Continuation of Living: Maintaining Dignity and Quality of Life within the Process of Aging

By

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Abstract

Dignity and quality of life are often regarded as fundamental aspects of human rights. Both are seen to be indicators of what it means to be a human being. Yet, these factors are often overlooked as human beings go through the process of aging and particularly for older adults who rely on caregivers and healthcare system for all aspects of their needs. My capstone project explores the challenges and changes that older adults experience as they age and how the dignity and quality of life become secondary as they go through those challenges and changes. My capstone project offers perspectives from humanistic and person-centered approaches, particularly narrative and dignity therapy, which aims to maintain dignity and quality of life. The final chapter of my capstone will offer a community workshop that aims to inform, educate, and collaborate with community members in supporting and empowering older adults in their lives.

Keywords: Aging, Dignity, Dignity Therapy Elderly, Life Transitions, Older Adults

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Table of Contents

Chapter One: Introduction

Dignity is a construct that appears in different aspects of living. There is an innate agreement amongst societies that dignity is one that should be maintained, upheld, and preserved. It is something that every individual has by virtue of being alive. Yet, as individuals go through the process of aging and slowly lose their capacity to keep their own dignity intact, the responsibility lies with their families and caregivers (Semyonov-Tal, 2021). When thinking about the aging population, particularly the older adults, the concept of dignity is often talked about in the literature. It is often seen as one of the significant losses that impact the experiences of older adults and the responsibility then, lies to those that care for them and the larger communities to uphold, maintain, and preserve. As the overall national, and global population, ages, understanding factors that shape and inform how dignity and quality of older adults' lives is critical in creating interventions that would improve the experiences of older adults and give voices to those that are often considered marginalized and vulnerable within our society (Semyonov-Tal, 2021).

In Canada it is projected that the proportion of seniors aged 65 and older would be in between 21.6% and 29.8% by 2068 (Statistics Canada, 2023). Furthermore, the number of older seniors aged 85 and over would increase exponentially in between the years 2031 and 2050 as the individuals born during the baby boom era enters this age cohort. Statistics Canada (2023) estimated that the population of older seniors aged 85 and over will grow in between estimated 2.8 million and 3.6 million by year 2068 compared to 871,400 in year 2021. This projection means that the Canadian population is aging and the need to address the needs of

this age group must be addressed to honour the needs of these cohorts and alleviate further alienation and marginalization.

Clinical counsellors and healthcare workers are in unique position to address the needs of older adults as it relates to preserving and maintaining dignity and quality of life. Not only that clinical counsellors are able to work with individuals, but they are also able to influence and work with other healthcare professions to develop and implement dignity-preserving measures that honours older adults and their overall being. As it is demonstrated in the literature throughout this body of work, preserving dignity and quality of life influence and inform other facets of older adults' experiences particularly their experiences of illness, social connections, mobility, and identity. It is, therefore, critical to develop interventions and measures that can be put in place to address the needs of older adults as it relates to dignity and quality of life.

Purpose Statement

The purpose of this capstone is to delve into research exploring the changes and challenges encountered by older individuals as they navigate life transitions and the process of aging. Additionally, it will examine clinical interventions proven effective in assisting older adults. Through a comprehensive review of existing literature, the overarching objective is to offer recommendations and tools for clinical counsellors and healthcare professionals working with this demographic. Beyond these objectives, the primary aim of this paper is to celebrate the rich experiences of older adults. It seeks to underscore the importance of recognizing and respecting older individuals, emphasizing that their worth and identity transcend age-related

limitations. Ultimately, it serves as a reminder of our collective responsibility to honor and care for the preceding generations.

Theoretical Framework

This capstone is underpinned by two theoretical frameworks: person-centered and strength-based approaches**.** These approaches are helpful in working with the elderly as they prioritize individual autonomy, dignity, and resilience, fostering a sense of empowerment and enhancing overall well-being in older adult.

Person-centered approach recognizes that older adults have the capacity to define and clarify their own goals and needs. Many older adults experience marginalization particularly in receiving care and therefore, having person-centered approach is critical in upholding and maintaining dignity. The idea of congruence encompassed in person-centered approach highlights the genuineness and authenticity of therapist or care provider that will allow for older adults receiving care to model the same authenticity and share their experiences (Prochaska & Norcross, 2018). Furthermore, person-centered approach can provide a place of understanding towards the experiences of older adults particularly their views of self. As it will be discussed in chapter 2, older adults face multitude of changes and this cause incongruence on the ways they view themselves. Through person-centered approach and understanding each older adult's challenges, they are seen as human beings with unique experiences and stories that deserve to be heard. In doing so, the humanity and dignity of individuals are put as a priority.

Expanding on person-centered approach, the concept of unconditional positive regard is essential in working with older adults. Unconditional positive regard refers to the acceptance

and support of clients without judgment regardless of their thoughts, feelings and actions (Prochaska & Norcross, 2018). Unconditional positive regard encompasses empathy and respect which are crucial in seeing older adults as human beings deserving of care and recognition as opposed to just passive receivers of care.

Aside from person-centered approach, strength-based framework also accounts for having a much more empowered view of older adults as opposed to putting limitations with their capacities. Having a strength-based approach or framework makes space for recognizing older adults' resilience, autonomy, and preserving their identities (Robichaud, 2006).

Contribution to the Field

This body of work contributes to the larger literature on older adults, aging, and life transitions by offering recommendations and approaches in working with older adults that go beyond the symptoms and deficits. The strength-based and dignity-preserving perspectives encompassed in this paper aims to plant seeds to the fields of counselling psychology and healthcare to approach the work with elderly with tenderness, compassion, and, above all else, with dignity and humanity.

Gap in the Research

Further to the contributions to the field stated in the previous section, this body of work addresses the gap in the research as it provides a relational, and systemic approach to preserving and maintaining dignity and quality of life of older adults. The majority of research in older adult experiences highlight the challenges and limitations that comes with aging as well as the medicalization of old age that often diminish older adults into their symptoms. By addressing interventions and providing recommendations, this paper addresses the gap in

research by providing a different perspective that honours and uphold the capacities of older adults.

Reflexivity and Positionality

My connection with the topic this capstone is rooted in my personal experience with my mother who works as a healthcare provider for the elderly. As my mother's daughter, I listen to my mother's countless stories about her clients and the residents living in long-term care facilities that she worked at. Throughout the years, the same arms and hands that cared and tended me since birth and have walked me through my journey are also the same arms and hands that held older adults to their final days. For the longest time, my understanding of older adults' experiences is only through my mother's stories. She held so much love and compassion to her residents and clients and in turn, have inspired my understanding and passion to learn more.

During the pandemic, my mother worked longer hours even thought it was not expected of her. She went to work early and left late because her residents needed her. She was the bridge to the outside world and she made it her personal mission to bring light into their lives when the world became a darker place. It was during this time that I thought about what other ways am I able to support the older adults that my mother was supporting and how am I able to do something meaningful.

I did not have any experience working with older adults and my professional background is working within the public education system. During the pandemic, I noticed the parallels between the older adults that my mother was supporting and the young people that access services through our settlement programs. Thinking about bridging the gap and the social

isolation that these groups were experiencing, I started a volunteer program for youth called *Intergenerational Interactions*. Through this program, the students connected with older adults living in the long-term care where my mother was working. It was through this program that has shifted my perspective on what it means to honour older adults and the wealth of knowledge and experiences that they have cultivated throughout their lives.

I started the program with the idea that the youth would show up and support older adults and give them a sense of purpose and belonging. I went in with the idea that older adults would be passive recipients of care and entertainment without recognizing that the older adult participants have something more to give and contribute to the program in the same way that the volunteer students had. In partnership and guidance of the recreation program manager at the long-term care, my perspective and approach in working with older adults shifted.

Through the help of the recreation program manager, I realized how my conception of older adults as helpless and passive recipients of care are far from reality. The older adults that participated in the program were humorous, quick witted, generous, and incredibly fierce. I have watched a group of 85- to 95- year-old elderly coach and teach our youth volunteers different skills such as in sewing, algebra, and history. They were generous of their time and wisdom and have enriched the program by taking the lead alongside our youth volunteers.

It was also through the program that I first experienced walking our young volunteers through the process of grief upon losing older adults in the program. I have learned to sit with the students in remembrance of the lives that older adults lived and the privilege for all of us to be part of their lives in a small way and how they have imparted wisdom and care to our young volunteers.

Through this experience, I further learned the importance of relationality in ways to care for and honour elders as they experience significant changes in their lives and offered an avenue to consider how to uphold dignity and humanize their lived experiences. I further recognize the limitations of my understanding and to further take on opportunities to learn and expand my knowledge to not do harm with this population. I carry with me a profound sense of responsibility in what it means to be in a helping profession that does not diminish nor limit those that I am trying to serve.

As a first-generation immigrant and a woman of colour, I carry with me the intersections of power, privilege, and oppression attached in these social locations. I share the construct of being labelled as part of *vulnerable populations* when I first step foot in this country. My relationship with the label 'vulnerable' and having been labelled to be in this category when it is not something that I identify with, nor it was something in my repertoire cultivated my passion in deconstructing what it means for those that are given this title. Older adults have been conceptualized to be vulnerable and this label limit and diminish the fullness of their life experiences and how they are treated within our society and within systems. Knowing what it was like to be labelled and put into a category, I carry with me the humility to diminish harm and the further dehumanization of those that are labelled as such.

