Exploratory Research:

An Intergenerational Program in a CHSLD/RPA

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ABSTRACT

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The present study sought to explore the impact of an intergenerational program occurring in a Quebecois CHSLD/RPA on the residents' end-of-life course. It focuses on later life experiences and the particularities of living and aging in an institution offering this kind of initiative while taking into consideration the current context. An immersion into their "milieu de vie" allowed to conceptualize four main experiences:

- Their Admission and Transition Process
- Their Integration and Daily Living
- The Elaboration and Participation in an Intergenerational Program
- The Pandemic

Semi-structured qualitative interviews were conducted with three coordinators and three residents.

What it is to live and age in this kind of institution is not linear; it is a negotiation with oneself and others and an ongoing process. There is no clear definition of aging properly either, but at the root of their testimonies, we can find that key elements can improve or impede the quality of end-of-life.

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INTRODUCTION

Context

The COVID-19 pandemic has tested the boundaries and the effectiveness of current policies. Whether it touched the economy, education, or the healthcare system, all ministers of Quebec have had to react to changes and pressures brought up or accentuated by the current sanitary situation. While everybody is directly or indirectly affected by the coronavirus, some groups have been disproportionately affected by it to the point that a specific demographic group has become the crushing majority of death cases: seniors. According to the National Institute of Public Health of Quebec (INSPQ, 2022, Table 2.3), during the first wave, citizens of 70 years old and over comprised 91.6% of the deaths recorded. However, a particular sub-group had been the primary victim and became a significant topic of discussion in the media. In April 2020, *73% of deaths had occurred in a Centre Hospitalier et de Soins de Longues Durées and Centre Hospitalier* (CHSLD and CH; INSPQ, 2020, Table 2.2).

Lagacé and colleagues (2020) argue that the various tangible issues that led the residents of CHSLD to be among the primary victims of the pandemic, issues that were not unknown, are largely caused by ageist political, economic, and social practices. On the one hand, the authors stress that the evidence pointed out that this demographic group was the most vulnerable to COVID-19, and yet, we failed to put into place the necessary preventive measures. On the other hand, the existing problems encountered in CHSLD were part of a wider societal choice. The elaboration of policies, the distribution of funding, or any decisions concerning them were made so with a specific stance towards the elderly and how they should be taken care of. In both cases, Lagacé et al. (2020, p. 337) argue that these responses reflect “des choix de société âgistes, témoignant d'indifférence, voire de négligence” that need to be acknowledged and reevaluated.

Lagacé and colleagues' (2020) argument prompt the following questions: What are those neglectful choices? When were CHSLD created and based on what intentions, values, and goals? Who resides in CHSLD today? Debates around whether the state or families should be responsible for the care of the elderly are not new in Québec, remind Lavoie and Guberman (2007). Questions around which services the state should subsidize, the institutions that should be in place, the risks posed to familial solidarities, women's role as caretakers, etc., emerged with the welfare state in the 1960s. While the government's strategy began by increasing the offer of subsidized services and institutions, such as CHSLD, where the elderly would be taken care of, a reversal could be observed in the 1980s. In 1985, the Ministry of Social Affairs explicitly clarifies that "les familles et les communautés sont les premières responsables des soins aux aînés", a position that is still reinforced today (2007, p. 78).

Lavoie and Guberman (2007) explain that the state started putting in place policies to alleviate caretakers, but these are deemed insufficient. Consequently, the significant demand for support led to the increasing privatization of services to keep up with the demand, such as private CHSLD, a tendency that does not seem to slow down. In addition, research reveals that there is a gap between the roles and duties that Quebecois families think they should accomplish and the responsibilities that the government delegates to them:

> [L]a responsabilité première de la famille est d'assurer une présence, de manifester sa préoccupation et son affection à son parent, de l'accompagner dans sa maladie et de suivre sa situation. Bref, de le protéger et de préserver son identité, *plus que de lui offrir des soins concrets*. (2007, p. 85, my emphasis).

Furthermore, Fournelle (2006) notes that the demand does not determine the number of nursing homes and beds available. It is the minister of health and social services that determines it. Hence, it varies depending on the distribution of the budget that the government in place chooses and attributes to the management of the elderly population. For Fournelle, with this approach, "En bout

de ligne, l'hébergement a toujours été pondéré à son désavantage" (2006, p. 88). Trahan and Caris (2002) argue that current policies do not consider the reality of new families and should be adapted to an elderly population that is going through its own transformations. Similarly, Renaud (2006) underlines that the Baby Boomers' lifestyle differs drastically from their parents' generations and is more individualistic. Hence, the author would not be surprised that they would expect and demand that their needs be reflected and met by the institutions and services related to the elderly.

Pelletier (1992) underlines that the socio-demographic portrait of older adults in nursing homes in Canada reveals that specific groups are more likely to use these services and constitute a particular sub-group of the elderly. In 1987, "50% des gens en institution [avaient] 80 ans et plus" from which only 20% were men (1992, p. 74). They also found that less than 10% of residents were married, meaning that the majority of residents were either single, widowed, or divorced. A strong negative relationship between the resident's household income and the probability of being institutionalized was also revealed. Nonetheless, health remained the main determinant. A recent analysis by Statistics Canada (Garner et al., 2018, p. 20) shows that these factors have remained statistically significant:

> In addition to age, factors associated with an increased likelihood of living in a nursing home or seniors' residence included loss of a spouse or not being married, not owning one's dwelling, poor self-rated health, and a diagnosis of dementia.

Women remain more vulnerable to institutionalization than men as well.

While the effect that the pandemic has had and continues to have on Quebecois care facilities is inexcusable, a larger yet deeper conversation should be held around the living conditions of residents, one that includes the kind of services, activities, and programs that could be offered. While I acknowledge the structural changes that need to be done, we also need to seize this opportunity to imagine a new and positive social environment for residents. We need to

address how we could promote their well-being best beyond healthcare services. As Fournelle (2006, p. 88) states: “Un [CHSLD] est un milieu de vie, un centre hospitalier (CH) est un milieu de soins, c'est une évidence.”

Research Question

In order to address the current situation in care facilities, I decided to focus on issues related to the social life and well-being of residents within this kind of institution. I became interested in alternative programs that could improve Quebecois care facilities. A specific type of program caught my attention: intergenerational programs. To the best of my knowledge, no study in Quebec has been conducted on the potential effects that interactions between residents of a CHSLD/RPA and pre-school children could have on the residents' quality of life as well as the type of program that can better accommodate these relationships. This led me to the following research question: *How does an intergenerational program occurring in a CHSLD/RPA impact the end-of-life course of residents?* The intergenerational program I studied involved children between the age of 3 and 5 years old attending the Villa Montessori daycare and residents from the Domaine Saint-Dominique.

