people who are alone and have lost their partner. They can go down and be with

other people if they want to be with others. They can join in as much as they want, but they don't have to if they don't feel like going and playing a game. Someone who can be independent and mobile but yet needs some help with keeping up their place, help with meals, and I guess that's what I think of assisted living. Not that they're totally dependent on the caregivers – that they have to be able to do something for themselves. But now they've got the memory unit and so I think those are pretty much where they need total care because they get to a point where they just can't remember to do things for themselves. But we can continue to see people when they move to assisted living. They have a nice room you can use, so when we have birthday club up there we get it for the evening and play games. They make the coffee for us, and we bring a dessert, and it's almost just like having it in a person's home, you know, because we can be by ourselves.

On the other hand, some participants would prefer fewer services. Kay, for example, perceives of Prairie Meadows as “a lovely place if you can afford to be there.” Phyllis agrees. “I think it's very expensive at Prairie Meadows, but I don't know for sure,” she says. “There should be something between independent and assisted where you get help but don't have to have all your meals or something. I think we could use something in between because some people need some help and I'm not sure they're getting the help they need. Well, they are, but they have to pay for it.” Ultimately, meals emerged as the greatest source of contention for older adults living independently in Kasson, which Charlotte illustrates as follows:

I think assisted living is really great except you have to pay for all your meals. I have a friend that just moved into Meadow Lakes in Rochester, which is a sister facility to Prairie Meadows, and she has kids that are always getting her. She's going here and there, and she's paying for all her meals but maybe she's only eating half-time. That's the part I don't like about Prairie Meadows. It costs too much. But that wouldn't be me anyway. (laughs) I'd probably be right there most of the time.

Regardless of the type and number of services offered, older adults in Kasson are proud to have Prairie Meadows in their town and appreciate the facility's community integration (see Rowles, 1996). There, they visit friends, play cards in the winter, and attend public quilt shows, concerts, and fundraisers. While these various events benefit both the resident population and outside Kasson community in various ways, they also serve to positively acquaint older adults in Kasson with residential assisted living.

According to Ellen:

It's a beautiful place, and I think they're trying very hard to involve the community. They have cards that anybody can go up and play and they have just coffees and things. I know a lady who lives there. She used to be in my birthday club, but she just dropped out. She's 87, and it's hard for her to walk, and her hearing is getting so bad that she decided to drop out. Even with her hearing aid, she can't hear when people are talking. So I go up and see her. I've been to other things up there, too. They had a quilt show, and they have pancake breakfasts up there. I enjoy getting up there.



Image 19. Community Connections. “Prairie Meadows is a beautiful building, and it has really opened up another place for the community. They’re very inviting. Every time they do something special, like they’ve done music programs there, they always invite the community and anyone’s welcome to come.” (Lois, age 76)

Whose Story Is It?: Crises, Decisions, and Control

“My daughter is overprotective of me, so I have to kind of choose my battles on what’s really important and what really has to do with my life. Some things just aren’t that important.” (Thelma F., age 90)

As the model of the overarching aging in place narrative demonstrates, various types of support, including residential assisted living at Prairie Meadows, facilitate the participants’ desire to remain at home in Kasson before their anticipated eventual placement in a nursing home. Decisions – made in varying degrees by fate, family, and the participants themselves – both determine needed support in their daily lives and ultimately propel their plot forward. In many instances, the participants hope for control over late life residency but resign themselves to the fact that “whatever happens will

happen.” This simultaneous hope and resignation permeates many of their lived experiences as older adults contending with mounting physical decline or challenge.

Barbara A., for example, explains her situation as follows:

I just hope my husband – he’s had a couple back injuries – can stay as mobile as he is now. He can still go for short walks, and he can ride a bicycle short distances, but he has pain all the time in the back, and there’s nothing he can do because he has osteoporosis. The bones are too weak to do anything. He’s got a pinched nerve back there where the pain is coming from all the time, but the doctors say they’d have to cut out bone to get to the nerve and they can’t do that because it would just cause another compression fracture. He had to retire in 2001 after he had the first compression fracture and that’s when we finally found out he had osteoporosis. Last summer he had another compression fracture and since then he’s not able to do much of anything. He still cuts the grass with the rider and tries to do as much as he can, but he has to take pain pills to go out and do anything. I didn’t expect that in our life because he worked physically so hard and I thought his bones would stay so strong. He was a milk drinker his whole life and he got the calcium, but his body just didn’t use it and they can’t find out why. He’s 77, and he lives with chronic pain.

Physical health dictates many of the participants’ current and/or anticipated decisions. “The older you are, the longer it takes to get over things,” explains Thelma F., who is 90 years old. “I apparently passed out and fell at the kitchen sink and cut my chin and ended up in the hospital. The doctor said it would take two weeks before I got my

strength back. Well, my brain says, 'I don't want to wait two weeks!' (laughs) My body says, 'Sorry. You're going to have to.' Or my brain will say, 'I think I'll do this today.' And then I get up and start and my body says, 'No, I don't want to do that.'" Like other participants, as Roger's health challenges escalate, he and Barbara consider downsizing to a smaller home within Kasson but make no provisions for their future. Instead, they merely acknowledge their challenges and accept that things will someday change without their control. "At this point, I have no idea what I would do because I'm content here. I don't need this much space, but it's mine and I'm content," says Arlene, who is 77 and lives on the outskirts of Kasson near a wooded preserve. "I know full well that tomorrow might be different, but I guess I'll wait and find out. You know, nothing's permanent. Whatever life hands you, you just have to deal with it." Barbara anticipates hers and Roger's future with a similar passive outlook:

We haven't thought beyond that – haven't considered what would happen if we can't stay independent. I guess it depends on what age – if you're real old – and I guess it would depend on the kids – what stage they were in at their life, too. I don't know. I think I would consider Prairie Meadows unless one of the daughters would insist that we move closer so they could help out. Of course, they're busy in their lives, too. Right now I think I would stay here, but if your mind got so bad that you couldn't take care of yourself you wouldn't know the people there anyway, even if there were some people you knew, so I guess it wouldn't make any difference where you were unless you had your mind. I haven't thought about that.

Even though many of the participants are familiar with Prairie Meadows, perceive of it positively, and hope to someday reside there rather than in a nursing home, none of them have actively pursued information about it. “If we can stay in our own home that’s great, but we know there are options if we can’t,” says Barb. “We haven’t really considered them, but we do know they’re there. Prairie Meadows is there.”

Colette, the administrator at Prairie Meadows, acknowledges this common attitude but wishes she could change it. “They either ignore the options in their community or simply don’t know what’s available until the social worker says Mom can’t move back home,” she explains. “Then they’re in crisis mode, the move is reacted to negatively, and everyone is miserable. I wish people would visit, see how nice the apartments and building can be, and then, two years later when they need it, they can say, ‘Remember when we toured Prairie Meadows, Mom, and you liked it?’”

Colette sponsors informational meetings to educate the area’s older adults and their families about assisted living but hasn’t received much interest. At the first meeting in Kasson before Prairie Meadows broke ground, 10 people attended; at the annual senior fair in Rochester, 30 people out of the thousands there attended her presentation. Research (Cummings, 2002; Lee et al., 2002; Tracy & DeYoung, 2004) supports Colette’s assertions, as do the stories of crisis precipitating many current residents’ moves to residential assisted living. Gretchen, who is 93, came to Prairie Meadows two years ago after falling, breaking her hip, and lying on the floor of her home for 24 hours before finally being found by her neighbors. Margaret moved in two years ago at age 89 for help managing her diabetes; 91-year-old Orville moved in after a minor stroke. Dorothy

P. and Hazel came at the prompting of their children. “It happened all of a sudden,” says 86-year-old Hazel. “I wasn’t planning on moving, but my children influenced me to move because they didn’t want me to live alone. Really, it was my children who made the decision for me.” Likewise, 82-year-old Dorothy P., who is battling cancer, laments, “It wasn’t a decision on my part; it was a decision on my children’s part. My son called me from Michigan and said, ‘We’re taking a vacation. We’re coming out, and we’re moving you.’ I felt terrible to begin with.”

Although physical decline, crisis, and grown children prompt many LTC decisions in late life, some participants actively retain control over immediate decisions, including Charlotte, who is 83 and lives alone in her house of 39 years:

A couple years ago, my son insisted that I should sell my house and move in with them in Indiana so they could take care of me. They said if I didn’t want to move in with them, why, they’d help me buy something and they’d take care of it. They had it all figured out. I did give it some serious thought and considered the pros and cons, but then I finally told them it just isn’t a feasible thing to do. There were just lots of reasons why I thought I should stay here. They just didn’t want me in a nursing home here so far away. I said, ‘Well, just remember one thing. You’re the ones who moved away. It wasn’t me.’ (laughs) So, anyway, I told them I’m content with the idea that I will eventually end up in a nursing home. Of course, that’s not what they want, but time will tell.

Charlotte retains the control to remain independent at home, and her children honor her decision. Like the other participants, however, she enlists late life residency with

nursing home placement as a foregone and accepted conclusion, thereby suggesting the control she currently possesses is fleeting. As the model of the aging in place narrative illustrates, physical decline, crisis, and grown children prompt LTC decisions regarding the amount and type of support needed for aging in place. According to the participants, however, nursing home placement will eventually occur as a matter of fate rather than active decision-making.



Image 20. *Graduation Day.* “They’ve done a lot of improvements to the Kasson Memorial Park – you know, the pool, the pavilion, the playground – and it’s really been nice for the kids. My grandson, Tyler, graduated from the nursery school this spring. They have a gazebo up there at the park, and they had a little graduation for the kids. It was so neat. The kids had learned songs and then they had cake and ice cream for all the people there.” (Betty, age 76)

A Foregone Conclusion: Rural Nursing Homes

People aren’t going to nursing homes quite as much. I’m from south-central Minnesota, and my grandma was the first resident to register in the new nursing home when they built it in Fairfax. That was the closest one. And then my dad was there, my

mom was there, her sister was there. They all died there. It was sort of their place. And then they added an assisted living. When my mom had to leave her apartment, she went to assisted living for another three years before she had to move to the nursing home side.

When she first moved to assisted living, she said, "This is so nice!" She didn't want to move, but after she got there, she forgot that, and she said, "I'm so glad I found this apartment over here!" She was happy as a lark. We thought that if she could stay there six months before the nursing home we would be happy. She stayed three and a half years until she couldn't quite get out of bed one morning. And the day she couldn't get out of bed, they just wheeled her up temporarily to the nursing home so they could take care of her. She was 91. And so she stayed at the nursing home until she was 94 and finally died.

It was just delightful there. Airy and light. Like Prairie Meadows, too. Lots of windows and light – not a dark dungeon. You even go to Fairview, and it's a little dark there in that main room. I don't get a real happy feeling there. It might be; maybe I haven't been there enough to know. And the Fairfax nursing home was a little darker in there, too. They had some big windows in that one corner, but, you know. And then the nurses' desk is behind, and they're watching all these people. It's better if you don't have to go that route unless it's really necessary. I'd rather not have to go to a nursing home, but you never know.

We've been to Denmark – my husband's relatives all live in Denmark; only his father came over, and he has one brother, of course, that's here, and his one aunt

worked at the nursing home. But they work a lot harder at keeping people in those apartments. They come there in the morning and get them out of bed, and they function during the day, and they help them go to bed at night. They're there before they even get to assisted living. And just the very last year they put them down to the nursing homes. I think we pushed this nursing home thing way too much back in the '70s and '80s. There was no assisted living at that time. You went from your home to the nursing home. And a lot of them could probably have done a lot better in other settings.

LaVonne, who is 73 years old and living independently in her house of 34 years with her husband, Einkar, starts her story in much the same way as Marlyn at the beginning of this chapter. Her grandmother and then her father and then her mother and then her aunt all eventually moved to and then died in the county nursing home. Whereas Marlyn cared for her relatives at home until they needed LTC placement, LaVonne's mother resided in an assisted living facility first. LaVonne's story demonstrates that she recognizes important differences between assisted living, which she deems "airy and light," and nursing homes, which she characterizes as "a little dark." In doing so, she creates a revised plot for herself and others to follow in which residential assisted living helps mediate aging in place before eventual nursing home placement. The emergent aging in place narrative at the center of this chapter contains the traditional rural model of LTC, but has been re-imagined through the participants' lived experiences and revised expectations. Rather than age in place until nursing home placement, which often occurs prematurely (Phillips et al., 2003; Rowles, 1996), older adults in Kasson can now emplot a longer period of time in home-like settings within

Kasson. “Assisted living would be a step before the nursing home,” explains 81-year-old Doris. “I see it as someplace you go after you can’t take care of your own home, and you’re there until you aren’t able to take care of yourself. And then you have to go someplace else. I’m not looking forward to that, but it’s wonderful that when we need those places we have them.” Barb, who is 74, shares similar sentiments:

I think it’s wonderful to have Prairie Meadows here. And then when we have to have more care, we go to Dodge Center, which has a great care center. You know, that’s when you need more nursing care. I don’t think you have that out at Prairie Meadows so much. I’m hoping I don’t ever have to move from here, but I think it’s wonderful for the people that need it. It’s great to be able to have those facilities where you don’t have to go straight into a nursing home, where you can still be sort of independent.



