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The Experience of Animal Therapy in Residential Aged Care in New Zealand:

A narrative analysis

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Abstract

Volunteer-led animal visitation programmes are common within Aged Residential Care facilities in New Zealand. Visits by animals and handlers, often referred to as Animal Therapy, are primarily social and intended to improve the quality of life of people in residential care. Animal Therapy has been shown to have both physiological and psychological benefits for older people, including improvements in outlook and social interaction. Very little research has been conducted in New Zealand, particularly on the informal animal visitation programmes typical in care facilities in New Zealand. This project examined the experience of animal therapy in aged residential care. In-depth interviews were conducted with seven older people about their experiences of animal therapy, and analysed using narrative analysis. Older people in residential care do value animal therapy, but it is narrated as a fleeting pleasure, rather than having a long-lasting or far-reaching impact on the daily experience of residential care. In some ways, the structure of the AAA programme may underscore the challenges to everyday autonomy and identity in the everyday lived experience of residential aged care. This can be used to develop services that acknowledge the context of living in aged care for residents.

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“The problem with the world is that we draw the circle of our family too small.”

- Mother Theresa

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Chapter One

INTRODUCTION

The demographic profile of the population globally has changed in recent years (Lamb, 2014). The population is ageing in both the developed and developing world; this population change is due to people living longer and having fewer children (Stenner, McFarquhar, & Bowling, 2010). The fastest growing group in the developed world is comprised of those over 80 years of age (Stenner et al., 2010; WHO 2002). Like many other countries, the demographic makeup of New Zealand's population is changing. In 2012 the number of people over 65 years of age had exceeded 600,000. In another 20 years, this number is estimated at up to 1.25 million, and by 2061 it is predicted to increase to upwards of 1.44 million (Bascand & Dunstan, 2014). Adults over the age of 65 are expected to represent 26% of New Zealand's population by 2061 (Statistics New Zealand, 2012). The projections within the 65+ group are significant in terms of expected demand on RAC; of the adults over the age of 65 in New Zealand, around one in four people will be over the age of 85 (Bascand & Dunstan 2014). This is a considerable increase compared with one in eight in 2012.

Internationally, the ageing population has often been framed as a 'crisis' due to the expected demands an older population will place on health care services and retirement income support (Davey & Glasgow, 2006; OECD, 1998). A key component of this is the need to provide housing for increasing numbers of older people, and a particular concern is centred on the costs of Residential Aged Care (RAC). In New Zealand, the challenge of finding a holistic approach to this apparent crisis has led to ageing policy which encourages older adults to remain independent and active in the community, emphasizing 'ageing in place'. Ageing in place refers to ageing in the community rather than in a RAC setting (Ministry of Social Development, 2001). However, RAC serves a function no other site of

care can match for older people experiencing significant decreases in functional ability and health (Holstein, Parks, & Waymack, 2011). RAC is currently a common experience for older people in New Zealand; it is estimated that RAC is used by more than 47% of New Zealanders over the age of 65, and will be of increasing importance as the proportion of people over 65 years increases in the population (Broad et al., 2015). People move into RAC for a variety of reasons, such as declines in personal health or the health of a caregiver; daily difficulties with shopping, cooking, medication, and transport; pressure from family members; and a need for more or different care or support services (Cheek, Ballantyne, & Quan, 2006a).

RAC tends to be viewed as an undesirable housing option for many older adults, as well as from a policy perspective (Matthews, 2015). Consequently, RAC placement is resisted by the majority of older people until it is perceived as unavoidable (Cheek et al., 2006a; Dellasega, Mastrian, & Weinert, 1995). The attitudes of older people towards RAC have typically been found to be very negative, incorporating ideas of failure, and challenges to privacy, independence, and autonomy (Cheek, Ballantyne, & Quan, 2006b; Löfqvist et al., 2013). The challenges to wellbeing that RAC can present have led to the development of a variety of interventions to promote and support wellbeing. 'Animal Therapy' is one such therapeutic recreation activity that is becoming increasingly common in rest homes in New Zealand. Animal Therapy in this context refers to taking a variety of animals in to rest homes for informal visits. Generally run by voluntary organisations that are external to the rest home, Animal Therapy is framed as providing opportunities for social interaction and mental stimulation for residents of RAC.

Currently, there is very little research on Animal Therapy in New Zealand, and no published research on the effect or experience of Animal Therapy in the RAC setting in New

Zealand. Historically, international research into Animal Therapy in RAC has been criticised for attending to the perspectives of service providers, rather than exploring the point of view of the recipients of service. There is a need for research into the experience and impact of the type of informal animal visiting programmes that are increasingly common in rest homes in New Zealand and are framed as a form of Animal Therapy.

Research question

This gap in the literature led to the development of the current study. The research question was as follows:

What is the experience of Animal Therapy in Residential Aged Care from the perspective of residents?

This thesis will address the research question using a narrative psychology approach.

Narrative has been chosen so that the stories of older people's experiences of Animal Therapy and life in RAC, and the meanings attached to these experiences could be explored.

The stories participants told about the experience of Animal Therapy highlighted the way living in RAC structured and contextualised other experiences.

Overview of thesis

In this chapter, the basis for the study has been broadly outlined and the research question has been stated. **Chapter Two** locates ageing and RAC within the context of the historical development of ageing theory. **Chapter Three** discusses the policy relevant to RAC in New Zealand, as well as RAC usage and common trajectories into care. **Chapter Four** describes

Animal Therapy, including its historical development, suggested mechanisms, and a literature review of the possible physiological and psychosocial effects. **Chapter Five** presents the methodology for the study, including the social constructionist epistemology that underpins the narrative approach to the research, and the levels of narrative that informed the analysis. **Chapter Six** details the method, including the setting, participants, recruitment procedure, ethical considerations, interview process, and the analytical procedure. **Chapter Seven** integrates the analysis of the data with a discussion that links it to the wider literature. This chapter presents five narratives in total. It begins with the following four narratives: 'Fleeting Pleasure'; 'It's Sad Here'; 'My Life Inside and Out'; and 'That's the Reason Why'. Lastly, 'You've Got to Have a Bit of Life in You' is presented separately, as the analysis of a particular participant, Annie. A conclusion is provided, discussing the concept of autonomy in RAC which underlies all of the participants' narratives. Finally, **Chapter Eight** offers reflections on the research process, and practical implications. Suggestions are made for future research, followed by an overall summary.

Chapter Two

AGEING IN NEW ZEALAND

The following chapter traces the historical development of ageing theories to contextualise the current attitudes and policies of ageing in New Zealand.

Theories of ageing

Understanding the historical development of ageing theories helps to explain how the current beliefs of ageing have arisen. There is a reciprocal relationship between theories of ageing and the beliefs of a society about the experience and value of ageing and the aged. Ageing theory shapes and structures dominant beliefs around what it means to age, what it means to age 'well', and by extension what constitutes a failure to age well. Simultaneously, these dominant beliefs are the foundation on which ageing theories are built, and the environment in which they have been constructed. These beliefs and theories also provide a framework for ageing policy. Belief, theory, and policy can combine to create messages of how ageing 'should' be, which then influences the activities, roles, and identities that are available to older people.

Psychosocial theories of ageing seek to understand the developmental and transitional process of ageing, with regard to individual changes in activities, social roles, behaviour, relationships, coping styles and ability, and cognitive function (Wadensten, 2007). The following four theories reflect the social and historical influences on the way experiences of ageing have historically been described and explained. All four represent attempts to guide or describe the characteristics of successful agers: Disengagement Theory focuses on the benefits of older people withdrawing from society, Activity Theory advocates that older people maintain involvement with society for as long as possible, Continuity Theory

emphasizes the need for older people to maintain consistency in identity rather than activities, and Gerotranscendence asserts that successful older people have made an identity change that places them as are qualitatively different from those in middle age.

Disengagement Theory. Disengagement Theory was proposed by Cumming and Henry in the early 1960s as a response to research suggesting older people who seemed to reduce their engagement with wider society possessed a 'high morale' (Achenbaum & Bengtson, 1994). It marked the emergence of what Lynott and Lynott (1996) term 'theoretical consciousness' – that is, formal theorising – in sociological research about ageing. Disengagement Theory assumes that ageing is an inevitable process of individual decline that is inextricable from the social system in which it occurs (Cumming and Henry, 1961). It presents ageing as a problem that will systematically produce a burden on society that is best overcome by older people disengaging from social roles and workforce participation. It depicts older people as weak and prone to illness and disability, and therefore presumes that whatever older people do, they do it less efficiently as they age. Thus, the older person's disengagement from society is viewed as a gradual, voluntary, and mutually beneficial process in order to best serve the needs of the wider society in which they are embedded. It is suggested that successful ageing is achieved by reducing the number of social roles an individual fills by restricting social participation to friends and immediate family (Chapman, 2005). In doing this, the social disruption that may be caused by the death of older people in positions of authority and power is avoided (Moynahan, 2015). Although concerned with the functioning of wider society, this process is portrayed as also being beneficial to the adjustment and life satisfaction of individuals, as successfully meeting this normative prescription allows the individual to become more 'settled' in later life (Lynott & Lynott, 1996). Further, by freeing older people from social responsibilities, it supposedly allows them

to engage in meaningful self-centred reflection and preparation for death (Cumming, Dean, Newell, & McCaffrey, 1961).

The post-World War II ‘baby boom’ period (roughly between 1946 and 1965) resulted in the most significant demographic change of the twentieth century due to higher population growth rates than previously experienced (Bascand & Dunstan, 2014); Disengagement theory emerged at a time when the potential for youth unemployment was high due to the anticipated influx of this cohort into the workforce (Holmes, 2006). Accordingly, it was desirable for older people to retire in order to release jobs for this younger cohort. Van de Heuvel et al. (2006) note that this was reflected in the public policies of many European countries, where deficit-focused ideas about ageing were emphasized to legitimise the trend of early retirement.

Some select aspects of Disengagement Theory have held up under scrutiny. For example, studies have shown that many older people experience solitude as a positive and peaceful time for focused reflection (Dale, Soderhamn, & Soderhamn, 2012; Larson, Zuzanek, & Mannel, 1985). However, the preference for solitude has been shown to be dependent on the resources available to older people, with disengagement a more common preference for those who need to preserve resources due to living in constrained circumstances (Dale et al., 2012; McGuire & Norman, 2005). Further, as Lynott and Lynott (1996) point out, what it means for an older person to withdraw holds different meanings depending on personal experience. In general, this theory has now largely fallen out of favour for a variety of reasons. Initially, criticism of disengagement theory centred around dissatisfaction with the types of discriminatory age-related exclusionary policies that were introduced to foster disengagement. In addition, empirical data indicated that older workers were not less productive (Lynott & Lynott, 1996). Although it has been argued

Disengagement Theory incorporates what happens functionally through the ageing process, it has been largely discredited partly due to its overgeneralisation of a homogenous experience of later life (Bowling, 2008; Vincent, 1995)

The decline in the popularity of this theory reflects the social context in the same way as the development of the theory does; with the same cohort of baby boomers that required employment in the 1960s and 1970s now approaching conventional retirement age, discouraging labour force participation by such a large group would not be fiscally sustainable in the long-term. Due to declines in fertility since the 1960s that resulted in the changing profile of the population, older workers are now encouraged to remain in the workforce to prevent a shortfall of working age adults. The economic implications of the demographic shift mean the costs of social expenditure are expected to rise at the same time as a smaller proportion of the population are within traditional working age. To address this, the New Zealand government has introduced a prefunding mechanism for the universal superannuation scheme in which today's taxpayers contribute to the fund that will be drawn upon to reduce the cost for future tax payers (Creedy & Scobie, 2002). This requires a high proportion of labour force participation in the increasingly large population group of those over 65, which is directly in contradiction to Disengagement Theory.

Activity Theory. Activity Theory is the antithesis to Disengagement Theory, in that it advocates for maintaining social participation for as long as possible and rejects the idea that disengagement is advantageous or inevitable. Activity Theory emerged prior to the formal theorizing of ageing in the 1960s, when the focus in gerontology was on ideas of the 'adjustment' necessary for older people (Lynott & Lynott, 1996). Researchers of this era suggested that dissatisfaction in later life arose from a failure to meet the standard of well-being that was shaped by an activity-oriented and work-related adult lifestyle. Thus, the

solution to maintain wellbeing in later life lay in maintaining both public and private roles. To achieve this, the individual assumes responsibility for taking advantage of opportunities to maintain participation in the activities of their middle years, with help from a variety of service providers (Lynott & Lynott, 1996). Havighurst (2008) argued that older people have the same needs as middle-aged people, and it is typically contrary to their wishes to withdraw from society and social interaction. Instead, substitutes should be found for those activities that could not be continued – for example, volunteering in place of paid work (Victor, 2010).

Unlike Disengagement Theory, Activity Theory is primarily concerned with individual personal life satisfaction. Despite its focus on the individual, it is still a product of societal pressures and influences. Like Disengagement Theory, it conceptualises ageing as a social problem because of the burden a large, inactive aged population would place on societal resources. Activity Theory has been criticised as being overly idealistic (Walker, 2002), and only achievable for a narrow range of people. It obscures diversity in the aged and the ageing experience, as well as failing to take in to account social and structural inequalities that make the continuation of participating in certain activities an option that is not available to everyone (Bowling, 2008). Activity Theory focuses on the benefits of continued activity to the exclusion of considering the effects of disability, disease, lower retirement income, and ageism (Putnam, 2002). Despite these criticisms, Activity Theory set the precedent for modern concepts of positive and successful ageing that have become popular ideas in current policy approaches. Activity Theory did not become popular beyond academia and social work until ageing became a focus of political interest due to increasing attention to the effects of an ageing population on welfare costs (van Dyke, 2014).

Continuity Theory. Continuity Theory, proposed by Atchley in 1989, views the behaviours of older people as shaped by their personal life experiences (Lysack & Seipke,

2002). It is based on findings from a longitudinal study of ageing that suggested people are inclined to maintain consistency in patterns of behaviour, disposition, and social relationships as they age (Atchley, 1989; Austrian, 2002). Continuity Theory asserts that this consistency is a direct result of intentional investment in terms of time and energy. Atchley (1989) describes it as a theory that includes adaptation to changes in situations and circumstances. The foundation of Continuity Theory is the idea that people attempt to rely on existing coping strategies and resources in adapting to the changes of a normal ageing process (Wadensten, 2007). Taking into account changes in health, functioning, and social circumstances, Continuity Theory suggests that it is not the maintenance of a particular level of activity that is important, but how congruent a person's current lifestyle is with their earlier lifestyle. That is, it is more about maintaining a sense of self through strategic participation in certain meaningful activities, than maintaining a sense of activity in general. In choosing to maintain the behaviours and activities of earlier life, older people are able to provide themselves with continuity, and therefore stability, in terms of their sense of self.

Continuity Theory suggests there are two types of continuity: internal and external. Internal continuity refers to temperament, personal values, attitudes, and self- and world-view. Atchley (1989) suggests that internal continuity requires an intact memory. External continuity refers to the persistence of social roles and relationships, built environments, and activities. Internal and external continuity work together to foster wellbeing in older age. The continuity of a sense of self is maintained and reinforced when older people are able to foster a sense of competence by participating in familiar activities in familiar environments. Thus, everyday tasks such as housework or driving a car that are repeated over the life-course can become representative of self-sufficiency (Lysack & Seipke, 2002). Lysack and Seipke (2002) examined the perspectives of 'oldest-old' (85+) women on personal meanings of well-

being and ageing through the lens of Continuity Theory. They concluded that being able to continue to fulfil the roles they have occupied for the majority of older women's lives led to a strong sense of well-being and life satisfaction. Although focusing on continuity rather than activity per se, Continuity Theory suffers from similar criticisms to Activity Theory. It is questionable how applicable Continuity Theory is for older people for whom maintaining internal and external continuity is challenged due to changes in dependency, disability, and income. According to Atchley's theory, a sense of self will be disrupted if illness or disability impairs the performance of the particular activities that enable the realisation of these roles. This disruption can then diminish the person's sense of well-being overall.

Continuity Theory is an individually-focused theory, but was initially proposed as a descriptive theory and explanation of normal ageing rather than a prescriptive theory about how older people should age. It was later used to define older people who adapted to the losses of age in ways that maintained their identities as 'successfully aged' (Victor, 2010). Although it is not a deterministic theory of ageing in the same sense as Disengagement and Activity Theories, it still holds messages about what must be present in order to maintain wellbeing in older age, and therefore, conversely, what it means if these factors are not present. It has been suggested that Continuity Theory is less relevant to late old age than it is to early old age, where continuing the activities, relationships, and arrangements of middle-age may be more sustainable due to higher levels of energy (Bearon, 1996; Holmes, 2006; Moody, 2002; Hummert & Nussbaum, 2000). With the past conceptualised as an essential resource for maintaining internal continuity, memory loss associated with older age poses a significant obstacle to recycling and reinterpreting the past. Further, the ideals of this theory preclude the possibility that some individuals may want to explore avenues of personal growth by doing things differently than they did in their younger years (Moynahan, 2015).

Gerotranscendence Theory. Gerotranscendence Theory was proposed by Swedish gerontologist Lars Tornstam in 1989 as a new way of understanding ageing.

Gerotranscendence refers to the actualisation of a shift in existential worldview from materialistic and rational, to detached and meditative over three levels: the cosmic, the self, and social and individual relations (Jönson & Magnusson, 2001; Wadensten, 2005). It describes older people as qualitatively fundamentally different from people in mid-life and earlier, and suggests there is a natural, life-long process of development towards an alteration of consciousness in old age (Wadensten, 2007). In this way, it refutes the assumptions inherent in Activity Theory and Continuity Theory that, with the exception of biological factors, there are no differences between middle-aged and older people. The theory is intended to describe both the characteristics of positive old age, and the journey towards the achievement of a qualitatively different state of being (Wadensten, 2007).

Gerotranscendence draws on aspects of Disengagement Theory, in that it suggests there is an increased need and desire for solitude and reflection, and a natural withdrawal from previous levels of social participation. However, this withdrawal is attributed to shifting perspectives on material values and rejection of superficial social contact. While Disengagement Theory is associated only with social withdrawal, Gerotranscendence includes elements of a need for solitude alongside social activity (Schroots, 1996).

Gerotranscendence Theory arose as a response to Tornstam's (1992) criticisms of the way the performance orientation of Western society imposed mid-life values on ageing. He noted and rejected the way value-dependent theories of ageing automatically cast deviations from the ideal, such as frailty and dependence, as abnormal or pathological. Gerotranscendence represents an attempt to move away from the normative gerontological tradition; it attempts

to offer an identity of positive ageing that is not mutually exclusive from dependence and impairment (Jönson & Magnusson, 2001).

Although, like Continuity Theory, it is primarily intended to be an explanatory theory of what is possible in the ageing experience, it still holds imperative elements. As Jönson and Magnusson (2001) point out, in attempting to articulate ‘natural’ ageing as marked by gerotranscendence, those who do not transcend are marked as not achieving this ideal. They point to the need for Gerotranscendence Theory to be reconceptualised from a theory of what age essentially is, to what it can become for some people. Gerotranscendence is described as a natural, internal, and individual process of ageing that can be fostered or obstructed by the social environment (Jönson & Magnusson, 2001; Tornstam, 1989). Critics note that a limitation of the way gerotranscendence has been examined is the mismatch between its phenomenological ontology and the positivist methods that have been used to study it, leading to doubts about the validity of the interpretations drawn from this research (Jönson & Magnusson, 2001).

Gerotranscendence has made some impact in the professional care sphere. Jönson and Magnusson (2001) suggest that this is a reaction to the way the process of ageing has been professionalised and rationalised to the point of disregarding existential issues, so the presentation of an alternative model that takes these ideas into account has appealed to many healthcare workers. Gerotranscendence views ageing as a positive development towards a state of increased life satisfaction, and therefore offers an alternative to age as a trajectory of incapacity and decline.

Chapter Summary

Theories and conceptualisations of ageing do not happen in isolation; they emerge and wane in response to a wider context. These theories of ageing are all rooted in the

sociocultural and political pressures present during their developments. It is useful to consider whose interests are served by the formation and structure of particular theories of ageing. For example, Disengagement Theory and Activity Theory in particular arose in part from concerns about reducing the impact of older people on the economy. Disengagement Theory and Activity Theory are both prescriptive theories of ageing. They share a common theme; although at different ends of the spectrum, they both nevertheless assign specific roles to activity based on the conceptualisation of older people as problematic in general. The popularity of these theories has fluctuated in response to changes in economics and demographics that have variously required older people to withdraw from or continue paid employment.

In contrast, Continuity Theory and Gerotranscendence Theory are more concerned with describing the ageing experience and the aged, and linking these experiences to conditions which erode or contribute to later-life well-being. Gerotranscendence in particular may hold more relevance to RAC specifically, as evidenced by the wealth of research in the nursing literature on Gerotranscendence Theory. This research examines the impact of an understanding of gerotranscendence on carer attitudes that may facilitate or obstruct the attainment of gerotranscendence (e.g., Hauge, 1998; Tornstam, 1996; Tornstam & Törnqvist, 2000; Wadensten & Carlsson, 2001; Wadensten & Carlsson, 2003). In focusing on late old age as presenting the possibility of personal growth beyond what is possible in earlier years, gerotranscendence avoids the invisibility of oldest-old apparent in the other theories of ageing.

Schutz (1967, 1970) pointed out that the intentional quality of language means that the use of language in theory contributes to constructing the reality that is subsequently observed. That is, each of the approaches described above may reproduce descriptions about

the ageing experience that are a by-product of looking through a specific theoretical lens (Garfinkel, 1967). Because the meaning of the experiences of ageing differ depending on the interpretation and lived experience of the individual, it can be argued that there are not any straightforward 'truths' that can be applied to the ageing experience as a whole. By suggesting what older age can be, all of these theories of ageing and the policies they produce have the potential to marginalise those who do not fit what the theory or model suggests older age can offer. Particularly, elements of these theories often risk irrelevance to people in rest homes, for whom the material and social resources to accomplish the ideals of ageing are often less readily available. With the exception of Disengagement Theory (which constructs all older people as declining into frailty), there is a tendency to exclude frail older people from theoretical considerations of ageing. The most significant ideas from these theories that have been carried through to modern ageing policy are the elements of 'positive', 'successful', 'productive', and 'active' ageing. The discourse of positive and active ageing challenges ideas about old age as a time of inevitable decline and disengagement, instead focusing on adaptation to ageing through modifiable lifestyle aspects.

Chapter Three

THE CONTEXT OF RESIDENTIAL AGED CARE

This chapter presents New Zealand policy that is relevant to ageing in general, and RAC in particular, before discussing the likelihood of RAC use and common trajectories into RAC.

The Socio-political context of RAC in NZ

Globally, government response to population ageing has often centred on rhetoric that implies a fiscal ‘crisis’ due to demand on health care services and retirement income support (Davey & Glasgow, 2006; OECD, 1998). A key part of this is the need to provide housing for increasing numbers of older people, and a particular concern is centred on the costs of RAC. In New Zealand, the challenge of finding a holistic approach to this apparent crisis has led to the development of the Positive Ageing Strategy, and the related Health of Older People Strategy.

The New Zealand Positive Ageing Strategy (NZPAS). The purpose of the NZPAS is to ensure government policies and services promote and support positive ageing by developing an action plan that is based on a strategic framework. ‘Positive Ageing’ is described in the Strategy as encompassing health, independence, self-fulfilment, financial security, community attitudes, personal safety and security, and the physical environment (Ministry of Social Development, 2001). The NZPAS is designed to foster a social and physical environment that enables individuals to age positively, and to improve the individual ageing experience. The Strategy aims to empower older people to participate in their communities in the ways they choose by forming action-plans around ten priority goals, in the following areas; income, health, housing, transport, ageing in the community, cultural diversity, rural communities, attitudes to ageing and older people, employment, and

opportunities for personal growth and community participation (Ministry of Social Development, 2001). For example, the Health goal is to provide accessible health services for older people that are affordable, timely, and equitable. In order to achieve this, the actions are: the promotion of a holistic concept of wellness throughout the life cycle; the development of health services that allow the integration of the funding, planning, and delivery of primary, secondary, and residential care, and community support; and the provision of multi-disciplinary needs assessment for older people throughout New Zealand. The other goal of particular relevance to RAC is the Housing goal. The Housing goal is to ensure there are housing options for older people that are affordable and appropriate. The plan to achieve this goal includes actions to maintain rental policy for state housing that is income-related; providing financial assistance for local authority rates; increasing the supply of low-cost rental housing that is effectively designed to be energy-efficient, investigating government-assistance options for low-income families to buy houses; and lastly, strengthening legal protection for residents of retirement villages. The ten priority goal areas also form the framework for integrating programmes, services, and policies that are relevant to ageing across a wide range of government agencies (Ministry of Social Development, 2001).