Coming from the Philippines with a strong sense of collectivism, emphasis on family, and respect for elderly, my hope in writing this capstone is to honour my grandparents, particularly my grandmothers who have been matriarchs of their respective families. My *Inay* and *Nanay* who both have cultivated, nourished, and inspired what it means to love and care for others.

Their ages did not slow them down in living and despite limitations in their functional mobility continued to challenge status quos and narratives about aging.

As a counsellor-in-training, I acknowledge the power and privilege of what this role holds in touching people's lives. I take it with great responsibility to practice with humility and do my own learning to not further any harm done to individuals that I will work with through my role as a counsellor. I also acknowledge that being a counsellor and the power and privilege that are attached in this role do not just begin and end within the therapeutic space and in my relationships with clients. I have a responsibility to my profession, the larger community, and the society to advocate and put forward voices that may otherwise not represented or have been oppressed.

Definition of Terms

Dignity

The inherent value of humans by virtue of being human (Nordenfelt, 2003). Dignity is also described as the quality of being worthy of respect, esteem, and honour (Chochinov, 2002; Ferretti et al., 2019).

Dignity Therapy

A therapeutic approach that is focused on preserving philosophical, existential, psychological, social, mental, and emotional components and meanings of dignity as it relates to the dignified process of dying (Chochinov, 2002; Chochinov et al., 2012).

Functional Autonomy

The ability to move oneself either independently or through assistive devices beyond one's home to neighbourhoods and other places (Webber et al., 2010).

Narrative Therapy

A therapeutic approach that focuses on separating the client from their problems and focus on stories with the goal of challenging and shifting existing meanings and understanding and construct a much more preferred identities and outcomes (Kropf & Tandy, 2008).

Older Adults/Elderly/Elders

For the purpose of this paper, these terms are used interchangeably to identify individuals aged 65 and over.

Self-Management

Older adults' ability to manage their own lives and illnesses (Holm & Severinsson, 2013).

Roadmap for Exploration

The next chapter will explore relevant research studies related the experiences of elderly as they go through the process of aging as well as the interventions that are relevant in preserving and maintaining dignity and quality of life. First, the chapter will highlight some of the changes and challenges that older adults go through particularly that of functional mobility, social isolation, sense of self and identity, and dignity and quality of life. The purpose of this section is to highlight some of the common themes that are explored in various research. Furthermore, reviewing these studies would provide a profound understanding how different variables shape and inform the experiences of older adults and the loss of dignity and quality of life.

Chapter two will also explore relevant interventions that are seen to be effective in working with older adults. Some of the research that will be reviewed are dignity therapy, narrative therapy, art therapy, and nature therapy. The aim of this section is to explore some of

the tools that will shape and inform the recommendations for future practice as well as highlight some of the best practices that encompass strength-based approaches.

Chapter three will present recommendations for clinical counsellors, caregivers, and other healthcare team in caring for older adults. The purpose of these recommendations is to develop a sense of community and understanding about the challenges that older adults go through. By understanding these experiences and providing different perspectives, the main goal is to find ways to uphold, maintain, and preserve dignity and quality of life for older adults.

Furthermore, chapter three will also highlight simple activities and tools drawn from narrative, art, nature, and dignity therapies that clinical counsellors, caregivers, and health care team can use in connecting and caring for older adults. The purpose of these activities is to make it accessible for everyone to start a conversation, build relationships, and connect with older adults that honour and humanizes their experiences.

Chapter Two: Literature Review

The discourse surrounding the process of aging and its changes is often seeing as taboo, rendering it a topic of restricted discussion within many societal contexts. Aging in and of itself encompasses a larger, much more profound reality that everyone has to face: the inevitability of death. But when does one stop living and one begins the journey to dying? According to Canadian Institute for Health Information (2017), population of individuals 65 is expected to grow by 68% over the next 30 years. With this projection in mind, it is important to consider ways in which society can preserve the dignity of elderly. This chapter will discuss relevant research highlighting the changes, challenges that elderly face as they go through the process of aging, the relevance of care providers, as well as therapeutic interventions that are relevant in caring for the elderly.

Changes, Challenges, and Continuation of Living

Mobility and Functional Autonomy

De Verra Barredo and Dudley (2001) highlight some of the losses that elderly experience as they transition into long-term care. Aside from the loss of their physical abilities as it relates to various illnesses, elderly also experience the loss of the life as they knew it. Many have lost their independence and thus, the need for round-the-clock care. This loss meant that they also lost their ability to determine their own schedules, to preserve their privacy, and engage in activities that they used to do on their own. As they transition into long-term care, they also may have to give up or liquidate their material assets and other life possessions. Giving up these possessions can be an emotional experience for elderly as this process can mean that they are being stripped away from the lives that they have built. This body of work then

highlights how the lost functional autonomy and mobility influence the loss of other important aspects in elderly's lives.

Judith Erlen (2005) elucidates that as elderly advance in age, comorbid health conditions become more complex and therefore they may not fully recover. This relationship between advance aging and comorbid health conditions limit their ability to participate in daily living activities and require support from others. One of the highlights in Erlen's work is the discussion on how the loss of physical abilities influences the increase in vulnerability for elderly. As the elderly lose control in some aspects of their lives, the difficulty being assertive on making their needs known becomes more challenging. In this body of work, Erlen (2005) emphasizes the importance of respecting the elderly person's autonomy and their ability to determine what and how they need help. The author also highlights that while the elderly lose their physical functionality, it is important to recognize their ability to make decision for themselves and the perceptions of their own best interests has not changed.

In the topic of physical activity and functional limitations, McAuley and colleagues (2006) examined how self-efficacy influence functional mobility in women. The authors defined self-efficacy as one's belief in their capabilities to successfully perform courses of action. With this idea in mind, the authors posit that self-efficacy is both a factor and an outcome of physical activity. Further to this idea, the correlation between physical activity and functional limitations are informed by self-efficacy. The result of the authors' investigation shows that older adults that exhibit higher self-efficacy relative to their physical capacities show better functional performance. What is important to note in this study is how self-efficacy in elderly or older

adults can be promoted to potentially increase physical activity and reduce the functional limitations that may appear over time.

Furthering the idea of how mobility and functional autonomy is an essential factor in elderly and aging, Olaya et al. (2018) examined the correlation between mobility difficulties, physical activities, and mortality risk. The researchers determine the association between physical activity, functional difficulty, and time to death. This body of work further highlights what has been established in previous studies about how mobility affects overall well-being of individuals as it is the most common disability among older adults, and it is a strong predictor of mortality. In their study, findings revealed that practicing high levels of physical activity and having good mobility function is tied to lower risk of dying over a follow-up period of 3 years (Olaya et al., 2018). Common daily life functional autonomy such as standing, extending arms to reach objects, and moving from one area to another are strong protectors of mortality above other multiple cofounders.

Expanding on the positive correlation of mobility and functional autonomy to overall well-being of elderly, a longitudinal study conducted by Henning et al. (2022) examine the correlation between loneliness and functional autonomy amongst elderly Swedish population. The authors posit that autonomy acts as an intermediary in experiencing loneliness. Autonomy is conceptualized as feelings of volition and being in control of one's actions and therefore, having autonomy correlates to self-efficacy that shapes mobility. In turn, these factors are associated with experiences and levels of loneliness. The result of the study shows that the elderly who display higher levels of autonomy reported lower levels of loneliness. Furthermore, the result of the study also indicated that participants who exhibited improvements in

autonomy over time also showed decreased levels of loneliness. The significance of the study is that it contributes to enriching the literature to further understand the factors that shape and inform the experiences of elderly. Although this research does not determine the cause and effect, they do provide significant insights into how these factors can be increased to preserve dignity and quality of life for elderly.

The bodies of work highlighted thus far emphasize how autonomy and functional mobility shape the quality of life for elderly. The research suggests that one's physical ability increases self-determination which then is indicative of their self-perception of themselves as they age.

Maulini et al. (2022) postulate how quality of life is determined by three factors: independence, social participation, and wellness. In their investigation, the researchers explore how physical activity determines quality of life for the elderly. The authors noted that lack of physical activity or sedentariness, along with other risk factors, contribute to degenerative diseases. On the other hand, physical activity is instrumental for individuals to live their life with less worry and stress thereby promoting a greater sense of well-being and better coping with the difficulties that come with aging. The result of their survey aligns with previous explorations in this area in that, overall, there is positive correlation between physical activity and high quality of life. The survey conducted by the authors emphasize that physical activity is not only an opportunity to strengthen one's physical capacities, but it presents an opportunity to continue to explore potential areas of improvement, desires, aspirations, and therefore contribute to an individual's sense of fulfillment.

This section highlighted how autonomy and functional mobility affects the experiences of elderly. The studies highlighted show how autonomy and functional mobility are determining factors for quality of life and the continuity of not only the elderly person's social participation but also in the ways that they see themselves which then shapes and informs their overall feelings of self. Through the literature reviewed thus far, having functional mobility and autonomy do not just reflect physical strength but it showcases how these factors inform the overall mental health and wellness of individuals that further sustain their own sense of dignity throughout old age. With these concepts presented, it can be inferred that the maintenance of autonomy and functional mobility is critical in caring for the elderly and developing a sense of understanding about its effect as this is at the core of their human experience.