I decided to add the word “end” to the concept of the *life course* –the process of aging “guided simultaneously by individual, institutional, and societal forces” (Silverstein and Giarrusso, 2011, p. 35) – in order to emphasize that I am focusing on later life experiences and the factors that could improve it. I paid attention to and explored the particularities of living and aging not only in a CHSLD/RPA but one that offers an intergenerational program while taking into consideration the present context. As Lagacé and colleagues (2011, p. 185-186) argue: “le vieillir à domicile, dans la communauté, et le vieillir en milieu d'hébergement orientent des parcours

substantiellement différents." I argue that we could expand this argument by stating that aging in a care facility that comprises an *intergenerational* dimension also shapes the residents' end of life course in unique ways, which I intended to discover.

Breakdown of Research Objectives

I used an exploratory and holistic approach in order to answer my research question. Due to the scope of my study, I limited my research objectives to the following:

a) An exploration of the residents' reflections about being admitted, living and aging in a care facility, coupled to a description of their daily life.
b) The process of creating and implementing an intergenerational program in a CHSLD/RPA.
c) The residents and the coordinators' perspectives on the program.
d) The reflections brought by the pandemic.

The justification behind these objectives is two-fold. First, I sought to *identify* the implications, benefits, and limitations of integrating an intergenerational program in a care facility, which has not been done. Second, I wanted to *contextualize* the potential effects of this kind of program by achieving a better understanding of the residents' reality and the process of aging. In Weeks and colleagues' (2020) study, the researchers explored the residents' opinions on a future intergenerational program by including a discussion around their current quality of life, although the literature review was limited to intergenerational programs. All the other studies (Cook and Bailey, 2013; Doll and Bolender, 2010; Heyman and Gutheil, 2008; Heyman et al., 2011; Holmes, 2009; Lee et al., 2007; Low et al., 2015; Jarrott and Bruno, 2007; Epstein and Boisvert, 2006) reviewed do not expand beyond the program itself. This led me to develop my own strategy. Rather

than expanding my analysis by focusing on the residents' quality of life, my analysis is rooted in the residents' *experiences of living and aging* in a CHSLD/RPA. I do so by adapting Marshall's (1975; 2005) application of the life course perspective, which was used in a comparative study of two care facilities and applied to the process of dying, as my theoretical framework. I argue that the application of the life course perspective in an intergenerational setting can shed new light on its benefits and limitations. Lastly, I cannot dismiss the impact that the pandemic has had on the lives of residents and the ensuing reflections that it might have brought on their living conditions and the program.

Breakdown of Chapters

Four chapters structure my study. In the first chapter, the literature review reflects my holistic approach by addressing multiple topics: issues of ageism, the impact of the pandemic in care facilities, identity and homeness in nursing homes before ending with a discussion on intergenerational programs. The second chapter examines the life course perspective within the sociology of aging and the concepts and principles that frame the analysis. The third one discusses in detail my methodology and how it adapted to the various restrictions brought by the pandemic. Lastly, the results section draws a comprehensive portrait of the structure of the program before diving into four experiences: the admission and transition process, daily living and aging, creating, implementing and participating in the program, and the pandemic. As it will be demonstrated, the combination of these experiences with the life course perspective offers new and rich avenues to further research on intergenerational programs and care facilities more broadly.

CHAPTER 1: LITERATURE REVIEW

Ageism as a Reality

It is only in 1968 that Robert Butler (1989) coined the term "ageism" and started dedicating his academic, medical, and activist career to the demonstration of the multiple ways that discrimination based on age also affects individuals and is overwhelmingly inflicted on older individuals. Butler defined "ageism":

> as a systematic stereotyp[ing] of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in mortality and skills…Ageism allows the younger generation to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings. (Butler 1969 cited in Butler 1989, p. 139)

Butler's (1989) first hypothesis that an unrecognized form of discrimination was being targeted at older adults was first developed in the early years of his medical training. He witnessed not only the unequal treatment, funding, and study of health conditions proper to the elderly, he started noticing how the negative conceptualization of the elderly as a group expanded beyond the hospital and into other spheres of society.

Ayalon and Tesch-Römer (2018) explain that different contemporary conceptualizations of ageism exist and offer micro, meso, or macro explanations of its origins. Micro-level theories are mainly used in the discipline of psychology. Sociological explanations often provide a meso and/or macro analysis. The "age segregation theory" (meso-level) and the "modernization theory" (macro-level) (2018, p. 6-7) are of particular relevance to this study. The former theory argues that institutions and life courses are organized according to age. Hence, rare opportunities for

socialization between age groups occur, which facilitates the formation and reproduction of misconceptions about other age groups (Ayalon and Tesch-Römer, 2018, p. 6). The latter explores the changing status of the elderly through history (Ayalon and Tesch-Römer, 2018, p. 7; Nelson, 2005).

Nelson (2005) underlines that the current inferior status attributed to the elderly is, in part, the product of two technological and historical advances: the printing press and the industrial revolution. The former stripped the elderly of their role as historians. Individuals no longer needed to rely on the elderly as a rich source of knowledge. The latter redefined the work industry on many levels. Work opportunities concentrated in cities and depended on one's ability to move wherever work was available. In addition, the new type of work and workload, as well as the increasing need to remain adaptable to the industries' changes, consequently demanded a younger workforce (Nelson, 2005, p. 208). An increased life expectancy accompanied modernity. Medicine contributed to the banalization of attaining old age, which used to be an indicator of strength. The growing value of higher education and the loss of traditional values also advantaged younger generations (Ayalon and Tesch-Römer, 2018, p. 7). Progressively, the cultural and economic status of the elderly reinforced the notion that "older adults [are] non-contributing burdens on society" (Nelson, 2005, p. 209).

Four basic types of myths reinforcing and perpetuating preconceptions of the elderly have been identified as recurring ageist ideas by Kelchner (2000). The first type pertains to the biological myths that negatively depict the process of aging and its impact on the body. Aging is then understood as a declining process. Psychological changes – such as "rigidity, tranquility, [and] unresponsiveness" – are frequently thought to inevitably accompany old age (2000, p. 88).

The elderly are also homogenized in terms of their social life and relationships. Lastly, economic myths surround our understanding of the elderly as a useless and draining demographic group.

While Butler opened up the field, the literature and research on ageism kept expanding (Achenbaum, 2015). From the work of Palmore, who first compared and contrasted inequalities based on age, race, and sex in the 1950s to the publication of the first encyclopedia specifically dedicated to the study of ageism in 2005, Achenbaum (2015) observes a new wave of studies that take root in their predecessors but take a deeper look on how ageism has evolved, takes different expressions, is present in current policies and reinforced by culture. While this section explored the theory around ageism, the next sub-section pays particular attention to studies conducted in care facilities and which have used the concept of ageism as a lens to understand residents' experiences.