The principles of the NZPAS are concerned with empowering older people to take personal responsibility for growth and development, and make their own lifestyle and health choices; providing opportunities for social participation (family/whanau and community); reflecting positive attitudes towards ageing; ensuring a secure environment in both urban and rural areas; and recognising ethnic, cultural, and gender diversity (Ministry of Social Development, 2001). The strategy endeavours not only to provide opportunities for older people, but to change the dominant perception of old age as a negative state. For example, the

NZPAS seeks to identify gaps in government policy that could contribute to the social exclusion that may prevent full participation in society. These risks include lack of access to resources and opportunities, as well as both internal and external negative attitudes towards ageing and the aged. The NZPAS takes a positive approach to ageing, and places the onus on nongovernment, community, and business sectors, as well as central and local government action to create a society in which people can age positively (Ministry of Social Development, 2001). The NZPAS rejects the idea that older age is a time of disengagement and frames the ageing population as a valuable resource for the country as a whole, by enabling continued contribution to society.

There has been an emphasis over the last 20 years on productive activity in later life or ‘activation’ in Western industrialised countries by the World Health Organization, the European Union, the Organisation for Economic Co-operation and Development, and the United Nations (van Dyke, 2014). This reflects the concerns with the impact of demographic ageing on social expenditure that has produced the imperative for older people to continue to contribute to society and remain productively engaged in the economy (Moody, 2005). In the NZPAS, active ageing is promoted as a mutually beneficial situation that serves older people as well as maximising human capital for society as a whole: “It is in everyone's interest that older people are encouraged and supported to remain self-reliant, and that they continue to participate and contribute to the well-being of themselves, their families, and the wider New Zealand community” (Ministry of Social Development, 2001, p.10). However, although the NZPAS links positive and productive ageing, these concepts are not necessarily concordant. That is, a positive ageing identity and experience for an individual may not necessarily be related to the most productive outcome for society as a whole.

The focus in the NZPAS on ageing in the community and maintaining self-reliance and productivity tends to exclude older people living in residential care as they are not ageing in place. Some critical gerontologists have suggested the 're-evaluation' of old age as active, productive, and successful actually reinforces ageism rather than challenging it (Holstein, Parks, & Waymack, 2011). The very idea of age as a crisis stems from the image of older people being burdensome and reflects negative views of older age in general (van Dyk, 2014). Strategies such as the NZPAS have been criticised for only being relevant to the healthy 'young-old', who are relied upon to offset the burden of older people who are frail and dependent (van Dyk, 2014). In attempting to reconceptualise old age as valuable because of the contribution older people can make to society, positive ageing discourse has discriminatory effects on those who do meet this expectation. As Holstein and Minkler (2003) point out, the negative attitudes towards ageing in general are replaced with negative attitudes towards a more specific group of older people who are ageing with disability, chronic illness, frailty, and dependency. Biggs (2004) refers to this as "a more sophisticated ageism than a simple dislike of old age" (p. 103). Creating this distance between healthy and capable retirees on the one hand, and frail and dependent older people on the other, perpetuates the negative stereotypes that persistently impact the latter group (van Dyk, 2014). If success is characterised by individual health and independence, people who are living in RAC due to difficulties with health and independence are characterised as unsuccessful.

The Health of Older People Strategy (HOPS). The HOPS was launched in 2002 to expand on the health component of the NZPAS. The primary aim of the Strategy is to develop an 'integrated continuum of care'; that is, to integrate the planning, funding, and delivery of health and disability support programmes in order to eliminate both gaps and overlaps. This is intended to make it easier for older people and carers to identify and access

support options. This continuum includes health promotion programmes, community support services, preventative care, specialist psychiatric and medical care, rehabilitation, hospital services, equipment, respite care, and residential care.

The HOPS aims to provide a framework for efficiently and effectively addressing the health and disability support needs of older people in a way that adheres to the NZPAS's ethos of positive ageing. The HOPS asserts that the majority of older people are fit and healthy. It refers to those who are frail and vulnerable as a minority who require high levels of care and disability support as a result of very old age, chronic illness, or disability (Ministry of Health, 2002). In contrast to the NZPAS, the HOPS has more relevance specifically to those older people who are frail. The HOPS explicitly states that it was developed for people aged 65 and over, particularly those who have high and complex needs. However, an emphasis on developing services to support ageing in place is still evident, again shifting the relevance away from those in RAC.

The HOPS was initially intended to be in place until 2010. The strategy is in the process of being updated, with a draft consultation document published for public feedback submission (Ministry of Health, 2016). The format of the HOPS is similar to that of the NZPAS: currently, the Strategy consists of eight objectives that provide a framework to structure the action plans developed to meet the healthcare needs of older people. District Health Boards are responsible for the implementation of these Plans under the supervision of The Ministry of Health. The eighth objective of the HOPS is of most relevance to RAC as it is concerned with ensuring access to services and living options for older people with high and complex health and disability support needs. The actions and key steps outlined under this objective aim to provide a sufficient level and variety of support options (including local authorities, and voluntary and welfare agencies) to avoid increasing use of residential care.

Residential care includes rest homes, dementia units, complex care packages, long-stay hospitals, and palliative care. Living independently in the community is considered to be the ideal situation from the perspective of the HOPS, followed in order of preference by living in the community with familial or informal support, retirement village housing, respite care arrangements, RAC, acute care, and finally hospital or palliative care. In particular, the final action of this objective deals the most directly with RAC, aiming to ensure long-term community support and residential care providers integrate health promotion, disability prevention, and rehabilitation. Initiatives regarding physical activity, good nutrition, fall-risk reduction, and socialisation to reduce the risk of depression are promoted. Notable about this section is the orientation towards the service providers rather than the older people themselves. These initiatives reflect the positive ageing prescription which tends to exclude older people in RAC from being viewed as ageing positively. The discussion of residential care produces a tension for the NZPAS and HOPS. The NZPAS views positive ageing in terms of independence and participation which effectively excludes older RAC residents. The HOPS strategy similarly views RAC residence as an option to be avoided. As a result, it is difficult to reconcile the positively ageing older person of the NZPAS with the RAC resident. This is evidenced in the way the HOPS shifts to focus on the providers of service provision in RAC rather than on the older people themselves.

The HOPS references Jacobzone, Cambois, and Chaplain's (1998) OECD study on active ageing. This study constructs ageing as a dynamic process that can be positively influenced by social care and policy systems. This positive influence is generally understood in terms of reducing needs for social and health care. While the HOPS refers to the benefit to the individual of an efficiently integrated continuum of care, there is also a focus on the impact of the design of health systems and policy decisions on reducing health expenditure.

In particular, the HOPS refers to the need to streamline health services to make the most efficient use of health funding possible, due to the expected increase in pressure on health expenditure due to population ageing.

The HOPS also takes a ‘life course’ approach to understanding ageing. Although the impact of socioeconomic inequalities and the wider environment on health is noted, the emphasis is placed on the need for activities that maintain individual independence, and prevent, delay, or minimise disease. In this way, a life course approach is used to foreground the role of the individual in maintaining health in older age rather than to acknowledge the impact of life-long disadvantage. The emphasis on individual responsibility for health through an active approach to ageing throughout the life course may stigmatise those who are in ill-health as irresponsible and thus deserving of their ill-health (Lamb, 2014; Minkler, 1999).

Policy Summary. The NZPAS and HOPS strategies were shaped in response to dominant socio-historical and political beliefs about the role and value of older people in society, and the distribution of responsibility between the state and its citizens. Thus, the focus of the strategies is founded on prevailing social trends towards ‘positive ageing’ as encompassing self-reliance, capability, and continued positive contribution to society (Davey & Glasgow, 2006). This tends to exclude the majority of older people who are in RAC due to poor physical health, limited independent functioning and the need for ongoing support. In practice if not intent, The NZPAS and, to a lesser extent, the HOPS are designed to improve the experience of ageing primarily for the ‘young-old’. Breheny and Stephens (2010) have shown that people situate their accounts of the experience of later life within the discourse of successful ageing regardless of their specific circumstances. Although both of these strategies largely overlook the realities of everyday life in RAC and exclude older people in RAC from

being viewed as ageing positively, older people within RAC continue to aspire to age successfully.

Positive ageing strategies encourage older people to be self-governing in terms of health and lifestyle to conform to the ideals of the current approach to ageing (Davey & Glasgow, 2006; Estes, Biggs, & Phillipson, 2003). Although the HOPS includes residential care in the agenda for developing an integrated continuum of care, very little attention is devoted to RAC in terms of the actions and key steps intended to operationalise the overall objectives. Where residential care is mentioned, it is framed as a last resort when community-based care options cannot supplement ageing in place due to a very high level of dependency. Although ageing in place strategies and priorities may reflect older people's preferences, they may also play a role in creating them by supporting a positive ageing identity based on independence and community connection. In particular, the emphasis in these strategies on objectives and actions that facilitate ageing in place is irrelevant to older people in RAC. Ageing in place is emblematic of the achievement of the ideals of positive ageing, and so to be ageing 'out of place' in RAC could correspondingly be perceived as a failure to meet these ideals. Ageing in place is most attainable for older people who remain physically, mentally, socially, and economically active; idealising these aspects aids the macro-level imperative to reduce social and health care costs by creating a social and moral obligation to achieve this version of ageing (Stenner et al., 2010). Active ageing challenges the stereotypical images of dependence and frailty, but active ageing rhetoric and policy can marginalise older people whose experience of ageing includes dependence and frailty. Distancing oneself from these representations of ageing is not possible for many people, particularly those in RAC. Thus, the achievement of an identity of positive ageing is made less available to those in RAC by

the way in which positive ageing-oriented strategies such as the NZPAS and the HOPS moralise the experiences and shape the possibilities of ageing.

The Context of Aged Care

One consideration that arises from the overall ageing of the population is the implications this will have for housing, with the costs of RAC a particular concern. As discussed above, there is a strong emphasis on positive ageing and staying active in a wider community in New Zealand ageing policy. Although this is grounded in complex social, economic, and political influences, Holstein et al. (2011) also point to the importance of familiar physical spaces for psychological and emotional health.

The importance of place. The home represents more than a physical location; it is a place of social connectedness that is inextricable from a person's identity (Clough, Leamy, Miller, & Bright, 2004). People assign highly individualised meaning to the places in which they live (Easthope, 2004), and housing options and conditions have been shown to be influential on older people's psychological wellbeing (Evans, Wells, Chan, & Saltzman, 2000) and physical health (Howden-Chapman, Signal, & Crane, 1999). For example, Dupuis and Thorns (1996) showed that for older New Zealanders who owned their own homes, the home was seen as a place of security, togetherness, family, and identity. Further, attachment to place has been shown to enhance wellbeing (Evans, Kantrowitz, & Eshelman, 2002; Wiles et al., 2009). Evans et al. (2002) found a significant association between positive affect and attachment to place for older people specifically. Historically, home ownership has carried important cultural cachet for many New Zealanders (Morrison, 2008). Howden-Chapman et al. (1999) showed that home ownership was viewed as reflecting independence, control, security, and autonomy.

The Government's preference to support people to age in place rather than in institutional care is compatible with the relationship between attachment to the home and wellbeing (Ministry of Social Development, 2001). Wiles et al. (2009) found that 77% of their sample of New Zealanders reported an attachment to their homes, supporting the policy drive surrounding ageing in place. Although ageing in place reflects the preferences of most older people, for many older people this is not realistically achievable due to high support needs. The relationship between place and identity has implications for older people who, often after living in the same place for many years, relocate to a RAC facility. The amount of time spent within the facility of a residential care setting means that it can form a central part of the lived identity of older people (Clough et al., 2004).

Housing options in New Zealand. Housing in later life New Zealand is shaped by a unique historical, cultural, economic, and political context. Currently, the majority of older people in New Zealand occupy private dwellings, with a relatively smaller number in non-private residences such as retirement villages and rest homes (Saville-Smith, James, Warren, & Coleman, 2009).

Ageing in place. As described above, ageing in place refers to remaining in a home environment (Vandeskog, Vandeskog, & Liddicoat, 2012). Davey (2006) defines this as where a person 'feels at home'; this may be their own home in the community, a family home, or supported housing such as in a retirement village. The NZPAS amended the 2001 Strategy's category of 'Ageing in Place' to 'Ageing in the Community', reflecting these broader definitions of home (Ministry of Social Development, 2008). Ageing in place could also be defined by what it patently does not include – namely, any institution or formal residential care. The basis of the political thrust for ageing in place is a combination of humanitarian and economic factors. Ageing in place rather than in institutional care is

portrayed as an enabling and fulfilling process that promotes positive ageing and wellbeing through the maintenance of independence, autonomy, and social participation (Boldy, Grenade, Lewin, Karol, & Burton, 2011; Sixsmith & Sixsmith, 2008). Simultaneously, the achievement of this process acts to ease the mounting pressure on the economy and social services resources of housing an ageing population, as moving frail older people to supportive RAC environments is more costly (Sixsmith & Sixsmith, 2008; Tinker, 1997).

An increasing preference for ageing in place has been shown to correlate positively with greater age (Boldy et al., 2011; Robison & Moen, 2000) and there is evidence to suggest good housing conditions can positively influence physical and mental health (Altman, Lawton, & Wohlwill, 1984; Burnholt & Windle 2001; Moore 2000). However, ageing in place is not a universally held preference (Saville-Smith et al., 2009; Vandeskog et al., 2012). There is a lack of housing that effectively caters for the accessibility needs of older people, such as mobility and access to public transport, and private dwellings may not be financially viable for older New Zealanders whose only source of income may be superannuation. Howden-Chapman et al. (1999) note that the maintenance of a private property can be prohibitively costly once the costs of day-to-day living have been taken into account. Furthermore, the everyday lived experience of ageing in place is not uniformly positive for older people in New Zealand. Poor housing conditions, such as dampness, and structural features that may present accessibility issues have been shown to be detrimental to the wellbeing and quality of life of older people (Evans, 2003). Sixsmith and Sixsmith (2008) presented the benefits, problems, and challenges for those ageing in place. They found that while there may be some social and psychological benefits to remaining in the home, there were also potential drawbacks in terms of the difficulties of everyday living, such as isolation, issues with social support, and the physical environment. For example, structural

features of the home and property such as slopes and stairs can present fall hazards, as well as presenting barriers to social support by preventing ageing family and friends from visiting (Sixsmith & Sixsmith, 2008). For those experiencing increasing needs for medical care, it can become impractical for healthcare providers to make home visits every day, and impossible for older people to seek these services outside the home on a daily basis due to mobility and finances. Issues such as these can undermine the ability of older people to live independently.

The focus in the NZPAS and HOPS on providing support services to facilitate ageing in place is intended to counteract these issues. As the needs of older people change as they age, support initiatives such as meals-on-wheels, house cleaning, and personal care services become important to facilitate the ability to reside in the community. There is evidence to support the rationale of increasing community services to decrease the necessity for RAC. For example, Andel, Hyer, and Slack (2007) noted the utilization of community-based services had a moderating effect on RAC use in the United States, delaying RAC placement in a population of older people that were physically and financially eligible for RAC. However, Sixsmith and Sixsmith (2008) argue that the ideology and rhetoric of ageing in place policy is often not congruent to the reality. They note that even when these support services are optimised, there are many more psychosocial and fundamental factors associated with ageing in place that can undermine wellbeing. They point to weaknesses in the ageing in place paradigm, such as the availability of informal carers, neighbourhood characteristics and infrastructure (e.g., transport), and the cost-containment needs of formal support that means care is often reactive rather than preventative. Qualitative research from the United Kingdom (where there is a similar policy priority for ageing in place) examining older people's experiences of home in relation to health and wellbeing revealed that a comfortable home environment could quickly become a site of social exclusion, loneliness, vulnerability, and

fear, due to the frailty, health problems, decreased functionality, and loss of energy associated with older age (Sixsmith & Sixsmith, 2008). Thus, debate has arisen regarding whether the policy emphasis on the achievability of ageing in place may disempower older people who are unable to remain in their own homes in the community (Lamb, 2014; Minkler, 1999).

Residential Aged Care Use

While rest home level care is an undesirable housing option from a policy perspective and similarly undesirable for many older people (Matthews, 2015), rest homes serve a function no other site of care can match for those experiencing the decrease in functional ability and health that typically leads to this shift (Holstein, Parks, & Waymack, 2011). Long term RAC in developed countries, including New Zealand, has previously been estimated as being used by 4 – 6% of adults over the age of 65 (Broad et al., 2015). This figure, based on cross-sectional census and survey data, can lead to the mistaken assumption that RAC use is fairly uncommon and affects relatively few people. Broad et al. (2015) point to the exclusion of the proportion of RAC residents who die in an acute hospital as one of the reasons for this fallacy. The authors combined data on the occurrence of deaths in RAC with the number of RAC resident deaths occurring in acute hospitals to derive the likelihood of RAC use for adults over 65 years of age at any time before death. They estimate 18% of RAC residents died in acute hospital care, in addition to those who died in RAC. Consequently, the proportion of adults over the age of 65 using RAC was suggested to be more than 47%. For those aged 85+ years, this increased to 66%. This level of what is termed ‘lifetime use’ is almost double the previous rough estimate for the New Zealand population, which was based on international data (New Zealand Treasury, 2013). This means that aged residential care is currently a common experience of older people, and will be of increasing importance as the proportion of people over 85 years increases in the population (Broad et al., 2015).

Relocating to Residential Aged Care.

The move into RAC is a complex process, often with multiple factors and people influencing this decision (Clough et al., 2004). Entry into RAC can follow many different trajectories, and can be prompted by a wide variety of factors such as: decline in personal health of the resident or their primary caregiver; interpersonal issues with family members; the impact of medication on activities of daily living; daily difficulties with shopping, cooking, medication, and transport; pressure from family members; and a need for more or different care or support services (Cheek et al. 2006a). In terms of demographic variables, admission into RAC is most likely for those who are of advanced age, living alone, of lower socioeconomic status, taking a greater number of prescription medications, have low levels of social support, experiencing dementia, and are female (Andel et al., 2007).

There are many aspects related to ageing and housing options that can impact the decision to move into residential care. The combination of changes in health, mobility, and functionality with the physical features of housing such as accessibility and maintenance needs can lead to relocation to RAC (Clough et al., 2004). The majority of the literature indicates that RAC placement is resisted by both older people and their families and caregivers. Admission to RAC has been described as a major life event in very negative terms (McAuley, Travis, & Safewright, 1997; Morgan, Reed, & Palmer, 1997; Nolan & Dellasega, 2000; Ross, Rosenthal, & Dawson, 1997). It has been described as one of the most unhappy, traumatic, anxiety-provoking, and difficult decisions of an older person's life, by both older people and their families (Biedenham & Normoyle, 1991; Cheek et al., 2006a; Nolan & Dellasega, 2000). The negative attitudes towards the transition into RAC that are evident in many older people and their families reflect the persistently dominant negative images of RAC that are held by the public, policy makers, and academics (MacDonald, Higgs,

MacDonald, Godfrey, & Ward, 1996; Pearson et al., 1996; Victor, 1992). Similar to the rhetoric of current policy, Victor described entry into care as ‘the final sign of failure’ (as cited in Nolan & Dellasega, 2000). A study by Löfqvist et al. (2013) revealed stereotyped images of nursing homes as environments that were not stimulating or attractive, and would challenge freedom and privacy significantly. The idea of moving to a RAC facility evoked strongly negative and distressing thoughts, and thus participants did not expect that this would ever be a voluntary move.

Unsurprisingly given the negative attitudes towards RAC admission, several studies have shown that the majority of older people move in to RAC only after it is perceived as unavoidable, most frequently due to a health-related crisis such as a fall or stroke (e.g., Cheek et al., 2006b; Dellasega, Mastrian, & Weinert, 1995). For many aged care residents, this decision has not been made independently and autonomously, but rather has been driven by an increased need for support that cannot be met by family or support services (Litwak & Longino, 1987). Consequently, older people often feel they have had very little choice in the timing or location of the move to RAC which can have a negative impact on adjustment and wellbeing after relocation (Cheek et al., 2006b; Nolan et al., 1996). While Leith (2006) found that certain factors allowed those who relocated later in life to feel an emotional attachment to home and to continue to identify their homes as meaningful, one of the key components of this was the autonomous decision to move. In older populations specifically, greater perceived control over relocation decisions has been found to be central to favourable adjustment after the move and leads to a more positive relocation experience overall (Nolan et al., 1996; Quine, Wells, de Vaus, & Kendig, 2007; Schulz & Brenner, 1977). Reed, Cook, Sullivan, and Burrige (2003) describe the decision-making process for relocating to RAC as a continuum, from completely independent and active decisions, to little or no involvement

by the older adult. The influence of others on the decision to move can range from encouragement to actually making the decision for the older person (Cheek et al., 2006b). A lot of research has focused on the perspective of the families and caregivers of older people in RAC placement, highlighting the extent of the role external influences can have on an older person's decision to move (e.g., Buhr, Kuchibhatla, & Clip, 2006; Davies & Nolan, 2004; Nolan & Dellasega, 2000; Reuss, Dupius, & Whitfield, 2005; Ryan & Scullion, 2000).

Several researchers have found that the move to RAC may be prompted by the doubts of a partner/spouse and other family members about the older person's ability to cope alone or the support person's ability to cope with the caring role (McKenna, Tooth, & King., 2003; Pearson, Nay, & Taylor, 2004). This research notes the potential negative impacts of caring for an older relative in the community, including disruption to social relationships and leisure, financial implications, and threats to psychological and physical health (Reuss, Dupius, & Whitfield, 2005). While there are also positive aspects to the caregiving experience for both the carer and the older adult, it is these negative aspects that tend to influence the decision for older people to move into RAC in order to access additional ongoing support. Additionally, general practitioners have a significant influence on the beliefs of older people regarding their care and health needs, and the decision to move to RAC is often driven by healthcare professionals such as doctors (McKenna et al. 2003; Nolan & Dellasega, 2000). An involuntary transition into RAC has the potential to cause health to deteriorate further (Australian Institute of Health and Welfare, 2000). For example, a study in Germany found that older people who were relocated involuntarily, including to a rest home, experienced a decline in physical and mental health, and overall life satisfaction (Oswald & Wahl, 2004).

A smaller proportion of RAC residents have made an active decision to move into RAC before a ‘crisis point’ has been reached, in anticipation of reaching a point where the move becomes unavoidable (Cheek et al., 2006a). For some older people, making the decision to move into RAC independently enabled them to retain a sense of control over the decision, in spite of the loss of function that led to the need to move. Despite the policy focus on providing services in the community, one of the main reasons for a shift was the need for more or different care and support services. Cheek et al. (2006a) found that both older people and their family members described difficulties with accessing support services, when help was insufficient or inappropriate and services were not conveniently located or had waiting lists. Entry into RAC is further complicated by the influence of government-funding on the feasibility of this move. Because the New Zealand government subsidises RAC, considerable effort has gone into needs assessment and financial support assessment for transitioning into RAC. Broad et al. (2015) point to the high usage of RAC as illustrative of both the need and demand for residential care services and a lack of availability or use of alternatives. In New Zealand, RAC tends not to be used as rehabilitative or convalescent care, and commonly functions as a de facto hospice after an acute hospital stay (Connolly, Broad, Boyd, Kerse, & Gott, 2014). This means that for most people who enter RAC, it is a permanent move (Broad et al., 2015).