Social Connections

Having a sense of belonging and being part of a community is integral to an individual's well-being. For the elderly, social connections may be experienced differently. The latter stage of life means that the elderly experiences a shift in their relationships and face loss of those social connections at a higher rate than other age groups (De Verra Barredo & Dudley, 2001). Understanding the dynamics and processes that take place as it relates to elderly's social connections are important in caring for the elderly because of how these factors impact their quality of life and preserving their sense of dignity.

Friendships play a vital role in sustaining social connectedness especially in later life when other relationships may become unavailable. Therefore, exploring the importance of friendships for older adults and the factors that sustain these social connections are essential in supporting the elderly (Blieszner et al., 2019). Blieszner et al. synthesize existing literature on

theories on late-life friendships to identify the gaps in knowledge and propose future considerations for research. Furthermore, the literature highlights several key important factors that predict of positive affective and behavioural processes such as the intersections of individual characteristics and support exchanges, cultural differences in friendship processes, unique and value of friendships. These are all determinants of social connections in late-age friendships. These concepts will be elaborated in the next section.

Through reviewing literature available, Blieszner and colleagues (2019), highlight that predictors of affective and behavioural processes in older adults include gender, education, social involvement, and proximity. Gender differences may influence how individuals engage and experience emotional and behavioural aspects of friendships. In terms of education, the study reveals that higher levels of education are seen to be associated with different patterns of emotional expression and social behaviours within older adult friendships. Meanwhile, social involvement in activities is found to predict behavioural processes in that, higher participation in social activities influence how elders behave in their friendships. As far as proximity and geographical locations are concerned, distance between friends impact the emotional and behavioural dynamics between older adults' friendships. This idea is tied to the impact that mobility and functionality on the ability of older adults to see their friends depend on their physical capacity and the limitations of those they depend on for transportation to their social functions.

Looking into intersections of individual characteristics and support exchanges, the researchers attributed gender differences in support provision, impact of resources, and life transitions in the development and continuation of friendships (Blieszner et al., 2019). When

thinking about gender differences, researchers found that women are most likely to provide emotional support and men are most likely to offer instrumental support. These gender differences are apparent throughout lifespan and particularly in friendships between elderly. Furthermore, men are seen to increase their help-giving after retirement or widowhood. In relation to resources, and consistent with higher education, having more resources or financial stability also contribute to how elderly provide help to their friends. The key points highlighted in this research are crucial as they provide a general overview that is consistent to the findings in other studies that are highlighted in this section.

There are different factors that shape and inform continuity of relationships at the later stage of life. Some relationships are dictated by functional autonomy and mobility as already noted in the previous section whereas other social connections are impacted more of the benefits an individual receive. Lang (2000) explored how changes in an individual's personal network is influenced by both non-deliberate endings such as loss and active choice of social partners and deliberate endings such as the extent of intrinsic benefits that one receives from said social networks.

Lang (2000) utilized selectivity model in their longitudinal study to explore how elderly are deliberate in beginning, maintaining, and ending social relationships based on provisions available within that social network. They posited that there is a correlation between social selectivity and future time perspective in that, the longer that an individual think that they will live, the more they will engage in long-term reward relationships with others in the form of information-seeking. On the other hand, when elders' perception of their future is limited, there is an expectation of short-term benefits of emotion regulation. Consistent with selectivity

model and the hypothesis of the exploration, findings from the longitudinal study revealed that reduction of social network size was apparent when elderly perceived their time to be coming to an end. In addition, consistent with the initial hypothesis, availability of benefits with social connections informs the discontinuation and continuation of social relationships. What this study concludes is that there are factors perceived with the length of their lives that influence their choice and participation in social relationships. Furthermore, the study provides an understanding as to how quality of relationship particularly that of emotional closeness may benefit in preserving social connections.

Consistent with the idea of benefits in social connection, Muraco and Fredriksen-Goldsen (2011) examine the caregiver relationship between lesbian, gay, and bisexual older adults. Unlike older adults with children, those do not have significant biological families or relationships rely on friends for caregiving responsibilities. They found that there was a significant difference between straight elders and lesbian, gay, and bisexual (LGB) elderly. Friends often fulfill the role of the biological family, such as providing instrumental care, serving as liaison between LGB elderly and service providers, helping with intimate care, and emotional support. The concept of friends caring for LGB elderly is consistent within broader LGB communities, as the provision of care by friends is rooted in reciprocal care within this population brought by their shared experience of discrimination due to their sexual identities and being disowned by their own biological families (Muraco & Fredriksen-Goldsen, 2011). LGB elderly identify friendship and caregiving at this later age is a function of having a ‘chosen family’ and caregiving service provided by friends are a function of meaningful friendship. In the qualitative study conducted by Muraco and Fredriksen-Goldsen (2011), the participants

recognize mutuality in their relationship despite that one is providing care to the other. This concept may not be as apparent on heterosexual caregiving relationships. The caregiving friend within the LGB elderly dyad may provide instrumental support but both individuals express receiving the benefit of emotional and social needs. This piece of research contributes to the larger body of research on the experiences of older adults because it makes space for a specific population of elderly that may not be represented or discussed in other bodies of literature. Exploring the experiences of LGB elderly is necessary in understanding the complexity of process of aging as it relates to social connections.

As demonstrated in the previously highlighted study, the role of friendship is crucial for elderly's overall well-being. Consistent with this notion, Tilikainen and Seppanen (2017) examine how the experiences of emotional loneliness are embedded in daily lives and relationships of elderly. The authors posit that the experience of loss and unfulfilled relationships, loss or lack of partner, absence of meaningful friendships, and complex parenthood affect the experience of emotional loneliness in old age. Through an interview conducted with a group of elderly in Finland, the older adults in their study draw associations between their experiences of loneliness to the diminishing social relationship and weakening physical abilities. Participants shared same sentiments between the loss of their life partners and experiencing emotional loneliness. A recurring theme of feelings of loneliness stemmed from a sense of longing for what they had lost with the passing of their loved ones and yearning for the life they once shared.

In addition to the loss of social connection encompassed in the loss of life partners, participants in the study highlighted that not having offspring also means that there are more

losses (Tilikainen & Seppanen, 2017) and that there is no continuity of legacy and that one's own life do not live on through their next of kin. There would be no next of kin that will remember them by and continue their life wisdom through shared memories. Another important finding from the study is the importance of friendships and while it may not necessarily fill the void of not having familial ties, friendships provide companionship and laughter. However, participants in the study noted that having someone to talk to is not enough to fill the void of the loneliness they experience.

In the absence of family and intimate friendships, older adults rely on other social networks such as church groups to stay connected. Avila-Sta.Maria et al. (2015) explored key roles that the church plays in older Filipino's social networks. The researchers conducted semi-structured interviews with a small group of Filipino older adults exploring key aspects of social relationships such as support and non-support within the participants' social connections. This body of research identified various types of support including instrumental support, emotional care, social connectedness, and companionship during activities. With these ideas in mind, the authors suggest that the role of church or participating in church could be beneficial for older adults in these ways: informal support, social connection, spiritual nourishment, community engagement, support network, and structured activities (Avila-Sta. Maria et al., 2015). They go on to suggest that for the elderly the church provides a sense of community, belonging, and camaraderie when then create emotional comfort, companionship, and solidarity. In addition to social ties, church also provides spiritual enrichment. Faith-based beliefs help the elderly continue to make meaning, find purpose, and solace through their beliefs. These ideas also

provided a sense of comfort at times of need and at a time where older adults may be experiencing various challenges and changes in their lives.

According to Avila-Sta. Maria et al. (2015), the church also plays a role in community engagement and volunteerism which then further foster social connections. The elderly in this study highlighted how community engagement allow them to contribute to charitable initiatives and participate in social outreach programs thereby promote their sense of fulfillment. Lastly, the structured activities offered in church such as worship services, prayer groups and social gatherings provide the elderly with structure and routine that enhances mental stimulation and social interactions which overall increases overall mental and physical health of the church members. What this study contributes to the larger literature of older adults and social connections is that it looks at institutions such as church or belonging to a faith-based community contributes to the continuity of social connections that may not necessarily be fulfilled in other aspects of older adults' life.

Another consideration that is crucial to the discussion on the importance of social connections is the negative effect of social exclusion. Research has found that exclusion socially plays a role in the formation of suicidal ideation among elderly population. Gao et al. (2022) conducted a quantitative study with the elderly in rural care homes investigating correlations between social exclusion and other factors such as suicidal ideation, depression, sense of belonging, and interpersonal trust. Social exclusion refers to the erosion of social cohesion, destruction of solidarity, and the lack of social integration. Care homes are retirement elderly care facilities that provide housing, care, and support services for elderly individuals that need assistance with their day-to-day health needs. According to Gao et al. social exclusion was

found to have profound psychological effects on the elderly that then lead to feelings of loneliness, worthlessness, and hopelessness. These feelings then contribute to the development of suicidal ideation as it is a way to escape the emotional pain and distress. In addition to psychological effects, social exclusion also results in lack of support and connections which leave elderly with feelings of isolation and disconnection from others. Seeing that the study is connected in rural care homes in China, the elderly are already living in social isolation from the larger society and with social exclusion happening within the institution, it further heightens feelings of despair and thoughts of suicide as elders may see themselves as burdensome and unwanted.