The Presence of Ageism in Care Facilities

While care facilities are intended to be institutions seeking to care for the elderly, empirical evidence reveals that these sites are also susceptible to ageist prejudices that are expressed in multiple ways (Lagacé et al., 2011, 2012; Williams et al., 2003; Dobbs et al., 2008; Zimmerman et al., 2016). In fact, Dobbs and colleagues (2008) stress that residents of nursing homes are among the most vulnerable segments of the elderly because they are usually very aged and have some form of disability, which stigmatizes them on two levels. Understanding and preventing ageism in nursing homes is of great importance because it might prevent people and families from using specific and necessary services (Zimmerman et al., 2016). It should also be noted that the residents' identity is already at risk by the simple fact of being admitted into a nursing home (Lagacé et al., 2012), a point I will expand on in the second section of the literature review.

One of the most prevalent forms of ageism found in nursing homes, residential care, or assisted living relates to *communication* (Lagacé et al., 2011, 2012; Williams et al., 2003; Dobbs et al., 2008; Zimmerman et al., 2016). Lagacé and colleagues (2011) stress that exchanges between residents and nursing staff often compose the majority of the residents' daily interactions. Therefore, the quality of those exchanges is consequential to their quality of life. Unfortunately, the "overaccomodation of communication", which is expressed through "secondary baby talk" or "elderspeak," has been reported (Lagacé et al., 2011, p. 187). It is characterized by a "speech style [that has] a slower rate, exaggerated intonation, elevated pitch and volume, greater repetition, and simpler vocabulary and grammar than normal adult speech." (Williams et al., 2003, p. 243) For example, Lagacé et al. (2011) have found that infantilizing behaviors in a CHSLD were not uncommon and particularly hurtful and insulting. Exchanges were deemed largely superficial and short and rarely went beyond the accomplishment of tasks. Some participants underlined how it undermined their status. Another study that comprised a larger sample of four CHLSD found similar results: "70% [of residents] provided examples of caregivers' controlling language and attitudes [and] 63.6% emphasized the presence of infantile patterns of communication" (Lagacé et al., 2012, p. 338). Lastly, the use of labels with a negative connotation by staff, such as "feeder", was also reported (Zimmerman et al., 2016, p. 538).

Zimmerman and colleagues (2016) have argued and demonstrated that when it comes to understanding stigma in nursing homes, a two-step analysis is involved. They differentiated stigmatizing factors that relate to "processes" but also to "structures" that need to be corrected in order to challenge stigma successfully (2016, p. 536). Similarly, Dobbs and colleagues' (2008) study suggests that the facility's rules themselves could be framed as being ageist. For example,

the staff had to keep over-the-counter medication that residents had independently bought for their personal use. Activities were also qualified as degrading and childish.

As Lagacé and colleagues (2012) stress, the residents' identity is already at risk by being admitted into a nursing home. The additional stress caused by interactions tainted by ageism can negatively reshape their identity. The nursing home becomes the residents' social world on which they rely for meaning. When unchallenged, the internalization of ageist prejudices in residents occurs (Lagacé et al., 2012). Whether used with good intentions or not, "elderspeak" remains an example of behavior triggered by ageist prejudices that have been demonstrated to significantly affect the residents' social and psychological well-being (Williams et al., 2003). It is relevant to note that ageist communication is not unique to nursing homes but also found in society at large (Nelson, 2005).

Ageism at the Time of COVID-19

Older individuals have been targeted and framed as a specific group during the pandemic: one of risk. This section explores whether this assumption is valid or not, its implications, and potential solutions. The present study was conceptualized and conducted within this context. Consequently, the analysis will explore the impact of the pandemic on the everyday life of the residents and participate in the broader discussion around the management of care facilities in Quebec.

Grounding public health policies on age reinforces the preconception that *all* older adults are more vulnerable to the virus than other groups. However, age is only one factor of risk among many (Kessler and Bowen, 2020). There are indeed sub-groups among older individuals more at

risk, but it is misguided to assume everyone is *equally* at risk. Reliance on age alone ignores the fact that "[o]lder people aged 65 years and older remain the most heterogeneous group in society as reflected in thousands of studies documenting inter-individual variability" (Ehni and Wahl, 2020, p. 516). Unfortunately, the omnipresence of it as a factor of risk has exposed the ethical and moral dangers of ageism towards older individuals when dealing with limited resources of care and the limitations of basing triage decisions solely on age (Colenda et al., 2020; Ayalon et al., 2021; Ehni and Wahl, 2020; Reynolds 2020). Ehni and Wahl (2020) underline that age, just like gender, cannot be used as a measure of value.

Social isolation has also widely targeted older individuals, making them more vulnerable to its detrimental effects on physical and mental health (Ayalon et al., 2021; Kessler and Bowen, 2020; Armitage and Nellums, 2020; Aki, 2020; Brooke and Jackson, 2020). Social isolation guidelines are paternalistic and do not make distinctions among individuals in this age group (Kessler and Bowen, 2020). While nursing home residents are among the most vulnerable to the virus, they are also significantly more at risk of social isolation's adverse effects. Research has shown that nursing home residents who have been isolated "suffer from loneliness, depression, and anxiety. Pausing group activities, especially exercise and outdoor activities, has exacerbated development of sarcopenia, frailty, and disabilities. The consequence is accelerated cognitive decline." (Pitkälä, 2020, p. 890) Paradoxically, it also affects anti-viral immune responses (Aki, 2020, p. 294).

Care homes have been predominantly affected by the pandemic not only in Quebec but across Canadian provinces. Pat Armstrong, an expert in long-term care in Canada, argues that the root cause of the home care crisis can be traced back to "a historical decision to exclude long-term care facilities from Canada's network of 13 provincial and territorial public health systems", which

has deeply affected the quality, supervision, and accountability of care within care homes (Webster, 2021, p. 183). In turn, they were ill-equipped to deal with the pandemic (Webster, 2021). Canada's nursing homes are not the only ones that have been overwhelmingly affected:

> Whereas the nursing home population represents less than 1% of the total population in European countries, nursing home residents accounted for 31-80% of all deaths during the first wave in various countries. (Pitkälä, 2020, p. 889)

Nursing homes in the United States did not escape either (Yu, 2020). While attempts to control outbreaks were necessary, Kusmaul (2020) raises the question of whether the response to covid-19 in nursing homes could endanger the rights that residents had earned through the Nursing Home Reform Act in the United States. Their right to visitors was quickly suspended, and such restrictions greatly interfere with the residents' quality of life. The author argues that fear and risk should not supersede but frame visit and facility practices to achieve a "balance between individual rights and the common good" (2020, p. 1389).