Chapter Summary

For those who are not able to age in place due to a variety of factors, RAC is promoted by providers as providing a personalised proxy for the home environment (Walker & Paliadelis, 2016). However, the lived experience of RAC often involves losses of connectedness and autonomy and increases in dependence. The constraints of living in an environment that is governed by regulations and policy has been shown to present significant

challenges to aspects of well-being such as identity, quality of life, self-esteem, dignity, and the development and maintenance meaningful relationships (Holstein, Parks, & Waymack, 2011). The rest home environment further underscores the incompatibility of positive ageing policy with the lived experience of RAC. There is a historical legacy of segregating frail older people from the rest of the community (Holstein, Parks, & Waymack, 2011; Petersen & Warburton, 2012). Most rest homes in New Zealand have necessary services and facilities on-site, such as hairdressers and doctors, removing the need to seek these services in the wider community. This contributes to the physical and social disengagement of RAC residents from the surrounding community.

Henderson (2016) argues that there is a dichotomy created between good ageing and bad ageing in relation to RAC in New Zealand, with entering RAC representing good, responsible ageing that accepts the inevitability of eventual entry into aged care as part of the course of ageing. This raises the question of whether there is truly any way to accomplish 'good' ageing for frail older people. The options for a positive ageing identity are limited for frail older people when the perception of failure around moving into RAC exists concurrently with disapproval for resisting this move when it is deemed necessary. Success in this paradigm is a narrow window of having the ability to access the resources necessary to remain in the community and being in sufficient health to be able to do this. As Featherstone and Hepworth (1991) have argued, this ideal is fundamentally incompatible with the realities of growing older; the only way to fully achieve the ideals of positive ageing is to be 'ageless'.

Chapter Four

ANIMAL THERAPY

This chapter begins by tracing the historical development of the use of animal interaction as a form of therapy. Next, the definitions and different terminology in the field are explained. The procedure for the animal visits that this study is based on is described, so that the reader can situate the following description of the theoretical frameworks that have been suggested for the effect of animals on human health within this context. Lastly, a literature review of the physiological and psychosocial effects of Animal Therapy is provided.

The History of Animal Therapy

Animals have long held a position in human understandings of the ontology and treatment of disease. Archaic hunting and gathering societies held animist belief systems, where animal spirits were sometimes believed to be both the source of ill-health or misfortune as well as a source of assistance in healing these afflictions. In Ancient Egypt and Greece, dogs in temples were trained to lick wounds with the belief that this practice had curative powers (Coren, 2015). Although beliefs in the supernatural power of animal spirits largely did not survive the spread of monotheistic and anthropocentric belief systems over the last two thousand years, interest in the role of animals in improving human health has endured (Serpell, 2015).

Writing in the late 1600s, John Locke suggested giving children small animals to look after as a means of cultivating empathy and a sense of responsibility for others (Locke, 1699, p.154). Similarly, providing opportunities for animal interaction in institutional care facilities was popular during the Enlightenment Period. It was believed that animals could serve a socialising function to those with mental illnesses. For example, the earliest well-

documented use of animals in a therapeutic context is commonly cited as occurring in 18th Century England. Weak or needy farm animals were used to teach psychiatric patients self-control through positive reinforcement with weaker animals (Netting, Wilson, & New, 1987). Introducing smaller animals to the grounds of the retreat was believed to provide amusement and pleasure, and to awaken feelings of kindness and sociability (Tuke, 1813). Historical antecedents of the therapeutic effect of animal companionship on those with physical health conditions can also be found; for example, in *Notes on Nursing* (1860). Florence Nightingale noted that a small pet could be a valuable companion to chronically ill patients. However, from the 1900s animals all but disappeared from health settings with the emergence of psychotropic drugs on the medical scene (Allderidge, 1991). In the 1940s, Bossard (as cited in Fine, 2000) described the positive physical and emotional effects of owning a dog. Also during this era, the U.S. military began using animals with veterans recovering from service-related injuries at a convalescent hospital. Working with farm animals was part of a regimen of non-stressful activities (Lutwack-Bloom, Wijewickrama, & Smith, 2008).

The advent of integrating animals into therapeutic practice in the healthcare field in the modern day is generally attributed to influential child psychologist, Boris Levinson. In the early 1960s, Levinson began documenting his observations of the effects of the presence of his pet dog on child clients who had suffered trauma. Levinson suggested that pets could function as transitional objects with which patients could bond, and that this could eventually expand to include a therapist (Levinson, 1997). This marked the emergence of interest by researchers and practitioners in studying the psychological effects of human and animal interaction. Levinson's work using pets with children was applied to adolescents and adults at Ohio State University Psychiatric Hospital by psychiatrists Corson and Corson (1978) in the early 1970s. This was the first formal use of dogs in the treatment procedures of a therapy

programme in a hospital setting, and was shortly followed by the implementation of an animal-assisted therapy programme in a nursing home setting.

Terminology in Animal Therapy

The use of animals in therapy has garnered an increasing amount of research interest and recognition since Levinson's work in the 1960s. While terms are used somewhat interchangeably, both colloquially and in the literature, Animal Therapy generally refers to a wide variety of activities in which interaction with animals is used to improve human health (Lutwack-Bloom, Wijewickrama, & Smith, 2008). A wide variety of animals have been used in these activities, including dogs, cats, rabbits, birds, fish, horses, and dolphins (Coren, 2015).

It is becoming generally accepted that Animal Assisted Therapy (AAT) refers more specifically to the purposeful integration of animals into the treatment plan of an individual with specific psychological and/or physical outcome goals (Barker & Wolen, 2008; Hooker, Freeman, & Stewart, 2002). AAT has been used in many fields, such as counselling, psychotherapy, education, speech and language therapy, occupational therapy, and physical therapy (VanFleet, Fine, O'Callaghan, Mackintosh, & Gimeno, 2015). Animal Assisted Activity (AAA) on the other hand, is a broader term that can encompass AAT but is usually used to refer to informal human-animal interactions, such as visitation programmes to schools, businesses, hospitals, and residential care facilities such as rest homes (Dookie, 2013). AAA is usually aimed at achieving outcomes that are more social in nature, but in practice these are often not specified or evaluated.

Animal Assisted Activity as Therapeutic Recreation

AAA programmes in RAC are typically characterised as a cost-effective form of therapeutic recreation that is intended to provide both physiological and psychosocial benefits to residents (Dono, 2005). Therapeutic recreation is defined as an intervention modality that aims to provide meaningful activities to promote and support wellbeing, social and psychological needs, and rehabilitation (Lowry & Ryan, 1993). Art, dance, music, and play therapy are examples of other therapeutic recreation activities commonly used in RAC settings (Holt, Johnson, Yaglom, & Brenner, 2015). Studies have suggested therapies such as these can provide a range of benefits for older people in RAC, such as sensory stimulation and an increase in self-care ability (Ferguson & Goosman, 1991); physical and mental relaxation, and an increase in communication and social engagement (Sorrell & Sorrel, 2008); reductions in forgetfulness and depression, and increases in self-esteem and the uptake of activities outside of the therapeutic setting (Ledyard, 1999). These benefits have been linked to an increased sense of wellbeing and greater life satisfaction (Everard, Lach, Fisher, & Baum, 2000; Kahlbaugh, Sperandio, Carlson, & Hauselt, 2011). It has been suggested that engaging in therapeutic recreation activities may be particularly beneficial for older people to promote wellbeing through easing the transition into RAC and facilitating engagement with the residential community (Holt et al., 2015).

Animal Activity in the Current Study Setting

While the differences between AAT and AAA are recognised here, the terms ‘therapy’, ‘Animal Therapy’, and ‘animal visiting programme’ were used throughout the research process. Although the programme that formed the basis of this study more correctly falls under the umbrella of AAA, the above terms were all used at times as the programme that formed the majority of the basis for the participant’s animal interaction experience in

RAC was termed ‘Animal Therapy’ by the organisation it was run by. ‘Animal Therapy’ was initially used with participants for ease of recognition. The description tended to default to ‘the animal visits’ for those for whom the programme was less visible as a formally structured activity or among those who did not connect with the visits as part of a more formal programme.

This research was undertaken with the Animal Therapy programme of a primarily volunteer-based not-for-profit animal welfare organisation that has branches nationwide. The organisation provides a number of animal visits to different community groups within Wellington, New Zealand. These visits are divided into three types: Education, Therapy, and Workplace Visits. The visits are primarily intended to socialize animals to make them more suitable for adoption, and secondarily to promote the work of the animal welfare organisation. The rest home visits are portrayed as serving a quite different function to the other types of visits. Workplace visits, for example, are described as providing stress-relieving distraction for busy corporates or students (Wellington SPCA, 2014). In comparison, the description of visits to rest homes is portrayed as ‘therapy’ for those who could benefit from the socialisation and mental stimulation of an animal and volunteer coming into the environment. This programme refers to the potential physiological benefits of this interaction which is absent from the descriptions of workplace visiting and educational visits.

Volunteers and staff work alone or in pairs. An animal is selected from the adoption or quarantine wing – most commonly a puppy, followed by kittens, adult dogs, rabbits and guinea pigs, rats, and adult cats. Animals in this programme do not undergo training specific to the therapy role. Currently there is no formal procedure for establishing the suitability of an animal for therapy, but volunteers are encouraged to spend some time with an animal

before selection and are required to notify a staff member before taking an animal out of the facility. There are approximately 15 volunteers in the programme, and three paid staff members. Volunteers commit to a minimum of one visit per fortnight, with a number of volunteers visiting different organisations most weekdays. Consequently, most rest homes involved in the animal visiting programme are visited by an animal and a handler either once a week or once a fortnight. Each visit lasts approximately an hour, unless the animal is showing signs of fatigue or distress in which case the visit may be cut short. Some facilities gather interested residents in a common area or lounge for the handler to bring the animal to, while other facilities also take the animals to individual rooms. These individual room visits are typically to residents who the volunteer knows would like to see an animal. At times, rest-home staff nominate which residents would like to be visited in their own rooms. The amount of time the volunteer and animal stay with an individual resident varies, but is usually less than 10 minutes for room visits. The protocol for a visit directs the handler to introduce themselves and the animal, and to keep in mind that not all people will be interested in interacting with either the animal or the handler. If a resident is interested in holding the animal, a towel is placed on the resident's lap first. In lounge settings, the animal is sometimes allowed to roam freely.

Residential care facilities may also host animal visits that occur outside of the formal animal welfare programme. For example, one of the volunteers described an arrangement outside of the organisation, in which he frequently makes unplanned visits to a rest home during the week if he is in the area. This volunteer also has a weekly arrangement to leave his dogs under the supervision of the nurses in the dementia unit for two hours. In addition to the visiting programme, both of the rest homes where participants were recruited had resident

animals which are cared for by staff. The first rest home had one resident cat, and the second had several cats and two birds.

Theoretical Frameworks

Many theories of the underlying mechanisms of the effect of animals on human health have been proposed, but there is currently no unified theoretical framework that has been empirically supported (O’Haire, 2010; Kruger & Serpell, 2006). Beck and Katcher (2003) argue that there is a need to develop theoretical perspectives on the variables that influence the effects of human-animal contact on psychological and physiological health parameters, to better understand how these interactions may be optimised. This section presents an overview of the most common theories and frameworks found in the literature that attempt to explain how and why interactions with animals are potentially beneficial. These can be grouped into two broad categories: biophilia/distraction and social support.

Biophilia/distraction. The biophilia hypothesis posits that the human brain has adapted to have an innate predisposition to attend to and be attracted by other living things in the environment (Wilson, 1984). Biophilia theory suggests this is due to the adaptive evolutionary survival tactic of using environmental cues, including those from other animals, to detect danger (Kellert & Wilson, 1993; Wilson 1984). The link between this propensity and the effect of animals on human health in the context of modern life is not very clearly laid out, but it is suggested that living creatures today provide a pleasant external focus for attention, one that humans are more drawn to than to non-living stimuli (Gullone, 2000). There are numerous studies to suggest that simply looking at animals reduces anxiety and stress (e.g. Beck & Katcher, 1996; Friedman, 1995; Friedman et al., 1983; Katcher et al., 1983; Wilson, 1991). Melson and Melson (2009) suggested that watching animals engages sustained attention and alertness, while simultaneously decreasing arousal and facilitating

relaxation. Despite the volume of research suggesting the presence of animals is associated with de-arousing or calming effects, it has not been convincingly demonstrated that these effects are attributable to an innate attraction to animals as suggested by biophilia theory (Kruger & Serpell, 2006).

However, it has long been acknowledged that in general attractive stimuli, or those that focus attention, can have a calming effect (Serpell, 1996). Another, related, explanation for the mechanism behind AAA is that some of the effects are induced simply because animals provide an object for distraction and attention (Barker & Dawson, 1998; Katcher et al., 1983; Marcus, 2013). In explaining the findings that watching fish in an aquarium provided calming effects, Beck and Katcher (1996) provided the straightforward explanation of neutral visual stimuli leading to relaxation, through drawing attention outwards and interrupting the train of thought. This mechanism could explain the short-term/transient de-arousing effects on the physiological parameters of stress reduction that are commonly assessed in AAA research, such as heart rate and blood pressure (Friedman, 1995).

Social Support. In AAT research, it has been suggested that animals serve as mediators or catalysts of social interactions, which may expedite the process of building rapport between a therapist and a patient (Kruger & Serpell, 2006). AAT theorists and practitioners have suggested that animals represent a neutral external subject with unscripted behaviour that may stimulate conversation (Fine, 2000; Levinson, 1969). In terms of informal AAA, this theory may be relevant. Studies looking at the social-facilitation effects of animals have been conducted across a range of non-clinical populations, including older adults, and have produced positive results. Holt et al. (2015) observed the generation of intergenerational interaction by AAA in the rest home in their study, as talking about the animals provided a relatively easy topic of conversation that was less bound by generation-specific topics of

popularity or trends in language. Bernstein et al. (2000) also found that residents of RAC were more likely to initiate conversation and participate in longer conversations when animals were present. Additionally, this study found that there were dramatic differences related to rates of touch; touching the animals significantly added to both engagement in and initiation of these conversations. Animal presence in general has been associated with increasing opportunities for social exchange and reducing social awkwardness (Eddy, Hart, & Boltz, 1988). Animals have also been observed as having an effect on non-verbal forms of social interaction. For example, Kongable et al. (1989) piloted the use of a dog to elicit socialization in a dementia unit for US veterans. Patients were observed to exhibit a significantly larger number of prosocial behaviours in the presence of the dog, such as smiling and laughing.

In addition to facilitating social interactions between people, it has been suggested that animals themselves may fill a social support role due to the attachment behaviours between humans and animals (Beck & Katcher, 2003; Kruger & Serpell, 2006; McNicholas & Collis, 2006). Social support from an animal may have buffering or reductive effects on stress (McNicholas and Collis, 2006; Serpell, 1996; Siegel, 1990). The ability of an animal to provide social support is conceptually grounded in attachment theory. Attachment refers to a conceptual construct that humans have a biologically-based and innate need for social interaction that becomes focused towards specific 'attachment figures' (Triebenbacher, 1998). Attachment represents one of the components of Weiss' (1974) 'Social Provisions Theory' that, similarly to Maslow's (1970) 'Hierarchy of Needs', asserts that social relationships are an integral aspect of psychological wellbeing. There is a large body of research that consistently demonstrates the positive effects of human social support on positive health outcomes (Lynch, 2000). Social support theory in relation to human-animal

interaction suggests that similar effects may be elicited by animals through the same mechanism.

The idea that animals can represent a potential source of social support is prominent in literature on the ‘human-animal bond’, considering animals as attachment figures that are able to serve a role in allowing nurturing behaviour to be expressed (Kruger & Serpell, 2006). Surprisingly, the majority of literature regarding the human-animal bond does not actually define what this refers to, but the American Veterinary Medical Association (AVMA, 2016) provides the following definition:

The human-animal bond is a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of people, animals, and the environment. (para. 1)

As a form of therapeutic recreation, AAA is often implicitly based on a conceptual model that refers to the specific attributes associated with the human-animal bond of attachment, reciprocity, and unconditional acceptance (Holt et al., 2015). Johnson and Meadows (2003) used operationalised statements from the Pet Bonding Scale to exemplify each of these constructs respectively such as “I miss the dog visitor between visits,” “the dog visitor tries to comfort me,” and “the dog accepts me just the way I am” (p. 9). Notably, the definition of the human-animal bond provided by the AVMA is at odds with the transitory characteristics of the interactions between humans and animals in a shelter-animal based visiting programme. In these programmes, an ongoing relationship with a particular animal is rare, as the animals that are most suitable temperamentally for AAA also tend to be the animals that are quickly adopted (J. Rizzi, personal communication, May 21, 2016). The social support concept may be relevant in explaining the long-term benefits of animal companionship for

pet-owners and in formal AAT dynamics. However, this explanation may be somewhat less applicable in a rest home context, where interactions are with unfamiliar animals rather than owned animals or therapy animals that are used consistently and with whom a reciprocal attachment bond may be developed.

On the other hand, the concept of unconditional acceptance may be one aspect of human-animal bond theorising that is particularly relevant to the RAC context, regardless of the challenges inherent in using shelter animals. Several scholars have suggested unconditional acceptance allows animals to confer unique benefits as a source of social support. Kruger and Serpell (2006) acknowledge that this notion encompasses ideas influenced by Rogers' concepts of 'nonevaluative empathy' and 'unconditional positive regard' (as cited in Allen, 2000). Rogers considered these elements to be among the necessary conditions for human growth, and supporters of the value of the human-animal bond point to animals as potential sources of unconditional positive regard. Several authors have referred to animals as providing a perception of positive regard that is free from judgement or discrimination (Case, 2005; Urichuk, 2003). Further, some authors have linked this to enhanced feelings of self-esteem (Dookie, 2011; Urichuk, 2003). Furst (2006), writing of the significance of animal interaction in prison-based animal programmes, points to animals as providing an opportunity to receive unconditional positive regard for a population that is vulnerable to social isolation. Parallels can be drawn here with those in RAC, with animals providing a source of positive attention with no regard for the social status of the resident.

Also related to the potentially unique benefits that animals may provide is the aspect of touch. It has been recognized within nursing that touch is a fundamental human need that is laden with both physiological and psychosocial implications (Bush, 2001). Older people

have been shown to be particularly vulnerable to ‘touch deprivation’ in everyday life (Bush, 2001; Langland & Panicucci, 1982; Vortherms, 1991). In a RAC context, some of the benefits of AAA may be attributable to the opportunity it provides for affectionate touch. Nursing literature distinguishes between ‘affective touch’ and ‘task touch’. Affective touch is considered relatively spontaneous and voluntary as it occurs outside of the performance of procedural tasks (DeWever, 1977; Vortherms, 1991; Watson, 1975). In contrast, task touch is ‘non-optional’ physical touch that is incidentally necessary to perform care procedures (Vortherms, 1991; Watson, 1975). Furst (2006) has also noted the mutual affectionate touch possible with an animal may be therapeutic for those who do not have many socially-acceptable outlets for affective touch in everyday life. The study by Kaiser et al. (2002) described above underscores this idea with the finding that an equal number of prosocial behaviours were observed in encounters with an animal as with a human visitor, with the exception of physical touch, which was more common with the dog. In line with Furst’s suggestions, this was attributed to the social appropriateness of touching an unknown human versus an unknown animal, and may represent an advantage of an animal visit as providing the opportunity for an otherwise inaccessible tactile experience of physical affection.

Literature Review: Animal Assisted Activity in Residential Aged Care

The value of AAA (including AAT) as a form of health intervention is becoming increasingly widely acknowledged, with a growing body of literature investigating the effects and underlying mechanisms involved. A review of the effects of human-animal interactions was recently published by Beetz, Uvnäs-Moberg, Julius, and Kotrschal (2012). This review looked at peer-reviewed research on the physiological and psychosocial effects of animal interaction in humans of different ages, and with and without mental or medical health conditions. Well-documented effects were cited for: improvements in social behaviour, social

attention, mood, and interpersonal interaction; and decreases in self-reported anxiety and fear, and stress-related parameters such as heart rate, blood pressure, and cortisol levels. There was also evidence for positive effects on empathy, learning, trustworthiness and trust towards others, immune system functioning, pain management, and other stress-related parameters such as epinephrine and norepinephrine levels (Beetz et al., 2012).

Research on the benefits of interaction between humans and animal companions falls into two main categories: pet ownership/owners interacting with their own pets, and animals that are not owned by the participant (Barker et al., 2010). The following section focuses on the latter, as research suggests the effects of an owned animal may differ from unfamiliar animals due to higher levels of attachment and the enhanced perception of social support from an owned animal (Craig, Lynch, & Quartner, 2000). Although some rest homes in New Zealand allow owned animals to be brought in to live with a new resident if behavioural standards are met, none of the participants of the current study had their own animals in the facility (in fact, some of the participants had unwillingly given up their own pets due to moving into RAC). The first section examines the evidence for physiological effects relevant to RAC residents participating in an animal visitation programme. The next section presents research relevant to the psychosocial effects of Animal Therapy.

Physiological effects of Animal Therapy. Since the advent of formal scientific inquiry into the field of human-animal interaction in the 1960s, research has often focused on the physiological effects of Animal Therapy, as these effects are able to be objectively measured and quantified, for example by assessing neurological and hormonal indicators of stress or pain. Studies have shown that interacting with an animal can influence the physiological health of humans in a variety of ways, such as: decreasing blood pressure (Wilson 1987; Vormbrock and Grossberg 1988; Friedmann et al. 2007); lowering stress

hormone production (Barker et al. 2005; Odendaal & Meintjes, 2003); improving heart rate variability (Motooka et al. 2006); increasing endorphin levels (Odendaal & Meintjes, 2003; Barker, Knisely, McCain, & Best, 2005); and increasing oxytocin levels (Beetz, Uvnäs-Moberg, Julius, & Kotrschal, 2012; Odendaal & Meintjes, 2003). Taken in combination, the literature indicates that the physiological effects may be observable in a program with the features of the Animal Therapy programme that residents of New Zealand rest homes have access to – that is, brief, relatively infrequent encounters with unfamiliar animals. For example, studies have suggested that the physiological benefits of interacting with animals can be observed after fortnightly encounters that last as little as five minutes (Barker, Knisely, & McCain, 2005); that these effects endure beyond the immediate encounter (Kanamori et al., 2001); and that interacting with an unfamiliar animal may be more physiologically significant than interacting with a personal owned pet (Barker et al, 2010).

Barker et al. (2010) point out that in some studies it was unknown what proportion of the results were attributable to the therapy animal itself (versus the animal handler or the general effect of a relaxing activity). Some early studies found slightly larger reductions in blood pressure to be associated with quiet reading than with animal interaction (e.g., Gaydos & Farnham, 1988; Wilson, 1987). While many studies have not controlled for the effects of social interaction or distraction from the animal handler, there is some evidence that there is an additive benefit from the addition of an animal to the interaction. For example, Odendaal and Meintjes (2003) showed that interaction with a dog may have effects that extend beyond those of simply relaxing in another way, such as quiet reading time. Although similar effects on blood pressure were observed in the animal interaction and quiet reading conditions, there was a more significant reduction in cortisol levels and an increase in neurochemicals associated with bonding in the dog condition. Gaydos and Farnham (1988) found that while

reading lowered heart rate more than AAA, petting a dog whether owned or unfamiliar had the greatest effect on lowering blood pressure, suggesting a benefit of tactile interaction. In another study, several physiological indicators (systolic pulmonary artery pressure, pulmonary capillary wedge pressure, epinephrine, and norepinephrine) showed significantly greater improvement for participants randomized to a group that had a 12 minute visit with a therapy dog and a volunteer, than for those who were visited by just the volunteer or were in the control group (Cole, Gawlinski, Steers, & Kotlerman, 2007). This has implications for the possible enhanced physiological benefit of animal visiting programmes over, for example, a 'befriending' service in which a friendly volunteer makes regular visits to residents.