In addition to psychological effects and lack of support, social exclusion also increases stress and vulnerability. Gao et al. (2022) reveal that social exclusion can lead to chronic stress and feelings of inadequacy which exacerbate existing mental health challenges, increasing the risk of suicidal ideation. Lastly, social exclusion affects interpersonal trust. The study reveals that the elderly are less likely to seek help or support from others as social exclusion, due to feelings of hopelessness and helplessness, start to erode interpersonal trust which then further contributes to the increased risk of suicidal ideation. Overall, this study plays a crucial role in identifying risk factors that affect experiences of older adults as well as the complex interplay between social factors and mental health outcomes. Furthermore, the study has important implications in developing interventions with emphasis on social connections while also addressing preventative measures in decreasing suicidal ideations in elderly populations.

Identity, Self-Concept, and Continuity of Self

With shifting dynamics and relationships throughout old age along with the physical limitations and changes in mobility and functional autonomy, older adults' sense of identity shifts and changes as well. This section will discuss shift in older adults' perception of self-identity and its implications to other facets of their lives.

Drawing from Erikson's epigenetic theory of psychosocial development, Woods et al (1981) hypothesized that there is a correlation between life satisfaction, fear of death, and ego identity. Erikson's epigenetic theory postulates that the development of personality takes place through 8 different crises that individuals must resolve sequentially throughout their lifespan. This current research focuses on Erickson's eight stage which attends to ego integrity versus despair which are said to be occurring during individuals' later age. Ego integrity and despair speaks to individuals' feelings of sense of integrity and satisfaction with their lives as opposed to despair and fear of death.

The result of this correlational study is in line with Erikson's epigenetic theory (Woods et al., 1981). The researchers found positive correlation between ego identity and life satisfaction which suggests that individuals who resolved earlier psychosocial stages report higher levels of life satisfaction and therefore contributes to a positive sense of integrity and satisfaction in their old age. In addition to positive correlation between ego identity and life satisfaction, result of the study also shows that there is a negative correlation between fear of death and ego identity for male participants in the study. What this means is that having strong sense of self and identity tended to have lower levels of fear of death. Interestingly, results with female participants are not as consistent with the results amongst males which means that for females,

the correlation between fear of death and ego identity are not as pronounced. What this research investigation contributes to the understanding of aging and elderly's experiences with aging is that it offers valuable insights in promoting healthy aging and providing targeted support by adapting Erikson's epigenetic theory. Furthermore, the study paves the way in how the considerations of psychological factors such as ego identity, life satisfaction, and fear of death can contribute to supporting elderly and promoting their well-being.

From what has been highlighted so far, changes in self-identity are shaped by various transitions takes place in later age. In a study conducted by Jetten and colleagues (2009), explore how declining autobiographical memory and cognitive abilities affect personal identity and life satisfaction of individuals in varying levels of dementia. The study bring light to important facets of older adults' experience. The result of the study reveal that as elderly with dementia experience a decline in autobiographical memory, there is also a decline in cognitive ability. According to the study, not only that memory loss impacts the ability to remember personal experiences, but it also affects overall cognitive functioning such as problem-solving, attention, and reasoning. In addition to this finding, the study also shows that there is a reduction in personal identity strength as autobiographical memory declines. What this phenomenon signifies is that personal identity such as sense of self, one's values, beliefs, and life story go through a process of reduction when autobiographical memory declines. In turn, elderly with dementia lose self-awareness and diminish connections to their own identities and life experiences. When the elderly go through memory loss, this in turn, is associated with the decline in social connections and belonging to various social circles. The result of this study contributes to the understanding of how nature of memory, identity, and social relationships

are interconnected and how they shape well-being and quality of life of individuals experiencing cognitive impairment.

One of the significant changes for older adults is the transition into retirement. Jolles and colleagues (2022) explore the role of organizational commitment, group memberships, and framing of retirement transition in older adults' anticipated change in retirement. The authors first identify the impact of retirement to an individual's identity by naming various changes that shape older adult's sense of self (Jolles et al., 2022) such as the loss of the work role and the transition to a new role, self-concept clarity, and psychological adjustment. Because individuals spend most of their lives in work environment, it becomes central to an individual's identity and the loss of this role can lead to re-evaluation of self-identity. This shifts how individuals perceive themselves without their work-related role. In terms of self-concept clarity and psychological adjustment, changes in routine roles, and responsibilities can impact older adult's sense of self-worth, purpose, and prompt them to reflect on their values, beliefs, and goals that would shape how they would create or re-define their identities post-retirement.

With relation to self-concept and identity, the findings of the study suggest that framing retirement as "work entry" versus "work exit" can have a significant impact on the individuals' relationship with their identity and self-concept (Jolles et al., 2022). According to participants of the study, framing retirement as "work exit" emphasizes the idea of leaving behind a significant aspect of one's life and identity. This then evoke feelings of loss, separation from familiar role, and discontinuity in one's identity whereas framing retirement as "work entry" highlights the idea of transitioning into a new phase of life with new opportunities for personal growth, exploration, and fulfillment. Jolles and colleagues (2022) note that work entry framing is seen

to be beneficial for retirees to perceive retirement as an entry into a new role that may open doors to anticipate more positive changes to their identities. The significance of this study to the larger literature of understanding changes and challenges for older adults' transition is that it gives suggestions in how individuals leaving the workforce can be supported during the transition and how the power of language and framing can make a difference in continuity of self-concept and identity for older adults.

Another change that takes place in older adults' lives that play a crucial role in their sense of identity is the transition into long-term care. Pirhonen and Pietila (2015) explore how older adult's sense of self is influenced by their interactions and experiences in long-term care facilities and the importance of recognition and person-centered care practices. The study explores how transitioning into long-term care facilities challenge older adults' continuity of self because this change disrupts their previous lifestyles and impose institutional roles, rules, and expectations.

The study use recognition as a key conceptual framework in understanding experiences of the older adults in long-term care setting (Pirhonen & Pietila, 2015). According to the authors, recognition is the difference between treating older adults as individuals that deserve to be treated with dignity or merely objects or consumers of care, inmates, or patients (Pirhonen & Pietila, 2015). The authors bring out important point that continuity of self and identity as it relates to long-term care is that personhood may only be sustained when it is recognized by other people. In addition, even though they are in long-term care, these elderly individuals depend on human-to-human recognition and deserve to be treated accordingly.

This ethnographic research raises how the difference between institution-centered and person-centered care in long term care are critical in older adults' identity, self-concept, and continuity of self (Pirhonen & Pietila, 2015). They found that an institution-centered approach to care prioritizes efficiency and organizational needs over the individual preferences and well-being of residents. Institution-centered care consisted of pre-defined roles for older adults and staff members which were instrumental in dehumanizing practices that takes away the agency, identity, and self-concept of older adults. On the other hand, person-centered care emphasizes the importance of privacy and personal space, recognition and upholding older adults' need, autonomy, values, and life histories which enhance their sense of identity and well-being. This research contributes to our understanding of how older adults' identity, self-concept, and continuity of self are shaped by their transition into long-term care. It also explains the role institutions and caregivers play in upholding those identities and even more importantly, preserving dignity and quality of life of older adults.

Dignity and Quality of Life

The previous section highlighted the different changes and challenges that older adults experience along with the ways that foster a continuity of living and contribute to a fuller life. This section will discuss how dignity and quality of life is experienced by the older adults, conceptualized by care providers, and the larger societal conceptions of the many facets of dignity and quality of life of the older adults.

Pope and Riley (2013) conducted qualitative research where they interview women in midlife and explored their expectations for quality of long-term care. There is a consensus amongst the women in the study that there is a desire to be in a long-term care that is close in

proximity to their family members. In addition, the study also reveals that, when thinking about the qualities of their caregivers, a major theme in personal traits and characteristics such as empathy, sensitivity, and knowledge about elderly care rate highly. For the participants of the study, these traits are important to them because they believe that caregivers or healthcare providers who have those characteristics would be able to keep their dignity intact. Furthermore, this body of literature also highlights the idea that women in midlife have an understanding that as they age, their dignity will be in the hands of those that will provide them care.

Nordenfelt (2003) highlights the role the health care plays in promoting and safeguarding older adults' dignity. According to Nordenfelt (2003), dignity has various dimensions that include moral, social, and personal aspects. The moral aspect of dignity refers to the inherent worth and value of individuals. This aspect involves respecting and recognizing the inherent or intrinsic dignity of every individual regardless of their circumstances or characteristics. In other words, the moral aspect of dignity speaks to the assumption that to be human is to be treated with respect, fairness, and compassion. The social aspect of dignity refers to the consideration of social context in which individuals live in where there are negotiated norms, values, and attitudes that guide how members are perceived and treated. These societal norms then influence the way dignity is upheld and respected. This means that societal attitudes toward certain group, such as older adults, hinder the recognition of the individual's dignity. When it comes to personal aspect of dignity, older adults' perceptions of their own worth and value shape the relationship they have with their own dignity. Personal aspect of dignity encompasses self-respect, self-esteem, and the sense of being valued and

respected by others. By defining dignity through these dimensions, Nordenfelt (2003) aimed to utilize this comprehensive understanding of dignity and its significance in healthcare and ethical considerations in caring for the elderly.