Conceptualizing this sub-group in terms of frailty has imposed a negative representation of old age, which can significantly affect their mental health (Kessler and Bowen, 2020; Ayalon et al., 2021). During the pandemic, social media was used as a platform to spread ageist ideas, such as the use of the hashtag "BoomerRemover" (Brooke and Jackson, 2020, p. 2044), a practice that was also observed during the SARS epidemic (Aki, 2020). In the United States, the Lieutenant Governor of Texas, Dan Patrick, went so far as to say that the elderly should sacrifice themselves in order "to save the economy" (Reynolds, 2020, p. 502). Being exposed to this type of discourse during the COVID-19 pandemic puts older individuals and the youth at risk of internalizing these views, which could negatively shape their aging process (Ayalon et al., 2021).

Fortunately, researchers offer potential solutions and recommendations. Béland and Marier (2020, p. 360) argue that the impact of the pandemic in nursing homes has brought momentum and visibility to issues that are brought at "the forefront of the agenda during a period of crisis capable of opening a "policy window" during which change becomes more likely." They define the publicized story of the CHSLD Herron as a "focusing event," which embodies the limitations of the private management of nursing homes and the need for federal support. Currently, long-term care funding and standards fall under the provinces' jurisdiction. Similarly, Reynolds (2020, p. 502-503) argues that this "focusing event" illustrates the "internalization, externalization, and politicization" of ageism and offers a "policy window" to adapt the United States' Elder Justice Act (EJA) and protect older individuals of new forms of neglect, such as triage decisions based on age. While research related to the pandemic focuses greatly on virology, the field of gerontology should not be dismissed, considering how ageism has guided various policy responses (Ehni and Wahl, 2020, p. 520-521). For example, statistics demonstrate that older adults use more and more information and communication technologies, a trend that should be facilitated and encouraged through various networks and programs to prevent, among other things, social isolation (Ehni and Wahl, 2020, p. 519-520). Lastly, researchers stress intergenerational solidarity's role and development (Ayalon et al., 2021; Colenda et al., 2020). Ayalon and colleagues (2021) stress how powerful individual intergenerational relationships can be to counter ageism. Hence, various activities can be used to mitigate social distancing.

These observations suggest a complex paradox. On the one hand, ageism has prevented the efficient management and protection of nursing homes where one of the most vulnerable sub-groups of older adults reside (Webster, 2021; Pitkälä, 2020; Yu, 2020; Kusmaul 2020). On the other hand, by trying to protect older individuals, public health responses discriminate against

them by framing them as a homogenous group (Kessler and Bowen, 2020; Ehni and Wahl, 2020; Colenda et al., 2020; Ayalon et al., 2021; Reynolds 2020), reproducing and encouraging ageist and paternalistic assumptions (Kessler and Bowen, 2020; Ehni and Wahl, 2020; Reynolds 2020), imposing measures that can have significant repercussions on their mental and physical health (Ayalon et al., 2021; Kessler and Bowen, 2020; Armitage and Nellums, 2020; Aki, 2020; Brooke and Jackson, 2020), and negatively affecting intergenerational solidarity (Ayalon et al., 2021; Colenda et al., 2020).

A Practical Examination of Identity and Homeness in Nursing Homes

While the previous section was devoted to exploring ageism as a reality, a deeper understanding of residents' transition into a care facility is also required to assess the actual challenges that might accompany an older individual who is being admitted. Therefore, literature related to the concepts of identity and homeness in nursing homes was reviewed. More specifically, attention was paid to the factors that might promote or impede them and how, emphasizing empirical evidence rather than theoretical assumptions.

Dwyer and colleagues (2008) underline the difficulties that the elderly might encounter in their search for meaning at the end of life. The loss of social references that gave them a purpose and defined their lives often accompanies old age. They note that one's identity is especially destabilized upon entering a nursing home due to personal, social, and institutional factors. In Riedl and colleagues' (2013) detailed account of residents' first year in a nursing home, the residents qualified their admission as traumatic, and many went through a grieving period. Similarly, the staff interviewed in Wiersma's (2010, p. 428) study explained that they faced "(a) the loss of identity, (b) the loss of possessions, and (c) the loss of relationships."

Both Dwyer et al. (2008) and Wiersma (2010) stress how the residents' degrading health constrained and progressively redefined what they could do. In the latter study, the limitations of the residents' bodies were identified as one of the most challenging changes the residents had to face. It particularly affected their self-esteem and dictated their life around the nursing home. It was a reminder of what they could or could not do, which was sometimes accompanied by feelings of guilt (Wiersma, 2010).

Riedl and colleagues (2013) underline that identity involves recognizing oneself and the recognition of oneself by *others*. When one's social circle and experiences evolve, one's identity evolves as well. They suggest that since the elderly's identity relies heavily on the past, a new living environment such as a nursing home should help maintain this past self, but also provide opportunities to develop a self that is coherent with their current and changing needs, preferences, and physical capabilities (Riedl et al., 2013). Dwyer and colleagues' (2008) study found that the (im)possibility to form new friendships with other residents and maintain contact with family members can either cause disruption or continuity in the sources of meaning that the residents can rely on. Internal and external communication was found to be essential to the elderly's life review. Wälti-Bolliger and Fontaine (2011, p. 91) also stress the centrality of the "récit de vie" as a way for residents to express who they are. Simply put:

> To be able to tell one's story and to reveal one's life to someone who actively listens could be a main component in being able to keep as much as possible of one's personal identity and be respected for the person one is and for the life one has lived, and thereby experience a sense of meaning. (Dwyer et al., 2008, p. 106)

In the end, Riedl and colleagues (2013, p. 6) found that the residents tried to achieve and accept a "new normality," which, in turn, allowed them to form a "new identity." This "new normality"

consisted of a mix between a former and present self. Harnett and Jönson (2017) found a similar conclusion among their participants.

According to Falk and colleagues (2012, p. 1000), research demonstrated that an important dimension of our identity is expressed through our relation, attachment, and influence on "the home place." More specifically, our manipulation of a place allows us to create *our* home, which, in turn, shapes who we are. This process solidifies with time making individuals, their identity, and their home increasingly bound and strong once they reach old age. The authors wondered how nursing home residents could come to accept and feel at home in a space with its own restrictions and constraints. To some extent, they argue that nursing homes are the antithesis of what a home is due to its institutional organization and structure, an argument shared by Nakrem and colleagues (2013). It "involves loss of privacy, limited boundaries, fixed schedules and loss of control" (Falk et al., 2012, p. 1000), which makes it "[the residents'] home, but at the same time not 'a home'." (Nakrem et al., 2013, p. 216)

Tensions and strategies were identified. On the one hand, homeness involves actions that strengthen their personal space (Falk et al., 2012; Nakrem et al., 2013). Having the freedom to modify one's room by bringing items in one's previous dwelling, being able to perform activities they normally did, and being able to stick to their own routines allowed a certain continuity (Falk et al., 2012). Residents stressed their room's central role in maintaining privacy and boundaries with other residents (Falk et al., 2012; Nakrem et al., 2013). It was the only place they could really feel at home since communal areas meant having to co-exist with people that might be very different from them, especially residents who might be cognitively impaired (Nakrem et al., 2013). De Veer and Kerkstra's (2001) quantitative study focused on the relationship between privacy and homeness. The study revealed that only two of their dimensions of privacy had a statistically

significant impact on homeness: "[f]eeling at home was related to resident-centredness and to disturbance caused by other residents." (p. 433), which is consistent with Falk et al. (2012) and Nakrem et al.'s (2013) findings.