Image 21. *606 W. Main Street.* “We were out for a walk – we walk every day about a quarter after 7 – and I said, ‘Oh, I want to take a picture’ just because, really, there’s no place like home.” (Joan, age 77)

CHAPTER V

THE OLD AGE NARRATIVE

“To be honest with you, I didn’t think I’d live this long. How do you know? I lost my mother when she was only 38 years old. She had cancer, and I’ve had cancer twice, but now I’m 76 so you never know.” (Carole, age 76)

“I guess I really didn’t expect to live this long. I’m 82. My father died when he was 47, and my mother was 51, and my only brother died when he was 66. So, really, I’m just grateful for every year.” (Barbara L., age 82)

“I never thought I’d live to see 2000 because it was 1950 when we got married and that’s 50 years. Ugh. (laughs) I didn’t figure we’d be around yet, but it seems to be okay. We keep busy, which is good, and we’ve been awfully lucky health-wise.” (Joan, age 77)

“When my mother was 87, I thought, ‘Man, she’s old.’ (laughs) I’m sure that’s what my kids think now. (laughs) I really never did picture myself this old, you know, and now I’m just surprised I made it! (laughs) The years kept coming and I just went with it, I guess. It’s been a good ride.” (Dorothy A., age 87)

“I was certainly aware that old age was around the corner, but I had my mother and my husband’s parents to watch over. I knew that day would certainly be there for me, but I wasn’t going to let it come any quicker than it had to.” (Marion, age 84)

Harter et al. (2006) claim that “through our narrative activity, we embody what we call our self and its actions, reflections, and place in the world. We live stories in and through our being – embodied performances – and within and through tensions constituted by our past memories and anticipations of the future” (p. 6). As demonstrated in Chapter IV, older adults in Kasson expect to end their lives in a nursing home; however, most of the participants hadn’t previously considered what their older years would entail before then. Without exception, the participants, who range in age from 72 to 96, categorize this time in their lives as “old age.” Since their parents often died either before retirement or soon after, they are seemingly discovering for the first time this stretch of late life between eventual nursing home placement and earlier adulthood responsibilities in which extra time and financial freedoms enable them to pursue pleasurable activities and nurture meaningful relationships while their own and others’ changing health and functional status force them to also contend with loss, loneliness, and physical ailments or decline.

In this chapter, I explore the ways in which older adults living in Kasson and residing in Prairie Meadows perform old age in their stories and lived experiences. The conceptual model shown in Figure 3 illustrates the “unresolvable tension between creativity and constraint” (Harter et al., 2005, p. 20; see also Harter, 2009) that is embodied in the participants’ narrative activity. As the model demonstrates, old age is at once both a personal accomplishment and a social construction. It is also a continual struggle between independence and isolation, independence and supportive socialization, supportive socialization and loss of privacy, and loneliness and loss of space. The

participants negotiate these inherent tensions as they perform old age in their daily lives and manage emergent paradoxes of marriage and congregate living, all while contending with their own and others' varying degrees of health and functional ability.

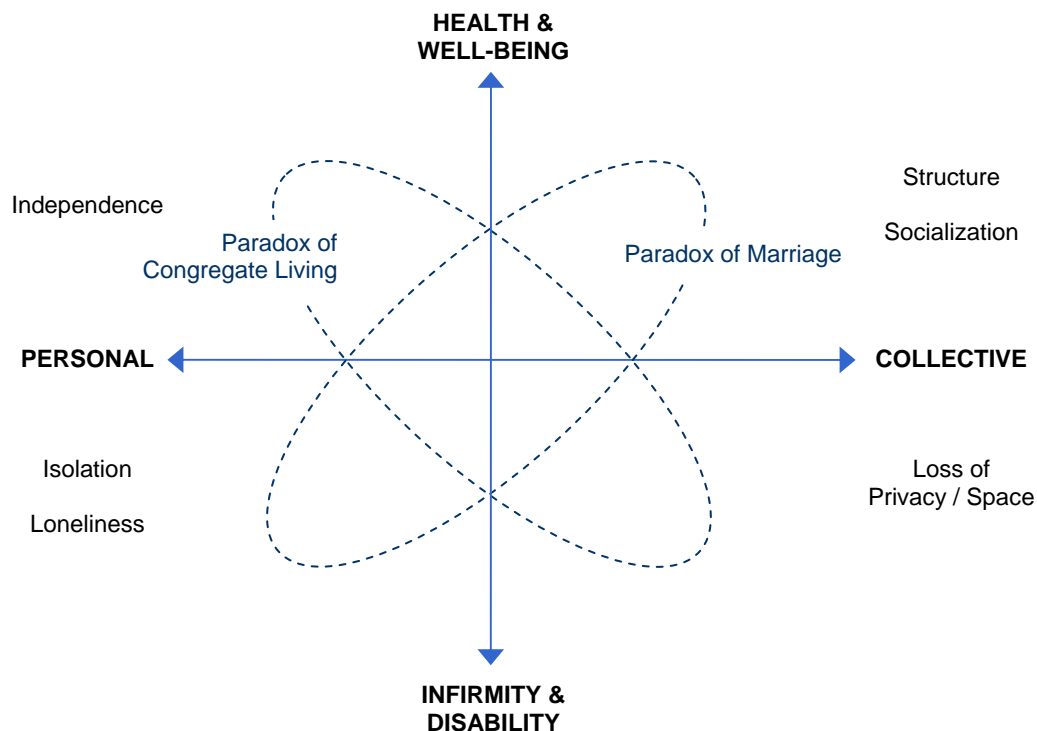


Figure 3. *The old age narrative.*

Late Life Enacted

Much research has been devoted to the myths of aging and ageist stereotypes in our society as well as their negative implications for older adults (see Angus & Reeve, 2006; Harwood, 2007; Thornton, 2002). Doris, who is 86, acknowledges the prevalence of ageism in her story that follows:

Some friends of mine and I had been up to the nursing home, and we stopped at a little hole-in-the-wall restaurant in Dodge Center. You know it wouldn't be first

class if it was in Dodge Center! (laughs) Our waitress was the sweetest little thing, and she just visited with us old ladies and made us feel so important. Every time she came back she would say, 'Can I help you with anything?' I haven't seen a young girl in a long, long time that was so cordial to old people. She was just very down-to-earth and just as relaxed as anybody could be. She didn't hesitate to smile and to laugh. A lot of times, young people have a fear that makes you feel like they're afraid of you because you're different, you're old. But she just had it down pat. It was amazing. She even took us to the door and told us how nice it was to have us there. She couldn't have been much more than 16 years old, but she's going a long ways because she knows how to talk to people. I think that's a virtue, especially for young people.

While acknowledging that some younger people are afraid of older adults, Doris embraces old age and her identity as an "old lady." Many of the participants do the same in their own stories and experiences. They construct their own old age as a generally positive experience to be celebrated and a freedom to be flaunted. "I have a lot of friends, and we just have a great time together," says Carole, who is 76. "So many people I see at church ask me if I'm behaving, and I say, 'Well, if I have to.' (laughs) And Kay came up to me just at that time, and I said, 'You know, they just asked me if I was behaving.' She said, 'What did you tell them?' I said, 'Well, if I have to.' 'Me, too,' she said. (laughs) We just, you know, we just like people." In particular, the participants characterize old age as a time of freedoms and resources to pursue personal interests, travel, and relationships.

“It’s a lot more fun than I thought it was going to be” (Thelma G., age 73)



Image 22. *Quilting Sew-and-Tell.* “Prairie Meadows had a quilt show last fall, and one of the neighbor gals and I went over there. They had coffee and cookies afterward and we were sitting there, so they kind of talked us into joining that. (laughs) That’s real informal. It’s just kind of a coffee and show-and-tell, but it’s fun to see what everyone’s doing because I’ve always done a lot of sewing.” (Ellen, age 80)

As Chapter III demonstrates, many older adults in Kasson spend a significant amount of time volunteering for personal satisfaction and/or the betterment of their community. They pursue opportunities that incorporate their hobbies or interests, including quilting, gardening, computer work, and cooking, and they socialize with acquaintances and friends during these activities. Still, the participants also view their retirement years as a time to indulge in hobbies and spend with friends for no other reason than pure personal enjoyment. Approximately 30 older women, for example, meet every Tuesday for lunch and an afternoon of bridge at the country club. Some participants, like Kenneth and Maxine, who are both in their 90s, golf multiple mornings a week; others, like Phyllis, Charlotte, Ellen, and Marlene, spend their free time sewing,

quilting, and doing needlework. Arlene is interested in photography, Einar and Roger do woodworking and stained glass respectively, and Carole decorates cakes. Older women in Kasson also frequently call their friends for coffee, lunch dates, or shopping trips to Rochester. Jackie and Roberta, for example, have what they call a “standing date” every Friday afternoon for a late lunch and matinee in Rochester, followed by a shared bottle of wine at home in Kasson. Likewise, a small group of widowed and married older men meet for coffee every weekday morning at the Country Pleasures Café on Main Street.



Image 23. *Foxy Red Hatters.* “This gal and I started our Red Hat group here in town. I was out to Arizona to visit them six years ago, and she said, ‘Carole, look at this Red Hat Society.’ Her husband got on the Internet and was pulling up stuff like you wouldn’t believe about the Red Hat Society. We had stacks of papers. (laughs) So we came back, and I think we started by inviting six people each. Those people didn’t know each other and now they just have the best time. Jackie says, ‘You know, it’s been the best thing because we’ve met other people.’ You’re in Rochester or you’re somewhere and they’ll come over and talk. It’s just like a big family.” (Carole, age 76)

In celebration of their age and the freedoms it entails, many older women in Kasson also belong to one of six Red Hat Society chapters in the Dodge County area. An

international organization of women aged 50 and over, the Red Hat Society is a leisure-based social network comprised of more than one million members distributed across 41,000 local chapters in 30 countries (Hutchinson et al., 2008). According to its website (<http://www.redhats.com>), the Red Hat Society is “an enormous nurturing network” of women who “greet middle age with verve, humor, and élan” and “do exactly what we wish to do” – but always in red hats and purple attire. “We have a good group, and we have a lot of fun,” agrees Barbara A. “And that’s all we do is have fun. I mean, it’s not like church groups where you’ve got projects and all this stuff. We just meet once a month to go out, eat, and visit places.” Roberta offers similar sentiments, although she qualifies their fun. “We’re always eager to do something, but we try to do something where we learn something each time,” she says. “We go to see different things that are educational as well as fun. We’ve had some wonderful times together.” Regardless of activity, the Red Hat members I spoke to unanimously agreed that they most enjoyed meeting people they wouldn’t have otherwise met and doing things they wouldn’t have normally done (see Hutchinson et al., 2008). They each boast a collection of frilly red hats and purple attire, and they decorate their homes with a variety of Red Hat merchandise. I saw magnets, mugs, dolls, and notepads in the different participants’ homes, all with variations of the Red Hat Society core philosophy: silliness, affection, and “genuine enthusiasm for wherever life takes us next” (<http://www.redhats.com>).

“I never would have thought we could afford all these fun things” (Lois, age 76)

Kasson’s older adult population is comprised largely of high school graduates who are retired from a variety of industries, including farming, education, ministry,

clerical, plumbing, retail, and construction. They refer to in their stories and demonstrate in their actions a strong work ethic that they attribute to their generation, geographic region, and Scandinavian background. “My parents died so young and they were farmers and only ever had one vacation in their life,” says Barb, who is 74 years old. “Travel has always been very, very important to me, but work and other obligations always came first. Now that I’m in what I suppose are my golden years (laughs) I plan to do a certain amount of traveling.” Likewise, 76-year-old Lois sees her “golden years” as a time to travel. “We’ve never had it so good. We don’t have to work, and we travel to fun places.” In addition to bus trips offered by a Rochester travel company that arranges tours for adults over the age of 55, visits to grown children living in other states, and the annual family reunions described in Chapter III, the participants most regularly embark on two types of trips: cruises and seasonal residence.