Nordenfelt (2003) posits that healthcare professionals are at the forefront of patient care and have direct interactions with elderly patients. By recognizing the significance of dignity in healthcare, professionals can shift their framework into a person-centered approach that prioritizes and uphold moral, social, and personal aspects of dignity. Recognizing and upholding elderly patients' dignity is instrumental for healthcare professionals. This means they would also be able to advocate for patients, ensure their rights are respected, and their quality of life is maintained. Nordenfelt's (2003) is critical in the larger literature of understanding experiences of older adults and preserving dignity and quality of life in that, it names the power dynamics and the privileges in different levels of conceptualizations and relationality when elderly's dignity and quality of life are being discussed.

Expanding on how dignity and quality of life are experienced by older adults, Robichaud and colleagues (2006) conducted qualitative research with semi-structured interviews to understand meanings, experiences, and perspectives of older adults who were in long-term care and their families. They looked at the impact of both interpersonal and environmental characteristics of long-term care providers contribute to older adults' and their families' quality of life. One of the important points raised by this study is how involvement and integration of residents' and their families' opinions affect outcome measures for the quality of life and dignity of older adults. By actively engaging with long-term care practitioners, older adults and their families can continue to advocate for the needs of the former thereby allowing to have a

partnership with long-term care practitioners in the care that the older adults need. In doing so, older adults are able to maintain their sense of autonomy and dignity whereas family members are able to continue to care and maintain the social aspect of dignity that are crucial in maintaining the quality of life for the elderly. Furthermore, family members play a crucial role in holding institutions, such as that of long-term care practitioners, accountable in humanizing the care experiences of older adults.

While the topic of upholding dignity and quality of life for elderly are important in every facet of life, they become even more crucial for older adults in palliative care. While the subjects of the study highlighted in the previous section have the autonomy and capacity to collaborate for healthcare practitioners, this may not necessarily the case for other set of populations, leaving the family and health care practitioners to determine the course of care and determine what and how upholding dignity and quality of life can look like.

Holmerova et al. (2007) address the complex relationship between dignity in palliative care for older adults with advanced stages of dementia. The authors assert that the medicalization of elderly care is even more apparent in elderly care wherein the focus is on trying to make the last attempts to save and prolong the life of individuals but while maintaining the best possible quality of life. When older adults lose their cognitive abilities, their ability to reason, and communicate their needs, the focus of medicalized approach in palliative care have an emphasis on managing them while the older adults' dignity and quality of life are put as secondary – even tertiary – in the care team's priorities. According to Holmerova et al. (2007), family members' involvement in care becomes significantly more important when older adults are no longer able to make decisions for their own care. Not only

do the family members hold the health care team accountable, but they are also the primary executor of upholding the dignity of their loved ones. Holmerova and colleagues stated that,

> [it] is difficult to speak of dignity in a patient who is tied in bed and connected to intravenous lines, feeding tubes, urinary catheters and other devices of modern medical technology. In a situation where this burden is not balanced by a beneficial long-term care outcome, maintenance of comfort and dignity may be more important to realize, that dignity can be, should be, and must be supported, maintained, or, in some situations regained (p. 493).

It is important to include this passage in this writing because it holds a much more profound significance as to why conversations about dignity and quality of life should be discussed in public and larger spheres. The passage exposes the vulnerability and the fine lines where dignity and quality of life lay and how the responsibility to uphold them is out of the hands of the older adult and relinquished to family members or health care providers. Holmerova and colleagues' (2007) work is therefore crucial in the discussion of dignity and quality of life for older adults in palliative care because they identify the turning point in which older adults are treated no longer as their own persons or subjects, but as casualties of a disease that strip away the remaining line that connects them to humanity.

The Role of Care Providers

When older adults no longer have the capacity to care for themselves and their needs, the task falls into their immediate family members, caregivers, and healthcare professionals. As already highlighted in previous sections, the responsibility of care providers goes beyond

meeting the basic needs of older adults but they also play a crucial role in upholding, maintaining, and preserving dignity and quality of life of older adults.

In a research study published in Northern Ireland, the researchers aimed to address the issue of limited involvement of older adults in their care planning process and the importance of care providers' consistency and continuity in maintaining dignity (Chapman, 2020). In this qualitative study, the older adult participants expressed that they lack participation and involvement in their own care planning process and often, family members and social workers arrange their care plans. Due to this reason, the participants express the need for greater involvement in their own care as well as the importance of continuity which refers to having consistent or the same care workers. The study highlighted that having the consistent care workers is essential for maintaining routines, developing sense of familiarity, and comfort for those that are receiving care. Furthermore, consistent care workers are also crucial in maintaining personal dignity of older adults as they are able to understand personal preferences, needs, routines, and develop a much more personalized relationship with older adults.

Addressing ethical dilemmas, lack of trust and engagement, and differences in understanding responsibility and autonomy in community health care system, a research study conducted by Holm and Severinsson (2013) reveal how these factors affect the overall dignity, safety, and well-being of older adults in care. Health care practitioners interviewed in the study shared that the lack of trust and engagement among healthcare professionals creates a breakdown of communication and collaboration which ultimately affects the quality of care provided to elderly. Furthermore, differences in understanding the healthcare's responsibilities

and autonomy can impact the care that older adults receive. Participants expressed that healthcare providers face complex ethical dilemmas and are often faced with difficult decision-making processes in balancing their responsibilities to the system and to those who are in their care. Being in this complex situation, the research aimed to bring awareness the importance of trust, collaboration, and ensuring the quality of care to elderly to those in a long-term care setting.

Expanding on the role of care providers in maintaining and upholding dignity of older adults, Barnerjee et al. (2021) published an article highlighting the role of healthcare professionals in promoting dignity, respecting rights of older adults, and addressing ageism in healthcare settings. Two of the important points raised in this article is addressing ageist attitudes and advocating for human rights. According to the authors, healthcare professionals should develop awareness toward ageist attitudes and behaviours that may compromise dignity of elderly. Healthcare professionals are in position of power and privilege to challenge stereotypes and promote a culture of respect and inclusion. In terms of advocating for human rights, mental health and other care providers are in the forefront in incorporating human rights-based approaches in their clinical care and research as well as advocating for policies that prioritize dignifying older adults' experiences.

Therapeutic Interventions

With the challenges and transitions that are taking place in older adults' lives, there is an on-going need to bridge the gaps in care especially for older adults who may no longer have the capacity to take care of themselves. The responsibility to care for the older adults not only falls to family members and health care practitioners but it is also important to look at other

professionals who may be able to look at caring for the adults through a different lens. Clinical counsellors and other mental health professionals are in unique position in bridging the gaps in care, particularly in upholding dignity, and quality of life, and be able to center humanity into the work with elderly. This section will review the literature on therapeutic interventions that useful in caring for the elderly, beginning with a discussion on dignity therapy, followed by narrative therapy, art therapy and nature therapy.

Dignity Therapy

As the name of the intervention itself, dignity therapy (DT) is focused on preserving all aspects of dignity which includes philosophical, existential, psychological, social, mental, and emotional components and meanings of dignified process of death and dying (Chochinov et al., 2012). The goal of DT is to create a space for closure, purpose, and promote a sense of dignity for individuals in palliative care (Chochinov, 2012). DT was developed by a Canadian psychiatrist and physician Max Harvey Chochinov as an approach to support terminally ill cancer patients in order to reduce end-of-life existential and psychosocial distress as well as mitigate bereavement-related distress for families left behind (Chochinov et al., 2012). The notion of DT also encompasses the most significant aspect shared by dying patients such as repairing or maintaining relationships, sharing words of love, and preparing legacy of memories and values.

One of the components of DT uses 10 core questions that guide structured interview between a clinician and palliative care patient (Fitchett et al., 2015). Questions that are included in the inventory focuses on a dignity-conserving model that considers three broad areas that influence individual's perceptions of dignity. The three broad areas are: illness-related concerns, dignity-conserving repertoire, and social dignity inventory (Chochinov, 2002).

Chochinov (2002) characterizes illness-related concerns as the things that result from the illness. Some of the questions that may be asked by the interviewer or clinician can focus on physical distress, psychological distress, medical uncertainty, death anxiety, level of independence, cognitive acuity, and functional capacity. Questions encompassed within these themes address concerns related to illness itself or one that impinge on an individual's sense of dignity (Chochinov, 2002).

Dignity-conserving repertoire focuses on ways of looking at or coping with the individual's situation (Chochinov, 2002). A dignity-conserving repertoire provides an avenue for therapist or interviewer to ask a patient to address role preservation, hopefulness, autonomy and control, and maintenance of pride. A dignity-conserving repertoire also addresses legacy, acceptance, resilience, and maintaining normalcy. This aspect of DT derived from the dignity-conserving model is powerful as it focuses on the strength of the individual and humanizes their experiences. It also provides a space for clients and patients to reflect on their life that moves the focus from their symptoms and illnesses.