On the other hand, homeness involved a social dimension (Falk et al., 2012; Nakrem et al., 2013). Residents stressed the importance of activities (Falk et al., 2012; Nakrem et al., 2013). Similarly, Altintas and colleagues (2010, p. 563) found that :

> participer aux activités de loisirs en résidence contribue à la motivation autodéterminée vis-à-vis des activités de loisirs, qui à son tour favorise une meilleure adaptation de la personne âgée à sa résidence. […] En effet, une participation aux activités avec un profil motivationnel autodéterminé accentue et renforce les retombées adaptatives de ces activités.

Maintaining a social life outside of the nursing home was also reported to be important, with some participants going as far as finding comfort in "the notion that home was someplace else." (Falk et al., 2012, p. 1004)

Lastly, Nakrem and colleagues (2013) found that homeness can be affected by the organization of care that at times can be inconsistent with the residents' preferences and needs. The staff has their own workload to complete within a certain time frame. Therefore, the residents who were more dependent on staff were greatly dependent on their schedule. In contrast, more autonomous residents felt that while they did not need as much help, their day was still affected by the staff's tasks, which imposed a rhythm of life.

Unfortunately, Kehyayan and colleagues' (2015, p. 155-156) study on quality of care in nursing homes in Canada revealed that:

> [O]nly 38.7 per cent reported positively that staff knew about the story of their life […] 50.9 per cent participated in meaningful activities […] 28 per cent reported

> positively as being sought after by others for help or advice, and only 43.5 per cent reported playing an important role in people's lives.

These statistics suggest that opportunities for positive social interactions are lacking. This study intends to explore how intergenerational programs and relationships can be used as a response to these observations.

Research on Intergenerational Programs

Considering the present circumstances in care facilities, the necessity to revisit or at least improve the current model is indisputable. While improving the quality of services and care are part of this process, I intend to explore the impact that intergenerational activities and interactions can have on the end of life course of residents and how to incorporate such a program in a care facility. Consequently, this section is dedicated to research that has been done on the subject. I prioritized studies that have included pre-school children and have incorporated an intergenerational program into a nursing home setting to facilitate a comparison between this research and the existing data. However, I will begin with a review of studies conducted on intergenerational programs more broadly before focusing on a definition of a specific intergenerational program that I am interested in, the goals intended, the theories and the participants included, and the benefits and limitations identified in the literature.

Reviews on Intergenerational Programs

While this study focuses on pre-school children and care facilities as a setting, three key reviews (Jarrott, 2011; Kuehne and Melville, 2014; Martins et al., 2019) provide a comprehensive picture of the current state of research on intergenerational programs and set the background on

this emerging field. The general premise is that they are "tools that allow for the exchange of resources and learning among older and younger generations for the sake of social and individual benefits." (Martins et al., 2019, p. 94) The first intergenerational program assessments did not develop before the 1960s. It was only in 2003 that the Journal of Intergenerational Relationships published its first volume (Jarrott, 2011). Shannon Jarrott (2011) compared studies conducted on nonfamilial intergenerational programs over time (1970s-2007) to assess how it has evolved and if it has improved based on the shortcomings – mostly descriptive, anecdotal, lacking a clear theoretical framework and standardized intergenerational measures – previously identified. Content analysis reveals that although the amount of research has expanded and is encouraging – going from 12 articles published in the 1980s to 72 articles published from 2000 to 2007 – "there is relatively little to indicate that characteristics of evaluated programs or their evaluation techniques have changed" (2011, p. 46). Only 35% of the studies sampled *explicitly* used one or more theories, a trend which "remained remarkably stable over time" (2011, p. 46). A minority of studies (38%) included the youth *and* the elderly in their sample. While the stakeholders' importance has been demonstrated, they were included in 17% of the studies analyzed (2011, p. 44). Lastly, she noted only a statistically significant increase in qualitative data analysis and report of outcomes over time (2011, p. 45-46).

A more recent review by Kuehne and Melville (2014), which focused solely on the theories used between 2003 and 2014, echoes some observations made by Jarrott (2011, p. 44) regarding the main theories guiding this type of research, with the addition of the theory of personhood (Kitwood and Bredin, 1992; Kitwood, 1997 cited in Khuene and Melville, 2014, p. 320). Sixty-one percent of the studies reviewed referred to theory in their literature review, and forty-one percent in their discussion (2014, p. 320-321). They classified theories based on whether it

"focused on individuals and groups within interactive contexts; theories focused more exclusively on individual development; and conceptually based program evaluations." (2014, p. 319) The majority (89%) was related to the first two types (2014, p. 321).

Lastly, Martins and colleagues' (2019, p. 96) review of studies between 2008 and 2016 had the most exclusion criteria, which allowed to compare articles that had a specific "target population, study design and settings, aims, characteristics of intervention, outcomes, and effectiveness" as well as their theoretical approach, using the same classification system than Kuehne and Melville (2014). While reducing the sample to 16 articles, it provides a detailed description of studies that have developed comprehensive research strategies. However, their review revealed no unicity among the studies either in terms of the number of participants, their age, locations, type of activities, and the measurement of results. It makes comparability difficult yet again and does not provide much guidance for future studies. For example, they found 13 different validated scales, surveys, and quizzes. However, "[a]ll selected intergenerational programs demonstrated some type of improvements in the evaluated domains" (2019, p. 104). Two crucial factors for success were time and contact, regardless of the type of activity used in the study (2019, p. 106). Based on these reviews, how intergenerational programs should be studied remains quite unclear. Hence, in the following sections, I will narrow it down by guiding this research on studies more closely related to the program offered by the Domaine Saint-Dominique and the Villa Montessori.

Definitions of terms

The kind of intergenerational program I intend to study can be defined as "a specific type of program that involves the caring of older and younger people in a shared setting under the

supervision of a formally trained caregiver." (Radford et al., 2018, p. 303) Another term found in the literature for this type of program is "shared-site intergenerational program" (SSIP; Heyman and Gutheil, 2008; Jarrott and Bruno, 2007), which can be understood as an umbrella term, which comprises different models of care. Radford and colleagues' (2018, p. 318-319) classification system includes four main models: "visitation", "colocated visitation", "colocated shared space", and "single site". These models form a spectrum, going from the strongest separation between both groups' spaces to the complete sharing of a place of care.