Over the past several years, a small group of widowed older women in Kasson have taken a number of different cruises together. Carole, who has been single since her husband died in 1999, has gone on all the trips and now serves as the group’s primary organizer. She describes their vacations as follows:

I’ve done a lot of cruising. Each year we seem to go somewhere. And then as years go by, someone else likes to join the group so then we have – one year we had 11 of us that went on the Panama Canal trip. And then there were four of us who went to Alaska. We flew to Fairbanks, came down by train, and got on a ship. Those four days by train in Alaska were awesome. Well, then this gal – they had really liked it when they had gone with me to Panama – so then she read

The Post-Bulletin last year and saw they were planning a trip to London. We go south to get on a ship and then for 12 days we go through the British Isles. That's in August. So, see, they get enthused about things, and then we make it happen. Six women, including Carole, were busy planning their upcoming cruise through the British Isles during my time in Kasson. "There are six of us, so we get two suites," explains Marlyn. "With the suites you have a balcony, so we're side by side and can open the door and have a nice-sized patio when we don't want to be out and about. Early in the morning – if you're moving – it's fun to sit out and have a cup of coffee and hear the water rushing against the ship and see where you are." The cruise will be Marlene's third with the group; at age 78, she acknowledges the perception younger people may have of cruise ships being the domain of older people. "Carole has only gone on Princess and never had any problems," says Marlene. "Now my youngest daughter, who is 33, works with a gal and they were talking about going on cruises and she said, 'Don't ever go on a Princess cruise. They're all old people, and they shut down at 10 o'clock.' (laughs) And I think that's kind of true. I love it, though, and I can't wait."

A number of older adults in Kasson, both married and widowed, own summer homes on various lakes in northern Minnesota. "We have a cabin out on the lake, and we go up there about every weekend in the summer," says Barbara L. "This year we're not going quite as often. It gets hard. Sometimes I think, 'Why do I still have it?' except the kids really like it." Many participants echo Barbara's thoughts. They visit their lake homes more infrequently each year but are reluctant to give them up because of their grown children and grandchildren. Conversely, a greater number of older adults in

Kasson are choosing to spend their winters at newly acquired vacation homes in Florida and Arizona. LaVonne, who is 73, describes her winters in Florida as follows:

We spend our winters in a retirement campground in Florida. I won't go until after Christmas because my niece and her family from Nebraska pile in here so the house is full, but my husband – and there's another couple here in town that live next to us in Florida – and the two men go down right after Thanksgiving. They come back for Christmas and then we go down after Christmas. We usually get back by the middle of April. It's got two bedrooms and a Florida porch added on and one bathroom. It's perfect. We like it. My younger sister was already in Florida because her husband worked road construction so they were always on unemployment in the winter. We visited them one year down there – their son got married down there – and we said, "Gosh, if anybody would like to rent a place for a couple weeks or a month, why we'd sure be interested." And we did that for two years. In the third year, one came for sale, and we quickly bought it. We never knew we'd be so blessed to have a place. I mean, we farmed, we eeked out, we worked hard, and we were very poor people. We always marvel at the fact that we're able financially to be able to go to Florida. That was just truly God's gift to us that we've enjoyed.

Gloria and Orvis, as well as Ronda and Gil and a number of widowed women, including Marlene, Carole, Marlyn, and Arlene, spend their winters in two similar age-restricted communities in Arizona. "We go to Arizona in the wintertime," says Ronda. "Some of these gals from back here come down there, actually, and rent a place.

That's how close we all are. They come down and rent a place in our apartment complex for a month because they're golfers. We took up tennis there and now it's one of my passions. I try and play it here, but when you don't have so many people who play, it's hard." LaVonne and Einkar, on the other hand, spend their winters in Florida playing cards and socializing with neighbors. "We have lots of parties there. If there's just the slightest thing, it's 'Oh, we've got to have a party!'" she laughs. "This couple that started us going over there has got a huge deck with a covering over it, and he's built a picnic table that seats 18 people and has a big cooker and then we all just bring something. He usually has a can out if you want to help pay for the meat. That goes on at least several times a month. Like I said, we love it there."



Image 24. *Land of 10,000 Lakes.* "This was Carl's favorite spot. We have a house up there. I don't go as much as I would like to, but we always spend the 4th of July up there as a family, so I'll be there then for almost two weeks. Some of the kids will come and go, you know, so that's always really fun. That's the only time that everybody can kind of be together. It takes us almost four and a half hours to go because it's up by Walker. You almost have to go that far to get a clean lake." (Marlene, age 78)

“Oh, there’s no greater joy than being a grandma” (Gloria, age 82)

Some of the participants, like Andy at Prairie Meadows and Doris in Kasson, never had grandchildren, while others, like Thelma G., Charlotte, Jackie, and Lois, only have grandchildren living in other states. Most of the participants, however, have grandchildren nearby, and Ronda and Marlyn even live next door to a few of theirs. “We have three children, six grandchildren, and seven great-grandchildren,” says Dorothy A. “They all live in the area, and there’s nothing we love more than being with them.” The other participants offer similar sentiments. “My first granddaughter is a real grandpa’s girl,” says Marion. “She was Miss Kasson last year so she had to write a whole big thing for the paper, and she said that her grandpa was her idol and that she looked up to him. It was really touching.” Betty attends her grandson’s T-ball games in nearby Mantorville, Ellen and Glenn travel to Pine Island for their grandson’s soccer games, and Barb and Bob spend weekends watching their grandson play baseball at St. Louis Park. Roberta especially enjoys welcoming her local grandchildren into her home – and kitchen. “The girls come over here and bake cookies, and I have another granddaughter who comes and has me teach her how to make rolls,” says Roberta. “One day we made two complete sets of cinnamon rolls. We had them all over the place!” The participants’ regular involvement in their grandchildren’s lives means frequent visits, as well, which LaVonne illustrates as follows:

Sally Rose and Charlie are my two youngest grandchildren. They’re probably the most important thing in my life. We used to live on a farm about six and a half miles southwest of Kasson, and they live there now. We get to see them a lot.

Sally says, “Grandma, when can I come and stay overnight again?” I say, “Well, I have to work this next week, but maybe by Friday night I’ll be done.” She likes to come and stay overnight. Charlie does sometimes, but she’d come here half the time if she could.

Those with grandchildren out of town exclaim their visits are especially meaningful. “At the end of May my granddaughter came to visit me,” says Charlotte, who has grandchildren in Florida, Kentucky, Indiana, and Colorado. “That’s really special to me because they don’t come this way very much. I usually go there because they’re so busy. I wish we could see each other more often, though, because I cherish the time we have together.”



Image 25. *Kids Spoiled Here.* “My granddaughters are over here all the time. My children never had grandmothers because both my husband and I are not from this area, so they didn’t have any close grandmothers. What they had as grandmothers were older friends of ours. So I take care of these kids a lot. And they’re over here a lot. They’re always welcome.” (Barbara L., age 81)

In addition to visiting their grandchildren, some of the participants care for them on a regular basis, as well. Ellen babysits her grandchildren, who live “just outside of town” throughout the month, Betty watches her grandson before and after school a couple days a week, and Joan cares for her great-granddaughter when her grandson and his wife work extra shifts at the post office. Phyllis invites her 13-year-old grandson, who lives 90 miles away, to stay with her on school breaks while his parents work. She describes their visits as follows:

We play cards; we do a lot of stuff. One day I said to him, “Have you ever mowed a lawn?” He said, “No.” I said, “Well, it’s time you learned.” (laughs) I took him out and I started the mower and I said, “You walk around with me one time and then you take over.” It’s fun because he’s old enough to do it. He started going too fast, and I said, “Okay, you’ve got to slow down a little bit, and you can’t have too wide of spots because you’re leaving these long tucks of grass.” (laughs) And he did a really good job. It’s just fun to have him, and he enjoyed doing it. He likes to keep busy, so I figure, hey, it’s better than playing cards all day long.

Ronda describes similar quality time with her grandchildren when they come to stay with her. “My other two grandchildren live in Owatonna. Their mother is divorced from their father, and he’s not a very good role model, so they really need a male role model in their life,” she says. “They stay with us quite a bit, and my grandson just follows Grandpa around. They go golfing and spend time together. It’s special time for both of them.”



Image 26. *Camping with the Kids.* “We’re very fortunate because our kids and grandchildren live nearby. They’re over here all the time and we like to do things together. My children never had grandmothers because both my husband and I are not from this area, so what they had as grandmothers were friends of ours. You know, older friends. There’s nothing more important to me than our family.” (Carol, age 75)

The Paradox of Marriage

Of the 34 older adults (28 from Kasson, six from Prairie Meadows) who formally participated in this project, 16 are married, one is divorced, and 17 are widowed. At Prairie Meadows, less than one third of the 53 residents are married, including Andy, my lone married participant living there. “It’s lonesome because your life changes,” says 83-year-old Charlotte, whose husband passed away nine years ago. “All of a sudden, you don’t have anybody with you. It’s a hard adjustment, but you have to do it, and a lot of ladies do. There are a lot of ladies that are widows in this town, as well as in most every town, I think.” Marlene describes her recent adjustment from wife to widow as follows:

The joke was that all the other guys were going to retire and they’d still pick Carl up at the nursing home to bring him to work for a few days. (laughs) I know he

would have never retired had he lived. And I never thought what I would do without him. It never entered my mind. He was diagnosed with lung cancer, and he lived three and a half years after that. He'd go get radiation and then go to work and we still traveled. Now that he's gone, I still have a full life. I mean there are days, of course, when you want to just cry and stay in bed (laughs). I'm not going to say that doesn't happen, but it's just part of losing a husband. Life goes on.

Widows like Marlene in Kasson "keep busy with friends" and typically grow closest to other widowed women. "I've been good friends with Lois for probably about 20 years," says Arlene. "We both were without husbands about the same time, so we got to be good friends." Despite their close friendships, some widows nevertheless feel lonely and express discomfort at being single "in a couples' world."

Research demonstrates that marriage has a positive effect on the functional status and overall health of older adults (Mares & Fitzpatrick, 2004). Some married couples in their mid-to-late 80s and 90s, including Kenneth and Burnett, Einar and Marion, and Bob and Dorothy, successfully manage their combined physical decline and/or frailty independently at home. Other couples, still in their mid-to-late 70s and early 80s, including Bob and Barb, Orvis and Gloria, Gil and Ronda, and Einker and LaVonne, regularly travel cross-country together and/or maintain winter residences in warmer climates. Still, marriage is not always the social panacea that some older adults in Kasson perceive it to be. Research suggests that older married women complain of loneliness more often than do older married men, even though they tend to remain

connected to a variety of individuals and usually serve as their husbands' principal links to neighbors, relatives, and other friends (see Rawlins, 2004). Widowed older women, on the other hand, may experience diminished contact with former couple friends but will progressively cultivate friendships with other single women, increase daily contact with close friends, confide more in trusted friends, and participate more in "pleasurable and socially supportive activities with friends" (Rawlins, 2004, pp. 286-287). While not all of the married participants voice discontent or hardship, those who do offer one of three reasons: (1) their spouse has a limited social network, (2) their spouse needs care at home, or (3) their spouse resides in a nursing home.

"He isn't interested in doing anything else" (Ellen, age 80)

Ellen and Glenn have been married 62 years and live in the house where they raised their three daughters and son. Glenn has grown noticeably frailer in the past few years, has difficulty hearing, and is in the very beginning stages of Alzheimer's disease. He spends most of his time watching TV from a recliner in the living room. "We don't hardly get out anymore. It's too hard for him to walk, and if it's not drivable we don't go," explains Ellen. "I figured we'd be doing more things than we are at this age, but we aren't able to. That's what's kind of disappointing for me, so I try and keep active with different things on my own." Ellen's "different things" include golf and bridge at the country club with friends a couple times a month, as well as quilting once a week at St. John's Lutheran Church. The majority of Ellen's time, however, is spent with Glenn and their family. They attend their grandson's soccer games, babysit their great-grandson at home, and meet for lunch with their daughter in Rochester. "Our family is everything,"

says Ellen. “It has to be. Whenever I need something, my older daughter comes. She’s taken hold of me and taken me places and done things for me. Otherwise, you know, Glenn and I don’t do much. It’s not what I wanted. I mean, he goes for coffee everyday, but he isn’t interested in doing anything else.”

As mentioned earlier in this chapter, a small group of widowed and married older men, including Glenn, meet for coffee every weekday morning at the Country Pleasures Café on Main Street. They arrive by 7:30 am and stay until 9:30 or 10 am; while there, they primarily discuss current events and play cards. The core group began the tradition almost five years ago and currently consists of between six and eight regulars. “Our group keeps getting smaller,” says Einkar, who is 76 and married to LaVonne. “When I started going down for breakfast, there were probably 15 of us. Well, some died and a couple came down with dementia. John’s at Fairview now – I don’t know if he’ll make it back out or not.” Besides these morning meetings and the occasional game of golf for some, few organized social opportunities exist for older men in Kasson, unlike the variety of activities available to and enjoyed by older women. The Country Pleasures group, for example, talks about “tinkering around the house” or “working in the yard” when asked to describe their plans for the rest of the day. Kay, whose husband Alfred is 83 and “doesn’t always have a whole lot to do,” describes her take on this phenomenon as follows: “I think one of the hardest things is losing your friends. Funerals seem to be a fact of life when you get to be old. There is one advantage with women – we can get together and do things. A lot of times when it’s the men, they just lose themselves because they don’t know what to do.”