The third aspect of dignity-conserving model that is used in DT is the social dignity inventory. The social dignity inventory points to the external and contextual influences on the individual's sense of dignity (Chochinov, 2002). This area asks questions are related to privacy boundaries, the tone of care, the perception of being a burden to others, and aftermath concerns. According to Chochinov (2002), the purpose of social dignity inventory is to allow for patients and the people who are involved in their care to see the patient as a whole person instead of their illnesses and deficits. It is a reminder that the patient is a whole person worthy of honour, respect, and dignity.

Upon completion of the structured interview, answers are then compiled into a generativity or legacy document (Fitchett et al., 2015). The client or patient can then share the document with their loved ones should they wish to. The purpose of legacy or generativity document is to produce something tangible that is meaningful that relates to oneself, one that will transcend their death (Chochinov et al., 2012). Hand in hand with structure interview and generativity document are the implementation of dignity-preserving interventions. The interventions are action-oriented in that, clients, loved ones, and care providers can utilize it to ensure that the dignity of the individual are held to a high regard.

While DT is initially developed to support terminally ill patients in palliative care, it can also be utilized in supporting the elderly who are transitioning into long-term care. The tools and interventions that are highlighted within DT relates to the experiences of elderly in that it allows them to make meaning of their lives and their experiences. DT facilitates a framework in which clinicians and practitioners can help elders re-frame their experiences and address their losses in meaningful ways. In addition, for cognitively impaired elderly, DT can be used with their families as it provides comfort, expresses appreciation for their loved ones, and be reminded of the life that their loved ones lived before reaching their advanced age and experiencing cognitive decline.

As already mentioned in the previous sections, DT is mainly developed to support patients in palliative care. However, there is a growing number of research that documents the positive impacts of using DT with elderly that either live in community and those who transition into long-term care. Research studies have shown that DT creates a space for elderly to reminisce about their lives and give them a sense of meaning and purpose upon receiving their

generativity or legacy document (Chochinov et al., 2012; Goddard et al., 2012; Ostlund 2019; Ounalli et al., 2020). Furthermore, families of elderly that participated in the studies express appreciation for the opportunity to have a living document that they could pass on to the next generation and aide them with their grieving process (Goddard et al., 2012). Needless to say, there are already merits documented in the effectiveness of DT approach in supporting elderly.

Supporting what is posited in the previous section, a qualitative study conducted by Goddard et al. (2012) looked at perspectives of long-term care home residents and recipients of their generativity documents. Most of the participants' family members were pleased for their elderly loved ones to have had the pleasure to participate in DT and to create a generativity document. Further to this idea, elderly residents reported a positive sense of being valued, having the opportunity to share with therapists and passing down something tangible to their families. For both the elderly and their loved ones, the generativity documents provided an avenue to deepen connections and enhance relationships as the process served as reminders of the memories, they all have co-created together.

In a comprehensive systemic review of 12 published studies from Canada, United Kingdom and Chin conducted by Zhuansun et al. (2023) looking at the role of DT in elderly patients, they found that DT is effective in reducing older patients' anxiety, depression, and lack of dignity. The systemic review also reveals that the elders shared how DT help raise sense of self and self-esteem and feel like they have done something meaningful.

While most literature concerning the use of DT for elders transitioning into long-term care, it is important to be cognizant about the ethical considerations and drawbacks of using this approach in working with older clients. As an example, Goddard and colleagues (2012)

shared how some participants shared an apprehension about sharing their elderly loved ones' life history. In other studies, elders are concerned that they do not have anything meaningful to share (Chochinov, 2012) and on the other hand, reminiscing about the past may bring back traumatic experiences that would further upset the elders (Ounalli et al., 2020).

As highlighted by the literature reviewed in this section, Dignity Therapy provides a framework in which the dignity and quality of life of older adults are preserved. Furthermore, it upholds older adults' moral values and memories by creating ways to preserve their legacy while reminding the older adults', their loved ones, and care practitioners the richness of the lives that they have lived.

Narrative Therapy

Another intervention that is shown to be valuable in preserving dignity and quality of life for older adults is narrative therapy. Narrative therapy is rooted in the idea that the world is socially constructed, and it is created and grounded in multiple narratives or stories that ebbs and flows (Kropf & Tandy, 2008). Within the narrative framework, the aim is to help people identify and reframe the dominant stories or narratives that shape their perceptions and behaviours. In doing so, the collaboration between therapist and clients to explore alternative narratives that may promote resilience, agency, and positive change. Narrative therapy underscores the power of storytelling as a tool of understanding, interpreting, and transforming one's perception of self and lived experiences.

Kropf and Tandy (2008) discuss how narrative therapy can help older adults change negative perceptions of themselves and their lives by deconstructing their narratives and constructing new ones that align with their strengths. One of the main points put forward in

this study is the social influence in narratives. The authors state how narratives are influenced by shared cultural meanings and the goal of narrative therapy is to empower clients to challenge social narratives and create self-empowerment.

In an ethnographic study explore the usefulness of narrative therapy for groups of older adults with addictions and mental health challenges, Gardner and Poole (2009), found that participants perceived narrative therapy as beneficial because it aided in reducing or halting substance misuse, increased personal wisdom and self-understanding, and emphasized the value of age and accumulated life experiences.

The older adults who participated in the study reported that engaging in narrative therapy provided important opportunities for resistance against dominant discourses (Gardner & Poole, 2009). As older adults with underlying health conditions and complex experiences with addiction, the narratives of dominant culture weaken their personal agency and undermine their capacity to be in control of their lives. Through narrative therapy, the older adults in the study are able to name the ways they resist from labels and have persisted in their lives which then are instrumental in halting substance misuse. Participants expressed how, for those of them that were silenced because of poverty and disability, narrative therapy allowed them to take up space in the world and feel empowered. The study also highlighted how the participants expressed an increase in personal wisdom and self-understanding. Narrative therapy became instrumental in their heightened self-awareness that allowed them to reflect on their past experiences, behaviours, and choices that then lead to insights that facilitated personal growth and transformation.

In a study conducted at a nursing home in Iran, researchers explore how narrative group therapy can improve perceptions of aging and reduce death anxiety in older adults (Nozari et al., 2019). The aim of the study is to reconstruct problem-saturated narratives related to perceptions of aging and improve the sense of life satisfaction. Indeed, the key findings show how narrative group therapy positively influenced the aging perceptions of participants especially with emotional representations, beliefs about aging consequences, and control over experiences related to aging. Similar to previously highlighted study, through addressing and reshaping older adults' narratives, they are able to enhance their sense of life satisfaction, find meaning in their experiences, and navigate the aging process with greater comfort and acceptance.

As demonstrated through the studies in this section, like dignity therapy, narrative therapy provides an avenue for older adults to deconstruct and re-construct the narratives in their lives that are instrumental in maintaining their sense of dignity and quality of life. The process within narrative therapy allows for individuals to have a sense of empowerment and take up space that may have been taken away from them.

Art Therapy

When thinking about dignity and quality of life of the elderly, an important consideration is to utilize and encompass the skills that they already have for them to continuously be in touch with the essence of their humanity. Art therapy is a creative way to engage older adults beyond talking about their life experiences and develop another means of personal expression. Sezaki and Bloomgarden (2000) explored how home-based art therapy for older adults to confront depression and negative feelings of self. The authors further argue that

treatment of elderly within the biomedical model separates human being into mind and body and assumes that repairing the body is analogous to fixing a machine and it dismisses other aspects of older adults' well-being. The authors, suggest that engaging older adults in creative ways allow for a more holistic and humanistic approach in supporting older adults.

Through home-based art therapy, therapists worked with older adults in co-creating therapeutic goals that can include or focus on combatting depression, identifying unexpressed fear, sharpening problem-solving techniques, improving mood, and learning new coping mechanisms (Sezaki & Bloomgarden, 2000). Once therapeutic goals are set, the therapist and the client may start exploring different artistic mediums that the client feel comfortable engaging in. When engaging in the process whether it be painting, drawing, or sketching, the therapist engage client in a discussion about their work which facilitates a gentler and milder approach into talking about thoughts, feelings, and experiences of older adults.

Through this exploration, the authors named some of the key benefits of art therapy for older adults which included emotional expression, cognitive stimulation, social connection, stress reduction, self-exploration and self-awareness, enhanced quality of life, and physical benefits (Sezaki & Bloomgarden, 2000). Expanding on cognitive stimulation, engaging in art-making activities stimulate cognitive functions such as memory, attention, and problem-solving skills. In terms of social connections, art therapy aids in connecting older adults with family members, caregivers, and foster social interactions and reducing feelings of isolations especially for older adults that have limited physical capacity to engage in activities and programs outside of their homes. With regards to physical benefits, engaging in art therapy is shown to help improve fine motor skills, hand-eye coordination, and dexterity which are important for older

adults' sense of self-efficacy. Overall, this research contributes to maintaining dignity and quality of life for older adults by expanding ways of engaging older adults in creative and meaningful ways.

In another study exploring the value and understanding of art therapy in home environment for older adults with mental health challenges, the researchers found that home-based art therapy are beneficial to both older adults and their caregivers (Jones et al., 2011). The result of the study showed that both older adults and caregivers acknowledged the supportive elements of art therapy as vital in improving confidence and motivation that are in turn have positive impact on both of their abilities to be friendlier and commence a hobby that move beyond the roles of giving and receiving care. Art therapy also serves as a tool to discuss and communicate emotions.