Intergenerational Spaces

Mannion (2012, p. 392-393) stresses that place is a key (dis)enabler in the production of meaningful interactions between generations. While activities, visits, etc., are expressions of intergenerational practice, the sites within which these occur frame, facilitate, impede, and/or direct to some extent these practices. Space participates in the success or failure of intergenerational initiatives and the ensuing interactions. The author stresses that the absence of certain age groups in some spaces also impacts intergenerational relationships and our conception itself of a given space. With these assumptions in mind, "we can posit that intergenerational education is an emplaced, lifelong, relational, reciprocal, and participatory process of learning based on communications and actions designed to address problems and challenges that are found in places." (Mannion, 2012, p. 396). For example, Babcock et al. (2016) stress that children come to bear ageist conceptualizations of the elderly at an early age. They are not only socialized within a society that reproduces ageism, age-segregation prevents these views from being challenged. Holmes (2009, p. 113) specifies that age-segregation is found within institutions but also the family, as the need for greater mobility led the nuclear family to replace "the traditional

intergenerational composition of families". Consequently, some intergenerational programs have emerged as a counter-reaction in order to promote solidarity between both age groups (Babcock et al., 2016, 2018; Teater and Chonody, 2017; Heyman et al., 2011; Holmes, 2009; Jarrott and Bruno, 2007). An important goal behind these programs is the "increase [of] cooperation, interaction, and exchange." (Heyman and Gutheil, 2008, p. 398) According to Jarrott and Bruno (2007), they are also advantageous from an administrative point of view through the sharing of care services and resources between both groups.

Theories Guiding Intergenerational Programs

A variety of theories have been used to analyze the effects of an intergenerational program on the participants and inform its conception. Examples of theoretical frameworks and concepts found in the literature are *Mead's conceptualization of the self* (Mead 1934 as cited in Heyman and Gutheil, 2008), *community* (Weick, 2006 as cited in Heyman and Gutheil, 2008), the *theory of personhood* (Kitwood, 1997 as cited in Jarrott and Bruno, 2007), *contact theory* (Allport, 1954 and Pettigrew, 1998 as cited in Jarrott and Bruno, 2007), *ageism* (Teater and Chonody, 2017; Heyman et al., 2011), the *Montessori-based approach* (Lee et al., 2007), *generativity* (Erikson, 1959 as cited in Holmes, 2009), *emancipatory knowledge* (Doll and Bolender, 2010), and *strengths-based community capacity perspective* (Weeks et al., 2020). The only concept explicitly related to the process of aging is *generativity*, which has been developed in the field of psychology (Erikson, 1959 as cited in Holmes, 2009). The use of the life course perspective within the sociology of aging as a theoretical framework has not been done. In the theoretical section, it will be argued that this theory could offer a new, more comprehensive angle to the study of intergenerational programs.

Type of Participants

Research on intergenerational programs has included residents with no significant cognitive impairment (Heyman and Gutheil, 2008; Jarrott and Bruno, 2007; Doll and Bolender, 2010; Epstein and Boisvert, 2006), residents with dementia (Lee et al., 2007; Jarrott and Bruno, 2007; Low et al., 2015), children who have participated in the program (Heyman and Gutheil, 2008; Epstein and Boisvert, 2006), children who have not (a control group; Heyman et al., 2011), staff (Heyman and Gutheil, 2008; Doll and Bolender 2010; Epstein and Boisvert, 2006), and caregivers (Heyman and Gutheil, 2008). Jarrott and Bruno (2007) note that intergenerational initiatives mostly involve elderly individuals without physical and cognitive impairments. Reluctance to include residents with dementia and the improper elaboration of intergenerational activities tailored to this group has made many programs lack meaningful interactions (Lee et al., 2007).

Benefits, Limitations, and Solutions

The positive effects of intergenerational programs are varied. Firstly, Heyman and Gutheil (2008) identified a positive emotional dimension to this type of program. The elderly described the time they would spend with the children as filled with happiness, something that the staff and the caregivers have noticed as well. Similarly, Jarrott and Bruno's (2007, p. 251) study found that "[m]ost respondents reported feeling happy (97%), interested (90%), loved (89%), needed (86%) and younger (65%)."

Secondly, research has shown that interactions with children can become an important source of meaning and purpose for the elderly (Doll and Bolender, 2010). Doll and Bolender (2010) found that some residents found meaning in nurturing, mentoring, and/or amusing the

children. The authors stress how the program allowed them to fulfill new roles. The program's success has led the residents to become a grandparental figure for the children. Similarly, one of the strongest benefits that the participants have raised in Heyman and Gutheil's (2008) study is the overall feeling of being a second family. The elderly became a grandparental figure for the children, which, in turn, shaped the children's perception of seniors "as special people" (2008, p. 406).

Thirdly, research has demonstrated that intergenerational activities can lead the elderly to become more active and engaged (Doll and Bolender, 2010; Low et al., 2015; Lee et al., 2007). Low et al.'s (2015) quantitative study, which compared residents with dementia who have participated or not in the intergenerational program occurring at their nursing home, revealed statistically significant differences related to their engagement. Residents who participated in the program were more involved and expressed more pleasure throughout the activities. The residents with dementia in Lee and colleagues' (2007) study found that the residents showed greater levels of focus and interest in the activities and interactions during one-on-one intergenerational activities than in activities normally offered at the nursing home. In fact, "on average, [they] were constructively engaged for almost 5 times longer during intergenerational Montessori-based activities" (Lee et al., 2007, p. 482). The program allowed some residents to positively manage their medical conditions, whether through encouragements or distracting activities. The children gave them an incentive to remain active and involved within the nursing home (Doll and Bolender, 2010).

Lastly, various studies have focused on how intergenerational programs can combat ageism (Heyman et al., 2011; Holmes, 2009; Heyman and Gutheil, 2008). Heyman and colleagues (2011) compared how pre-school children who regularly attend intergenerational activities in a collocated

facility and children who attend a regular daycare program perceived and described the elderly. They found that "82% of children were correctly classified regarding program participation" (2011, p. 442). The use of health descriptors revealed that children attending a regular daycare were more likely to spontaneously describe the elderly as sick. Holmes' (2009) interviews focused on what children thought the elderly did or could do. She found that their answers became more varied, focused on what they had learned from and about them, and what they enjoyed doing. The children's view of the elderly became less stereotypical. Lastly, Heyman and Gutheil (2008) found that children became more understanding, respectful, and aware of the elderly's strengths and limitations.