It is worth noting that the much of the literature has involved participants for whom a positive attitude towards animals had been established (e.g., Barker, Knisely, & McCain, 2005; Barker et al., 2010; Kanamori et al., 2001). There is some evidence that the physiological impact of animal interaction can be observed regardless of this predisposition; Charnetski, Riggers, and Brennan (2004) compared the effect on Immunoglobulin A (IgA) levels that tactile interaction with a dog had, compared to patting a soft toy or sitting quietly on a couch. IgA is a protein that is important to the immune system's resistance against a wide variety of pathologies (Charnetski, Riggers, & Brennan, 2005). They found that not only did the dog interaction condition show a larger increase in IgA compared non-animal activities, this was independent of scores on a Pet Attitude Scale. That is, the attitude of a participant toward animals did not alter the physiological benefit of the interaction. Likewise, DeMello (1999) found that the presence of an unknown friendly animal reduced heart rate and blood pressure following a cognitive stressor task independently of attitudes towards pets (positive or neutral). Interestingly, in this study it was found that objective physiological measures of arousal were not necessarily reflected by self-reported state of arousal;

participants who indicated that they were less relaxed in the presence of an animal during a rest period following a cognitive stressor task actually showed lower arousal on objective measures when the animal was present. The author suggests that this may be due to the mental stimulation of a pet being interpreted as resulting in a less relaxed overall state. On the other hand, Kingwell et al. (2001) found that cardiac autonomic profile response was lower in the presence of an unfamiliar dog for participants who were dog owners, but responses for non-owners were lower when a dog was not present, suggesting attitude towards and familiarity with dogs influenced this measure. However, this measure describes the frequency distribution of the heart period variability, and was not reflected in heart rate which did not vary significantly in the presence of absence of a dog for either group.

Research in this field varies significantly in terms of AAA intervention frequency and duration, samples, and study conditions. For example, the experimental designs of several studies have incorporated mental stressors into the trials, but the mental stressors used across different studies are not consistent. Consequently, the results of studies examining specific physiological indicators report mixed results. For instance, while most studies report reductions in blood pressure associated with tactile interaction with or the presence of a dog (e.g., DeMello, 1999; Friedman, Thomas, Cook, Tsai, & Picot, 2007; Vormbrock & Grossberg, 1988; Wilson, 1987), others reported no difference (Craig, Lynch, & Quartner, 2000; Kingwell, Lomdahl, & Anderson, 2001). Combined with the body of literature being spread out over a number of disciplines, it can be difficult to develop an integrated view of the scientific literature in this field (Beetz et al., 2012). Further complicating an evaluation of AAA research are the limitations due to the effect of laboratory conditions on stress response. For example, Kingwell et al. (2001) suggest that the types of cognitive stress tasks used in research settings (for example, a computer-based Stroop word-colour conflict test) may not

hold much resemblance to the types of stress experienced in daily lived experience. Early research has suggested that the benefit of animal presence in ameliorating stress-response is greater in high stress situations (Friedmann, 1990), meaning that a mild stressor such as the Stroop task may make it difficult to observe a significant effect of animal presence.

Some of the research into the physiological effects on animal interaction has focused on older adults specifically, but this has been quite limited and has tended to examine the influence of pet ownership rather than AAA. Research that has focused on AAA with older people is mostly directed at clinical populations with cognitive impairments such as dementia and Alzheimer's disease. Walsh, Mertin, Verlander, and Pollard (1995) reported reduced heart rate in participants with dementia following interaction with a visiting dog. The research that has been conducted looking into the physiological effects of AAA on cognitively unimpaired older adults has looked at similar parameters and produced similar results to the literature in other populations. For example, a significant decrease in blood pressure was recorded for cognitively unimpaired aged care residents in a tri-weekly AAA intervention with a cat for six weeks, compared to those who did not participate in the AAA (Stasi et al., 2004). The majority of research on AAA with older people has focused on psychosocial indicators; this may reflect reluctance to use popular but somewhat invasive methods of assessing physiological changes, such as blood tests, with a research sample of older people.

Psychosocial effect of Animal Therapy. Among the documented benefits of AAA for psychosocial factors within a wide range of age groups, clinical problems, and practice settings are decreases in anxiety, isolation, and fear of medical procedures, and improvements in communication, social interaction and support, and happiness (Barker & Wolen, 2008). AAA has also been associated with reduced depression (Crowley-Robinson, Fenwick, &

Blackshaw, 1996; Holcomb, Jendro, Weber, & Ursula, 1997) and improved mood (Lutwack-Bloom, Wijewickrama, & Smith, 2005).

Several studies of the psychosocial effects of AAA have focused on the relative contribution of socialization through human-human contact compared to human-animal interaction. Early studies suggested the positive effects attributed to AAA may actually be more attributable to the animal's handler than the animal itself (e.g., Beck & Katcher, 1984; Hendy, 1987). However, more recent research suggests there is evidence to support an additional benefit to adding an animal to the visit. In one study, non-palliative cancer treatment patients scored the overall experience higher when visited by a dog and a handler who was advised not to interact with the patient, than with a friendly volunteer only or time spent quietly reading (Johnson, Meadows, Haubner, & Sevedge, 2003). The patient's therapy was self-reported as becoming easier after the intervention for 70% of participants who were visited by a dog, compared to 50% with friendly volunteer and 20% who spent the time reading quietly. Furthermore, 70% of patients reported looked forward to the dog visit, compared with 30% for the volunteer visit and 40% for reading time, and more people reported feeling attached to the dog (90% of participants) than to the human (20% of participants). The study described above by Cole et al. (2007) also measured state anxiety, finding a significantly greater decrease from baseline in the volunteer-dog group than in the volunteer-only or control group.

Additionally, a number of the studies in this area have focused specifically on AAA in RAC settings. For example, in a particularly robust study, Lutwack-Bloom et al. (2005) demonstrated significant positive changes in mood and a reduction in self-reported fatigue for residents after interacting with a visiting dog, but not after interacting with a visiting researcher. Notable about this study in particular was the careful consideration of whether or

not the animal handler should be asked to avoid interacting with the participant as has been common in other studies (e.g., Bank & Banks, 2002). The authors decided that given the fact that animal visitation programmes do not operate in that way in reality, the handler in their study should interact with the participant in the same way as would occur in the usual process of an AAA visit. This is particularly relevant to the current study, as a handler is always present in the applied context of a RAC animal visiting programme. In the Lutwack-Bloom et al. study, participants in RAC were randomized to receive AAA as individuals or in small groups. Group AAA was used as a measure of a combination of human interaction and human-animal bonding, and individual AAA was used as a measure of human-animal bonding only. Scores on a measure of loneliness decreased significantly for the individual AAA condition compared to the group condition. The researchers concluded that this was evidence that the effect of AAA was not mediated by human-human socialisation. In another study, the prosocial behaviours elicited by a visiting dog were again compared to those elicited by a human volunteer (Kaiser, Spence, McGavin, Struble, & Keilman, 2002). The authors suggested that the benefits of AAA may be attributable to the non-judgemental and non-obligatory nature of an animal visit, pointing to the everyday human-human interactions between residents and rest home staff as often being of an obligatory nature relating to care needs. An equal number of prosocial behaviours were observed in the encounters with the animal as with the human visitor, with the exception of physical touch, which was more common with the dog. This is understandable given the social appropriateness of touching an unknown human versus an unknown animal, but the researchers described a possible advantage of an animal visit as providing the opportunity for a tactile experience that would not occur with a volunteer only.

Although the physiological effects of animal interaction can be observed independent of attitudes towards animals, this may not be the case for the psychosocial effects of animal interaction. Holcomb, Jendro, Weber, and Ursula (1997) found that there was an association between reduced depression and the utilization of an aviary in a health day care programme for older males, but reduced depression was not found based only on the presence of the aviary, suggesting that the mere presence of animals may not influence psychosocial health in the same way it does physiological health. Research on the effects of Animal Therapy in RAC specifically has primarily focused on outcomes related to daily functioning, mood, and social interactions (Barker & Wolen, 2008). Like the research on the physiological effects of AAA, a wide variety of approaches in terms of measurement and design have been implemented. Research has necessarily relied largely on subjective self-report scales and ethnographic approaches such as observation. An advantage of this is that AAA interventions can be studied in the setting in which they would occur in everyday life, circumventing the issues with an artificial experimental environment as discussed above. Again, similar to the literature on the physiological effects of AAA for older people, there has been a particular focus on specific clinical populations, such as people with dementia and Alzheimer's disease. The focus on psychosocial factors rather than physiological factors in these populations may in part reflect the difficulties with informed consent for procedures such as taking blood samples which are common in research into physiological effects. There is evidence from several studies with cognitively impaired older adults to support AAA increasing social behaviours and decreasing behavioural disturbances and psychological symptoms of dementia (e.g., Berstein, Friedman, & Malaspina, 2000; Fick, 1993; Kongable, Buckwalter, & Stolley, 1989; Moretti et al, 2011; Richeson, 2003; Sellers, 2006).

Studies involving older people that do not focus on populations with particular clinical diagnoses are less abundant. In one three-month trial involving 144 cognitively unimpaired residents of a rest home in Italy, participants were each given either a plant or a canary to care for, or assigned to a control group with neither. Participants who had cared for a canary had significantly better scores on psychological symptom subscales than the other two groups. However, this setting is not very applicable to the form AAA takes in NZ rest homes, as it involved an ongoing relationship between each resident and a specific animal, and included an element of responsibility of care. Research has suggested a sense of control, responsibility, personal value, and meaning can be facilitated through caring for an animal and providing its survival needs (Kongable, Buckwalter, & Stolley, 1989; Wisdom, Saedi, & Green, 2009). The features of the AAA programme in this study do not tend to facilitate this type of ongoing relationship. The effects of animals on depression and anxiety in RAC have also been examined. A significant decrease in scores on a depression inventory was found following weekly interaction with a trained therapy dog for six weeks, both compared to pre-intervention scores and the scores of a control group (le Roux & Kemp, 2009). The authors of this study suggested further research needs to be conducted to qualitatively explore the way in which residents in RAC experience AAT/AAA. In this study positive qualitative feedback about the intervention was given by the participants, including an increase in social interaction between residents and eliciting pleasant memories about owned pets, but this feedback was included as an aside rather than analysed separately or reflected by the measures used.

Chapter Summary

AAA programmes in RAC are typically characterised as a cost-effective form of diversional therapy that has the potential to provide both physiological and psychosocial

benefits to residents. The combination of subjective benefits supported by the identification of changes in physiological markers suggests that there is a basis for volunteer-based Animal Therapy visits to have the potential to provide short-term improvements for residents. Although the variations in approach to research into the benefits of human-animal interaction make it difficult to build an integrated and coherent picture of the state of the literature, collectively these studies indicate the potential for psychosocial benefits from an AAA programme in a RAC setting.

The majority of recent research in this field is quantitative, employing specific scales and tests of indices of psychological symptoms or social behaviours. Researchers have either set up an intervention specifically for the research project, or conducted research in a setting with a pre-existing programme, in which the same animals have been used for the visits. This introduces an element of having an ongoing relationship with a particular animal and increased potential for bonding that is not present in the programme examined in this study because of the use of shelter animals. This limits the applicability of these studies to the way the AAA programme is actually experienced in the RAC settings of the current study, because the literature regarding the conditions and nature of the human-animal bond and the mechanism of social support state dependence on an ongoing relationship.

The features and discourse of AAA in rest homes in New Zealand place the animal visits as a form of therapeutic recreation. Research into therapeutic recreation in general often focuses on the perceptions of caretakers and service delivery providers as evidence for the benefits and feasibility of these types of programmes. For example, Ferguson and Goosman (1991) suggested enhanced socialization, self-esteem, and memory retrieval as a result of an art therapy programme in RAC, but much of their review focused on the perceptions and logistical requirements/practicalities for ease of implementation for the service providers,

such as the provision of a training opportunity for health professionals to develop skills working with older adults, and the potential for job-sharing in the art therapist role between rest homes. Although the ease for providers of implementing a service is an important consideration to inform decisions about whether to run a particular programme, a focus on the practicalities of service provision may obscure building an accurate picture of the value, meaning, and impact of the activity for the residents themselves. This focus of the evaluation of therapeutic recreation activities raises an important question: Who are these interventions intended to serve? Given the goal of therapeutic recreation activities is to provide meaningful experiences for residents of RAC in order to enhance overall wellbeing, exploring the meaning of therapeutic recreational activities to residents themselves is an important part of understanding whether these activities have an impact on their wellbeing. Further, although some studies have included qualitative responses regarding AAA, very little of this data has been generated by the older adults who are the recipients of this service. Anecdotal reports regarding the benefits of AAA have often come from third parties, such as the service providers or rest home staff and coordinators (Cusack & Smith, 1984; Banks & Banks, 2001; Banks & Banks, 2005; Kaiser, Spence, McGavin, Struble, & Keilman, 2002). Qualitative data has tended to have been used to inform quantitative measures, or to measure pre-determined constructs, rather than constituting an in-depth exploration of the meaning of AAA in the context of the everyday lives of RAC residents.

Chapter Five

METHODOLOGY

This chapter begins by describing the implications of the social constructionist epistemology that underpins this study, and outlining the rationale behind using a narrative psychology theoretical perspective.

Epistemology

Epistemology is the theory of knowledge; it deals with the nature of knowledge, what knowledge is, where it comes from, and what its scope can be (Crotty, 1998). In everyday life, assumptions about reality are often taken for granted and intuitively inform understandings of human experience and existence. However, in research, epistemology forms part of a nested system of justifying and understanding the way research is approached, and therefore needs to be made explicit. Epistemology is embedded in theoretical perspective, which then informs methodology and method. Crotty (1998) writes that examining these elements enables the justification of the methodologies and methods used in research because they enable a deep analysis of the research process that highlights the implicit assumptions in the design. Different epistemological standpoints lead to profound differences in the way research is conducted and how outcomes are presented.

Positivist and empiricist epistemological approaches have historically been dominant in psychological research. From an empiricist perspective, attaining knowledge about the world is considered to be achievable by observation of 'brute data' which is identified and recorded (Gergen, 1985). Empiricism holds that phenomena exist as objective reality. Through formal processes of observation, an external and objective 'truth' can be discovered. Packer (1985) writes that empiricist approaches focus on 'cause and effect' relationships

between 'physical systems'. In terms of psychology, this implies behaviour is the immediate, automatic, and objectively determined result of causal forces. From this perspective, phenomena are made up of elements that can be observed in isolation from one another. An observer of these elements has direct and unproblematic access to identifying and recording them. Empiricism holds that laws governing the interaction of the separate causal forces that combine to produce human phenomena can be described, independent of historical and social context and conditions (Smith & Eatough, 2007).

Social Constructionism

Social constructionism conversely views meaning as coming into existence through the process of engaging with our world (Burr, 2003). Knowledge about the world is constructed through human experience, rather than existing as an objective truth to be discovered (Thorne, 2000). This understanding of the nature of knowledge acknowledges that different people may construct meaning about the same phenomena in different ways. Constructionism attempts to move away from the polarities found in positivist and empiricist approaches, and to situate knowledge as arising from social interchange. What is known about the world does not reflect straightforward processes of observation and interaction. Instead, knowledge is shaped by and reflects the structuring forces of history, political processes, and our moral expectations (Burr, 2003). The world is seen through these lenses, and this cannot be circumvented. Qualitative research that is grounded in social constructionism recognises that, in the context of human experience, the relevant 'reality' is that which occurs in subjective experience (Thorne, 2000). The historical and cultural context of our experiences are always the foundations of our understandings about the world; recognising this allows us to consider and challenge the implicit assumptions about human

activity that are revealed to be products of social, moral, political, and economic institutions (Gergen, 1985).

Narrative Psychology

Narrative psychology is informed by social constructionist epistemology. Narrative psychology is primarily concerned with exploring the processes people use to account for themselves and the world in which they live. Narratives are stories told about an experience that not only impose a sequence on events, but also structures those events in a way that imparts meaning (Stephens, 2011). Narrative links disparate aspects of experience into a meaningful whole (Czarniawska 1998; Franzosi 1998). Ricoeur (1984) argued that we need narratives to create this order and sense of coherence because of the constant flux of our temporal world. A central tenet of narrative psychology is based on social constructionist understanding of knowledge as grounded in social context – language itself is considered to be the ‘doing’ of life, rather than a reflection of it (Gergen, 1999). That is, meaning is constructed as it is put into words, whether verbally, in writing, or mentally. Speech is a culturally and socially constructed instrument for creating shared understandings about our experiences (Thorne, 2000).

Narratives are an essential process of meaning-making – Thorne (2000) writes that it is the act of trying to articulate experiences that transforms them into a communicable representation that has meaning and order. This process is not always conscious, because narrative structures are internalised by our immersion in the everyday cultural practices of the social world we live in (Crossley, 2008). Constructing a narrative can be thought of as a procedure of imposing a linear sequence on previously cognitively unstructured experiences - establishing a sense of order, a way to link one piece to another (Crossley, 2000). That is, it is through and during the act of constructing a story that people place events into an order that

allows connections and interpretations to be made. Narrative psychology aims to examine what these stories mean to people, by looking at what is included and excluded in the telling, and what the social and psychological consequences of these stories might be. The sequencing of a narrative is also important, because it highlights which ideas, places, practices, and symbols are important to people (Young, as cited in Feldman et al. 2004).

Narrative psychology assumes that people are natural and reflective storytellers, who make their experiences meaningful by turning them into stories (Silver, 2013). The stories people choose to tell provide insights into the specific cultural rules that an individual is influenced by. These cultural rules guide the way people react to events in their lives, as well as how they claim or avoid identities (Bruner, 1990). Looking closely at these stories allows us to untangle the systems and structures of meaning that we negotiate our knowledge about the world through (Polkinghorne, 1998; Silver, 2013). The social constructionist epistemology that informs narrative analysis asserts that an individual's reality is subjective, as they attach meaning to it through narrative. However, the way an individual interprets their experiences is fundamentally social in nature because what can be said is bound by their particular sociocultural and historical context. Because of this, examining narratives can tell us about a wider social order. Even profoundly personal stories are embedded in the social, cultural, and material conditions which make certain stories and identities available and others unavailable (Silver, 2013). Through their stories, people refine and communicate a particular understanding of the forces that structure their world (Feldman, Skolberg, Brown, & Horner, 2004).

Narrative psychology seeks to understand the way identity and self is explored within the boundaries of this constructed world. Narratives are created to understand the world at large, but also to understand ourselves (Murray, 2008). Broad cultural narratives are drawn

on to tell personal stories are a way for people to actively shape, structure, restructure, and achieve an identity, by explaining their actions and why they behaved in certain ways (Skultans, 2000). Seeking coherence and organization through narratives is especially common when a discrepancy between people's ideal selves and their reality is apparent, or between a person's identity and the cultural and societal strictures on what a particular person's identity 'should' be (Bruner, 1990). Through narrative, we are able to scaffold connections in our actions, but also distinguish our identity from others (Ricoeur, as cited in Murray, 2008).

Social Constructionism, Narrative, and Ageing

Wertz (2011) writes that choosing research methods that honour the complexity and uniqueness of human experience is one of the greatest challenges facing the human sciences. Social constructionism asserts that descriptions of the world are forms of social action, as they are considered to be ways of negotiating meaning through socially shared understandings of what the world is like. This means perspectives on the world are fluid and ambiguous at times (Gergen, 1985). Expectations about the world may be proposed, seemingly cemented, and then abandoned or restructured as social relationships transmute over the life-course (Gergen, 1985). Phoenix, Smith, and Sparkes (2009) suggest that the experience of ageing itself is characterized by complexity, that it is "dynamic, interactive, [and] subject to the twists and turns of life, chance, change, and complication" (p.1). Taken in combination, these features of social constructionism make it especially suited as an epistemological foundation for research that attempts to honour and pursue understanding of the ever-evolving social process of ageing.

Likewise, understandings of the self are fluid and characterized by relativity and interpretation. Crossley (2008) writes that the language and linguistic practices used to make

sense of ourselves and others in everyday life are an inseparable foundation to the way the 'self' is conceptualized. Interpreting and changing this conceptualisation is an ongoing process that is developed and negotiated through the use of language. Narrative psychology aims to uncover meaning through the interpretive power of stories. Stories are an essential part of the way the meaning of ageing is performed and understandings are constructed, because age itself is something that is performed (Laz, 2003). Age is made meaningful by individuals and society as a whole through the interactions had within the context of social structures and institutions (Laz, 2003). Because the influences of the entire life-course shape what it means to be old, and what it means to be in RAC, narrative can represent a valuable tool for looking at these meanings and where they have come from, because it considers each moment of experience to be determined by the whole (Wertz, 2011).

Further, narratives can also be considered as embodied (Phoenix & Sparkes, 2009). The corporeality of life is a fact that provides people with the means of acting, but also constrains what their actions can be (Frank, 1991). We live in the world in particular types of bodies that identify us in particular ways – for example, able bodied or disabled, young or old (Holstein et al., 2011). The kind of body a person has becomes deeply embedded in the narrative because their body can be the topic, cause, and instrument of their story (Becker, 1997; Frank, 1991). This makes narrative analysis suited to researching the experiences of older adults, as a person's ageing body carries with it particular cultural readings that are externally imposed but also internalized (Holstein et al., 2011). Ageing and the aged body have traditionally been devalued in Western culture because of the associations with frailty and loss of control, and this may be reflected in the stories older people tell to make sense of their identities and their world.

Stephens (2011) has used narrative analysis to show how people renegotiate their life stories to respond to changes in their circumstances. Because stories are used to construct and reconstruct identity, people use stories to work through events that have caused a difficulty or disruption in their lives (Labov as cited in Stephens, 2011). Stories enable people to work out why something happened in the way it did, who they were before, and how that can be reconciled or justified if they are someone different now (Stephens, 2011). Narrative analysis has been useful in the study of chronic illness, because the stories people tell can provide insight into how the everyday difficulties presented by illness are incorporated into their lives (Bury, 2001, Hyden, 1997, Skultans, 2000) In particular, beyond the physical difficulties an illness can present, narratives can show us a holistic picture of what the experience of an illness means in the context of an individual's life, including for example the effect on their relationships, interests, and identities. Bury (1982) refers to the impact of a chronic illness as a "biographical disruption" because of the way illness can challenge the way a person has expected their life story will develop (p. 169). A biographical disruption can force people to change the narrative of their personal life story to maintain a sense of identity that is still coherent with their new physical reality (Bury, 2001; Crossley, 2002). This is particularly relevant for older adults who have found themselves in RAC, because the loss of function (that is sometimes due to a chronic illness) that has necessitated this shift could itself be considered a biographical disruption. Further, because of the way RAC is associated with 'unsuccessful' ageing, finding oneself in RAC may challenge an individual to restructure their personal narrative to find a sense of coherency in their changing relationship with the world.

The use of narrative psychology and narrative analysis to study experiences of rest home residents allows an examination of the function of the stories each participant tells. It

allows us to look at these stories on the individual level, where identity work is being done, as well as providing insight into the macro-level social context, such as cultural values and beliefs, that are drawn on in the telling. Although participants use narratives in their stories, these narratives do not 'belong' to them: they are wider accounts of social life.

Analytic Approach to Narrative

Narrative research is used in many fields, such as literature, anthropology, history, sociolinguistics, and psychology (Creswell, 1998). Analysis that is based on narratives is a theoretical approach rather than a method; that is, rather than providing a prescriptive step-by-step approach to analysis, narrative provides a way of thinking about and understanding the way people create meaning (Stephens, 2011). Thus, there are many different ways to go about analysing narratives within the broad theoretical framework of narrative psychology (Braun & Clarke, 2006).