Expanding on communicating emotions, Aydin and Kutlu (2021) explored how group art therapy using clay as a medium aid as a coping tool with feelings of hopelessness and loneliness in older adults. The researchers posit that clay's plastic and durable structure is appropriate art form for older adults that have physical and neurocognitive decline as clay can be easily manipulated and cannot be damaged. Furthermore, clay manipulation helps to transform the emotions into physical shapes and therefore externalizes emotions and transform into more concrete representations of older adults' inner world, thus a vehicle for catharsis.

Nature Therapy

In line with expressive and experiential interventions, nature therapy is another framework that is showing to be beneficial in maintaining older adults' dignity and quality of life. Literature on this approach demonstrate that nature therapy helps older adults expand

their perspectives, connect with their inner strength, enhance coping strategies, and develop a sense of acceptance and completion in life (Berger, 2009).

Nature therapy aims to operate in the living, open environment and make use of its healing elements as part of the therapeutic processes (Berger, 2009). In its earlier conception as applied in working with older adults, nature therapy is used as part of therapeutic process to enable older adults to connect their personal stories and the nature around them. Furthermore, the nonverbal and uncontrolled dynamics of nature serves as a means to develop flexibility, shift perspectives, and acceptance that can be related back to older adults' personal narratives and experiences.

Berger (2009) published a case study utilizing nature therapy working with an older adult. In his work, he highlighted how elements from the environment and landscapes can be incorporated to specific issues. The journey with nature can also invoke symbols of meaningful episodes and impacts to an individual's life. Using metaphors related to nature is said to be less invasive and creates an available representation that is accessible to the clients. In doing so, it fosters a natural way of relating while developing a profound sense of unification and harmony with their natural surroundings.

Chapter Three: Discussion, Clinical Implications, and Recommendations

Older adults go through life transitions and experiences that can be a lot more complex compared to other phases in human life. There is a sense of finality and ending as an older adult reaches a certain age and along with this sense of finality is the deterioration of various capacities and capabilities. With this decline in mind, older adults are vulnerable and need care and compassion that goes beyond meeting their basic needs. Beyond their caregivers and healthcare providers, society as a whole has a responsibility to uphold, maintain, and preserve their dignity. This chapter will discuss the key findings in the literature and offer recommendations for future practice in caring for older adults.

Discussion

This capstone aimed at providing perspective and understanding about the experiences of older adults and consider approaches that may be useful in maintaining, preserving, and upholding dignity of older adults as this population go through complex transitions in their lives. Chapter 2 provided a deeper understanding about the interconnected structures and factors that impact the experiences of older adults', and the role of care providers have in alleviating the struggles that older adults experience as it relates to dignity and quality of life.

Delineating some of the changes and challenges that older adults go through gives perspective as to how their continuity of living is shaped and informed. Across the literature reviewed, limitations on mobility and functional autonomy are one of the most apparent barriers as onset of physical decline impedes older adults from independently to have moving and handling everyday life their own. This process then impacts their own self-esteem and their ability to engage in meaningful activities that used to provide them a sense of purpose (Erlen,

2005; Henning et al., 2022; Maulini et al., 2022; Olaya et al., 2018). Literature on functional mobility highlighted how engaging older adults in determining their own abilities and how they needed help are crucial in helping have a sense of dignity and autonomy (Erlen, 2005). Further to this idea, literature also revealed how self-efficacy is both factor and outcome of mobility and functional autonomy (McAuley et al., 2006). By increasing self-efficacy in older adults, they are more likely to engage in physical activities which overall increase their quality of life. What is important to take away in the relationship between mobility and functional autonomy and dignity and quality of life is that this factor can be increased in working with older adults.

While there are limitations as to what older adults they can do and they may not necessarily able to function in the same way that they used to, promoting activities, and engaging them in the process that still enable them to be autonomous, is important in maintaining and upholding their dignity and quality of life. The implicit message that is encompassed in the literature is the idea that older adults are not objects that can be moved or items that need to be sorted, they are human beings that are worthy of understanding, care, and compassion. Above all, they deserve to be included in the processes that are taking place in their own bodies and engaging them in the way that promotes their capacities and abilities make the difference.

Another factor that has been discussed in chapter two is the impact of social connections in older adults' experiences. Human beings are social beings and just because we age, that does not limit our need to feel connected and the benefits of those connections in the way that we show up in our own lives. As discussed in the literature, social connections play an important role in mitigating loneliness and other emotional distress for older adults (Blieszner

et al., 2019; Gao et al., 2022; Lang 2000; Muraco & Fredriksen-Goldsen, 2011; Tilikainen & Seppanen 2017). Social connections are an avenue for continuity of living for older adults. Being able to share experiences, memories, and even the struggles of aging are essential in that older adults are able to externalize feelings and emotions that they are experiencing. Having other people be a witness of their life and their memories ensure older adults that there is someone that remembers them even when their cognitive and autobiographical memories decline.

As discussed in the literature, social connections are also crucial in upholding dignity and quality of life of older adults. The literature discussed how when one is no longer able to recognize or able to uphold their own dignity, having someone else recognize and name it for them ensure the continuity of dignity and it becomes other people's responsibility to name and do that for them. This is important to name especially for older adults' care providers as well as society as a whole because the responsibility to make space for older adults lie to those who have the power and privilege to recognize it for them.

In terms of identity, self-concept and continuity of self the literature reviewed in this work emphasize how the shift and transitions taking place in later age play a role in the changes in understanding of identity and self-concept. Throughout individuals' lives, identity and self-concept are shaped and informed by the roles that they take on whether that may be through their professions, memberships, and relationships. As a person reach older age, the shift in roles and identity impact the way they perceive themselves, and in turn, impact they value themselves as individuals. The literature highlighted in this capstone provides perspectives how identity, self-concept, and continuity of self can be upheld and promoted. One of the important points that was discussed in the literature is recognition (Pirhonen & Pietila, 2015). Similar to

what is already highlighted previously, recognition is conceptualized as the difference between treating older adults as human beings that deserve to be treated with dignity or merely objects or patients, or consumers of care. It is through recognition that personhood is sustained as other people's existence is dependent on human-to-human level of connection to be treated accordingly.

Care providers play a crucial role in upholding, maintaining, and preserving dignity and quality of life of older adults. Care providers are the ones that are able to provide care that sustains what it means for older adults to be human beings deserving of dignity and respect when they are no longer able to do basic things for themselves. It is in the act of seeing, hearing, and making space for older adults that their existence continues to live on even when they are no longer able to do it for themselves. The recognition and upholding of their human rights mean that they are still human beings and not just shell of who they used to be.

With everything that has been highlighted thus far, the next question would be what the practical and more grounded ways in which dignity and quality of life of older adults can be maintained. The interventions presented in chapter two provide frameworks that are based upon person-centered and strength-based approaches. Dignity therapy and as the name of itself promotes ways to preserve all aspects of dignity (Chochinov et al., 2012). Dignity therapy allow for older adults to make meaning of their lives and their experiences that go beyond their illnesses and struggles. Furthermore, dignity therapy also offers families and care providers comfort and an avenue to express appreciation to their loved ones.

Aside from dignity therapy, narrative therapy also offers way for older adults to identify and reframe dominant stories in their lives that shape their perceptions and behaviours (Kropf

& Tandy, 2008). For older adults, narrative therapy can be an avenue where they are able to explore the narratives that they have about their experiences and have a different perception about the stories they tell about themselves and promote a much more preferred understanding of those experiences. For care providers, tools utilized in narrative approach can be a useful tool in challenging deficit-based narratives about old age or perceptions of older adults. Narrative therapy allows for a space to have understanding and transforming relationships and perceptions of lived experiences.

Both art and nature therapies offer more creative ways in engaging with older adults and ways to uphold dignity and quality of life that build and honour older adults' capacities. Engaging in art or nature therapies allow for accessible ways for older adults to express themselves when words are difficult to use. Art and nature therapies allow for older adults to create meanings and be in touch with the world around them that are able to tether them back to life and being with others.

Clinical Implications

The goal of this paper was to explore ways to honour older adults and offer ways to uphold, maintain, and preserve their dignity and quality of life. Clinical counsellors are in unique intersections of power, privilege, and connections that are able to create meaningful impacts in older adults' lives and those who care for them. Furthermore, clinical counsellors are able to offer perspectives and support to larger systems so as to advocate and inform systems about the best practices as it relates to caring for older adults. My desire is to foster understanding and encourage reflection on the topics brought to light thus far, prompting readers to recognize our shared involvement in this endeavor simply by virtue of our humanity. As individuals

fortunate enough to experience the journey of aging, we bear a collective obligation to care for those who may not be able to care for themselves.

As a clinical-counsellor-in- training my goal is to create a space of understanding and to humanize the experiences. A question that I ask myself throughout this process is how I might be able to leverage my position in making a difference and build a community of support and allies. The following section will provide recommendations in how to utilize the learnings from this paper into a more practical and relational work.