My period of participation-observation at Prairie Meadows demonstrated, however, that older women aren't the only ones inhibited by a clingy or lonely spouse. On two separate days, Gerald came to the Great Room to participate in organized activities – once for a Wii bowling tournament and once for Stretchercise. Halfway through each activity, Rosemary, his wife, came up to him, tugged on his shirt, and whispered, “Come on. It's time to go back to the room.” Both times, Gerald dutifully followed. The second time, one female resident leaned toward another and said, “Gerald gets along with everybody, but Rosemary sure is cold.”

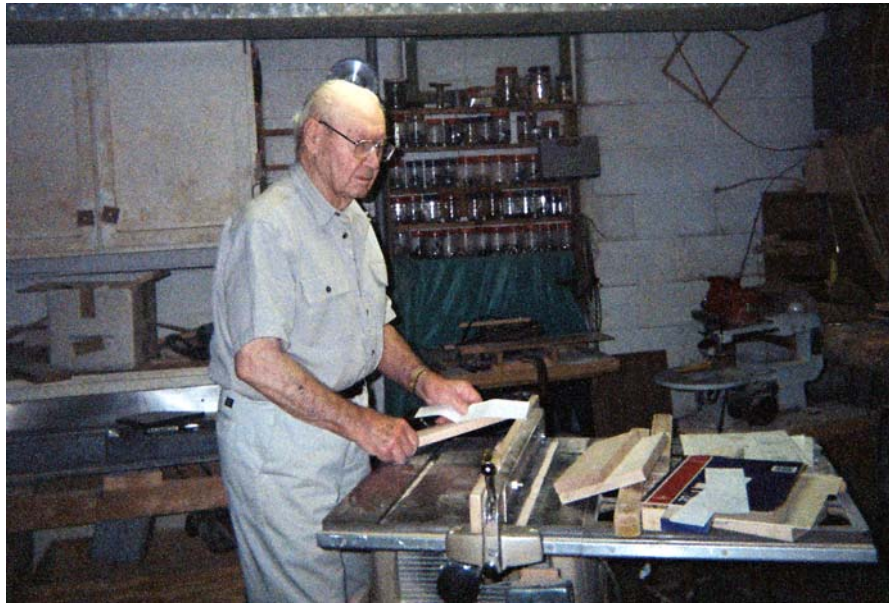


Image 27. *An Old Duffer at Work.* “Einar is a woodworker. All of his good buddies are gone, so he spends a lot of time doing woodworking in the basement. He makes nativity sets and we have a Noah’s ark that he made, too. He mostly gives them away as gifts.” (Marion, age 84)

“I’m my husband’s caregiver – and I mean total care” (Phyllis, age 76)

In addition to having spouses with limited social opportunities outside of the home, some older adults in Kasson contend with spouses in need of regular physical

care. Phyllis and Gary, for example, were married for 13 years when Gary was diagnosed with multiple sclerosis. Now, 40 years later and in their mid-to-late 70s, Gary is confined to a wheelchair with limited mobility and Phyllis is his sole caregiver. She describes their situation as follows:

Gary's had MS since 1968. Really, I didn't think he'd still be around because there were many times that he was very sick. That hasn't happened, but, you know, you think about that because it's a fact of life. There have been several times that I didn't think he would make it when he got so sick, but he pulled through it and he's doing fine, except that – mentally he's absolutely great, but physically he can't do anything for himself. But I can't say that I envisioned it much different. I was hoping to travel; we do travel. I do a lot of cruises because it's so much easier. Once I'm there, I'm unpacked; I don't have to unpack or get in and out of the car, loading and unloading everything. You know, that's hard work. I don't have any help, and I plan on continuing to do it by myself. Who knows. We'll take each day as it comes. You never know.

Even though Phyllis admits Gary's care is often laborious, she still makes time to visit friends and pursue hobbies outside of their home, including quilting, bridge, and gardening. Andy, on the other hand, provides total care to his wife, Mary, at the expense of his own outside interests or activities. Andy, who is 80, and Mary, who is 85, have been married more than 50 years and moved to Prairie Meadows three years ago when Mary's Alzheimer's disease progressed. Rather than move her to the memory care unit, however, Andy chooses to care for her in their apartment. He hasn't watched TV in more

than two years because the content upsets her, and he won't participate in any organized activities with other residents because being alone agitates her. "I can't leave her," he says. "I made a vow to be with her 'til death do us part." To ensure he remains in good physical condition to care for her 24 hours a day, Andy meticulously documents his daily two-and-a-half-hour exercise regimen on a calendar in the kitchen. While Mary watches from the couch and polka music fills the air, he lifts each leg up to his chest 300 times, twice a day, and shadow boxes 4,000 times in the morning and 5,000 times in the afternoon. "I never imagined retirement would be more demanding than my work life," says Andy, "but it is what it is. I know she would do the same for me."

"He needed more care than I could provide" (Roberta, age 86)

Many of the widowed participants spent years caring for their spouses at home before finally moving them to the Fairview Care Center where they eventually passed away. Marlyn and Cliff contended with his chronic leukemia over the course of eight years, for example, while Jackie and Armond spent three years dealing with the progression of his neurological disease, and Carole struggled on and off for almost a decade with her husband's congestive heart failure and bipolar disorder. Currently, two married participants, Roberta and Doris, exist in the borderlands between those caring for spouses at home, those whose spouses are still healthy, and those whose spouses have passed. These particular women are still married but live alone while their husbands reside in care facilities. Their experiences follow.

Bernie, 86-year-old Roberta's second husband of 25 years, has Alzheimer's disease and now lives in a nursing home in Minneapolis. She spent years caring for him

at home before reluctantly admitting him to the facility last year. “It just wore me down,” says Roberta. “I got sick – I got sciatica and everything else – and my son said I was trying to do over 24 hours what they paid six or eight people to do on eight-hour shifts. That was about right, too, because he had trouble with incontinence and everything besides.” Roberta now travels to Minneapolis two or three times a week to visit Bernie. “It’s quite a trip, and it takes my whole day when I go, but it’s important to do that.” She moved him there after deciding he needed better care than that provided in his previous Rochester board-and-care home, which was capable of handling only four residents. “It was really hard to make that decision because he’s so far away now, but I’m glad I did because it’s turning out to be a good thing,” she explains. “All he did was eat and sleep and sit and sleep, and he wasn’t getting any exercise, and he wasn’t responsive. I knew we had to do something different.” According to Roberta, the current facility offers a variety of “wonderful things,” including exercises, planned activities, musical therapy, and good food. “It’s hard to carry on a conversation because he doesn’t remember anything,” Roberta says of their visits. “I take him outside, and we walk into the park and around the pavilion and then we come back in – they have a beautiful sun porch – and watch the waterfalls across the river by the big dam. It’s a pleasant place to sit. I just spend the day and have lunch with him. We have a good time.”

Like Roberta, 81-year-old Doris cared for her husband, Don, at home until three years ago when his “old-age dementia” progressed to the point that nursing home care proved necessary. He now resides ten minutes away at the Fairview Care Center in Dodge Center. Unlike Roberta, however, Doris chooses to spend more time with friends

and less time with him. She now visits once or twice a month and is planning a party with friends to celebrate her 58th wedding anniversary at home without him. She describes her situation as follows:

The big job there is when you go to visit your husband, why, you communicate – you visit – with all those who live there. Even if they don't make sense, you talk to them. You've got to think of things to kind of keep the conversation rolling (laughs). I used to go visit three times a week, but he is getting more feeble all the time and he doesn't communicate very well with me anymore. That's ok. I mean, sometimes I think that's easier, you know, for him and for me, really. Physically, he's fairly strong, but it's just one of those things that you have to wait it out, I guess. It's a hard disease. But, you know, we've had a good life. I'm grateful for that. We've had our ups and downs and trials and what have you, but you can't regret anything. I don't know of anybody that doesn't have ups and downs.

Some married residents at Prairie Meadows live apart from their spouses, as well. Barbara R., who is 71 and suffers from emphysema and diabetes, moved to Prairie Meadows two years ago when her husband was no longer able to care for her medical needs. He now lives six blocks away and visits every day. "He is close by and I'm not alone here," says Barbara. "Everyone has been good to me." Harold and Margaret and Les and Anna all live at Prairie Meadows; however, the men have apartments while their spouses reside in the locked memory care wing. Like Barbara's husband, Harold and Les visit their wives every day. As Margie, a resident who lives next to Harold, observes:

We got those that are in Alzheimer's. Most of them are women. And then we have some of them with Alzheimer's in the independent apartments, but they're not bad enough that the spouse can't help them. It's usually the man who has to take care of the woman here with those married couples. You have to admire those men because, I'll tell you, some of them are not easy to take care of. They get to when they're mental and can be cross. And those guys, from what I have seen, have been really good. My neighbor's wife is in the Rose Court for bad Alzheimer's, and he's in an apartment. It would be nice if they could get together, but he isn't good enough to take care of her either if they move her over here.



Image 28. *Saturday Date Night.* “For years after we got so we couldn’t go out dancing very much, my husband and I would always have popcorn for Saturday dinner. I’d have a bottle of beer and I’d fix him a mixed drink or even just coffee and water. Personally, I think there’s nothing like popcorn and beer. (laughs) And I also like good candy. That’s my dessert if I feel like I can afford it as far as weight is concerned.” (Doris, age 81)

The Paradox of Congregate Living

The assisted living industry embodies an inherent philosophical tension between resident preferences (e.g., autonomy, choice, privacy, and control) and facility practices (e.g., cost-effective care, safety, security, and schedules). As with other facilities committed to the industry's philosophy, Prairie Meadows faces "considerable constraints and challenges when translating the goals of the philosophy into daily practices and facility policy" (Utz, 2003, p. 400; see also Abbott et al., 2000; Ball et al., 2000; Carder, 2002; Cutchin et al., 2005). These challenges are evidenced in the lived realities and stories of the residents and staff members there. Laura, the activities director, for example, bemoans low attendance at some of the scheduled activities while at the same time acknowledging the personal freedoms of residents. "It's kind of hard because it's not a nursing home – it's assisted living," she says. "They can stay in their rooms if they want, but we just don't like them to. We'd prefer they participate." Colette, the facility administrator, agrees. "I expect all residents to eat their meals in the dining room unless they are sick and need a tray in their room," she says. "Many of them were isolated because of friends who had died or they were unable to get out and about, so we want them to have a sense of community now. Some of them may not choose to participate in the activities, and that's okay, but at least I know they'll have social interaction twice a day." The residents, on the other hand, both notice and appreciate the choices offered and autonomy provided. "They treat us like people – not inmates," laughs Orville, who is 91 years old and moved to Prairie Meadows after his wife died six months ago. "We're a community," says 86-year-old Hazel, who has lived there for more than two

years. “We all seem to like each other, and it’s a lot of fun.” Still, as this section demonstrates, not all of the residents choose to actively participate in the Prairie Meadows community, and being part of the community doesn’t always mean available or meaningful social interaction.



Image 29. *Stretchercise.* “One class a day keeps the creaking away!” (Andy, age 80)

“I like having people to talk to and activities to keep me busy” (Gladys, age 88)

Prairie Meadows schedules a variety of organized activities each week, including Stretchercise, nickel bingo, Wii bowling tournaments, and movie nights; hosts various groups from Kasson, including the library’s Books on Wheels program, school choir concerts, benefit pancake breakfasts, and community-wide 500 tournaments; and organizes a number of shopping and entertainment outings to Kasson and Rochester. Living in a residential facility means the residents have people available to informally socialize with, as well. “We do a lot of just plain visiting,” says Gretchen. “I don’t have close friends here, though. I’m just friendly with everyone. Maybe some a little more

than others, but I like to circulate. And they tell us, ‘Don’t always sit at the same table or with the same people.’ That gets sort of cliquy. There are some like that, and it just does not hold up very good. Me, I like to rotate. (laughs) The food tastes the same at each spot!”

The residents also enjoy interacting with staff members, some of whom they’ve known for years from the Kasson community. Gladys explains her connections to some of the staff members as follows:

The help are all very helpful and very pleasant. They know all our names. I know one who helped my husband when he was in Hayfield. Her mother was in Hayfield with my husband, and she’s a nurse here now. There’s also a girl that waits on tables in the dining room, and I know her mother. They belong to our church, so I got to know them that way. The lady that cleans is from Kasson, too. She belongs to my church, and I’ve known her for years. She’s very nice. When she comes to clean, I generally have coffee and something for her. We waste more time than she gets to clean (laughs), but she does a good job.