In everyday conversation, the narratives we provide offer a coherent account of an event, and the listener is usually able to complete any unfinished endings with the tacit knowledge from the context in which the story was told and arose (Murray, 2008). Narrators rely on the implicit assumptions shared with their audience, so that in oral communication stories are told in a way that the listener 'gets the gist'. The audience draw upon internalised established social narratives in order to fill in any gaps or to complete a particular story – this process is often reflexive and intuitive (Murray, 2008). In narrative research, 'filling the gaps' of what is being said in a story becomes a carefully intentional and reflective process, rather than an intuitive and unconscious process. That is, outside of the immediate interaction, it is necessary to decipher the meaning of a story in a more in-depth way. Researchers carefully analyse why a story has been told, what function it serves, and what is instructive about the things that are included as well as omitted. Stories can contain multiple meanings, and can

include embedded information that is not immediately apparent (Murray, 2008). Analysing a story in-depth allows us to gain insight into the meaning the story holds for the narrator about how and why it happened.

Understanding the narrator as an agent who is engaging with the world through narrative allows us to recognise the way the storyteller's account is shaped by social context (Murray, 2008). As well as the broader social context of culture and society, this refers to the immediate audience (Murray, 1997). Narrative is a joint production of shared understanding between the storyteller and the audience (Mishler, 1986). The audience includes the immediate listener (in this case the interviewer), as well as the potential audience the storyteller is aware of. For example, in research, the storyteller is usually aware that people beyond the interviewer will be privy to their story, such as academic supervisors and any readers of published research. Thus, the story is oriented to this audience as well. Narrative psychology recognises the active role the researcher has in the research process; it is important to acknowledge the influence the interviewer has on how a story is told. The stories a participant tells are to some extent determined by the questions a researcher chooses to ask, and these questions are unavoidably influenced by his or her knowledge, beliefs, and biases (Silver, 2013). The relationship between the researcher and the participant also influences both what is told and how it is told (Silver, 2013). For example, the stories told to a young able-bodied researcher are likely to be framed differently to those that might be shared with an older researcher, or another rest home resident. Further, the researcher's assumptions, beliefs, and biases also affect the way they analyse the data (Silver, 2013). In line with its social constructionist epistemology, narrative psychology holds that the knowledge we produce is inherently value-laden and that a completely objective analysis in qualitative research is not possible.

Analytical levels

It is important to make the analysis process explicit in research. As with understanding the implications of a certain epistemology, understanding the way narratives have been interpreted allows the reader to see the researcher's rationale in justifying and understanding the outcomes that have been presented. Several authors have provided categorised summaries of approaches to narrative analysis that are helpful in deciding which aspects of narrative research will be focused on (Stephens & Breheny, 2012). In narrative psychology, it is the way several aspects work together that is of interest.

Murray (2000) suggested that narrative operates on four levels: personal, interpersonal, positional, and ideological. These levels include examinations of what narrative forms are socially available, how these forms are used in interaction with other people, and what the implications of their use are for particular behaviours and choices (Stephens & Breheny, 2012). The personal story is the story told by an individual about their own experience. The personal level focuses on the way people use narrative to explain their experiences, make sense of their lives, define their identities, and link themselves to society. The interpersonal story refers to the way this story is co-constructed by the storyteller and the audience. (Somers, 1994; Stephens & Breheny, 2012). At the interpersonal level, the analysis looks at the way narratives are jointly constructed by the storyteller and the listener (Mishler, 1986). It also looks at the influence of the imagined audience on the narrative. The positional level refers to the influence of the broader social context of narratives, as well as the moral and social functions a narrative may perform (Stephens & Breheny, 2012). This includes an examination of how narrative is used to perform identity. Consideration is given to the way the audience is involved in this performance, through the influence of the power relations in the interpersonal level as well as the way the narrator positions themselves, the audience, and

the characters of their story. Lastly, the ideological level explores the culturally shared narratives that personal stories are positioned in. These are the representations and beliefs that are shared by broad social systems such as families, institutions, or states (Somers, 1994). Narratives are embedded in these ‘public’ narratives, which are drawn upon to guide subject positions and moral identities in personal stories (Stephens & Breheny, 2012). Stephens and Breheny (2012) collapsed Murray’s (2000) positional and ideological levels into one level termed the ‘public narrative’, which examines the narratives of social life that are shared on a broad public level and includes positions for social and moral identity. Stephens and Breheny used this approach to distinguish personal stories from the broad shared narratives that shape these stories and determined the availability of particular social identities. Though the use of this framework can be helpful in exploring of the meanings of narratives, it is important to note that these different levels do not express how narratives are actually structured – in the creation of meaning, all of these levels exert influence at all times (Murray, 2000; Stephens & Breheny, 2012).

Chapter Six

METHOD

The following chapter outlines the research process, beginning with a description of the participants and recruitment. A detailed explanation of the procedures used follows, including ethics, the interview process, and analysis.

Setting

This research was conducted in two rest homes in Wellington, New Zealand. In order to understand the process involved in an Animal Therapy visit, the researcher assisted regular volunteers in the delivery of two Animal Therapy sessions in the project planning stage prior to the recruitment process.

Participants

This research involved interviewing residents of RAC. Resident participants needed to be living in RAC, able to give informed consent and participate in an interview, and identify as have had some experience of the Animal Therapy programme to be able to participate in this research. The sample size was intentionally small to allow in-depth analysis, with seven residents participating in the study.

Recruitment

The participants were invited to take part in the study from several rest homes in Wellington, New Zealand. Potential participants were screened with help from the rest home staff to ensure they were cognitively and physically capable of participating in an interview and giving informed consent. Although the initial recruitment procedure included the delivery of a brief verbal group presentation describing the research to residents, it was found that this

was impractical in the context of residential care. There is an emphasis on personal interaction and a necessary level of dependence and monitoring inherent in the culture and characteristics of the residential care setting. This led to a disconnection with the initial recruitment strategy of participants contacting the researcher independently following the presentation. Therefore, appropriate potential participants were suggested and introduced to the researcher by rest home management and clinical staff. The researcher described the research and the interview process during this initial meeting, and distributed information sheets (see Appendix A). A time and location that was convenient to the participant the following week to conduct the interview was organised, and rest home staff were asked to confirm that the participant was still interested in proceeding after the researcher had left. This was to ensure the participant was fully aware that there was no obligation to participate and had the opportunity to comfortably decline. None of the participants withdrew at this stage.

Although rest home staff nominated only those potential participants who were judged to be relatively cognitively unimpaired, the residents' physical ability to participate in an interview varied. This was due to variability in health and disease status and the accompanying variability in disability and pain levels, both between and within different participants. For example, one participant who had Parkinson's disease typically found speech difficult, but this difficulty could be exacerbated by pain levels which varied daily.

Ethics

The project was evaluated through a full review by the Massey Human Ethics Committee as older people in residential care are considered to be a vulnerable population. To address this, care was taken with the recruitment process as described above. In the context of RAC the needs and cognitive ability of residents is variable. This meant it was

necessary to find a way of identifying/screening residents through rest home staff to ensure they were able to give fully informed consent, and then approaching only these potential participants. In addition, it was important to avoid creating a sense of obligation to either the researcher or the staff for the residents to participate. A key component of this was developing a relationship with a key staff member for the researcher to liaise with at each rest home so that the importance of not coercing any individual into participating could be clearly emphasized.

The information regarding the purpose of the study, the participant's rights, and the informed consent procedure were discussed verbally before the commencement of each interview in order to confirm participant understanding. This was particularly important given the loss of vision of some residents, which meant reading a document was very difficult. Additionally, at the beginning of each interview the interviewer emphasized that the resident was still under no obligation to participate. One resident withdrew from the study immediately prior to the interview. One participant gave verbal consent instead of written consent, as Parkinson's Disease made it impossible for her to write her name and signature. The verbal consent process was sound recorded.

As the questions were not of a particularly sensitive nature and participants were free to decline to answer any particular question, it was anticipated that the participants would not experience any physical, psychological, or social discomfort, incapacity, or other risk of harm as a result of participation. To maintain anonymity, pseudonyms have been used throughout the analysis and personal information that could be used to identify participants has been removed. Two of the interviews were transcribed by a professional transcription service after the transcribers had signed and returned a Transcribers' Confidentiality Agreement form.

The Massey University Human Ethics committee noted that there may be some residents who wished to take part but did not meet the selection criteria. The researcher agreed to speak to all those who wished to take part, but would not use conversations from non-participants as research data. However, due to the change in the recruitment process, only those who met the selection criteria were approached.

Interview Procedure

Interviews typically lasted between 20 and 60 minutes, and were conducted in a semi-structured format to encourage participants to story their experiences in as much length and detail as possible. Each interview started with a review of the Information Sheet, including the rights of the participant, and an opportunity for questions to be asked. The Consent Form (see Appendix B) was discussed and signed. A set of general questions were used as a guide to begin the interviews, for example: How long have you been involved in the Animal Therapy programme? Have you had much experience with animals over your life? Could you tell me how long you've lived here? Supplementary probe questions were used as needed. The full interview schedule is provided in Appendix C, but it should be noted that interviews followed a natural evolution of further questions as generated by participants' responses. This is in line with the constructionist-informed collaborative nature of narrative interviewing as described above, in which both researcher and researched jointly construct meaning because discourse about the world is considered an artefact of communal interchange (Gergen, 1985; Mishler, 1986).

The interviews were audio recorded and transcribed with consent from the participants. Respondents were offered the opportunity to have both recordings and transcripts returned to them for checking prior to analysis. All participants declined this offer. Finally, a koha in the form of an afternoon tea or small token such as a bouquet of flowers

was given to each resident on a subsequent social visit to thank them for their participation. This was intended to acknowledge the importance of the relationships that are developed during research, but also informally informed the analysis due to the increase in understanding of each participant's personal context that naturally evolved through spending more time together.

Data Analysis

Because narrative is a relatively young theoretical framework in psychology, a number of theoretical tensions have emerged as part of its development (Smith & Sparkes, 2006). For example, Polkinghorne (1995) distinguishes between “analysis of narratives” and “narrative analysis” (pg. 12). Analysis of narratives is founded on a ‘paradigmatic’ type of research in which storied accounts are collected for data, while narrative analysis collects descriptions of actions, happenings, and events. The current study has used analysis of narratives, with an analytic approach that identifies instances of categories in the data, rather than producing a storied account. This approach produces knowledge of concepts rather than of particular situations (Polkinghorne, 1995).

In line with the analysis of narratives, my analytic approach was to look at the ‘what’ questions of story-telling: this is concerned with the organization and substantive elements of the narrative – the plot, characters, and content (Smith & Sparkes, 2006). This approach asks what is constructed in and by the telling of a story, using questions about what is happening in the story, what the story tells us about AAA in RAC, what meanings are attached to this, what the circumstances or conditions are for what is happening in the story, and what type of narrative is being told. This study has aimed to situate this approach within the framework of Murray's levels of analysis described above.

Impression notes were made following each interview to provide contextual details for later reference in the analysis stage. These notes included observations of the participant's perceived mood and attitude towards the interview process, the residential care facility, and the features of the resident's room (for example, photographs of animals) if the interview was conducted there. Each interview was then transcribed.

During the transcribing stage, I began to engage with the data to gain an understanding of the content and overall structure of each narrative. Each transcription was checked for accuracy with the audio recording, before being read several times to further familiarise and immerse myself in deep engagement with participants' stories. While reading each transcript, I made informal first impression notes in the margins. These notes were both refined and elaborated on over each subsequent reading, with particular reference to the analytical levels (personal, interpersonal, and public) described above.

Examples of the questions I asked myself while reading the transcripts were: why is this interesting? Why has the participant told me this? How have I influenced what was said here? How does this fit within the wider turn of talk in their story? How does this fit into the wider setting and social context? How has the social context influenced what has been said and what is able to be said? What are the similarities and differences between this narrative and the narratives of other participants? Why might these similarities and differences have emerged?

As common narratives were established, I used a recursive approach in asking where these were reinforced in other transcripts, and what these narratives might reveal about the anomalous accounts and vice versa. This process was ongoing as I began to write the analysis and the discussion. It was also an inductive process; the identification of themes was data driven ad hoc rather than based on a preconceived framework. This approach to the data,

along with the nature of the semi-structured interview process, aimed to allow authentic narratives of the participants' experiences of AAA and life in RAC to emerge. Paradigmatic analysis aims to go beyond the description of categories within the data by noting the relationships among them (Polkinghorne, 1995).

The Role of the Researcher

As noted in the methodology section, narrative is a joint production of shared understanding between the storyteller and the audience (Mishler, 1986). I have included my voice in the excerpts from the interviews, so that my collaborative input is visible. Ellipses "(...)" have been used to indicate where speech has been discontinued or narrative threads or conclusions from different parts of the interview (also known as 'delayed codas') have been brought together. Square brackets "[]" have been inserted where further context or clarification has been needed, and "()" have been used where I have joined in with the participant's story or the participant has joined in with mine.

Chapter Seven

ANALYSIS AND DISCUSSION

The following narratives have been considered as a set analytically; each of the narratives is interwoven with the others, as they are all structured by a particularly strong shared social context. That is; RAC exerts a strong influence on identity. Further, people often employ more than one narrative in a single turn of talk. Because identity and the social world are complex, the narratives within an individual's stories are similarly complicated and overlapping. The dominant meta-narrative of old age as a time of decline and withdrawal shapes the stories that can be told from within this context. For some participants, a narrative of dependence was construed as an accepted reality of ageing, while other participants actively resisted this identity through their narratives.

This chapter explores four narratives. 'Fleeting Pleasure' describes the experience of AAA as brief and infrequent, but enjoyable nonetheless. For some participants this was not only a pleasurable experience in the moment of interaction, but also represented something to look forward to. The extent of the impact AAA has on different residents is linked to how bound the person is to the rest home, both physically and in terms of identity. 'It's Sad Here' begins to explore the underlying context that constrains the experience of AAA as no more than a fleeting pleasure. Looking at the wider turn of talk provides insight as to why the animal visits do not have a larger or longer-lasting impact. This goes beyond the practical programme restrictions and looks at the way the social context of RAC affects the way events and activities are experienced when they are embedded in this environment. In particular, this narrative represents resistance to identifying with the programme and the rest home. 'My Life Inside and Out' elaborates on the ideas of 'It's Sad Here'. This narrative further explores the value placed on people, activities, and events that happen outside of the rest home. It

illustrates the rhetorical work some participants did to locate their identity outside of the rest home, through telling stories that take place in different physical and temporal locations.

'That's the Reason Why' looks at the discursive framing of the transition into residential care as a key turning point in the participants' stories of their lives. It looks at the examples of each resident accounting for their living situation to demonstrate the way 'rest home resident' represented a narrative identity that needed to be explained, justified, and repaired. Lastly, this chapter presents the analysis of one participant's account separately to the other narrative arcs. There are some commonalities between Annie's story and the narratives contained in other participants' stories. However, interpreting Annie's account separately was more useful analytically, as the contrast supplied by the areas where Annie's story was particularly unique illuminated and provided more depth for understanding the context of the other participants' stories.

Fleeting Pleasure

This section starts by exploring the participants' experience of AAA primarily on the 'personal story' level of narrative. It lays out the aspects of AAA that were characterised as important, such as receiving affection from the animals, and looks at the way the structure of the visits impacts the way they are experienced. The experiences of the residents are then linked to their embodiment, the nature of the human-animal bond, and the importance of touch.

When asked to describe the experience of Animal Therapy in residential care, the majority of participants narrated animal interaction as a simple, straightforward pleasure: "I just love it" (Yvonne). However, the impact of these moments of pleasure was characterised as ranging from "It really does affect me" (Annie) to "I wouldn't miss it if it weren't here" (Cathy). The common thread in all of these narratives was the idea of animal interaction in

the context of the Animal Therapy programme as “a real pleasure but fleeting pleasure of encountering the animal” (Cathy).

The excerpt below comes from Jean. When asked about the Animal Therapy visits, Jean was initially unsure what the interviewer was referring to. This may be because the question named the voluntary organisation, and Jean may not have connected the animal visits to the organisation providing them. Jean had initially opened the interview by telling the interviewer about a cat she had owned before moving in to the rest home, and emphasized the importance of the physical affection she received from her own cat. In describing the interaction with the visiting animals she returned to the idea that physical affection was a key part of what made the experience enjoyable. She linked this to her experience of illness and being bed-bound.

- Int.: Now the animal visiting programme that the [shelter] bring in, the [shelter] bring animals in to visit, do they come in to visit you?
- Jean: Um, I don't remember them coming, but presumably they do...I honestly don't remember.
- Int.: Alright, so you don't remember anyone bringing in a puppy sometimes or...
- Jean: Oh! Oh yes, yes I do remember that. One of the men brings little dogs in, dear little dogs. And, they're little snugglers as well. It's a wonderful experience when you're not well or in bed, and you're given a little cat or a dog, a little puppy to hold.
- Int.: Yeah, can you tell me more about what you like about it?
- Jean: Partly, belonging to something. I don't know, it's just good (...)
- Int.: Oh, ok. Well...the [shelter] calls the programme 'Animal Therapy', have you ever heard of that before?
- Jean: Yes I have.
- Int.: What do you think about that?

- Jean: I think it's a marvellous idea. And I think particularly, someone like me who's been bedridden for a while, someone bringing a puppy or a kitten and letting them snuggle up against you is lovely (...)
- Int.: Can you tell me about how you came to be in here?
- Jean: In bed like this?
- Int.: Yes, or in the rest home or both.
- Jean: I'm just old [laughter]. No I um, I don't know how to describe it really, I'm old, I'm bed ridden mainly, people come in with their wee kittens or their dogs and we have a wee cuddle together. That's about it.

The value of animals for Jean is in the tactile nature of the interactions. Jean revisits this idea throughout the interview: "I'm happy when any animal comes. Kittens are particularly good because they snuggle up to you (...) No I, I just like to see them. Particularly the young ones the puppies or the kittens (...) And they're little cuddlers, you know (...) they're too young to know otherwise. They think that's their job, being kittens and cuddlers." Although Jean describes the experience very positively, it is reflective of the brevity and perceived infrequency of the visits that she does not elaborate further: "We have a wee cuddle together. That's about it." When later asked if there was anything she found difficult about the visits, Jean referred specifically to their infrequency: "I'd just like to see more of them." This was representative of a common response to questions about the programme throughout the majority of the interviews, which reflect the restrictions on the impact of the programme beyond the moment of interaction. For example, another participant, Joan, was asked if she could tell the interviewer about the AAA visits, and replied: "Not much because, they just come in and show them to us and off they go, that's all."

The next excerpt is a brief narrative from Yvonne that further demonstrates the way AAA is described as a simple pleasure. Yvonne had some difficulty with speech and was

experiencing pain associated with a chronic illness. This meant that her responses were quite brief, but she was very clear and firm with the responses she was able to give. Yvonne's explanation of what happens during Animal Therapy was concise:

Int.: Um, if I didn't know anything about it, how would you explain to me what they do, or what happens during a visit?

Yvonne: Well they just come and sit on my knee, cuddle up to me, lick my face. And it's so nice.

Again, it is a very straightforward descriptive answer that emphasizes the physical interaction and the positive emotion associated with it. Most of the participants noted that the visits do not last long enough, but often extending the time of each visit was not mentioned as a possible improvement. This may reflect an awareness of the visits as a service for many residents, providing context for why the visits are so brief: "No they don't [last long enough], but she's got other people to see too" (Yvonne); "I try not to be too greedy. I mean, they're here for a job" (Annie). For Yvonne, the brevity and unpredictable timetable does not prevent the visits from being enjoyable or significant enough to look forward to:

Yvonne: I love it. I look forward to it.

Int.: Can you tell me a little bit more about that?

Yvonne: Um, I just really look forward to them coming (...)

Int.: How would it affect you if you didn't get to see the animals that the SPCA brings in?

Yvonne: I'd be very upset. Because I look forward to seeing them so much.

There were many parallels between Yvonne's comments on the experience of animal visits and the way Jean narrated her experience. Similar to Jean, Yvonne narrated her enjoyment of the programme in very simple terms: "I love it. I look forward to it." Yvonne repeated the idea of looking forward to the visits several times. In this way, the effect of Animal Therapy did extend beyond the moment of interaction, because it also provided

Yvonne with an anticipatory pleasure even though she did not know when to expect the visits. Although the visits are on a regular schedule, this regularity was not perceived by any of the participants. This may be because the visits were not frequent enough or not well-advertised, or because the schedule of visits did not provide a way to mark time sufficiently to overcome the tendency for days to be undifferentiated in RAC.

Yvonne echoed Jean in her emphasis on the importance of affection from an animal. The emphasis participants placed on touch matches the suggested mechanisms for the effect of AAA in the wider literature. Older people can become physically and emotionally isolated and alienated even within the RAC environment for a number of reasons, such as frailty, mobility problems, ageism, depression, and physical segregation from the wider community (Holstein et al., 2011). Holstein et al. (2011) point out that activities such as being bathed can become more mechanical than caring due to staff time restraints. This means that although residents are touched, it is in the context of ‘task touch’ rather than the type of touch associated with being cared about. This may not alleviate the sense that physical affection is lacking (Holstein et al., 2011; Watson, 1975). As noted previously, affectionate touch with an animal may present an opportunity for a caring and non-obligatory interaction for those who do not have many other opportunities for this (Furst, 2006; Kaiser et al., 2002). The tactile interaction with the visiting animals may also provide a physiological benefit. For example, to clarify whether conditioning, cognition, or tactual contact was the major component of the effect of animals on physiological indicators of stress, Vormbrock and Grossberg (1988) compared the effects of interacting with a dog visually, verbally, and tactually. They demonstrated that touch has the most significant effect on lowering both heart rate and blood pressure.

Yvonne also preferred a reciprocal relationship with the animals she sees. When asked if she had a preference for seeing the same animal (which is uncommon due to the adoption-based model of the voluntary organisation), she said she prefers to see the same animal more than once “because they get to know me, and they run in and jump on my knee straight away.” The continuity of developing a familiarity with a particular animal is bidirectional: Yvonne gets to know the animal, but importantly, the animal gets to know Yvonne and this leads to more immediate affection. This is similar to Jean’s comment of what she likes about the animal visits as “partly just belonging to something.” These comments relate to the literature on the human-animal bond. Although there is no universally recognised definition of the human-animal bond, some scholars have identified three common elements: a continuous, bidirectional, and voluntary bond (Russow, 2002). That is, through repeated interaction the human and the animal must recognise each other. This is fundamentally at odds with the characteristics of this AAA programme, as the pool of animals constantly changes. Under this definition, it would not be possible for a true bond to be formed between a participant and a visiting animal, which may help to explain the fleeting nature of the pleasure derived from the experience. As Jean and Yvonne touched on, “belonging to something” and having the animals get to know you were identified as factors that positively contributed to the experience. Another participant, Cathy pointed out that not developing a relationship with the visiting animal was a barrier to the importance the interaction could hold: “...they’re not your dog. It’s going to be a short visit...you’re not going to get emotionally involved with them.” These accounts seem to support this definition of the human-animal bond as a process of relationship development. In terms of the social support mechanism that has been suggested to account for the psychosocial and physiological benefits of AAA, this may contribute to the mismatch between the findings of this study and

the majority of the international literature on AAA in which the same animal is usually used for all of the visits.

AAA was suggested by the organisation and the individual service providers to be more significant and necessary for people in RAC who are less mobile and more confined to their rooms by chronic illness (Wellington SPCA, 2014). Some of the participants' constructions of their experiences also matched this framing of the function of the Animal Therapy programme. Jean and Yvonne in particular provided accounts that fit this image of the typical Animal Therapy participant in a rest home context. They provided succinct accounts of the straightforward nature of the pleasure experienced during the interaction, without articulating further what specifically made them feel that way. Both women repeatedly emphasized their enjoyment particularly of the 'cuddles' from animals. It is notable that of all the participants, Jean and Yvonne were the most restricted to their respective rooms due to chronic illness. Jean in particular explicitly touched on this as a reason for her enjoyment of Animal Therapy: "It's a wonderful experience when you're not well or in bed, and you're given a little cat or a dog, a little puppy to hold... I think particularly, someone like me who's been bedridden for a while, someone bringing a puppy or a kitten and letting them snuggle up against you is lovely". In fact, Jean links her experience of the animal visits to her embodied experience of chronic illness and being bedbound in almost every reference to the pleasure she gains from the visits. The embodied experience of both Jean and Yvonne is one of confinement to their beds and rooms. Neither participated in or enjoyed any of the other therapeutic recreation activities provided by the diversional therapist, such as music concerts or art classes, because they were unable to easily access them due to health needs and disability. The Animal Therapy programme differs from other activities in the rest home because it is staffed by an outside organisation; although the

visits are brief, the structure includes an option to go directly to individual rooms. This means that those who are bed-bound or socially isolated can still participate in both the animal interaction and a human social interaction outside of the rest home staff.