Recommendations

Utilizing concepts and practices highlighted in this capstone, I am designing a one-day workshop for community members. The goal of this workshop is to provide accessible training with practical tools that can be used by community members in their work and relationships with older adults. Through offering community-based training, my aim is to broaden our reach and challenge the notion that the responsibility for caring for older adults and preserving their dignity and quality of life rests solely with their caregivers and the healthcare system, thus fostering decolonization. My intention is that by having a community-based workshop I can provide an opportunity to decrease the stigma and develop an understanding of older adults' experiences. The workshop will be composed of four parts: deconstructing narratives of old age, defining dignity and quality of life, dignifying relationships, and developing tools for connections. The following sections expands on the components providing details for each portion.

Deconstructing Narratives

At the beginning of the workshop, I plan to encourage participants to form small groups and engage in discussions about their perceptions and understanding of older adults. This setup fosters connections among participants, facilitating more personalized interactions and promoting lateral learning rather than hierarchical learning. By having conversation with their fellow participants, I intend to create space where learning is shared among the participants.

The goal of deconstructing narratives is to start dialogues and provide the conditions for understanding where people are coming from and their perceptions of old age. This component provides an opportunity to reconsider current beliefs about aging and to deconstruct messages received from society as a whole. In this portion of the workshop, I am hoping to create an understanding of how capitalism, patriarchy, ageism, medical, and other systems shape and inform our understanding of aging and perceptions of older adults.

Furthermore, I will facilitate conversation about cultural beliefs and aging. This is an important point of discussion because of the multiplicity of experiences regarding cultures and cultural perceptions of older adults or generations. In my opinion, drawing experiences from different culture will enrich the understanding of older adults drawing in strength-based perspectives and understanding of older adults.

In this portion of the workshop, I will share a TED Talk video called, "*Let's End Ageism"* with Ashton Applewhite. This video is relevant in deconstructing narratives of aging as the speaker breakdowns the stereotypes about aging and how it is informed by larger systems. In the video, Applewhite (2017) discusses the need to shift the narratives and perceptions about old people and their abilities. The video invites the viewers to examine their own perception of

aging and ageism and how that comes into play as to how older adults are treated within the society. This video is especially relevant for this workshop as it is accessible, engaging, and relatable. It will provide a starting point for reflection from community members on how they have participated in the stereotypes that were discussed in the video.

By deconstructing narratives about aging, I intend to set the stage in recognizing that none of us are perfect and that knowing that we can all hold ourselves accountable in the ways that we take on the messages we receive from systems that we are part of, we can allow for grace and compassion in the ways that we would engage in the conversation as a community.

Defining Dignity and Quality of Life

The second portion of the workshop will cover the topic of dignity and quality of life. I choose to focus on this important aspect to facilitate understanding and learning how community members conceptualize these constructs. To do this, I will invite community members to create a word map with the word dignity in the middle. I will then provide some time to write all the thoughts, feelings, emotions, and concepts that they have about dignity. Next, I will invite everyone to share and discuss overarching themes. In doing this activity, I am hoping to create a sense of commonality in participants' conceptualization of dignity.

After discussing participants' definition and understanding of dignity, I will draw from some of the works highlighted from this capstone to further expand the conceptualization of dignity. I will utilize the work of Nordenfelt's (2003) on personal, moral, and social aspects of dignity. Nordenfelt (2003) describes the personal aspect of dignity as one that relates to their own self-esteem and sense of being valued by others. The moral aspect of dignity is the assumption that to be human is to be treated with respect, fairness, and compassion whereas

social aspect of dignity is the consideration of societal context in which individuals live and how one is treated based on norms, values, and attitudes.

After discussing the different aspects of dignity, I will invite the participants to reflect on which aspect of dignity is important to them and why that is important. The point of this reflection is not to place aspects into a hierarchy, but to identify where the participants' understanding might be and how this shapes and informs the ways dignity appears in their lives and their relationships. If, and when, it is appropriate, I will invite participants to write a metaphor of their conceptualization of dignity. This can take a form of a sentence, a poem, or anything that calls to them in the moment. This process will incorporate aspects of narrative therapy wherein participants are able to externalize and a way of meaning-making (Kropf, 2008).

Next, definitions of dignity and quality of life will be considered in small groups. Each group will receive a piece of chart paper and some markers. In their chart paper, they will draw an outline of a gingerbread person. Once they are ready, I will invite the participants to consider what quality of life looks like for them. I will then ask them to write, draw, or sketch inside the gingerbread person about the feelings, thoughts, and emotions that a person with an ideal quality of life can look like (e.g. self-esteem, having autonomy, being healthy, or anything that can be located within an individual). Then, I will ask them do draw, write, or sketch the factors that help or improve quality of life outside of the gingerbread person (e. g. anything related to access to health care, friends, family, pets, programs, or neighbourhood they live in). The purpose of this activity is to draw out inner resources that participants have in their lives and engaging them in thinking that are accessible for them. Being able to draw specific

examples from their lives create a sense of familiarity as well as humanizing the experience so that the idea of quality of life is not just a concept but an actual thing that exists in their life. Doing so would allow them to become aware and familiar of what is already within their hands in their work with older adults.

Engaging in defining dignity and quality of life sets up a framework of understanding and opens the space for relating, connecting, and recognizing each other as part of the process. By engaging in interactive discussions and activities, participants will be able to develop a sense of community. It takes away the onus on me as an expert and recognizes what everyone can bring on the table, which in turn contributes to the bigger purpose of the workshop which is to create a practical and accessible that participants can utilize in their relationships and works with older adults. Furthermore, getting the buy in from the participants and honouring the ideas that they bring to the table is a way to dignify their experiences and their own perspectives and relationships with the topic.

Dignifying Relationships

Encompassing dignifying relationships is psychoeducation. To set up the stage in bringing in relationships that participants have with older adults, I plan to proceed with more intentionality and clarity as to why we are engaging in this workshop. I will draw attention about the topics of recognition, consent, and autonomy that are discussed in the literature review of this capstone.

Recognition is the concept surrounding the social aspect of dignity wherein when an individual is no longer able to recognize their own dignity, having others recognize their value as a human being upholds and maintains the dignity of that individual. Talking about

recognition as a way of dignifying relationship is a key aspect in maintaining a meaningful relationship with older adults.

Throughout the papers reviewed in this capstone, the concept of consent and autonomy is highlighted alongside dignity and quality of life. Research studies talk about how older adults experience cognitive and other functional decline, their care providers make decisions with regards to their care and often, older adults are not consulted or informed about their own care and treatment. Talking about consent and autonomy and how it looks in relationship with older adults is crucial in maintaining and upholding their dignity. It is a way to recognize and honour that they are human beings who have lived full lives and are worthy and deserving of time and understanding of what goes on in their own care.

After naming recognition, consent, and autonomy, I will then introduce some of the questions that are used in dignity therapy inventory. In my opinion, considering these questions is essential in dignifying relationships with older adults recognizing how much older adult have to offer and share with their care providers, or in this case, the community members participating in the workshop. Some of the questions can tap into the wisdom and knowledge of older adults as well as memories that can elicit joy for the older adult. It can be as simple as, “what are the most important roles that you have played in your life?” (Goddard et al., 2012).

As part of dignifying relationships, I will invite participants in the workshop to find a partner and ask them one or two questions from the dignity therapy question inventory. Each of the partner can take turns asking and answering the questions. Then we will discuss as a group about what it was like for them to ask and answer the question. My plan is to develop relationships, expand connections, and humanizing the experience. Hopefully, when

community members return to older adults in their lives, they would have some conversational tools that can elicit a point of connection that promotes a much more personal, humanized, and dignified relationship where the experiences of older adults and the wealth of the lives their lives are remembered and honoured in the space.

Developing Tools for Connections

The last portion of the workshop is compiling activities and concepts presented throughout the workshop. My goal is to recognize the contribution everyone brings into the space and name how everyone has the skills and capacities to work and make space for older adults in their lives. My intention in creating an interactive workshop is to allow for movement, deconstruct the dynamics of power, and create a sense of community where everyone is able to tap into their own strengths which will then empower them in empowering older adults.

In terms of other practical tools, I will draw concepts and tools from art and nature therapy. I will talk about how research studies show benefits of art and nature for older adults. While community members are not trained therapists, there is value in engaging in art activity together. It creates a sense of connection and also allows for both older adults and their care providers to tap into their creative side and relating to each other. It is also a way to engage older adults in conversations that are enriching for them.

As another activity, I will invite everyone to join a group of two to four and within their groups, they would propose a list of five resources within their communities that offer support and services for older adults. The goal is to generate a list of practical tools that increases familiarity of resources within their reach. It also supports creating a community of support for

everyone and knowing where to lean in for support based on what the needs of the older adults and their care providers.

Lastly, I will invite participants to complete the sentence, “When I am 85, I want to…” the purpose of this last activity is to create perspective taking and reflect on the idea that they, too, will reach an age that is considered old and having that perspective can also help in remembering, upholding, and maintaining dignity of older adults.

Conclusion

This capstone reviewed literature that highlights changes and challenges that older adults go through, the role of care providers, and clinical interventions to uphold, maintain, and preserve dignity of older adults. My goal for this paper was to develop tools that practitioners and community members could use in working with, and in relationship with older adults. In designing a workshop for community members, my plan is to promote and create a space that honours, humanizes, and dignifies older adults. While working on this paper, I am grateful and privileged to engage in this field of study and to create a project that can hopefully leave an impact in the ways that the elderly are treated in our society.

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