Many of the residents echo Gladys’s sentiments about Bonnie, a part-time housekeeper at Prairie Meadows and long-time resident of the Kasson community. “Well, I’m a senior citizen, too, but for me, when I go there, it’s almost like going to Grandma’s house everyday,” says Bonnie. “And they have that response, too. They’re so thrilled to see me. Sometimes they say, ‘Oh, it’s not dirty. Just sit down and visit.’ And I say, ‘Well, you really don’t want to get me fired.’ So then I hurry up and do it and then try to allow a few minutes just to have that one-on-one time them.” Residents and staff also

socialize together during Thursday afternoon Sweet Treats, once-a-month birthday celebrations, and the end-of-the-month community mixer. Laura, the activities director, describes the mixer as follows:

It's just kind of a nice time with hors d'oeuvres and wine and beer. We push the tables together so we're one big group, and we eat and socialize with each other. They all pretty much come down to it, and they just sit and talk, and we play music and come down and talk with them. It's just a good time, you know, like a special dinner for them at the end of the month. The last Friday of the month we get the residents and the staff together to do that, to celebrate, you know, that we're a community, we're a family.



Image 30. *B-I-N-G-O*. “Bingo is one activity that they really like around here. We usually have a pretty good crowd, and everybody seems to enjoy it. We play for nickels and then whoever gets a bingo gets the pot. I’m not a very lucky person and I never get the numbers, so I usually have only four or five markers sitting on there. They’re very neat because I have nothing else to do but sit and straighten them!” (Orville, age 91)

In addition to visiting with other residents and staff, some of the residents create their own structured activities, and thus opportunities for socialization, within Prairie Meadows. Two examples especially impressed me during my time there. First, Gretchen and Hazel decided to lead a prayer group one Sunday afternoon in the chapel. “She’s the one that came up with the idea,” explains Hazel. “I thought it was a good one because there are some people here that don’t get out to their own churches or they’re not from Kasson so their home churches aren’t close by. If there’s enough interest, we’ll start doing it regularly, and hopefully we’ll get volunteers to read scriptures and say prayers and so on. I hope it’s a success.” I attended the inaugural service with nine other residents dressed in their Sunday best. Hazel and Gretchen took turns at the altar and led us through prayers for Prairie Meadows and our servicemen and women, as well as the Lord’s Prayer, the Prayer of Saint Francis of Assisi, and a period of silent reflection. Three readings and a number of hymns with Dorothy P. accompanying us on the piano rounded out the half-hour service. “I was so nervous!” exclaimed Gretchen later in her apartment. “I can’t hear, so I never know how loudly to speak. And I wasn’t sure what would appeal to everyone, so I just picked my favorites.” I returned to Prairie Meadows almost a year later while writing this chapter and was pleased to discover resident-led Sunday afternoon services are still a regular and well-attended event.

Andy and Harold organized the second resident-led activity, this time a support group for residents caring for or living apart from spouses with Alzheimer’s disease or dementia. The group, which usually fluctuates between four and six members, meets once a month in the conference room for approximately two hours over dessert and

coffee. Although they declined the social worker's offer to attend in favor of the safety afforded by closed-door meetings, they do ask Laura to publicize their meetings on the monthly activities calendar, and a nurse's aid from the memory wing sits with Mary in their apartment while Andy's gone. "We just use the time to share what's going on," says Andy. "Of course, we talk throughout the month, as well, but this is our chance to reach out, to ask questions and to answer questions. I look forward to it."



Image 31. Sunday Cards. "Today we were playing cards. You have four cards down and four cards up and you have to follow suit. There was a heart played, and I threw a diamond out, and they said (mimicking), 'You've got a heart laying here.' I didn't see it. They just made a joke out of it, and we continued the game. It's easy for me to play with them because I know them so well and they know me. It's fun." (Gladys, age 88)

"I probably don't get into all this stuff like a lot of people do" (Gretchen, age 93)

Even though they acknowledge the social benefits of living in a residential community, the residents carefully guard their privacy and value their autonomy. "This is your home and you can do like you want," explains Dorothy P., who moved to Prairie Meadows a year ago from the farm where she lived throughout her adult life. "I'm 82. I

waited all these years to sleep in and do what I want. With farm life and working, you know, you always had to meet time. Well, continental breakfast is served from 7 to 9. I may go down 10 minutes to 9 when everybody's finishing up or I may not go down at all." Margaret, who is 91 and spends most of her time in her apartment, offers similar sentiments: "Some people think you have to go to everything just because it's offered. I only participate if I want to." Margaret is one of the few residents who purposely chose to have a roommate for companionship, and she and Ada have happily resided together since meeting three years ago. Most of the residents, however, cherish their privacy. "I'm glad I'm alone because I didn't have sisters, and I've never shared rooms with anybody except in marriage," says 88-year-old Gladys, who has lived at Prairie Meadows for two years. "I don't know if I could share with another woman like some of them are doing because I've just been too independent. I'm thankful that I'm by myself because I can go anywhere and be with people or I can shut the door." Alice agrees:

When I go get the mail, there's generally somebody sitting there. If I feel like it, I stop and talk; if I don't, I come back here. There's a couple of people I see in the hall that I'm good friends with, but we aren't the kind of friends that go in and out of anybody's room. You can have company if you want or you can keep your door shut. If I don't like somebody, I just don't pay attention to them and they don't pay attention to me. I don't think there's anyone, though, that doesn't get along. This past week we had two deaths, but you don't get that well acquainted.

As Alice notes, death and dying retain a steady presence in community life at Prairie Meadows. Residents often move in during times of crisis and with a variety of

medical issues complicating their advanced age. “I’ve seen older and frailer adults entering lately, and it’s unfortunate,” says Colette, the administrator. “We had a man and his wife move in and then his wife died eight days later. That’s two major life changes at the same time. It was deeply traumatic for him, and it didn’t have to be that way.” In many ways, Prairie Meadows comprises an illness community consisting of older adults “caught betwixt and between the wellness and illness continuum” (Adelman & Frey, 1997, p. 18). Like the fragile community forged by staff and residents living with AIDS at Bonaventure House in Chicago (Adelman & Frey, 1997), individuals living in and working at Prairie Meadows come together to create and sustain community in the face of loss. When a resident passes away, Colette makes the announcement at the next meal and then reads a prayer in memory of the deceased. Staff members help transport interested residents to funeral services, and flower arrangements from those services are often broken apart and then displayed in vases throughout the building. When I first arrived at Prairie Meadows, three residents had passed away within four days of one another, and a “thick sadness” hung in the air. “One resident, a sweet old lady, just sat in the lobby and cried all day,” remembers Colette. “Eventually, I ran out of words. There was nothing else I could say to comfort her.” For, Bonnie, a part-time housekeeper at Prairie Meadows, that week was similarly traumatic:

I found myself in the hallway just crying and crying and crying. Well, the coordinator found me one day, and she said, “What’s the matter?” And I said, “Oh, I don’t know if this is the right job for me. I’m just having too hard a time when we lose somebody.” And she goes, “Yeah, I know. But you have to deal

with it.” And I said, “I know, but it’s getting more difficult.” We lost about three in a row, and that really shook me. And then, next thing I know, she has a nurse from Seasons Hospice come and talk to the staff. And I thought that was really great. She said, “Dying is part of living. You all know that. But remember these people already have medical issues when they come or they’d be in their own home, more than likely.” And so that’s part of it. And then somebody asked, “Will we ever get used to it and get hardened to it?” And she said, “I hope not because then you’re no longer of use because you need to keep that tenderness to be helpful for them.” And she said, “But what you want to do is you have to deal with each death and find closure. And then don’t let it build.” And that’s exactly what I’ve done. The third one was just more than I could handle, and I never really closed any of it out. I just carried it all with me. But that’s a way of keeping them with you, I suppose. Now I’m a little better. I keep remembering what she said. It doesn’t make it any easier, but it brings reality to it.

Many of the residents already understand and expect that reality. Unlike the younger residents living with and dying prematurely from AIDS at Bonaventure House, older residents at Prairie Meadows view themselves as old and as institutionalized – two prerequisites for their emplotted and accepted fate; as such, they react with a seeming nonchalance toward the passing of fellow residents. Alice explains, “This one that just died was a cute little person. I ate meals with her quite often, and she was always ready to talk, but you don’t get too emotionally involved. I mean, we’re sorry they’re gone, but that’s just the way it is. (laughs) We’re so many here that one more or less – I always say

when I'm gone, I'm gone, and that's it. Somebody else can move in." Other residents echo Alice's sentiments, including Dorothy P., who nonetheless expresses frustration with the regulations in place at Prairie Meadows that ultimately restrict the sense of community the staff simultaneously seeks to promote:

I feel like part of a community here. When you think about it, everybody's pretty close right away. Of course, they've got their rules. They can't tell you if somebody is in the hospital. You see the ambulance go, but they don't dare. It's that privacy thing, whereas everybody wants to know because you probably ate with them the day before or something. You don't get to know those things, but you're concerned. And everybody's concerned about somebody else and asking about them or something. We kind of look out for each other.



Image 32. *A Good Book.* "This is typical of me – sitting in my chair and reading. I like to read and it keeps me busy, but sometimes I feel lonesome. On weekends, there isn't much going on and it gets pretty quiet around here." (Hazel, age 86)

Even with seemingly permeable boundaries between Kasson and Prairie Meadows, including longtime friends who both visit and offer rides to events in the community, physical limitations have prompted many residents to self-select out of former activities. “I was going to birthday club, but I quit,” says Hazel. “It’s always in the evening, and it’s hard for me to go out at night. And I’m getting so hard of hearing that I didn’t get much of the conversation because I could just hear the one next to me and not the rest of it. I miss it in a way because it was fun, but there comes a time to quit different things.” Myrtle shares a similar story:

I used to go to bridge club out at the golf club. I’ve been there for years and years and years, but I sort of quit doing that. When you get older, your mind doesn’t – I can’t remember cards too well. And I think it isn’t too much fun for some of them because some of them are very good players. Jackie is a doll. She never complains, and she is so nice to us older ones. I enjoy her so much. But I feel it isn’t fair if I go and can’t play a good game of bridge when others go there to play and I’m to the point where I don’t care if I play or not.

Likewise, Dorothy P. chooses to now watch Sunday services on TV rather than worship at St. John’s Lutheran Church, where she is a longtime member and former secretary:

Church has changed a lot. There are so many older people that aren’t going, can’t anymore or have died or something, and there are so many new people. There’s new people, and it’s just, well, you just don’t feel up to – well, especially since I moved here, I’ve had problems. Before I moved here, I found I had colon cancer. And then before I got through with that, I had an infection, and it took a lot out of

me. I swear it took me a year to get strength back. So I haven't had the urge to really get down there and get involved a lot. And then things at church have changed. Where we used to have coffee between each service and stuff, now they just have one coffee time. You either come early before the second service and have your coffee or have it after the first service. Well, excuse me, I'm not getting up early to go down for a cup of coffee (laughs) when maybe there's somebody there I can visit with and maybe not.



Image 33. *Summer Driving.* “Yesterday the van took us shopping and to run errands locally. They will go as far as Mantorville and Dodge Center to the bank and that for you. And then there’s two days a month when they go to Rochester. But the van isn’t big enough. It only holds five people, and two of them have to crawl in the back, which everybody isn’t able to do. It’s too hard to get them in there. I have a car so I don’t go on those trips at all when I have the car here. In the winter, though, I don’t drive. I don’t have a garage and they need to be able to plow the drive, so my son keeps the car at the farm.” (Dorothy P., age 82)

Even though many residents choose to no longer pursue regular activities in the Kasson community, and even though Prairie Meadows offers a variety of scheduled

activities throughout the week, some residents still admit to feeling lonely. “Dominos is one of my favorites, but I have a hard time getting people interested. I seem to be about the only one that knows the game,” says Harold. “We had that yesterday and there were four of us so I think they kind of caught on to how the game goes and maybe will come more often. I hope so.” Virginia wistfully notes that her fellow residents don’t entertain in their apartments, a phenomenon that mirrors relations in Kasson in which neighbors socialize in their yards instead of in their homes. “We don’t spend much time visiting each other’s apartments,” she says. “I’ve had some people in for coffee, but there isn’t a lot of socializing going on in the apartments, I don’t think. I wish there was more because I’m a social person and I like people.” Dorothy P. also hoped for more coffee visits with friends. She attributes the lack of prolonged socialization over coffee to the ailing health of her fellow residents and the structured schedule imposed by the facility:

I thought when I was going to retire that I was going to have so much time, that I was going to go have coffee and all these things. Those people have disappeared. They’re either gone, died, or they’re in physical condition that they can’t get out and go, just as I can’t always go. It isn’t what I thought it was going to be. And we don’t have coffee here. Too many have diabetes. They can’t eat sugar, so what do you have? And not only that, you have your breakfast done by 9, you have your lunch at 11:30, and you have your supper at 5. So there’s not enough gaps in there – you’re still full from one meal to another. That’s the thing that bothered me the most when I came here. I felt full all the time because it was just too close. Those set mealtimes make it feel like all you’re doing is eating.