It's Sad Here

This section explores the constraints of RAC that structure the experience of AAA, going beyond the practical programme restrictions to examine the effects of the social context of RAC. In particular, a narrative of resistance to identify with the programme and the rest home is presented here. RAC residence is linked to decline, challenges to social identity, and loss. The participants were asked about the experience of Animal Therapy in residential care. Rather than focusing on how AAA was actually experienced in the rest home setting, the narratives provided often focused on what place Animal Therapy could have since it is embedded in the RAC context. Some of the participants took the opportunity to tell stories that took their experiences out of the rest home and into the outside world. In this way, the role of Animal Therapy in RAC was defined by being juxtaposed with alternative experiences that took place outside the context of RAC. Examining the context of these narratives explains why the AAA is experienced as a fleeting pleasure. By looking at the wider turn of talk, insight can be gained into the way the physical and social setting of the rest home in which AAA occurs influences the experience of the visits and the impact that AAA can have.

In the following extract, Cathy responded to a question about the extent of her involvement in the “Animal Therapy programme” (INT). Cathy began by explaining her uncertainty about what the programme was and how it worked, demonstrating the inconsistent visibility of the service. Cathy’s account develops the idea of these encounters as genuinely pleasurable in the moment of interaction, but also with a clear sense of brevity and

a lack of deeper meaning. She excluded herself from being viewed as a member of the programme, and promptly moved the listener beyond the residential care home, rather than situating her story inside RAC.

Cathy: I have never heard of the Animal Therapy programme before. All I know is that, the SPCA name appeared once a week on our programme. You've probably seen the entry on that, and, I'm not aware of being part of any programme, I sometimes never *see* the SPCA person (INT: Oh ok) so my interview with you will probably of necessity be quite short because, if you were to ask me about the – what impact animals have on me, the animals that have an impact on me are for example on a day like yesterday [pause] no Sunday, when I walk on the Esplanade. And I never miss an opportunity – and it's put on me sometimes – to talk to the little animals that are being walked, and the bigger animals, and they – I quite often let them make the first overture. It's sad here – perfectly honestly – it's very much just in passing, and stopping for a chat [pause] and, I wouldn't miss it if it weren't here.

Cathy used the question of her involvement in the animal visiting programme as an opportunity to lead into a story which moved the listener away from the Animal Therapy programme. Instead, Cathy told a story in which some animals are an important feature of her life, but this life is intentionally located away from residential care. Cathy established her ability to leave the rest home from the beginning of the interview using this story, and emphasized her desire and ability to not be “[tied] down” to her room:

Int.: So when the people from the SPCA bring the animals in you—they don't spend much time...you don't get to see them very much—

Cathy: [Interposing] I have no—I've got no idea what the programme is, do they have certain people whose doors they knock on because they have been invited to? Nobody has ever *asked* me do I want to participate, do I want to have visits from animals. That has never happened.

- Int.: Would you like for that to happen?
- Cathy: Um... I'm not sure that I would. Because it simply ties me down, to another appointment of being in my room. And, to what extent am I going to get involved with the animal? I'm going to get to cuddle it, and I – seeing them they bring particularly nice animals, I see them in passing and always stop, but they have no significant role in my life at all (...)
- Cathy: They are just now part of a pleasant, yeah definitely a pleasant aspect, but a very fleeting one.
- Int.: And, you don't think, if they visited for longer that would be better, because that would give you something that would tie you down a bit too much?
- Cathy: Um, no. Seeing dogs coming in like that, ah [pause] they're not your dog. It's going to be a short visit. Um [pause] you're not going to get emotionally involved with them, you're simply having a *real* pleasure but fleeting pleasure of encountering the animal.

Cathy juxtaposed her experiences with animals outside the rest home as having an impact on her, while the 'therapy' animals were not considered to be relevant or important because of the lack of emotional involvement, as the dog is "not your dog". The distinction that Cathy makes between the animals that do have an impact, those interactions she has with animals outside of the rest home, and the therapy animals is telling. In many ways, the interactions Cathy has with the animals at the park are similar to the interactions she has within the rest home, as they are also with animals she may not see again and only interacts with in passing. Yet, these interactions are accorded with much more significance in Cathy's narrative. Cathy underscores this later in the interview when she justifies the lack of impact the dogs inside the rest home have on her by describing these encounters as fleeting, and of little emotional significance because of the lack of personal connection with the animal: "It's going to be a short visit. Um [pause] you're not going to get emotionally involved with them..." Again, these factors are not unique to the therapy dogs, but are similar to the interactions she has

with the dogs she meets on her walks. However, the place of animals in these two settings is shown to be different in meaning to Cathy; they are only significant to her if these interactions happen on her own terms outside of the rest home. This is further underscored with Cathy's characterisation of the residential care facility: "It's sad here..." In this context, the story of interactions with animals in the park enables Cathy to escape the "sad" environment of the home, and so the interactions there take on a different meaning.

The significantly different meaning that is attached to what is essentially a very similar interaction is indicative of the way the rest home is constructed as constraining the pleasure able to be gained from such interactions compared to what exists and is possible outside the rest home. Despite the lack of clarity Cathy has regarding the procedure of AAA, animal interaction in this context is still a structured and organised experience because the animal has been brought to the rest home specifically to visit the residents. Cathy's story of the animals outside the rest home placed value on interactions with an element of spontaneity, 'natural' settings, and her ability to enact her agency. The constraints of living in an institutional environment can lead to an increased sense of dependence and lost sense of autonomy (Walker, 2016). Ageing in western society is linked with images of deterioration and emptiness by a dominant meta-narrative of decline (Phoenix and Sparkes, 2009; Wearing 1995), and this can be more salient for people in RAC because of the level of functional deterioration that typically necessitated this transition. This can challenge the social identity of older adults who have previously been independent and mobile, or consider themselves to still be this way. As Holstein et al. (2011) put it "after a life in which they have striven to exemplify the values of industriousness, productivity, accomplishment, and self-sufficiency, the prospect of placement in a nursing home is a vivid judgement about incapacity and a threat to loss of adult status" (pg. 160). In contrast, spending a Sunday walking along the

waterfront of a busy city is an activity that is typically accessible to an independent and autonomous adult. Thus, Cathy's locating her story in this 'outside world' resists an unwanted subject positioning associated with rest home residence. Instead, Cathy's animal interactions in the park achieve identity work for her. She avoids the positioning of someone limited to the confines of a sad residential care environment and instead gains the identity of being just like everyone else, engaged in a Sunday walk at the park. One of the key elements of narrative is that it enables people to use stories to define their identity to others and in relation to others (Somers, 1994). In immediately taking the listener outside of the rest home with her narrative, Cathy frames herself as an independent individual who is still active in the world outside. Therefore, although her residence in the aged care facility positions her in particular ways, Cathy's story resists this positioning and instead demonstrates her ability to come and go between the residential facility and the wider community to construct an identity of normality and independence.

The excerpt below provides further insight into why Animal Therapy might be experienced as no more than a fleeting pleasure for Cathy. In this story, Cathy explains that she had meaningful bonds to owned animals in the past. These bonds also played a role in her social relationships, forming part of the everyday life with her husband as well as a shared bond. It is also a story about the losses of ageing, with the dog playing a role in Cathy's life with her husband who had since passed away:

Int.: Has coming in here and not having a dog around been quite a change for you?

Cathy: Um, not having the dog around, I had so many other problems and one of the sad sad events was saying goodbye to our last dog. Two major animal events in my life have been having to take one dog to be put down. And, I had a sick husband – Parkinson's Disease – and both of us were attached

to the dog, and the dog was very much a part of the lives of us as a couple, with him as a sick partner. And um, but eventually, the dog told us it wanted to die it just simply stopped eating, and had already been cared for by, it had a big operation. And so saying goodbye to Lara was big in our lives, and we actually both mourned that dog. And then, the next dog, was another—became another beloved little animal. Ah and at some stage because of the illness, ah, I wasn't going to be able to look after it, because my husband was going into a home and so... So there that's the story, yes, we've always had animals, always had deep attachments, and um, he—and before we were married they had a dog see, so yes, animals are important. Are they important now? Ah, at this stage of my life, I'm 88, ah I've come in here to die, I'm really more interested in finding people I can talk to, because there aren't very many in here who are capable of conversing because of dementia, – varying degrees, some to a greater extent – um, and others, ah, who, um, have, um... what's the one where people forget?

This excerpt demonstrates that Cathy is not ambivalent towards animals in general, but lacks a bond with the therapy animals. This narrative demonstrates a contrast between the meaningful impact a bond with an owned animal had on Cathy's life in the past and the distinct lack of impact the AAA animals have on Cathy now. The interviewer tried to direct Cathy's focus to animals, but Cathy placed the importance of animals as secondary to the many other, more important problems she had at the time. Again, the potential for animals to have a meaningful role, even those animals that had been significant, is diminished by the much more pressing problems and losses associated with ageing.

Further, animals, particularly ones with whom she only has fleeting contact, are not important because of the way Cathy conceptualises the stage of her life she is in: “at this stage of my life, I'm 88, I've come in here to die.” Cathy has a sense of clarity of the things that are and are not important to her, and the occasional brief encounter with an unfamiliar

animal in the hallway does not feature as an important aspect of her life. What are important are human social connections; Cathy feels there are limited opportunities for these inside the rest home. This is also related to her story that takes place in the park, as the animals that are being walked also provide an opportunity for human social interaction with people who are not old and are able to lead the independent autonomous lives that Cathy ties her identity to. The relative importance of social interaction for Cathy was referenced several times in the interview. In the following story, Cathy returns to the idea of lacking opportunities to converse on the level she would like:

Cathy: I'm still managing to be mobile, ah [pause] growing less mobile, growing more tired all the time. Nevertheless, I mean, Sunday's an example where I call a taxi and ah Sunday I—I usually see my family but I wasn't—*they* weren't able to see me on Sunday because you know Christmas and social engagements and they were invited to a barbeque, and—but I wasn't going to spend the whole *lovely* day, because Sunday was lovely (INT: Beautiful) and taxi down to Freyburg and then, delightful walk as far as the rotunda, and, three really pleasant social encounters, so I mean that was what one gets to long for in here, to meet someone like you for example, that I can talk to you. Because I don't actually get that much chance to talk, so that's why you find people like me pretty gabby [humour].

Cathy's longing for "social encounters" is related to the loneliness and social isolation that is often associated with ageing and RAC for a variety of reasons. For example, decreasing mobility can make the practicalities of remaining socially connected more difficult (Age Concern, 2016). Additionally, social networks can become diminished due to the deaths of family and friends (Tyler, 2006). Loneliness has been associated with cognitive decline, depression, impaired quality of life, and increased mortality (Drageset, Kirkevold, & Espehaug, 2011). Loneliness has been documented as common among RAC residents

specifically and has been linked to experiencing a form of loss associated with moving to RAC, such as Cathy's loss of her husband (Drageset, Kirkevold, & Espehaug, 2011).

Holstein et al. (2011) assert that rest homes need to mitigate the impact of losses like these by providing opportunities for renewed interpersonal interaction and social contact. However, the authors argue that these opportunities are often lost due to the limitations of 'socialisation' activities. While the AAA programme may have the potential to provide a renewal of social contact and interpersonal interaction, it currently functions as one of what Holstein et al. (2011) refer to as "painfully limited" activities, lost in professional operationalisations of socialisation (pg. 162). This starts from the way the programme is framed to the volunteers as a service for vulnerable and isolated residents, rather than for unique, developing, and interesting individuals who happen to have their access to animals and the outside world more restricted due to the physicality of ageing.

In addition to locating her stories outside of RAC wherever she could, Cathy consistently distanced herself from the other people in the rest home to reject the way the programme tied her identity to RAC:

Cathy: Limited encounters, yes, definitely limited encounters, but—but they do give pleasure. And if say—if I were assessing the value I would say for heaven's sake yes keep it going, because if everybody had even that degree of pleasure – and some will have more – because I'm thinking now, and this is where Emily can enlighten you, there are lots of people here who are shut in. Thinking of her [indicates another resident's room] but she doesn't want the visitor, so how much time is the SPCA woman spending with the locked in people, the people who are not fit? And many of them are so demented, that they're kind of out of it.

Because the Animal Therapy programme is something that is framed as helpful to vulnerable and isolated people in rest homes, Cathy rejected the idea of it being relevant to her, and continues to construct her identity (for both the listener and for herself) as one of normality and independence. Cathy's framing of the Animal Therapy programme as more significant for those who are "shut in", such as Jean and Yvonne, is a match for the way the voluntary organisation frames the programme as a necessary service provision for people in RAC to have the opportunity for a social interaction (Wellington SPCA, 2014). Cathy contrasts herself as "still managing to be mobile" and retaining her autonomy and social connectedness through this, to those in the rest home who "are not fit" because they are not able to lay claim to the same freedoms as Cathy.

My Life Inside and Out

Andrew's story also tells us about the place of Animal Therapy in relation to the way the rest home is constructed as an undesirable place to locate identity. This section looks at the emphasis placed on people, activities, and events that happen outside of the rest home. Like Cathy, Andrew used the questions about animals as an opportunity to lead into stories that moved the listener away from the Animal Therapy programme and the rest home. Where Cathy used immediate interactions in a physically external setting to situate herself within an identity of normality and independence, Andrew located his stories in a different time as well as a different place. Throughout the interview, Andrew moved the majority of his stories away from Animal Therapy, instead refocusing the listener's attention on animals he had owned, technology, travelling, food, social relationships, and the interests of his life before entering into RAC. For example, the following extract is from the start of the formal interview process when the voice recorders had been turned on, after the participant and

interviewer had spent some time listening to a news programme together and discussing American politics:

- Int.: Yeah, so I was just hoping you could tell me about-
- Andrew: [Interposing, pointing to the voice recorders] What size do you use?
- Int.: Oh I don't know, both of them actually the university lent me so that was the first one they gave me and then-
- Andrew: [Interposing] How big's the card?
- Int.: Um this one doesn't have a card, this one has an SD card capability but I just plug it straight into USB (Andrew: Mmhmm). So I'm not quite sure what the memory size is, it might have it, it might have something here that tells me, I'm not sure, so yeah this one's a bit flasher, nice to be upgraded, yeah (...)
- Int.: Do you see the same animals often or is it different ones every time?
- Andrew: Oh no, different ones. I see some lovely animals at times.
- Int.: Are there any you prefer? You obviously have a lot of pictures of dogs.
- Andrew: Well I'd prefer a house full of dogs if I could get away with it [laughter]
- Int.: Yeah [laughter]
- Andrew: But this thing here of course [indicates laptop that is used for listening to news (e.g. American politics) and audio equipment], this thing keeps me going, on the day...

Andrew directed the conversation away from the rest home and highlighted his knowledge of technology at the outset by interrupting the interviewer's first question to ask about the memory capacity of the recording devices. This framed him as knowledgeable in a domain in which older people are regularly framed as unable to keep up with younger people. Even when the interviewer persisted in explicitly bringing the topic back to animals in the visiting programme specifically, Andrew located his preferences outside the rest home: "Well I'd prefer a house full of dogs if I could get away with it [laughter]." The implication here is that Andrew would prefer to have his own home, with the associated ability to have his own

animals. Without prompting, Andrew then moved into a description of what is important to his everyday life, namely the technology he has set himself up with which gives him a connection to the outside world. Knowledge of technology has increasingly important cultural cachet considering the current epoch of technological advancement, and Andrew traded on this throughout the interview.

The following excerpt is part of a longer narrative about the transition into RAC, which will be discussed in further detail in the next section. It is used here to provide context to another example of Andrew locating himself outside the rest home:

Andrew: I don't think anyone can live in a place like here without visitors, without animals or, without going out once a week.

Int.: Yeah

Andrew: I don't think I could do it.

Int.: You think it's quite important to have the animals and the people coming in?

Andrew: Well I think it's important to be close to the restaurants and things like that. Just, you know, the social intercourse isn't there.

Andrew's statement that living in RAC "without visitors, without animals or, without going out once a week" seems impossible appeared to be somewhat unprompted, but this reflects that the social isolation of his everyday life in RAC is a foregrounding experience for Andrew. As the researcher again tried to reorient the focus to AAA, this time including the handler in the question, Andrew very clearly responded in a way that does not hold any relevance to Animal Therapy. Instead he placed the points that were valuable to him in features of the outside world. When asked to confirm the importance specifically of animals and people coming in, Andrew responded in a way that did not include coming *in* to the RAC environment. Rather, he focused on the importance of being close to features outside the rest home that are important to him (i.e., restaurants). This may reflect that leaving the rest home

(“going out once a week”) is the more meaningful component of this statement. Andrew’s reference to animals seemed to have been a courtesy to the obvious focus of the interviewer.

The following excerpt further demonstrates the way Andrew locates his identity in his life outside of and before entering the rest home. Although the topic leading to this narrative was Andrew’s history of owned animals, Andrew again moved the listener away from animals and into a description of his interests before he moved into RAC.

- Int.: Does that mean you prefer when dogs come in here, than cats? Or do you not mind what animal Stephen brings in?
- Andrew: I don’t mind cats. I had a cat. Long time ago. But it got run over.
- Int.: Oh, sorry to hear that.
- Andrew: They were a bigger part of me than the family.
- Int.: Really?
- Andrew: [Nods].
- Int.: Can you tell me more about that?
- Andrew: Just never got on- they played sports, mad on sports, and I was mad on art, I was mad on, you know, music. I-I don’t care. I mean, as far as I’m concerned I’ve led a pretty full life. I had photography, and what you see in here now is nothing [indicates VCR tapes and recording equipment]. I had about 50 times the amount of stuff which I’ve got here. The place I had, I had TV sets galore, all round the place, above my head and god knows what, I was cutting movies. The only thing is the sad part about it is I couldn’t bring the rest of my cassettes, because I’ve got some terrific recordings. And some of the BBC hard talk and all that stuff, you know.
- Int.: Why couldn’t you bring them in?
- Andrew: It takes about half the space of this room. I’m talking five thousand!

Andrew begins to lead into a story about how his bond with his own dogs were closer than his bond with his family members, but quickly moves away from exploring this further. He contrasted the abundance of material possessions he had before moving into RAC with the

diminishment of what he is able to have now. It is notable that Andrew used the past tense when he spoke about his feelings of what he has accomplished: “I mean, as far I’m concerned I’ve *led* a pretty full life.” Andrew performs a lot of rhetorical work to locate his interests and identity as in the past and outside of the rest home, whether through travel stories, demonstrations of his knowledge of a city that he now has restricted access to, or his interest in the news and politics of distant countries. Like Cathy, the way in which Andrew’s everyday life is constrained by the physical and social separation of rest home life means it is necessary to for him to locate his identity outside of RAC in order to achieve the identity he would like for himself.

Andrew also referred to the way social interaction takes him out of the rest home. Later in the interview, Andrew talked about a friend who comes to pick him up to take him out for lunch, both before he moved to RAC and as a current arrangement, further underscoring the importance of the “social intercourse” referred to in the extract above:

Andrew: But, what I do is, I’ve got a friend of mine, Hugh, old Hamish, I mean, we do, he drives the car around right, and if we find a place, i.e. the International, ah, Hotel. You know the one in Courtenay Place? The one on the corner, opposite the Hummingbee, Blair Street (Int.: Oh yep). P: They sell meals there for \$10, pork chop, go in the happy hour, ah, wiener schnitzel. Don’t go to the one in Island Bay. (Int.: Too far away anyway [laughter]). Do you know Island Bay? It’s supposed to be good, but I had a wiener schnitzel and they charged \$18, well crikey dicks, you can hardly chew the meat, it was all gristle, and it was recommended to us! (...)

This narrative parallels Cathy’s recounting – Andrew ascribes more meaning to interactions that take place in the world beyond RAC: “...my friend comes ‘round and picks me up on a weekly basis, go down for dinner.” Andrew also used the story of going out for lunch with his friend to demonstrate his knowledge of popular restaurants in the city centre,

going into detail about the specific restaurants, their locations, and the best dishes to try. This is similar to the work Cathy does with the park story; Andrew is constructing himself as part of the outside world by aligning himself with normalised activities such as going out for a meal or takeaways. Andrew then led into a story about his international travels:

Andrew: (...) Do you know, what is it, Little Penang? [Int.: Yes]. Yeah. That's a good place.

Int.: Yeah, I went there with my father when he came to visit, because he's Malaysian.

Andrew: And they've got those sort of ah, cakes, they're quite nice.

Int.: Yeah, I've heard a lot about, a lot of Malaysian people like that place, which is a good recommendation, yeah.

Andrew: I actually told him, I said, he what's his name now...tall guy, bald head, he's not just an ordinary cook, but, he does it with panache, it's a sort of a art. It's artistry, it's more than, you know. I said to him, I said I've got to tell you something, 'I've never seen a restaurant like this, in all the places I've been to around the world.'(...)

Andrew: I'll tell you the worst Chinese restaurant. Don't worry, you have to catch a plane to get there – San Francisco. It's called the Empress of China (...)

The work Andrew does to achieve an identity that is located outside the rest home centres on the culinary experiences of his extensive overseas travels as well as his knowledge of local restaurants. Andrew spoke at length about the different restaurants he'd been to overseas: the worst Chinese restaurant in San Francisco, soup in California, the best fillet mignon in Montreal, an omelette at 2am in a French hotel he stayed in, and “a very famous Irish meal, it's got whisky in it” in an Irish pub. With these stories, Andrew establishes himself to the listener as worldly and possessing cosmopolitan tastes. Andrew rewarded the interviewer's acknowledgement this with an increased sense of familiarity:

Int.: You're very well-travelled Mr Chia.

Andrew: Oh, just call me Andrew.

Andrew's relationship with the volunteer visitor, Stephen, can also be framed as representing a link to the outside world, again drawing in Andrew's knowledge of technology:

Int.: Yup. Can you tell me what the [AAA] visits are like?

Andrew: Well, old Stephen, yeah [laughter]. Well they've been for runs usually, and they just sort of stay on the, they just sort of lie down and have a rest, I, Stephen and I we're talking about electronics or whatever it is. [INT] Yeah. P: So it's quite good, I'm sort of patting them and they're just purring and...

Andrew mentions technology as a common interest, and later in the interview says Stephen has purchased electrical equipment on Andrew's behalf and delivered it to him in the rest home. In this way, the relationship with the volunteer visitor shifts to literally bring the outside world to Andrew. Andrew oriented his stories towards Stephen throughout the interview:

Int.: Yeah, awesome. So, how long have you been seeing the animals for?

Andrew: Well coming here? Well he doesn't come in that often, he only comes in, well he's the only bloke that comes round here, I believe there's others that's doing the other floors, I don't know.

Int.: Um, what do you enjoy the most about the visits?

Andrew: I don't know if it's Stephen's company, or the dogs, or the whole lot, you know. All the visitors, the animals. Yeah I'd say it's the animals, and Stephen, you know, communications.

In this way, the importance of "social intercourse" in RAC was further underscored. It became increasingly evident that the human social interaction was conceptualised as an important aspect of AAA. At the start of the interview, Andrew was asked about the Animal Therapy visits and rather than focusing on the animals, immediately oriented his description

around the volunteer: “Well old Stephen, yeah [laughter]...” The animals in this excerpt seem to have been included as an afterthought, to keep the discussion relevant to the interviewer’s obvious focus. The role Stephen played in the visit was framed as equally, if not more, important than the presence of the animals. When asked what was most enjoyable about the therapy visits, Andrew again prioritised Stephen in his reply: “I don’t know if it’s Stephen’s company, or the dogs, or the whole lot, you know.” Although he then includes the animals, he concludes with “...you know, communications”, indicating that it is the conversation (and therefore the human social element) that may be the most valuable aspect for Andrew. This was underscored towards the end of the interview, when Andrew returned to the topic of AAA but again oriented his talk towards Stephen:

Andrew: Well did you get enough? I think that’s, that’s about all I can tell you you know. I mean, I’m always receptive to dogs. They can come in anytime. I told Stephen, “Look, if you come in, even if it’s 10 o’clock, just come in. I’ll get you a drink.”