This being said, limitations and challenges bring nuance and underline the complexity behind the elaboration of strong intergenerational programs. Heyman and Gutheil (2008) identified that children's enthusiasm and energy might clash with the elder's motivation and capacity to participate fully or often in the activities. In Jarrott and Bruno's (2007, p. 250) study, slightly more than 50% of the seniors expressed concerns, such as describing children as being disturbing. The chemistry between the elderly and the child could also be problematic, reminding that "not all adults enjoy being with all groups and ages of children, nor do all adults or children prefer high levels of close interaction with their neighbors." (2007, p. 252) In response to the limited amount of quantitative analysis and evidence in the literature on intergenerational programs, Doll and Bolender (2010), included qualitative measures, but also quantitative ones. Changes in the residents' activities of daily living (ADL) were tracked and analyzed as objective measures to compare changes in health, whereas focus groups allowed the residents to report subjective outcomes (discussed earlier). The data collected did not support the hypothesis that residents' ADL can be improved by participating in the program. Babcock and colleagues (2016; 2018) stress that

ageist views become harder to uproot past a certain age, even with the help of intergenerational education. Issues around the workload it implied for the staff, to what extent structure the activities, and how to deal with the death of a participant were reported too (Heyman and Gutheil, 2008).

As a solution, rather than studying existing intergenerational programs, Cook and Bailey (2013) and Weeks and colleagues (2020) stress the importance and relevance of collecting the residents' input *prior* to the creation and implementation of the program. Residents' reluctance included: being uninteresting (Cook and Bailey, 2013), the workload (Cook and Bailey, 2013; Weeks et al., 2020), their limitations (Cook and Bailey, 2013; Weeks et al., 2020), and potentially disturbing children (Weeks et al., 2020). In both studies, this strategy allowed a discussion around issues that could be prevented. Another strategy was employed by Epstein and Boisvert (2006), who instead focused on training the staff of an existing program, with some subsequent changes revealed to be effective.

This concluding section provided a detailed description of the approaches that have been used by researchers and their findings. This study aims to use different angles, which has made the literature review more extensive than simply focusing on intergenerational programs. In the next section, a discussion around the choice of theoretical frameworks will demonstrate how the sociology of aging is relevant and allows us to broaden our view to encapsulate the process of aging and the impact of intergenerational programs simultaneously.

CHAPTER 2: THEORETICAL FRAMEWORK

The Life Course Perspective: An Overview

Conceptualizations of Aging Over Time

In her extensive analysis, Chapman (2005) explains that theories on aging began in the 1940s. An increase in life expectancy pushed a growing older population into a new phenomenon: retirement. This new transition into post-retirement years fueled a debate not only on how to manage this period of life but manage it *well* at a societal and individual level. "Aging well" emerged as a key concept to explore how to best achieve this goal. Different conceptualizations have offered avenues to understand and promote positive later life experiences. Chapman (2005, p. 10) argues that we are now witnessing a theoretical shift that is related to a new understanding of identity formation as one enters old age.

Chapman (2005, p. 10) has identified six theoretical frameworks that share a common assumption, "an ideal mix of personal resources and types of engagement evident in the achievement of self-integration" is necessary while offering different strategies to age well. Self-integration – a final and stable self – in later life is understood to be an underlying goal throughout the process of aging, and past theories have debated what means can more efficiently achieve it. Furthermore, the author explains that aging well was progressively being constructed as the individual's responsibility.

For example, "Activity Theory" (2005, p. 11) stated that through a continual engagement in social life, older individuals can soften their transition into retirement and maintain their status. New roles allow the self to evolve in a way that is coherent with former roles but also allow the elderly to be involved and useful to society throughout the aging process. In contrast,

"Disengagement Theory" (2005, p. 12) argues that in order to achieve an integrated self, strategies aim the preservation of the self. Once individuals reach old age, their identity is preserved by "restrict[ing] their social interaction to immediate friends and family and the private sphere," which, in turn, leaves space for the new generations (p. 12). These two dichotomic theories on aging well are the first ones to have been laid out and focused on the role that the elderly should play in society.

These theories remained central ones until the 1960s, when theories started to frame aging well as a reflection of agency. Two theories prevailed in the 1960s and 1970s (Chapman, 2005, p. 12). In "Socio-environmental Theory" (p. 12), to age well meant to be well integrated into society. However, it is up to the retired person "to have sufficient "activity resources" of health, financial solvency, and social support to be able to respond to expectations of [local] social contexts" (p. 12). For example, the workplace is no longer a central part of their social lives. Therefore, the retired person must be able to integrate other "local social contexts." "Continuity Theory" (p. 12) similarly frames aging well as linked to the individual itself, but one that can be described as "a personal evolution." A successful evolution of the self is one where the individual can achieve continuity between the factors that used to define his or her identity and the ones on which he or she relies now.

Between the 1980s and 1990s, Chapman (2005) notes two theories that seem to conclude the theoretical focus on self-integration. "Selective Optimization with Compensation" (p. 12) can be understood as a combination of the two theories mentioned above. In order to be able to achieve continuity, people should "strategically accommodat[e] changing levels of resources by modifying their interactions with their physical and social contexts" (p. 12). Finally, the "Model of Successful Aging" (p. 13) is the most explicit in its aim. The process of aging needed to be addressed if society

was to counter the potential strain that a growing older population could cause. Consequently, this theory focuses on the variety of preventive measures that individuals should take to remain as healthy as possible for as long as possible. Individuals should attempt to maintain their independence and remain active to "avoid loss of self through pathological aging" (p. 13).

Since these theories have been laid out, a reconceptualization of the self has pushed research on aging in a new direction. Chapman (2005, p. 14) attributes this shift to the growing amount of literature that demonstrates "that individuals have multiple selves that cannot be resolved into a single entity." The aging process is no longer seen as a homogeneous process leading towards a clear end. Instead, Chapman compares this process to a story with its twists and turns and no predetermined ending. It is "an open-ended negotiation of the co-construction of multiple selves." (p. 14) At the forefront of this theoretical shift and assumptions on identity formation and experiences in later life is the life course perspective, which will be explored in detail in the next section.

The Principles of the Life Course Perspective

Stowe and Cooney (2015, p. 44) argue that the life course perspective offers a more nuanced understanding of the aging process than Rowe and Khan's "successful aging" model, which can be summarized as "avoiding disease and disability, high cognitive and physical function, and engagement with life." A key critic is the failure of this model to engage with and recognize the multiple variables that affect later-life outcomes by instead focusing on a specific point in time (old age), putting great emphasis on what the older individual can or should do without it being necessarily possible. In contrast, the life course perspective's longitudinal approach captures how experiences throughout life can have long-term consequences.

Consequently, it focuses on the *prevention* of issues before they crystallize and their impact becomes difficult to reverse at later age. Unfortunately, "most of our interventions to improve the health of older populations come too late in the evolution of disease and disabling processes." (Berkman et al., 2011, p. 338 cited in Stowe and Cooney, 2015, p. 46)

Glen H. Elder (1998) has laid down four key principles of the life course perspective. They were informed by his study contrasting the long-term impact that the Great Depression had on different cohorts of children who witnessed it, which was then applied to other historical events. This section will enumerate and expand on those principles.