Milo, who is 91 and claims to be in “pretty good health except I use a walker,” attributes lack of resident participation to physical ailments, as well. “The problem is that there are several that have macular degeneration in their eyes, so that eliminates doing a lot,” he says. “I forget all the time and say, ‘Oh, look over there!’ and they tell me, ‘You know I can’t see well.’ Oops. (laughs) But there’s a lot of things they can’t do. There’s an awful lot of them that have hearing aids, too.”



Image 34. *Prairie Meadows.* “We have four at a table, which is nice. You go and sit where you’d like. And there are a couple of us who always sit at a table together. Then there are two others that join us – generally, different people. And, if I like to, I go and sit at another table and get acquainted with other people. There are some nice people here, and there are some I don’t like very well. Did you ever see anybody pick their teeth with a fork? (laughs) There’s a nice lady here who’s clean and well-dressed, but I think she was just brought up differently. She’s a nice person, but I don’t want to eat with her three times a day either.” (Gretchen, age 93)

In summary, the participants perform what they deem old age by continually negotiating tensions between the personal and the collective, the private and the public, as their own and others’ well-being and functional status shift and decline in late life. Relatively healthy and unimpaired participants in Kasson, for example, actively socialize

with friends and family, while relatively healthy and unimpaired participants in Prairie Meadows selectively choose when and with whom they will spend their time in a congregate setting. Some marriages provide companionship while also causing isolation, just as congregate living conversely offers independence at the expense of flexibility and space. Like the overarching narratives examined in Chapters III and IV, the old age narrative both informs and is constituted by the stories and lived experiences of older adults living in Kasson and residing in Prairie Meadows. In the final chapter, I summarize key elements of each narrative and then examine them together to illustrate how old age, in general, and successful aging and long-term care, in particular, are communicated and understood at both public and private levels in the Kasson and Prairie Meadows communities.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

A Little Town Is...

A little town is the only place on earth where people past middle age are called by their first names when they saunter down the street.

A little town is where everybody knows everybody else's car by sight and also where and when it goes.

A little town is where it's hard to walk to work for exercise because it takes too long to stop and explain to people in cars who stop, honk, and offer a ride.

A little town is where you don't have to guess who your enemies are because your friends will tell you.

A little town is where everyone becomes a neighbor in case of need.

A little town is where city folk say there is nothing to do, but those who live there don't have enough nights in the week to make all the meetings and social functions.

A little town is where you can dial a wrong number and still talk for 15 minutes.

A little town is where businessmen struggle for survival against city shopping centers.

A little town is where those same businessmen dig deep to help with countless fundraising projects.

A little town knows all the news before it is published; people just read the hometown paper to see if the editor got it right.

A little town, when all is said and done, is a great place to live.

(Anonymous; published in the St. John's Lutheran Church cookbook)

I began this dissertation by characterizing Kasson and Prairie Meadows as two seemingly livable communities in which older adults with deep social and autobiographical connections can successfully age. Now, six chapters and more than one year later, I still deem them as such. As the aforementioned poem suggests, individuals who live in small towns tend to know more people, participate more often, and live by a set of shared values more specifically than their counterparts in urban areas (see Dorfman et al., 2004). On the other hand, small towns, including Kasson, are communities with permeable boundaries, mobile residents, and outside influences. Since successful aging is contextual (Hummert & Nussbaum, 2001; Inui, 2003), I needed to address contextual meanings of age when attending to issues of long-term care, community connectedness, and successful aging (Gubrium, 2001), and I wanted to turn to the broader realm of narrative practice to best understand the construction and use of stories in context (Atkinson & Delamont, 2006; Gubrium & Holstein, 2009; Harter et al., 2005). As such, I approached and participated in the Kasson and Prairie Meadows communities with preconceived notions of these contexts in mind. The meanings associated with them, however, shifted and became more nuanced as I witnessed, experienced, and co-constructed stories with the participants living there.

In this chapter, I summarize the three overarching narratives described in the previous chapters and then revisit the research questions guiding this project for an understanding of the meanings comprising, shaping, and challenging community connectedness, long-term care, and old age in Kasson and Prairie Meadows. Following this discussion, I examine the partial and indeterminate (Harter et al., 2005) nature of

these overarching narratives, the stories and lived experiences constituting the narratives, and this storied dissertation as a co-construction embodying the narratives. Throughout the chapter, I position my project in relation to pertinent health communication and aging research, and I highlight the importance of narrative sensibilities for examining lived contexts and engaging in communication scholarship. I conclude the chapter with implications for research and practice based on these results.

Successful Aging: Livable Communities and Narrative Work

Smith (1975) claimed more than 30 years ago that “the specific rural setting...will influence the kind of aged person that one will become, the nature of the adjustment to the aged condition, the normative aspect of the individual’s coping mechanism, the definition given to the aged situation, and the nature of the social process and experience” (p. 62). Successful aging is more than a matter of health or ability and is instead the ways in which elderly individuals satisfactorily cope with or adjust to age-related challenges in order to maintain functional status, pursue worthwhile activities or interests, and engage in meaningful (e.g., supportive or reciprocal) relationships (AARP, 2005). As such, I turned to narrative inquiry in this project for an understanding of the fundamental contextual and communicative issues shaping the aging experience of elderly adults. The three overarching narratives that emerged from the collected stories and lived experiences represent the participants’ “equipment for living” (Burke, 1954/1984), or “sense-making structures that reveal how our worlds are rendered visible, personal, and real” (Harter et al., 2006, p. 5). First, the small town narrative details a web of interdependent components – neighbors, church, civic

engagement, collective history – that comprise the Kasson culture, shape interactions within the Kasson community, and inform general understandings of what it means to live in a small town. Next, the aging in place narrative represents the participants' temporal trajectory of residence in late life. Their emplotted path toward dependence incorporates elements of public and private place attachment, informal and residential assisted living, and decisions based on crisis and control before arriving at the foregone and inevitable conclusion of nursing home placement. Finally, the old age narrative constitutes the ongoing struggle between the personal and the collective, the private and the public, that the participants must continually negotiate as their own and others' well-being and functional status shift and decline in late life. Combined, these narratives shape and are shaped by the participants' actions, decisions, and expectations as they grow old in Kasson.

The three narratives also inherently constitute the lived cultural and socioeconomic contexts in which the participants (re)create and perform stories (Dutta, 2008; Geist-Martin et al., 2003). Harter et al. (2006) argue that “the robustness of narrative theory rests, in part, in its focus on webs of interwoven social forces – market patterns, institutional practices, lived experiences of individuals – that intertwine to form the social milieu in which performances unfold. All social structures can be conceived of as narrative threads or fragments of broad discursive forms” (p. 5). Although they are shaped by small town, rural life, the overarching narratives represent white, primarily Scandinavian, middle-class stories in both process and product. For example, the participants enjoy retirements in which they don't excessively indulge but nonetheless

are financially able to travel, pursue hobbies, and, if necessary, afford residence in Prairie Meadows. Between my time in Kasson and the writing of this final chapter, however, the economic crisis gripping the nation may have significantly compromised the participants' experiences and expectations, thereby shaping previous stories in different ways. With these narrative summaries and storytelling contexts in mind, a discussion of each of the four research questions follows.

Research Question 1

The first research question asks: What cultural meanings enable and/or constrain the construction of community connectedness for older adults living in Kasson and Prairie Meadows? As previous research suggests, social activities with nearby friends or family, relationships with neighbors, and participation in local organizations promote feelings of connection that provide adults in late life with a sense of purpose, well-defined roles, and meaningful relationships characterized by trust, reciprocity, and the availability of social support (AARP, 2005; Putnam, 2000; Tomison, 1999). Four fundamental components of the participants' social environment – neighbors, church, civic engagement, and collective history – serve as shared values, assumptions, expectations, and codes of conduct (Rowles, 1998) comprising the Kasson culture. The participants enjoy meaningful interactions and close relationships that offer socialization and support with neighbors of all ages, and they reap similar rewards from their participation in church-related fellowship and service. Prompted by personal satisfaction, a collective history, and perceived responsibilities to their small town, the participants also volunteer significant portions of their time and talents through church service and

civic engagement. Finally, their deep social and autobiographical connections prompt many of them to reach out to friends in Prairie Meadows, memorialize the deceased, and reunite or correspond with family members afar.

These cultural meanings extend to the Prairie Meadows community, as well. Residents there continue close relationships with prior neighbors in person at the facility or by phone, and they socialize with other residents – their new neighbors – in the building’s common areas, much as they once did outside in their yards. Although they no longer belong to or participate in previous organizations, including church, many of them nonetheless incorporate shared values of church and civic engagement within Prairie Meadows. They worship on Thursdays with visiting pastors from Kasson and attend resident-led services on Sunday. While some residents, like Gretchen and Dorothy P., feel obligated to serve a term on the Resident Advisory Council, others, like Andy and Harold or Gretchen and Hazel, feel compelled to organize resident activities, including a support group for spouses of individuals with dementia and the aforementioned resident-led Sunday church services. Overall, my results demonstrate acts of kindness, reciprocity, and trust embody relationships with friends, neighbors, and acquaintances and connect older adults within and between the Kasson and Prairie Meadows communities.

Research Question 2

The second research question asks: How is old age emplotted and performed by older adults living in Kasson and Prairie Meadows? Overwhelmingly, the participants desire to age in place at home or, when that’s not possible, in the Kasson community.

Some concede they'll likely have to downsize from the larger homes where they raised their families, while others have already settled into duplexes or smaller one-story homes. Based on previous experiences with their parents and spouses, however, they expect to eventually end their lives in a nursing home. Although they may go for morning walks, attend weekly TOPS (Taking Off Pounds Sensibly) meetings, join the local Curves, and make regular appointments at the satellite Mayo Clinic, older adults in Kasson ultimately do little to change the narrative ending emplotted for generations in the stories and lived experiences of small towns and rural areas (see Hutchison et al., 2005a, 2005b; Phillips et al., 2003). Instead, they resign themselves to what they perceive as a foregone conclusion with a mixture of acceptance, passivity, and dread.

As they currently age in place, either at home in Kasson or in residence at Prairie Meadows, the participants lead seemingly active lives characterized by meaningful activities and interactions with friends, family, and acquaintances. They travel, pursue hobbies, spend time with grandchildren, socialize with friends, and volunteer their time and services. For many of the participants, this time of life – a time they unanimously deem old age – represents a pleasant deviation from the work and familial obligations that long dominated their adulthood. Few envisioned what life would entail after retirement, but most appreciate what it's become. Still, their own or others' various health issues and functional impairments constitute challenges that both threaten and limit regular opportunities for socialization, independence, and control. Some widowed women spend time with friends but complain of loneliness at home, while other married participants contend with spouses who lack their own social networks, are infirm, or

reside in nursing homes. Within Prairie Meadows, some residents self-select out of previously enjoyed activities in the Kasson community because of their own frailty or impairment but find other residents have similar or greater problems that preclude them from participating within their residential community. Other residents grapple with the tension between the freedoms of independent living in their apartments and the structure of communal living in their facility.

Research Question 3

The third research question asks: How do contextual meanings of community and age shape long-term care practices for older adults living in Kasson and Prairie Meadows? For most of the participants, active engagement in community life provides a positive aging experience and helps establish supportive relationships from which to receive informal assistance when needed (see Stone, 2003). In general, what the participants deem to be old age represents a time of life to be enjoyed and celebrated. Their lived experiences shape and are shaped by positive norms of old age in the Kasson culture, as well. The annual weeklong Dodge County Fair, for example, has a Red Hat Day and a Senior Citizen Day, while Erdman's declares every Tuesday Senior Citizen Day. Mothers bring their children to intergenerational story times at Prairie Meadows, and older adults attend their teenage neighbors' sporting events and choir concerts at the high school. Whereas the Fairview Nursing Home is now called the Fairview Care Center, Prairie Meadows Senior Living calls forth different images of residential care that more closely align with the assisted living industry's overall philosophy and prevailing values of successful aging in the Kasson culture. "Where older adults live

stronger, healthier lives” or “The way we live determines the way we feel. Enjoy fine living at Prairie Meadows Senior Living” claims the ads in the weekly *Dodge County Independent*. This positive conception of old age, coupled with cultural values of service and reciprocity, shapes long-term aging strategies in Kasson as a matter of social cohesion, interdependence, and cooperation among neighbors, acquaintances, family, and friends. On the other hand, my analysis suggests these contextual values ultimately constrain those who are perceived to violate them. For example, although the participants are quick to excuse younger, older, or more infirm individuals from community engagement, they have little tolerance for older adults who can, but choose not to, involve themselves or those who are socially isolated but refuse the company of others (see Martinson, 2007). My analysis demonstrates the participants’ expectations for eventual nursing home placement also violate positive contextual meanings of age in their community, drawing instead from larger societal narratives in which late life is a time of infirmity, decline, and passivity (see Harwood, 2007).