I: Mm, yeah.

Andrew: Because I’ve told him, I’ve invited him many times, come ‘round, bring your dogs. Sit down. Our time, have a meal, let the dogs rest, if they want to run out there and come back, as long as we know where they are, you know.

I: And does he do that?

Andrew: No he hasn’t. He’s funny but he’s always saying, “Look, look I gotta fly now, and that’s after 5 minutes on arrival.” But he’s got me some things, you know, when I needed, from downtown. I said, “Look, look tell you what, look, I’ll give you one of these leads, can you get me a couple of these. And he got me quite a few of these things, bits and pieces I needed.

Andrew noted that Stephen does not stay for long when he does come in. Andrew had mentioned earlier that Stephen visits without the dogs:

Andrew: (...) but I don't, I don't know, every time, I've seen Stephen, he says, "Look, I'll be round to see you in a couple of weeks mate." But he had no dogs with him.

Int.: So he comes back to visit on his own?

Andrew: Oh yeah now and again, it's the timetable's unpredictable.

However, here he contradicted this, saying that he invites him to do so and Stephen says he will, but has not yet done this. This may reflect Andrew's desire for or perception of a friendship with Stephen that exists outside of the Animal Therapy visits. Although Andrew mentioned the animals, the way he directs his stories towards Stephen constructs this as the relationship of importance in the AAA experience. He refers to an imagined visit as "our time", and whether the dogs are present or not is framed as largely inconsequential. Andrew uses the example of Stephen getting him things he needs from outside the rest home as evidence that there is a relationship outside of the Animal Therapy programme. This may be in defence of the revelation that although Andrew has repeatedly invited Stephen to visit him socially, Stephen has not accepted this offer. Andrew's characterisation of the short duration of Stephen's visits was quite distinct from the way other participants viewed the brevity of the AAA interactions. While most participants touched on an awareness of the volunteer visitor as having other people to take the animal to, Andrew attributes the brevity of the visits to Stephen personally. Andrew frames Stephen as a friend who has a busy schedule outside of the rest home, necessitating his departure.

This may also be indicative of the different orientation people within RAC have towards time compared to those outside, which is evident later in the interview when the interviewer asks if the animal visits are ever inconvenient to Andrew. In contrast to Stephen, who always has elsewhere to be, Andrew does not have many things to fill his time during the day outside of his radio news programmes:

Int.: Do you ever tell him to come back later or say you don't want to see the dogs?

Andrew: Nope. 'Cause what I'm doing half the time, nothing private, there's nothing, there's just the news. It's generally nighttime I do all that sorta stuff. Because I'm on a different zone with the other world. I go to CBC a lot, Canada."

Int.: Oh yeah.

Andrew: And I, I actually google a lot of places I've been to, just to remind me, you know. I mean if I never had this [indicates leg which has caused issues with mobility] I woulda gone over to Vietnam, Cambodia. Not really because I'm that interested in temples and stuff like that, but I'm interested in their food. You know Number 88? You don't know 88? Tory Street?

While Andrew's statement of "I'm on a different zone with the other world" is directly in reference to different time zones of the international news programmes he spends a lot of time listening to, taken in combination with his repeated references over the course of the interview to overseas travel and his interest in technology, this statement is also telling of the way the world he is interested in is completely removed from the rest home. It also frames Andrew as living in a different temporality than what is imposed by RAC. This will be discussed further in the context of autonomy in the conclusion section.

In the following excerpt, Andrew had asked how the other interviews for the research had gone. Here, he explicitly articulated the different worlds of RAC and his life before. He also again referred to the full life that he's lived, establishing himself as interesting and worthy of time.

Int.: Yeah, which is really good, and a couple who were a little bit more reserved, and a bit- didn't have as much to say.

Andrew: Well I gotta tell you something, in this place it's quite funny. Because I've often thought of writing a book about it, you know, 'My Life Inside and Out', you know. And, you know, some are very snooty, have you noticed that?

Int.: And just, I think sometimes people don't know what to say, so they didn't say much more than sort of 'yes' or 'no', whereas it's quite good asking you a question and you'll tell me a story, whereas not everyone-

Andrew: [Interposing] I like telling all the stories, you know.

Int.: Yeah, it's really good [laughter].

Andrew: [Laughter] I'm full of little stories.

It is notable how extended Andrew's stories about his life outside of the rest home are compared to his responses to questions that are specific to the AAA programme are. In addition to the identity work locating their narratives outside of the rest home and the therapy programme does for some of the participants, the consistency of taking the stories told outside the rest home underscores the overall lack of impact the Animal Therapy has beyond the moment of interaction. Andrew reinforces the fleeting pleasure narrative of the other participants:

Andrew: Well I suppose it makes you forget about the ah- it puts you on a good, you know, mood, when there's animals there. And they're great companions in that sense (...)

Int.: Do you think having the animals come in here makes a difference to [the experience of living here]-?

P: Well, no, it doesn't really. But while they're here, it gives you a lift. Because the infrequency.

Again, the transience and perceived infrequency of the visits is evident here. In light of the way Stephen resists identifying with the rest home by firmly locating his interests and identity outside RAC, it is unsurprising that the AAA that occurs in this context does not make a lasting difference to Andrew's everyday lived experience. RAC can present

biographical discontinuity which threatens identity and selfhood (Charmaz, 1993). If this discontinuity threatens to dissolve the sources of meaning a person has before entering RAC, narrative stories like Andrew's become essential 'counter-stories' that try to repair the negative judgements of the meta-narrative of old age as a time of decline (Nelson, 2001).

That's the Reason Why

This section looks at the way participants framed the transition into RAC. It provides examples of the narrative around transition into RAC as a failure that participants appeared to need to justify. For some, transition into RAC representing a failure to age well presented a whole narrative identity requiring repair, and this underpinned much of the participants' talk.

For others, living in RAC was framed as undesirable, but not as a failure, and emphasis was placed on expressing gratitude for being cared for. This section also explores the way dependency is framed by different participants and how this has been influenced by public narratives of ageing. It links participants' accounts of life in RAC to the literature on reciprocity and social exchange theory. Similar threads around transition in RAC as an arrangement of necessity or convenience rather than choice ran through all of the narratives, regardless of the participant's attitude towards the Animal Therapy programme.

All the participants gave accounts of their transition into RAC. In general, these were in response to questions from the interviewer. However, the explanation of Andrew's shift to RAC that follows is particularly interesting as there was no clear segue from the previous topics he had been discussing of animal preference or technology. The trajectory of Andrew's shift to the rest home had not been mentioned or asked about by the interviewer at any point prior to this, yet this information was volunteered very early on seemingly out of context:

Int.: Do you see the same animals often or is it different ones every time?

- Andrew: Oh no, different ones. I see some lovely animals at times.
- Int.: Are there any you prefer? You obviously have a lot of pictures of dogs.
- Andrew: Well I'd prefer a house full of dogs if I could get away with it [laughter]
- Int.: Yeah [laughter].
- Andrew: But this thing here of course [indicates laptop that is used for listening to news (e.g. American politics) and audio equipment], this thing keeps me going, on the day. And I don't sort of worry, you know, I don't. I mean, 74 years of age, that's the reason why, and not only that, my property of course was all sloped and god knows what, I got rid of that, I ditched that, because I know I could never go back to it. And I can't walk with this condition. So I might as well.
- Int.: How long have you been here for?
- Andrew: Nearly 3 years.
- Int.: Can you tell me about when you came in, when you first came in here?
- Andrew: Yeah. I think it was the 8th of May, go back 3 years. Not quite 3 years.
- Int.: And that's because it was difficult where you were living?
- Andrew: Well I stayed at this place first, out in Porirua, was not a very nice place, I didn't like it out there. But I mean at least, I hoped that things just sorta stabilises and my friend comes round and picks me up on a weekly basis, go down for dinner.

The lack of a natural progression towards the reasons for Andrew's transition into RAC deviates from the usual conventions of conversation, and highlights the importance Andrew placed on providing this information. Insight into the rest home's relevance to Andrew's everyday lived experience can be gained by asking what the purpose of this story was. Although this story seems unprompted from an external viewpoint, it is actually deeply in context: the conversation veered towards the reasons for Andrew living in RAC because the context of living in RAC is always very relevant for Andrew. The RAC setting is a force that shapes all of Andrew's stories (whether they are directly relevant to the rest home or representative of a resistance towards it) because this setting has such a significant impact on

his everyday life, identity, and what is possible for him now. Another way to look at the abruptness of Andrew's justification for living in RAC is that perhaps for Andrew, this story needed to be told in a moment where communication was possible. The transition to RAC can present an instance of biographical discontinuity which threatens identity and selfhood (Charmaz, 1993; Kaufman, 1987). Holstein et al. (2011) argue that the presence of an older person in RAC can automatically constitute a negative judgement, but that narrative can be used as "a vehicle to claim what is left and live with what is gone" (pg. 162). Thus, it is unsurprising that Andrew would take or create the opportunity to do some of this narrative repair work.

Living in RAC was framed as a necessity or convenience rather than a preference for all of the participants. After Andrew had described the possessions of value he left behind to move in to RAC, he described his room in the rest home as representing a house to him:

Andrew: It takes about half the space of this room. I'm talking five thousand. See they're always frightened I'll bring more in. I said, "Don't worry." I said, "I haven't rented a room, I've rented a house, these are houses."

Int.: These are?

Andrew: Mm [nods]. They're houses. Oh someone will come in sometimes, like this, don't like that, you know. Doesn't worry me.

Int.: You're quite happy living here?

Andrew: Nobody's happy living in places like this, I can tell you that now. You only put up with it because I sorta estimate right, I might have 6 years to go, I'll be 80, could be gone. So. Why? Why mess around now? Why go and buy a flat, and besides, you need to put plumbing and god knows what's there to prove it might not. I've looked at houses.

In the above excerpt, Andrew explicitly states that he is not happy living there, and links his resignation to tolerate living in the rest home to a sense of mortality. RAC is framed

as a situation of less inconvenience than living in the community. Andrew constructs his experience of the unhappiness of living in RAC as so pervasive that the attitude of “[putting] up with it” is assumed to be universal. Living in RAC was framed as a necessity or convenience rather than a preference for all of the participants. For example, Yvonne’s transition into RAC was necessitated by the onset of Parkinson’s, and the loss of her husband as a caregiver:

Int.: Can you tell me, Yvonne, how you came to be in here?

Yvonne: I got Parkinson’s, so I couldn’t move or do anything. So, my daughter’s, my husband, thought it was better for me, to be here. My husband died, that was all.

Int.: I’m sorry to hear that. And how do you feel about being in here?

Yvonne: I know I can’t look after myself, so I just have to be here.

It is clear that Yvonne’s move into the rest home was not an autonomous choice. Rather, this decision was made by family members. Moving to RAC is frequently not a decision that is made willingly or independently, but has been driven by increased needs for support that family members are unable or unwilling to meet (Litwack & Longino, 1987). Yvonne is resigned to living in the rest home – she framed it as there being no other option for her because she is not able to look after herself. Again, Jean and Yvonne narrated very similar experiences because of their shared context of an embodied experience of confinement and dependency due to chronic illness:

Int.: Do you quite like living here?

Jean: I don’t have much choice actually. But no, they’re very good to me and look after me. No I’m very fortunate (...).

Jean: No thank you, I’m so well-looked-after.

Int.: Oh good, I’m glad to hear that. What have you got planned for the rest of your day? Do you have a lot planned for the rest of your day?

Jean: No. [Laughter] You don’t have plans when you lie in bed all day.

Int.: Do you- you don't get to leave at all?

Jean: Um, not really, no. I don't want to. I just like being here, and they're so good, they really do look after you.

Jean uses a common narrative of gratitude for being taken care of in a practical sense, regardless of whether being in RAC is desirable. There is a body of literature on the way that deference – which includes gratitude, pleasantness, cooperation, and participation – is used by RAC residents as a way of balancing the social exchange of care provision (Pyke, 1999; Lidz, Fischer, & Arnold, 1992). This is based on social exchange theory (Blau, 1986) which asserts that an obligation to reciprocate is formed when an individual receives help. That is, people try to maintain equilibrium between receiving and giving support. When an older adult is placed in a less powerful position by a lack of resources to contribute, one of the ways reciprocity may be enacted is through social behaviours (Blau, 1986). Reciprocation has been conceptualised as a fundamental part of satisfying social relationships (Wentowski, 1981). Beel-Bates, Ingersoll-Dayton, and Nelson (2007) point out that although the material and social resources to support others may be reduced for older people, the desire to maintain reciprocal relationships is not. Nelson (2000) argues that an imbalance in the exchanges between older people and staff is inherent to RAC, because residents are dependent on staff and are not afforded many opportunities to reciprocate for the care they receive. Particularly relevant to Jean's narrative, Beel-Bates et al. (2007) showed that verbalising appreciation was one of the ways older people demonstrated deference in an assisted living facility. The authors argue that gratitude can become one of the only resources for social exchange in the repertoire of those with the fewest resources. Jean's chronic illness means that she needs to receive a high level of support, and the resources available to her to reciprocate are limited "when you lie in bed all day."

In the extract below, Valerie also performs a lot of rhetorical work to emphasise her gratitude:

Int.: And, do you like living here?

Valerie: I'm being very well looked after and I'm very fortunate because ah, I was at, ah home, um, and my husband had been dead some time, and I was on my own, and they lived in Halswell but not with me or me with them, and when they found the house, I'll say 'we're in', I'm not in it but um when I came in here and my part of the house, um my granddaughter's in it now, so it's nice I just left it as it was and all the furniture and crockery and everything's there

Int.: That's handy

Valerie: Mm, so that's been worked out very well.

Valerie avoids answering whether she actually *liked* living in the rest home. Instead, she immediately prioritises expressing gratitude for her care situation. This extract touches on the social losses of old age, with the loss of Valerie's husband and her being on her own, as well as social connectedness through her extended family. In this extract Valerie refers to the way that having children live with you rather than the other way around ("but not with me or me with them") is the typical dynamic of earlier life and the previous direction of the dependency relationship between parent and child. Valerie self-censored herself as she talked about the house she moved to with her adult children: "...when they when they found the house, I'll say 'we're in', I'm not in it." Although Valerie has been in the rest home for more than nine months, this framed her previous residence as a place that Valerie still feels connected to.

When an older person transitions to RAC, their former residence typically ceases to be their home – it is usually rented or sold, and the individual's material goods are dispersed (Holstein et al., 2011). This was not the case for Valerie. Consistent with the literature on deference, Valerie frames the arrangement of her granddaughter moving into Valerie's part of

the house and assuming ownership of Valerie's chattels positively: "(...) so it's nice (...) everything's been worked out well." The interviewer reinforces this, drawing on a metanarrative of the importance and obligations of family relationships. Valerie's family remaining in this house may have provided some sense of continuity for Valerie. However, the literature on deference also suggests the dynamic of reciprocity may operate between older people and their adult children, to the point where older adults defer to the decisions of their families regardless of whether they conflict with their own wishes (Matthews, 1979; Pyke, 1999). A potent example of this is the placement of an older adult into RAC. Holstein et al. (2011) distinguish between 'moving to' a RAC facility as implying autonomy and the normal processes of relocating (such as selecting the new residence and packing one's belongings), and being 'placed' in RAC which for many is a *fait accompli*. Beel-Bates et al. (2007) demonstrated that acquiescing to move into a RAC facility was used as a form of reciprocating for the help family members provided. They found that older people conceptualised their move to RAC as contributing to the well-being of their children rather than their own wellbeing. Valerie's story continues below, where she links the reason for her move into RAC to the needs and wishes of her family.

Int.: And what was it that made you move in here?

Valerie: Ah, well I came, my daughter was going away for what they call respite, for respite care, and that was respite from me, and I went into a place still, not in Halwell, for the fortnight she and her husband went away, always thinking I would be out and in it again, but by this time it was obvious that I'd have to spend time here and I suppose it grew from that into full time. And I know it's right. And she still, my daughter that was here this morning, she just lives round the block.

Int.: Oh that's handy

Valerie: She comes many days, she works. So it's worked out very fortunately for me.

Here Valerie also begins to narrate a story of the care dynamic that existed between herself and her daughter. In this story, Valerie frames this as a ‘burden of care’ narrative: “and that was respite from me.” She describes her transition into RAC as happening gradually, with an evolution from thinking it was a temporary arrangement to it becoming clear it would be a long-term living situation. Valerie’s summary of “and I know it’s right” reinforces her avoidance at the start of the story of saying whether she liked living in RAC. It underscores the sense that her placement in RAC is constructed as necessary, but not necessarily preferable. She summarises this narrative by again expressing her sense of gratitude for the situation: “So it’s worked out very fortunately for me.”

Of particular relevance to AAA in RAC, another way deference is expressed is through participating in activities; residents in Beel-Bates et al.’s study reported feeling as though becoming involved in the activities provided in RAC contributed to the ability of staff to do their jobs. Further, participation in activities was conceptualised as a way for an older adult to demonstrate to family members that they were engaged and happy with their living situation, whether or not this was the case. It is possible that AAA participation itself is a form of deference that residents use to participate in social reciprocity.

You’ve Got to Have a Bit of Life in You: Helen’s Narrative

This section presents the analysis of one participant’s account separately to the other narratives. There were some commonalities and shared narratives between Annie’s account and the other participants, in particular the idea of AAA as a genuine pleasure, and the framing of living in RAC as a failure. However, some aspects of Annie’s story and identity were quite distinct from the rest of the participants. Although it may have been possible to analyse Annie’s narratives in a way that fit in to the other common ideas, considering Annie’s account separately was more valuable. Firstly, this allowed Annie’s story to be interpreted

with authenticity, rather than attempting to sculpt her story into a narrative that fits with the other participants. Additionally, considering Annie's story separately means full attention is able to be paid to not only *what* is different about her account, but to explore *why* there are differences. This process illuminates aspects of the other narratives more clearly.

As indicated, Annie's account of the experience of Animal Therapy was similar to the majority of the participants. In the following extract Annie had described a particular dog that was brought in to see her regularly by a community volunteer, rather than as part of AAA.

- Int.: Do you feel a sense of ownership over the animals like that when you see them regularly?
- Annie: Not ownership but...but just... oh, it just gives me the loveliest feeling. I just adore them. And I say, "Well, come on, give me a kiss," and I'll get licked all over.
- Int.: [Laughs]
- Annie: Got to have kisses. Yeah, that's really nice.
- Int.: So would you say it...it's quite important in your... for you (P: Oh yes.) to have animals around?
- Annie: Oh crumbs, yes. Oh yeah. [Laughs](...)
- Int.: So, when the [shelter] brings animals in it's a different one every time isn't it?
- Annie: Oh yes. Guarantee it.
- Int.: Is that a good thing or...
- Annie: Oh yes, definitely. 'Cause you don't know what that person's had at home. And it's usually something totally different to what comes in or what they've had. Oh yes, it's...it's...it's just there's something different about animals. I don't know what it is but it's lovely. But I always ask for a kiss. I don't care if I wipe my face all over or what but... it's just a neat feeling.

As noted, the value of the affection aspect of the interaction was shared by several of the participants, including Annie: "Got to have kisses (...) I make it my business to see them.

And to touch them and to give them a cuddle.” Those participants who described the Animal Therapy visits as significant to them, such as Jean and Yvonne, were often unable to articulate what specifically it was about them that was enjoyable. Annie parallels this: “I don’t know what it is but it’s lovely (...) it’s just a neat feeling (...) there’s something different about animals.”

Int.: Oh look yeah, it gives me a... they just open the door and there’s an animal, “Oh...” [Laughs] It’s gorgeous. It really is. It bucks me up and...and if it bucks me up it must buck someone up.

Annie: Yeah. It seems some people that it really affects, and other people just don’t really...

Int.: Couldn’t care less.

Annie: Yeah.

Int.: Yeah. Oh no, it really does affect me.

In the delayed coda of the excerpt above, Annie had been asked how she felt about the animal visits. Annie describes a visit from an animal as something that “really bucks me up.” Similar to Andrew’s comment of “It gives you a lift,” this phrase has connotations of an external event being necessary to improve the everyday experience of RAC. However, although Annie’s experience of the moment of interaction was similar to other participants, the amount of impact it had on her beyond this was where she started to differ. Annie narrated a strong sense of involvement and investment in the animal visits, and described the impact of the programme as something that “really does affect me.”

As with the other narratives, insight into why the impact of AAA is different for Annie can be gained by looking at the wider turn of talk about Annie’s transition into RAC:

Int.: Can you tell me about moving in here?

Annie: Oh, in what way?

Int.: When and why and if you like it, all of the things.

- Annie: Well, I like it that's for sure, and it was close to where I lived in that street just over the road. I could take the cat and put it in this home, whatever it was. [Pause] I can't think of anything else.
- Int.: Were you living by yourself before?
- Annie: Yeah, I was (...)
- Int.: What do you like about living here?
- Annie: About what?
- Int.: About living here. What are the specific things you like?
- Annie: It's just somewhere to stay. I'd rather be in my home over there. Would I ever. Yeah, this is not a home; not a home-home, you know. It's a house-home. But never mind. It's just one of those things when you get old and decrepit. Yeah.
- Int.: I don't know about that decrepit part; you've got a lot of sass to you Annie.
- Annie: Oh, I got cheek. [Laughs] Yeah, I'm cheeky. Ask any of them, oh, they will say, "Yeah, well she's cheeky." But I don't care. You've got to have a bit of life in you.

Annie initially said she liked living in the rest home. However, when asked more specifically what she liked about it, like many of the other participants, Annie tied her satisfaction with her current living situation to what she framed as the inevitable reality of growing old: "it's just one of those things when you get old and decrepit." This is similar to the narrative of transition into RAC as failure. Annie also conceptualises RAC as "just somewhere to stay" and "not a home-home."

Annie linked her placement in RAC to age and decline, using the same master narrative of the inevitability of deterioration in old age that participants like Jean and Yvonne drew on. However, she did not attempt to account for her transition to RAC. While other participants, such as Cathy and Andrew, spoke of their specific age and that they were in their final stage of life, linking these to their justification for being in RAC, Annie only referred to

her age indirectly through her resistance towards the stereotypical older person. Annie framed the decline in her physical health prosaically and with a sense of levity through hyperbole. For Annie, her resistance to the narrative of old age as a homogenous experience of decline is achieved through her personality, expressing pride in being known for her “cheek”: “You’ve got to have a bit of life in you.”

In the following extract, the interviewer pursued Annie’s conceptualisation of RAC as “not a home-home”. The interviewer drew on the public narrative of home as a place and concept of importance, to conclude that not considering the RAC facility a “home-home” must imply unhappiness living there.

- Int.: So would you say you don’t like living here?
- Annie: Oh no, I wouldn’t say that at all.
- Int.: Oh right.
- Annie: Oh no.
- Int.: You just prefer to be...
- Annie: I’d prefer to be at my own house. This place has got a lot of people in it which is good, and a lot of them, believe it or not, used to live in Halswell and I’d see them around the...there’s just so many of them it’s incredible. Yeah.
- Int.: Must be something about Halswell that people would want to stay?
- Annie: I don’t know, but there’s a hell of a lot of people that used to live here that are now, you know, down here. Yeah, you’d see them in the streets, down the shops...in here don’t think about that Annie. No.