Research Question 4

The fourth research question asks: How do narrative sensibilities recast the possibilities and challenges of livable communities, in general, and Kasson and Prairie Meadows, in particular? Previous research claims livable communities facilitate personal independence as well as the engagement of residents in civic and social life (AARP, 2005; Kochera & Bright, 2006) through relationship-driven service delivery models such as naturally occurring retirement communities (NORCs) and assisted living residences (Assisted Living Quality Coalition, 1998; Kretzman & McKnight, 1993; *Naturally*

Occurring Retirement Communities, 2006). Such research has generally focused on the availability and accessibility of supportive structures (e.g., sidewalks and buildings), supportive services (e.g., transportation and healthcare), and supportive connections (e.g., individuals, associations, and organizations). From this perspective, Kasson functions as a promising livable community because it offers older adults a number of practical, medical, and supportive services through a variety of organizations, including Faith in Action, Semcac, the senior center, the satellite Mayo Clinic, Sunwood Senior Living, Prairie Meadows, and multiple churches. In my analysis, however, the participants' emplotted foregone conclusion of nursing home placement ultimately renders any social institutions and surroundings inconsequential for aging in place. Although they appreciate the availability of these services for those in need, they view them as options for extending – but not ensuring – late life residence at home. As such, the provision of societal resources for older adults in these communities is not enough. Instead, my results suggest the participants need assistance in conceiving and envisioning an alternate narrative to nursing home placement in which they have control and a revised plot throughout late life.

The Story Continues

I left Kasson at the end of June 2008 and returned home to spend the next several months sorting and analyzing collected data, writing chapters, and reflecting on what I had seen, heard, and experienced during my time there. I expected to shift focus and revise research questions as new observations emerged and original suppositions changed. What I did not expect, however, was a phone call from Grandma in the middle

of March 2009 while deep in the midst of this process. “I’ve decided to move to Denver,” she told me matter-of-factly. “I sold my house yesterday, and I close on May 30. I’ll need an apartment by June.” I was dumbstruck. She had considered moving closer to family over the last few years, but her house wasn’t on the market, she didn’t have a realtor, and she hadn’t mentioned anything to anyone two months earlier when we gathered in Denver for Christmas. When asked if leaving Kasson would be hard, she replied, “You know, nothing’s permanent. Whatever life hands you, you just have to deal with it. And there are good people everywhere.” When pressed about her timing, she said, “I want to be near family.” Grandma, a 78-year-old lifelong resident of Kasson, raved about the possibility of Prairie Meadows, gushed about her supportive friends, and rarely answered her phone because she was always “out and about” in her garden, with friends, in town, or at church. Now, she wanted to trade her history, her connections, her resources, and her activities for a new, virtually anonymous, life in a large city – and she wanted to do it in three months.

As demonstrated throughout this dissertation, I turned to the narrative problematics of knowing and being, continuity and disruption, and creativity and constraint to make sense of the three overarching narratives at the heart of this project. Harter et al. (2005) detail a fourth problematic of narrative theorizing, however, that necessitates discussion here, as well. The narrative problematic of the partial and indeterminate recognizes that stories are discretely bounded and cumulatively ongoing. Grandma and the other participants co-constructed narratives that both shaped and were shaped by temporal, cultural, spatial, and relational contexts (Harter et al., 2005). The

situated knowledge contained in this dissertation is then, in actuality, shifting knowledge: “People live stories, and in the living of these stories, reaffirm them, modify them, and create new ones” (Harter et al., 2005, p. 27).

In the three months between her announcement and move, Grandma sorted the contents of her house, sold her furniture, hosted four garage sales, and gathered all her medical, financial, and legal records. My mom found her a two-bedroom, bottom-floor apartment within blocks of my sisters and their families. My sisters toured the nearby senior center and spoke to the pastor at their Lutheran church about Grandma becoming a member. True to the shared values and lived experiences constituting the overarching narratives in this dissertation and comprising the Kasson culture, Grandma’s friends and acquaintances rallied behind her. Her Red Hat chapter, bridge club, and Circle hosted parties in her honor; the Women of Faith made her a quilt; and various neighbors and church members assisted with packing, selling, and moving as needed. When we left Kasson in her packed car at daybreak, I was the one gazing longingly in the rearview mirror while she looked optimistically ahead.

Since narrativity is inherently open-ended, narrative scholarship should also be understood as “situated, contingent, partial, and subject to revision” (Harter et al., 2005, p. 25). My narrative analysis, and the stories woven within it, ultimately embody some – but not all – of the possibilities for what may be for older adults in Kasson (see Chase, 2005). According to Frank (2005), “One story *calls forth* another, both from the storyteller him or herself, and from the listener/recipient of the story. The point of any present story is its potential for revision and redistribution in future stories” (p. 967).

From this perspective of *perpetual generation*, my narrative analysis, like Grandma's story and those from other participants, may seek to affect the future as individuals incorporate and contest additional voices, but ultimately that future is *open* (Frank, 2005).

Two days after leaving Grandma in her unpacked apartment, I got another call, this time from my mom. "Grandma fell and broke her hip. It's fractured in four places. They scheduled her for surgery tonight, and she won't be able to go home." Again, I was dumbstruck. Dumbstruck and deflated. Despite her history of fractures, we had anticipated playdates with the great-grandchildren, not visits to the nursing home. Now, five weeks later, she spends two hours a day in orthopedic rehab, alternates between a walker and wheelchair, eats her meals in the congregate dining room, and quickly tells anyone who asks that she'll be moving back to her apartment at the end of July when the x-rays show her hip has healed. In reality, her hip won't be completely healed for several months. While she'll likely be discharged for independent living with the help of a home health care professional by the end of summer, doctors warn this is the beginning of a "very long road" for her and our family. In the meantime, she receives regular visits from family and spends every evening fielding calls and answering stacks of cards and well wishes from friends in Kasson.

What does Grandma's story say about Kasson as a livable community for successful aging in late life? How does it affect the continually evolving and co-constructed story of successful aging, community connectedness and long-term care in Kasson? Quite frankly, I don't know. I struggled for months trying to reconcile

Grandma's recent experiences with the shared meanings and lived realities contained herein before finally deciding it was more a matter of seeking truthfulness and less a matter of uncovering the Truth. Ellingson (2009a) claims multiple methods and multiple genres simultaneously enrich findings while demonstrating the inherent limitations of all knowledge. Each partial account, she claims, complements the others, "providing pieces of the meaning puzzle but never completing it" (p. 13). Following her lead, I ultimately present this dissertation as an acknowledgement – even celebration – of "knowledge as inevitably situated, partial, constructed, multiple, and embodied" (Ellingson, 2009a, p. 13). Implications for research and practice, grounded in these revelations, follow.

Implications for Research and Practice

I began this project with a desire to merge my interests in health communication, narrative inquiry, and the lived experiences of elderly individuals in community. Guided by narrative sensibilities throughout, I worked to "privilege the centrality of personal experience in the construction of knowledge, the poetics of living, and the interplays of aesthetic values in everyday life" (Harter et al., 2006, p. 7; see also Goodall, 2004). As I near the end of this dissertation, I turn now to three meta-issues of health communication research originally advanced by Sharf (1993, 1999) that I find especially pertinent as I ponder the implications of my project. Sharf (1999) contends health communication scholars must infuse their scholarship with three Cs – contextualization, complexity, and consequences – as they address social health issues and account for personal, social, and societal well-being. They should ground their research questions, findings, and analyses within a variety of settings and circumstances (*contextualization*); account for the

interrelated web of multiple agendas, interactions, and levels of organization involved (*complexity*); and explicitly consider the implications of their work for practical, health-related outcomes (*consequences*) (Sharf, 1999, p. 196). Keeping in mind these standards, and based on the continually evolving and co-constructed story of successful aging, community connectedness, and long-term care in the Kasson and Prairie Meadows communities, I conclude this project (for now) with three primary implications for future research and practice.

First, this project emphasizes the concept of community as a communicative accomplishment influenced by and constituted within the traditions, customs, and narratives of its members (Fisher, 1997; Geist-Martin et al., 2003; Rothenbuhler, 2001). Fisher (1997) claims communities (a) are ethical constructions of values that specify norms, role performance, interaction, and ideal aspiration, and (b) are co-constituted through dialogic activity in which participants coauthor stories that have coherence and fidelity for the lives they lead. Like other social contexts, Kasson is a narrative reality comprised of narrative work and narrative environments (Gubrium & Holstein, 2009) in which stories emerge and unfold, affect and reflect, and enable and constrain the ways in which meanings of community are constructed and experienced. These shared meanings ultimately shape the quality of life and health of the community's members, as well.

With medical practitioners linking the social environment to health (Anderson et al., 2003) and successful aging (Inui, 2003) and long-term care experts focusing on quality of life from the residents' perspective (Ball et al., 2000; Kane, 2001; Kane & Kane, 2001; Pitts et al., 2005), communication scholars have both the opportunity and

responsibility to contribute our understandings of the ways in which social constructions of age and health influence personal and public meanings and operate in social contexts. What stories of age and community emerge from and are actively constituted by the relational activities and lived realities of older adults? How do overarching community narratives challenge and inspire possibilities for older adults in late life? Answers to questions like these personalize the aging experience at individual, community, and societal levels, all of which could then potentially inform local and/or national long-term care policy, as well. Just as cultural values of service, interdependence, and mutual reciprocity influence the healthy aging and community connectedness of older adults in Kasson, including the permeable boundaries between Prairie Meadows and the Kasson community, so too could values of youth and self-reliance challenge the successful aging of individuals growing old in other communities. As long-term care policymakers look to livable, relationship-driven communities for our increasingly aging population (AARP, 2005; Assisted Living Quality Coalition, 1998; *Naturally Occurring Retirement Communities*, 2006), context – particularly the meanings generated within – will especially matter for service provision, resident quality of life, and the healthy aging of the community at large.

As a naturally occurring retirement community (NORC), Kasson’s shared values of interdependent living are embodied in its members’ everyday “caring-sharing behaviors” (Barker, 2002, p. S158), discourse, and traditions. Faith in *Action* (italics are mine) characterizes itself as “neighbors helping neighbors,” while the St. John’s Lutheran Church weekly bulletin declares, “You have two hands – one to help yourself

and one to help others.” In this social context, older adults both serve and are served by supportive practices based on these values. Their participation perpetuates the Kasson community and provides for them when needed. Based on these shared values, residents of Prairie Meadows construct a similar community within the facility that embraces ideals of interdependence while revising them in the face of old age and institutional life. Research that further recognizes and addresses the multiple ways in which individuals experience late life could contribute important understandings to long-term care issues as our population grows old in a variety of community and social contexts.



Image 35. *Birds of a Feather Flock Together.* “There’s that old saying that birds of a feather flock together. Regardless of where you live, you look for people who have similar values and like what you like. Regardless of where you live, there are always people who will be compatible with you.” (Charlotte, age 83)

Second, I join some of my favorite health communication and narrative scholars in acknowledging the multi-sensorial nature of health narratives (Sharf, 2009) and embracing the possibilities of aesthetic sensibilities for enlarging and humanizing the

scope of engaged scholarship (Harter et al., 2009; see also Ellingson, 2009a; Harter, 2009; Sharf, 2009). Inviting my older participants to photograph what is meaningful in their daily lives afforded them a “private reflection and public expression” (Sharf, 2009, p. 136) that verbal narrative alone could not. With the cameras I provided, they considered on their own time, in their own ways, how to personally capture their lives and, in so doing, co-constructed stories of place, identity, age, and connection in the Kasson and Prairie Meadows communities. Like those who are ill, impoverished, or otherwise disenfranchised, older adults, and especially those living in long-term care facilities, typically have been denied the means or are unable to verbally articulate their points of view (Sharf, 2009, p. 135). Although the participants also engaged in follow-up conversations with me, their images captured certain aspects or meanings from their daily existence that they hadn’t expressed or considered before seeing them in hand. Ultimately, the pictures informed our private conversations and continue to enlarge public conversations in the Kasson and Prairie Meadows communities, as well as the ongoing scholarly conversation I’ve joined with this project.

Crystallization methodology opened up possibilities for my personal self-expression in this scholarship, as well. Although an interpretive scholar at heart, I had never ventured beyond what Ellingson (2009a) deems middle-ground approaches on her qualitative continuum. With this project, though, I consciously, albeit tentatively, moved closer to the left side of the continuum with more artistic/impressionist approaches. I incorporated stories and personal reflections in my writing and co-constructed a multivocal, multigenre text with layered accounts and photographs.