Unlike Cathy and Andrew, Annie has a positive view of the rest home, saying that although she would prefer to be in her own home she does not dislike living in RAC. She focused on the benefit of having people around who were part of the community where she had lived independently. The interactions Annie had with staff members and other residents (both during the interview and on other visits) appeared to be very positive and amiable

However, although Annie views the community aspect of the rest home positively, when she starts to consider that all the people she used to see in everyday contexts such as the supermarket she now sees inside the rest home, she reacts negatively to this and chooses not to think about or discuss it further. The familiarity and continuity of environmental surroundings and behavioural and social routines can lead to emotional and psychological safety (Collopy, 1995). Annie's aversion to the thought of the changed setting of her community may speak to an avoidance of examining the loss of the everyday routines, such as going to the supermarket, that affirm aspects of people's identities.

Like the other participants, Annie's transition into RAC was constructed as somewhat involuntary:

Int.: So did you move into the apartments and then into...into...?

Annie: Yeah, that's right, then they pushed me over here.

Int.: Why was that?

Annie: Er, why was that? They... I had to have two operations on my chest because of what? See, I don't have a memory now. That's something you lose. Yeah, that's why my legs have gone bung on me.

It was unclear if Annie had shifted directly from her own home or had spent time in a retirement village setting within the same complex before moving into the higher-needs monitored environment of the rest home. Regardless, the way she refers to the move into RAC is telling: "Yeah, that's right, then they pushed me over here." This implies that her move was due to external influences and was resisted by Annie. The following extract arose from a tangential conversation about a dressing gown that Annie wanted to take up, and underscores the lack of control Annie felt over her transition into RAC:

Annie: I did, and I've given... I've just suddenly thought of all the things I've given away.

- Int.: Yeah?
- Annie: My sewing machine. My sewing machine, my toaster. Hot water jug. You know, all these sort of things that... [sigh] are necessary.
- Int.: *Are* necessary?
- Annie: Well, when they kick me out of here and wherever they put me, I don't know, I'm gonna need those things.
- Int.: Is that likely that you won't stay here?
- Annie: Well, I don't know. I don't want to stay here forever. And a couple of the girls came in, or they sent them in, and they had to f... you know, toss up all the animals [soft toys] I've got lying around and put them in boxes and, oh shivers. That was just a bit much.

It is particularly interesting that, in contrast to other participants, Annie did not imagine she would be in the rest home permanently. She touched on what she would need to furnish a future home, such as small appliances – this suggested she imagined a future situation of independent living. This may be due to Annie tying her residence in the rest home to health problems. Although Annie did not know where specifically she would move to next, she said she did not want to be in the rest home forever. However, she expresses distress over the moving process, and having others pack or dispose of her possessions: “That was just a bit much.” Relocating can be psychologically stressful for anyone, but older people moving into RAC often have the added stressors of feeling very little control over the decision and the move itself (Nolan & Dellasega, 2000). Annie constructs her living situation as something she does not have much of a voice in: “Well, when they kick me out of here and wherever they put me...”

However, the unique impact of AAA on Annie is grounded in the differences in her construction of living in RAC. As noted, Annie alone did not attempt to justify her transition to RAC. While others accepted the necessity of RAC as a long-term living situation, this was often accompanied by a sense of resignation – RAC was accepted because there was no other

option. Annie accepted her living situation, but for a markedly different reason: Annie did not believe she would be in RAC permanently. Because of this, not only was it not necessary for Annie to justify being there, because it was a short term solution, she was able to appreciate positive aspects of the home, such as the opportunities for social interaction, the quality of the staff, (“She’s one of my good ones”) and the opportunity to receive visits from animals. Because Annie did not tie her identity to RAC, she did not feel the need to resist this by distancing herself from the programme. In this way, Annie’s experience of AAA was much more similar to what the programme is like for other groups that animal visits are provided for, such as tertiary students or in corporate settings. Annie views the Animal Therapy as a service that is done *for* her because she has chosen to participate. For Annie, AAA is a way in which her needs are being met by people who understand and respect her interests. Annie identifies as an animal lover, and the attention that the staff and the volunteer visitors pay to her is representative of her being seen by the staff as an individual with specific interests, and having these interests met: “Well, if a dog comes in the front door, it comes in here first. And then it goes wherever it’s supposed to be going. [Laughs] They know I love dogs. They know I like animals.” In contrast to the other participants, Annie also knew the schedule of the visits and felt a sense of control over the timing:

- Annie: Yeah, they bring them in on a Thursday I think it is. And cats (...)
- Int.: Yeah. Do they... how long do they stay for?
- Annie: Oh, it’s up to me isn’t it? And they do other rooms. But they stay with me for the longest.

Finally, the impact of AAA may be different for Annie simply because the structure of the experience is different. Because a local community volunteer brought animals to see Annie as well as the shelter organisation, animal visits were a much more regular part of Annie’s life. Sheer frequency could also partially explain why they had more of an impact on her, and

were able to be an identity-affirming part of her life in the rest home. This also meant that Annie had more human social interactions outside of the rest home staff.

Conclusion: Residential Aged Care and Autonomy

Residential Aged Care is more than just a place to live; it is a social institution that carries a host of implications for lived experience and identity. The way an individual makes sense of ageing and living in RAC is a process that is unique and personal. However, it is also deeply social, as it is mediated by much wider social conditions and understandings. The experience of living in RAC is embedded in institutional structure and culture, public policy, and overarching cultural norms that devalue people who are frail and old (Abel, 1991; Dodds, 2007).

Ray (2008) refers to RAC as a place that is alien and often sad, where a rich internal life may be masked by the appearance of biding time. As Nelson (2001) points out, whether an older person is characterized by a master narrative of successful ageing or one of decline, these narratives can define what roles are viewed as appropriate for them, and how they fit in society. In the context of RAC, the social roles and identities available to older people can become very restricted. The narratives of the participants of this study all point to needs: the need to be recognised as having agency, of having lived full lives, as being part of the larger community, of being in (and knowledgeable of) the present, as needing real and spontaneous human interactions that are not structured, diarised, and institutionalised. In many ways, the talk around animals and AAA became a conduit to express these desires, needs, identities, and humanities under threat.

RAC presents a unique environment of the home-that-is-not-home. Holstein et al. (2011) discuss the way principles of bioethics were transposed onto the RAC setting from the acute-care hospital setting without a careful consideration of the unique characteristics of rest

home life. In particular, they point to the way the principle of respect for autonomy was operationalised by informed consent procedures that primarily apply to medical care choices. The issue with this is that control over medical treatment choices is not a central feature of the everyday lived experience of RAC. There is a fundamental difference between acute hospital care and RAC: while hospital stays are typically brief interruptions to a life outside the hospital, the RAC facility is where residents live permanently. Thus, the issues of importance to RAC residents are of a much more everyday nature, such as who gets the best chair in the living room, or who chooses the time for dinner (Kane & Caplan, 1990). Consequently, superimposing the principles of autonomy from acute care onto RAC means the areas of priority do not always resonate (Holstein et al., 2011).

Agich (1990) distinguished between ‘nodal autonomy’, which refers to making single decisions about a critically important issue, from ‘interstitial autonomy’ which is the ability to live in habitual ways. Holstein et al. (2011) exemplify the difference between these types of autonomy arguing that people in RAC “rarely have to choose whether or not they want life-extending therapies such as ventilators but they would like to choose when to have a cup of tea or be acknowledged as a person with a past as well as a present” (pg. 155). They argue that people value the ability to exercise autonomy in and of itself. Thus, value is placed in exercising autonomy even when the choices are not of serious, existential magnitude (Whitler, 1996). It is these mundane and everyday personal choices that are at risk of being erased in the RAC setting. Walker and Paliadelis (2016) found that not being included in decision-making made it difficult for older people in RAC to maintain dignity and autonomy. The way AAA currently operates may serve this erasure of interstitial autonomy by representing another activity which at times is presented and delivered in a way which makes it non-elective. That is, animals are brought into the residents’ space on a schedule that is not

their own, based on a decision that has been made between the voluntary organisation and the RAC management. This is captured in Cathy's point that, regardless of her attitude towards animals, no one has ever sat down with her to ask if she *wants* these visits. Further, although residents are asked whether they want to see an animal during individual room visits, they are not afforded the option to decline to be asked in the first place. Privacy becomes nominal when a knock on a closed door is sufficient permission to enter a resident's space (Ray, 2008).

Annie articulated the way RAC does not fully assume the status of 'home'. The nature of RAC means older people are moving into an environment which is usually socially (as well as physically) unfamiliar. It is an arrangement of relatively crowded communal living in which public and private spaces can appear to merge indistinguishably (Holstein et al., 2011). Further, the schedule of life in these spaces is often governed by institutional routines and demands rather than by personal choice as it would be in a true home environment: "People just come in here (...) they don't worry about times or anything" (Annie). These features may contribute to the conceptualisation of the rest home as "not a home-home" (Annie). Sixsmith and Sixsmith (2008) link the significance of the home with control and privacy – the authors argue that being able to physically and metaphorically close the door on the world outside is an essential part of maintaining identity. This is manifestly not the case for Annie, and typically in RAC in general.

Holstein et al. (2011) also discuss the way the history of ethical issues in RAC through the 1960s – 1980s (such as substandard care and fiscal malfeasance) led to an increase in government regulations that prioritised quality of care (that is, health and safety) over quality of life. Although this was intended to protect residents, it unintentionally contributed to the regimenting of their lives. In this way, the environmental context of RAC

can impede rather than support individual expressions of personhood and autonomy.

Stephen's emphasis that he was "on a different zone" to align himself with "the other world" may also speak to a resistance to the imposed temporality of the rest home. Given the restrictions on autonomy in RAC, and the intricate connection between 'home' and identity, in many ways it is unsurprising that a brief and infrequent animal visit does not significantly impact the everyday lived experience of RAC as one of failure or resigned acceptance for many residents.

Chapter Eight

CONCLUSIONS

Reflections/Limitations

Several personal aspects should be considered in interpreting the development of the research process, the analysis, and the findings. The nature of qualitative research is that it is not an objective enquiry but is inextricably linked with the social context in which both participants and researcher are embedded. Thus, in general, this section presents personal reflections rather than limitations. For example, a small and homogenous participant group is a commonly cited limitation to research. However, social constructionism asserts that knowledge is provisional and there is no one correct and objective truth, so social constructionist research does not aim to pursue generalisability (Burr, 2003). Thus, the participant group is not a limitation that is indicative of the significance or quality of the results.

As has been discussed in the methodology section, narrative psychology recognises the co-construction of a story between participant and interviewer. The influence of the researcher is also particularly evident in the analysis, as the researcher ultimately makes the decisions of what is or is not included. This structures what meanings are produced from each individual's account, and involves personal judgements on what holds narrative significance (and correspondingly, what does not). My background in Health Psychology and history as an animal shelter volunteer may have driven the emphasis I gave to some topics of discussion over others, and which questions I asked during the emergent interviewing process. A different researcher may have focused on different topics and have asked alternative questions that pursued these topics of discussion. Thus, issues of importance to the

participants may have been overlooked. This is inherent in the nature of qualitative research and analysis, and thus is not a limitation as such. Rather, the influence of the researcher on the entire research process presents an important area for reflection that should be ongoing throughout the research process, rather than an ad hoc consideration. I aimed to hold an awareness of my impact on shaping the research throughout this project.

I have had a lifelong affinity for animals, and this has influenced the findings of the research. It is not possible to be truly objective and free of personal and social context, nor in qualitative research is it desirable to strive towards this. However, it is important to understand that my disposition towards animals may have been implicitly apparent to the participants by my very choosing of this research topic. Additionally, some participants knew I had experience volunteering in a different area of the shelter organisation after asking about my involvement with the therapy programme. This may have influenced both the orientation and tone of the responses people gave to questions about the programme. For example, discursive work that was done to frame participants as responsible pet owners or affectionate towards animals may have been emphasized due to my obvious orientation towards animals. Additionally, especially in the initial interviews, at times I attempted to redirect conversations to AAA rather than pursuing other areas of discussion. My interest in the influence of RAC on social identity emerged during the analysis process as it became clearer that this was a major structuring force on the experience of not only AAA, but of all the activities of everyday life. On reflection, it would have been valuable to have allowed these areas be explored in more depth in the interviews. My searching for extended narratives of the AAA experience may have been a product of my bias towards animals, when in actuality the AAA visits may not last long enough or happen frequently enough for people to have extended accounts of this experience directly. Further, in some ways, the interview process may have

performed some of the same functions as the AAA in this context: it may have been a novelty and a distraction, and provided a social interaction with someone from outside the rest home. However, my research interest meant that when participants attempted to move the conversation into a different area, I sometimes directed the conversation back to the rest home context which some of the participants were actively trying to distance themselves from. This may have obstructed the development of longer narratives that were not directly about AAA, but were about the participants' experiences of being in the world and are thus would have been valuable in themselves.

As a young researcher living independently in the community, my life stage and social context has many differences to the rest home participants who were all over 65. Particularly notable in terms of the influence this may have had on the narratives produced is my reinforcement of RAC as a primary characteristic of the identities of the participants. Ostensibly, the reason I was taking an interest in speaking to them was their status as RAC residents. This means that my research project was framed as focusing on RAC residence as an identifier, possibly making this identity placement more salient to the participants. This was further underscored by the interviews taking place within the rest homes, most often in the participant's own room. While the information sheets included the option for participants to nominate a different location for the interview, the practicalities of mobility and transport for many participants made it very unlikely anyone would choose this option. I should have taken steps to minimise the possible inconvenience of arranging to meet elsewhere, and to clearly allay any possible hesitations that might have arisen from a reluctance to cause inconvenience to me. For example, offering a specific location outside of the rest home as an alternative interviewing setting, and providing a subsidised or free transport option such as a

taxi chit or a driving service may have made interviews outside of the RAC setting a more viable option for some participants.

My age also influenced the stories that were told to me. Several of the participants made direct reference to an awareness of this, positioning themselves as old and me as young:

“Well, only the last, it sounds funny to you when I say ‘only the last 20 or 30 years’, which is a small part of my life, but I lived in most other cities.” – Valerie

“Somebody like yourself, a young graduate doing postgraduate work, and that’s what you’re doing isn’t it?” – Cathy

Additionally, reflecting on each interview coloured my approach to, and interpretations of, each subsequent interview. The types of questions I asked and the way I framed them evolved with each interview, so that different topics or different aspects of the same topic may have been probed for different participants. For example, Cathy’s uncertainty about the Animal Therapy programme in the first interview I conducted led to my referral to the programme as ‘the animal visits’ in some subsequent interviews. This may have influenced, for instance, the way Cathy resisted the positioning of a person in need of a form of ‘therapy’ much more strongly than the other participants did, because I had given this concept prominence by my use of language. Likewise, Annie’s more developed account of her attitude towards RAC may in part have reflected my growing interest in attending to this area, as this was a later interview. This is not to suggest that these accounts would not have emerged otherwise, rather that other themes may have been given more influence and explored in more depth.

In general, it could be assumed only people who like animals participate would in AAA, although the literature on participation as a form of deference challenges this. Nevertheless, a limitation of the recruitment process involving rest home staff suggesting participants as part of screening for cognitive ability to give informed consent seemed as though it might select for those who were particularly vocal or demonstrable in their enjoyment of the Animal Therapy programme. However, there were actually several mismatches in the perceptions of rest home staff of the level of some of the participants' enjoyment and involvement in the programme, and the accounts of the participants themselves. As discussed, all of the participants gave positive responses to questions about the programme, but the amount of involvement or significance it held for them varied. For example, Valerie was suggested as a potential participant because the staff thought one of the resident cats slept on her bed, and this was taken to indicate that Valerie had an affinity for animals. In reality, the cat slept on a chair in Valerie's room, which Valerie did not mind but attributed to her room being a quiet place rather than any particular bond between herself and the cat.

Lastly, my inexperience as a research interviewer impacted the way I framed questions. At times my interviewing style followed one of the conventions of a social conversation, in which other people's statements are rephrased into questions to check comprehension. My questioning style sometimes involved making a summary statement and then asking for confirmation if it was correct or not. This inadvertently elicited responses that were limited to 'yes' or 'no' answers, rather than enabling a deeper exploration of those topics.

Implications

In order to avoid AAA contributing to the way RAC can undermine interstitial autonomy and identity, AAA programmes should be designed and carried out in ways that respect the individuality and humanity of residents as individuals, rather than framing them as a homogenous group of vulnerable people needing therapy. Facilitating a meaningful choice to participate by making the choice explicit and intentional could contribute this. A practical example of how this could be operationalised is a sign-up sheet and clearer information about what the programme is and when it is happening. Although this would make the visits regimented to the RAC schedule, it may provide clarity to residents over what the visits are and control over whether they want to be involved on any particular day.

Further, openness about the purpose of the visits for the shelter organisation may also make the visits more meaningful. Gillick (2006) asserts that RAC residents often experience a profound sense of ineffectuality. This is one of the distinctions Holstein et al. (2011) draw between living at home and living in RAC: in our own homes, we are useful. They argue that being useful, and not just entertained, should be an opportunity in RAC. One of the primary reasons the shelter provides animal visits is to socialise their animals to make them better candidates for adoption. However, AAA is not framed this way because it is conceptualised as ‘therapy’. Emphasizing the benefit for the animals and the shelter would make it clear it is a reciprocal relationship, rather than a one-way act of service-provision

Lastly, Moody (1992) suggests that the way to manage the different issues and desires of different individuals in RAC is by entering in to a process of negotiated compromises. The long-term reality of RAC opens up opportunities for staff to learn the unique ways in which each resident defines and approaches choice and autonomy. This can be extended to AAA volunteers. Although the animals change frequently, the volunteer represents a stable

relationship in the visits. By encouraging volunteers to talk to residents and develop insights about their preferences for AAA, such as what animals they want to see or what times suit them best, residents would be able to have more of a voice in the way their experiences of AAA are structured. Maintaining self-awareness about the inclination to frame people in RAC as having completely different needs and desires to anyone outside a rest home may help to ensure AAA does not become another ‘painfully limited’ activity of RAC.

Future directions

The present study presents a starting point for further research in the New Zealand context. Future research could focus on a variety of other elements and approaches. For example, it would be interesting to consider whether AAA facilitates social interaction in this context. This could look at social interaction among residents; or between residents and staff; or a more specific look at the role of the human volunteer, since functionally a handler is always involved.

Although participants were usually asked if there was anything in particular that could improve the program, the current study did not formally evaluate strategies to improve the animal experience as it was outside the scope of the research. Research examining various strategies to combat the challenges to the impact of AAA could be advantageous for future programs. For instance, given the suggested mechanism of the human-animal bond as incorporating an ongoing relationship, it would be interesting to explore the impact of visits from the same animal, a programme that enabled older people in RAC to adopt their own animal, or a programme that involved the older person in caring for resident animals. This would allow an investigation of an ongoing relationship, reciprocity, and the potential for bonding. In line with this, a programme that involved longer and/or more frequent interactions with animals may provide more of a basis for an investigation into the effects of

AAA in the RAC context. Further, a comparison between the experience and impact of AAA with older adults in RAC and older adults living in the community could provide insight into the relationship between place, identity, and AAA.

Future research could also explore AAA in RAC using other research approaches. For example, in the current study, only one interview was conducted with each participant. This means that each narrative was a particular snapshot of the experience of AAA. Future research may consider adopting a method such as what Ellis, Kiesinger, and Tillman-Healy (1997) term 'interactive interviewing', in which multiple interview sessions allow stories to be told in the context of a developing relationship between participant and researcher. This allows more history to be gathered and a deeper understanding of the participant's history, which would inform the analysis. This may be particularly suited to narrative analysis and ageing research, as it would allow more of the life history of a participant to be taken in to account in interpreting their stories. A mixed methods approach could also be of value, and could include an exploration of the relationship between AAA and a quantitative measure of a variable such as loneliness.

Lastly, as noted, there was a mismatch between some of the residents' experiences and the informal opinions of the staff at rest homes (particularly those in management positions) regarding the amount of engagement particular residents had with animals in general and the therapy programme specifically. While the current study aimed to explore and give voice to the point of view of the residents themselves, it may be interesting for future research to compare the experience of residents to the perceptions and expectations of service providers.

Summary

The narratives provided by the participants of this study provided insight into the way the Residential Aged Care setting exerts a strong and unwanted influence on social identity. The powerful public narratives of successful ageing and ageing as decline are used by older people themselves as well as by those outside of RAC. Although the rhetoric of active and independent ageing is nominally offered to older people, the practical experience of those in RAC is one of care and dependence. The socially predetermined lens of frailty and dependence in old age as emblematic of decline and failure can frame transition to RAC as a failure to achieve the ideals of positive ageing. This particular narrative of ageing and RAC can structure social identity, whether through the uptake of this narrative, the resistance of it, or a tension between the two. The options for this resistance are constricted and shaped by the practical and functional opportunities for people living in RAC. Though Animal Assisted Activity can provide moments of genuine pleasure, for the majority of participants the strength of the structuring force of RAC on everyday lived experience meant these moments were not enough to significantly alter the way RAC is constructed as an undesirable place to be and to locate identity. In order for AAA to avoid underscoring the lack of control and the associated challenges to identity that residents face, AAA programmes need to be designed and carried out in ways that respect the interstitial autonomy of older people in RAC and develop relationships that are reciprocal and meaningful.

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Appendix A

Experiences of Animal Therapy in Aged Residential Care INFORMATION SHEET

My name is Gemma Wong and I am studying towards a Master of Science in Psychology at Massey University.

For my research project I would like to look at how residents in rest homes experience the Animal Therapy programme delivered by I am inviting people aged 65 years and over who interact with the animals in this programme to participate in this study.

This research is being supervised by Dr. Mary Breheny from the School of Public Health and Dr. Clifford Van Ommen from the School of Psychology at Massey University.

What would you have to do?

You are invited to attend an interview with me. During this interview we will discuss your experience of Animal Therapy. The interview will be at a location that you have nominated. The interview will usually last between 30 and 90 minutes.

Interviews will be voice recorded so that I can transcribe them after the interview. You have the right as the participant to request that the voice recorder be turned off at any point throughout the interview. You are welcome to invite a companion to the interview if you would like. You will be offered the opportunity to make any changes to the interview transcript.

This research will be used to write a report on Animal Therapy. You will not be able to be identified personally in the report. No names, family names or place names will be used throughout the written documents. Audio recordings will be destroyed at the end of the research. All material collected will be kept confidential and separate from any identifying data in a secure location. Only my supervisors and I will have access to the data collected. After 5 years, all data collected for this research will be securely destroyed.

We welcome any questions you may have on this research. At the completion of the research, everyone who has taken part can be sent a summary of the research findings if they wish.

Your Rights:

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any point prior to or during the interview;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used unless you give permission to the researcher;

- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview.

Please consider this information carefully before deciding whether or not you would like to participate. If you would like to participate in this research, have any questions or would like to receive further information regarding this research, please contact me. You can fill out the contact details section below and leave it at reception. Alternatively you can telephone or email me, or speak to me next time I call at the rest home.

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Thank you for your time.

Warm Regards,

Gemma Wong

Signed:

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 15/47. If you have any concerns about the conduct of this research, please contact Mr Jeremy Hubbard, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63487, email humanethicsoutha@massey.ac.nz.

I wish to discuss participating in the Animal Therapy research project.

Name:

Room Number:

Telephone/extension [if applicable]:

.....

Appendix B***Experiences of Animal Therapy in Aged Residential Care*****PARTICIPANT CONSENT FORM - INDIVIDUAL**

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

.....

**Full Name
(printed)**

.....

Appendix C

Interview Schedule

Topics

- How long have you been involved in the Animal Therapy programme?
- Could you describe what happens in Animal Therapy, in your own words?
- What do you do when you are participating in animal therapy?
- How do you feel when you are participating in animal therapy?
- What made you decide you might like to participate in the programme?
- What are the things you like the best about the visits?
- Is there anything you find difficult about the visits?
- Have you had much experience with animals over your life?
- Could you tell me how long you've lived here?

Prompts

- Can you give me an example of that?
- Can you tell me more about that?
- Can you tell me about the amount of experience you've had with small animals?
- Can you tell me about which animals you enjoy visiting the most?
- Is it a different experience for you depending on the animal? (e.g. cat, dog, rabbit)
- Do you like seeing the same animal on visits?