Ellingson (2009a) claims crystallization is “a mode of work that liberates, excites, and demands” (p. 16). Ultimately, this dissertation, though at times excruciatingly difficult and even exceedingly irritating, proved especially gratifying.

Finally, as health communication scholars seek to enlarge and humanize engaged scholarship with the visual, verbal, and even performative narratives of potentially disenfranchised participants, they must also consider ways to empower these individuals through participatory research. Photovoice (Wang & Burris, 1994, 1997; Wang, 2003) enabled (nonacademic) older adults in the Kasson and Prairie Meadows communities to actively participate in this project. Their pictures informed both our conversations and the ultimate direction of my research and continue to inspire public dialogue in those communities. Most importantly, the participants take pride in their pictures and feel ownership in this project. In a similar fashion, Photovoice offered a good starting point for understanding what matters most to the participants in their daily lives. Thus, this project also points to the importance of asset-based community development (Kretzmann & McKnight, 1993) approaches in participatory research. Rather than adopting a deficiency orientation in which service providers and outside experts “fix” problems in the community, this approach aims to build communities from the inside out by focusing on the assets of and relationships between residents, associations, and organizations already present within the local community. Through their pictures, the participants highlighted the meaningful relationships, places, and activities in their daily lives and, in so doing, storied their ongoing contributions and connections to community life in Kasson and Prairie Meadows.

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APPENDIX
PHOTOVOICE PROTOCOL

Participant Information

The purpose of this form is to provide you (as a prospective research study participant) information that will help you decide whether or not to participate in this research.

Why am I being asked to participate in this project?

- You have been asked to participate in a research study about community life in a small town and assisted living facility.
- The purpose of this study is to understand how shared meanings of age and community influence the communication among and with residents in long-term care.
- You were selected to be a possible participant because you live in or near Kasson, are over the age of 65, and can successfully communicate with others.

What will I be asked to do?

- If you choose to participate in this project, you will be given a disposable camera and asked to take pictures that “trigger” discussions about different people, experiences, moments, places, and things that make your daily life meaningful.
- I will develop the pictures and then contact you to arrange a follow-up interview. During that interview, we will talk about the pictures that you consider to be the most significant or attractive. Among other things, you will be asked questions such as: (1) What do you see in this picture? (2) How does this picture make you feel? (3) Why did you take this picture? (4) What is missing from this picture?
- At the completion of the project, you and the other participants will be invited to display your photographs in a public exhibit.

How long will this project take? How often will we meet?

- This project will last approximately one month. If you choose to participate, you will be asked to make the following time commitments:
 - *Project training session (2 hours):* During this session, we will discuss details of the project and what participation involves. If you decide to participate, you will be asked to sign a consent form to show that you fully understand what

participation in this project entails. You will then receive a disposable camera and tips on how to use it.

- *Photography (2 weeks):* You will be asked to take your pictures within 14 days and then return the camera to me at the end of the two weeks.
- *Photo-discussion session (1 hour):* Once I have developed your pictures, I will contact you for a follow-up interview. During that interview, we will talk about the pictures and your experiences.
- *Exhibit and forum (3 hours):* Once the project is completed, you and the other participants will be invited to display your photographs and the words you used to describe them in a public exhibit for the community. *You do not have to be part of this presentation if you do not want.* If you do choose to display your photographs and words, you will decide what photographs to display and how they should be displayed.

Will our photo-discussion session be recorded?

- Yes. With your permission, the photo-discussion session will be audio recorded.

What are the risks involved in this study? Will I feel uncomfortable?

- The risks associated with this study are minimal and are not greater than risks ordinarily encountered in everyday life.
- You may feel uncomfortable going out to take pictures, but any concerns you may have will be discussed during the project training session.

What are the possible benefits of this study?

- You will receive copies of every photograph you take for this project. You may also use any leftover film in your camera to take pictures of anything or anyone you would like for free.

Do I have to participate?

- No. Your participation is voluntary. Your decision to decline or accept participation will have no effect on your current or future relations with Texas A&M University or with Prairie Meadows Senior Living.
- If you decide to participate, you may refuse to answer any questions that make you uncomfortable. Further, you may withdraw from the project at any time for any reason without consequence.

Who will know about my participation in this research study?

- This study is confidential. If you wish, you can choose a false name to use during the project so nobody sees your real name associated with the project. The records of this study will be kept private. Your name will not be identified verbally on the audiotapes or in writing. No identifiers linking you to this study will be included in any published reports or public presentations.
- If you choose to participate, you will be asked to be audio recorded. All recordings and research records will be securely stored and only Jill Yamasaki and her advisor, Dr. Barbara Sharf, a professor at Texas A&M University, will have access to the records. Any recordings will be kept for 3 years and then erased.

What if I have questions about the project?

- If you have questions regarding this study at any time, you may contact Jill Yamasaki (281-222-2675, jyamasaki@tamu.edu) or Dr. Barbara Sharf (979-845-0625, bsharf@tamu.edu).

What if I have questions about my rights as a research participant?

- This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, please contact these offices at 979-458-4067 or irb@tamu.edu.

Participation

- Please be sure you have read the above information, asked questions and received answers to your satisfaction. If you would like to be in the study, please sign the attached project consent form.

Participant Instructions

1. You have received a 27-exposure, single-use, disposable camera. I encourage you to take pictures of meaningful people, experiences, moments, places, and things in your daily life. As you take your pictures, think about the following:
 - You can substitute pictures of things for people or events that you are unable to photograph. For example, if your grandchildren live out of state, you can take a picture of something they gave you or something you enjoy doing together to symbolize them.
 - Not everyone may want to have their picture taken. Use your personal judgment and seek verbal permission when possible.
 - What will result in the best image? When possible, take candid (rather than posed) shots, place the sun at your back as often as possible, and avoid putting the subject or center of interest in the middle of each picture.
 - You are the expert! I am interested in your unique perspective and welcome any picture that you want to take. No subject is too mundane.

Please take your pictures within the next 2 weeks and return your camera AND signed consent form to Jill Yamasaki in the envelope provided. If you do not take 27 pictures, you can use the remaining film to take personal pictures or you can return the camera with unused film. You will be provided with copies of all pictures you take.

2. I will develop the pictures and then contact you to arrange a follow-up interview this summer (likely toward the end of June). During that interview, we will talk about the pictures that you consider to be the most significant or attractive. Among other things, you will be asked to think about the following:
 - What do you see in this picture?
 - How does this picture make you feel?
 - Why did you take this picture?
 - What is missing from this picture?
3. Have fun! If you have questions during this project, please contact me at 281-222-2675 or jyamasaki@tamu.edu. Thank you for participating!

Participant Consent – Kasson Residents

You have been asked to participate in a research study examining community life in assisted living. The purpose of this study is to understand how shared meanings of age and community influence the communication among and with residents in long-term care. You were selected to be a possible participant because you reside in Kasson and are over 65 years old.

If you agree, you will be asked to take pictures of meaningful people, experiences, moments, places, and things in your daily life. Once the pictures are developed, you will be asked to talk about your favorites and share stories about your social relationships, daily routine, and personal history in an in-depth interview that is expected to last approximately 1 hour.

There are no risks associated with this study. By participating, you will have the opportunity to share personal stories and contribute to a better understanding of the quality of life experienced by residents in long-term care. You will also receive copies of every photograph you take for this project, and you may use any leftover film in your camera to take pictures of anything or anyone you would like for free.

Your interview will be audio recorded. Research records and audiotapes will be securely stored, and only Jill Yamasaki and her advisor, Dr. Barbara Sharf, a professor at Texas A&M University, will have access to the records. Any recordings will be kept for 3 years and then erased.

This study is confidential. The records of this study will be kept private. Your name will not be identified verbally on the audiotapes or in writing. No identifiers linking you to the study will be included in any published reports or presentations.

Your decision to decline or accept participation will have no effect on your current or future relations with Texas A&M University or with Prairie Meadows Senior Living. If you decide to participate, you may refuse to answer any questions that make you uncomfortable. You may also withdraw from the study at any time without penalty. You can contact Jill Yamasaki (281-222-2675, [jyamasaki@tamu.edu](mailto: jyamasaki@tamu.edu)) or Dr. Barbara Sharf (979-845-0625, [bsharf@tamu.edu](mailto: bsharf@tamu.edu)) with any questions about this study.

This research study has been reviewed by the Institutional Review Board – Human Subjects in Research, Texas A&M University. For research-related problems or questions regarding subjects' rights, you can contact the Institutional Review Board through Ms. Melissa McIlhaney, IRB Program Coordinator, Office of Research Compliance, 979-458-4067, [mcilhaney@tamu.edu](mailto: mcilhaney@tamu.edu).

Please be sure you have read the above information, asked questions, and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to participate in the study.

Your Signature: _____ **Date:** _____

Printed Name: _____ **Camera #:** _____

Participant Consent – Prairie Meadows Residents

You have been asked to participate in a research study examining community life in assisted living. The purpose of this study is to understand how shared meanings of age and community influence the communication among and with residents in long-term care. You were selected to be a possible participant because you live in Prairie Meadows and can successfully communicate with others.

If you agree, you will be asked to take pictures of meaningful people, experiences, moments, places, and things in your daily life. Once the pictures are developed, you will be asked to talk about your favorites and share stories about your social relationships, daily routine, and personal history in an in-depth interview that is expected to last approximately 1 hour.

There are no risks associated with this study. By participating, you will have the opportunity to share personal stories and contribute to a better understanding of the quality of life experienced by residents like yourself. You will also receive copies of every photograph you take for this project, and you may use any leftover film in your camera to take pictures of anything or anyone you would like for free.

Your interview will be audio recorded. Research records and audiotapes will be securely stored, and only Jill Yamasaki and her advisor, Dr. Barbara Sharf, a professor at Texas A&M University, will have access to the records. Any recordings will be kept for 3 years and then erased.

This study is confidential. The records of this study will be kept private. Your name will not be identified verbally on the audiotapes or in writing. No identifiers linking you to the study will be included in any published reports or presentations.

Your decision to decline or accept participation will have no effect on your current or future relations with Texas A&M University or with Prairie Meadows Senior Living. If you decide to participate, you may refuse to answer any questions that make you uncomfortable. You may also withdraw from the study at any time without penalty. You can contact Jill Yamasaki (281-222-2675, [jyamasaki@tamu.edu](mailto: jyamasaki@tamu.edu)) or Dr. Barbara Sharf (979-845-0625, [bsharf@tamu.edu](mailto: bsharf@tamu.edu)) with any questions about this study.

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Your Signature: _____ **Date:** _____

Printed Name: _____ **Camera #:** _____

Information and Consent for People Who May Appear in Photographs

What am I being asked to do?

- You are being asked to give me permission to take your picture.

Why are you taking these pictures?

- I am part of a group of older adults living in Kasson that is exploring what community life means in a small town and assisted living facility. We are taking pictures that will help us discuss meaningful people, experiences, moments, places, and things in our daily life.

How will you use the pictures?

- After I have taken my pictures, I will share them with Jill Yamasaki, a researcher from Texas A&M University, and we will discuss why I took them. There is also the possibility that some of the photographs I take will be included in public exhibits or presentation.

Will people know that I had my picture taken for your project?

- Your name will never be revealed during any of the discussions, presentations, or exhibits. Still, there is the chance that somebody may recognize you.

What are the possible benefits of having my picture taken for your project?

- If you wish, Jill Yamasaki will send you a copy of the picture I take. To receive a copy, please write your name and address on the back of this form.

Do I have to allow you to take my picture?

- No. If you decline, I will not take your picture.

What if I have questions about the project or my rights as a research participant?

- If you have questions regarding this study at any time, you may contact Jill Yamasaki (281-222-2675, jyamasaki@tamu.edu) or Dr. Barbara Sharf (979-845-0625, bsharf@tamu.edu).
- This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, please contact these offices at 979-458-4067 or irb@tamu.edu.

Participation

Please be sure you have read the above information, asked questions and received answers to your satisfaction. By signing this document, you agree to have your picture taken. You also understand and agree that unless otherwise noted in writing, Texas A&M University assumes that permission is granted to use your picture(s) for *project-related* discussions, exhibits, and presentations.

Your Signature: _____ **Date:** _____

Photographer's Signature: _____ **Date:** _____

VITA

Jill Suzanne Yamasaki received her Bachelor of Arts degree in English-Writing from the University of Colorado-Denver in 1998, her Master of Arts degree in speech communication from the University of Houston in 2005, and her Doctor of Philosophy degree in communication from Texas A&M University in 2009. Her research interests span the areas of health communication, communication and aging, interpretive methods, and narrative inquiry. She is particularly interested in the construction of community, old age, and long-term care and the ways in which contextual meanings shape personal and social lived realities.

Dr. Yamasaki may be reached at the Jack J. Valenti School of Communication, University of Houston, 101 Communications Building, Houston, TX 77204-3002. Her email address is jyamasaki@uh.edu.