> (1) *[H]istorical time and place: that the life course of individuals is embedded in and shaped by the historical times and places they experience over their life-time.* (Elder, 1998, p. 3, italics in text)

This principle can be more easily observed when looking at cohorts who have faced drastic changes. The age at which different cohorts have experienced those changes can also lead to more or less important repercussions on their life courses. However, even within the same cohort, life courses can vary greatly, with researchers exploring the diversity of roles individuals might bear and their sequence (Hutchison, 2005). In contrast, the "successful aging" model does not pay enough attention to socio-historical contexts and, therefore, offers definitions of success that might be limited, marginalizing, and culturally inadequate over time. (Stowe and Cooney, 2015, p. 46-47). Issues of inequality cannot be ignored and shape our understanding of the structure of the life course as well (Macmillan, 2005, p. 10). Giddens paid particular attention to the consequences of "late modern risk societies" as a socio-historical moment and the uncertainty it brings to life courses (Marshall and Bengtson, 2011, p. 24).

> (2) *[T]iming in lives* states that: *the developmental impact of a succession of life transitions or events is contingent on when they occur in a person's life*. (Elder, 1998, p. 3, italics in text)

Chronological, biological, psychological, social, and spiritual age have been used as indicators that influence and structure at what age it is socially acceptable, common, or expected to go through transitions in different societies. Simply put, the life course perspective recognizes that the multiple roles and transitions individuals go through and their moment vary across time and place and pays attention to possible patterns (Hutchison, 2005, p. 146-147). The life course perspective captures the intersectionality of these multiple roles occurring simultaneously, changing at different points in time, and interacting in unique ways (Macmillan, 2005). Studies have offered different hypotheses on the impact that culture, norms, and values homogenize the life course and have yet to reach a consensus on whether it has indeed a "normative basis" (Macmillan, 2005, p. 11). Based on contemporary phenomena, it is argued that modernity has been accompanied by the standardization of organizational structures leading to "the general "compression" of transition markers." (Macmillan, 2005, p. 15) However, it is also argued that rather than witnessing a "standardization" of the life course, modernity has led to an opposite trend: the "individualization" of the life course, which some argue is due, in part, to deep economic transformations (Macmillan, 2005, p. 16). Stowe and Cooney (2015, p. 45) identified three models that frame the interplay between life conditions, events and their timing: (a) "sensitive period model," (b) "cumulative exposure model," and (c) "social trajectory model." Research related to the first model explored various risk factors occurring during childhood and how they translated into later life. As the term implies, the second model focuses on the ones that have a snowball effect, whereas the third model incorporates their indirect effects. Factors of risk also vary in "duration and spacing," which can also exacerbate their impact (Hutchison, 2005, p. 150)

> (3) *[L]inked lives: lives are lived independently, and social and historical influences are expressed through this network of shared relationships.* (Elder, 1998, p. 4, italics in text)

Relationships can play supportive and controlling roles that can help, impede, constrain, and encourage individuals. In turn, it shapes their life courses, starting with the family –whose positive and negative multidirectional influence can go up to three or more generations– as a key actor. The life course perspective conceptualizes individuals as rooted in intergenerational relationships and exchanges and explores how families themselves are rooted in "the wider world" (Hutchison, 2005, p. 147-148). Research has demonstrated the strong effect that one's social circle, especially marital ties, can have on one's health, underlying how "successful aging" needs to go beyond the individual and possibly integrate and involve the people around them (Stowe and Cooney, 2015, p. 46).

> (4) *[H]uman agency* states that *individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstances.* (Elder, 1998, p. 4, italics in text)

An important limitation of the "successful aging" model lies in its failure to address and tackle the social conditions that restrict access to successful later lives. In contrast, the life course perspective studies those very conditions that impede personal action and change (Stowe and Cooney, 2015, p. 48). McDaniel and Bernard (2011) underline that it has much to offer to policy-making by bridging the gap between individual lives and broader social phenomena that disadvantage certain groups. This type of analysis brings forth factors that positively or negatively influence life courses while recognizing "transactions between individuals and other members of society, contemporaries as well as those in earlier and later cohorts, who are shaping their own life courses and contributing to shaping society" (2011, S6). Furthermore, attention to agency allows researchers to look at how people actively cope, strategize, and act regardless of constraints by considering their personal biographies (Hutchison, 2005).

Key Concepts in the Life Course Perspective

Marshall (2005) stresses that to fully understand the life course paradigm, the concepts of *agency* and *social structure* must be clarified. This paradigm has specific assumptions regarding their dynamic, which, in turn, frame our understanding of the aging process. According to this theory, all individuals inherently possess agency: "the human *capacity* to make a choice, that is, to be intentional" (2005, p. 67, italics in text). However, the process of decision-making varies among individuals according to their strengths and weaknesses as well as the different tools at their disposition, which influence what they, personally, can or cannot do. This process results in "the actual behavior that reflects intention" (2005, p. 68). Lastly, individuals do not act in a vacuum but in specific yet changing social contexts that can be understood as arenas for action. The possibilities for action are, to some extent, contained by the social structure. Central to the life course paradigm is the assumption that there is no ""agency without structure" or "structure without agency"" (2005, p. 69). The social structure is also modified by intentional actions that have emerged out of social constraints from the said structure.

Hitlin and Long (2009, p. 137-138, my emphasis) identified six conceptions of agency – "self-efficacy, locus of control, personal control, mastery, planful competence, and ego-depletion/self-control" – pertinent to the life course, when dealing with "a person's *objective* opportunities to exert control over their life and their *subjective* belief about their ability to exert control", which are also shaped by culture. These concepts offer different definitions of subjectively perceived agency as a variable and tools to measure it across and among life courses. They also posit the hypothesis that it varies according to life stages (p. 141). Within the field of sociology, the concepts of *personal control*, *mastery*, and *planful competence* have focused on the structure/agency dynamic. *Personal control* in particular – "the belief that [an individual] can and

master, control, shape, and direct their own lives"– is often employed when dealing with life course domains (2009, 145). However, these specific concepts will not be used in this present study since it is qualitative in nature and the sample is very small to use these types of scales.

When studying life courses themselves, five concepts can help organize, differentiate, and structure them (Hutchison, 2005, p. 144-145). *Cohorts* allow to identify individuals who share and have experienced the same socio-historical context with its ensuing conditions at the same age over their life course, such as the Baby Boomers. *Transitions* define the multiple roles and statuses that one comes to bear that involve clear punctuated changes marking the beginning or the end of a phase of life. Family life instigates many of these transitions, such as marriage or having a first baby, as well as work and education. *Trajectories* "involve long-term patterns of stability and change in a person's life and usually involve multiple transitions" that overlap and can be organized according to different domains of life (2005, p. 144). *Life events*, positive or negative, can also mark life courses and lead to readjustments. Finally, *turning points* can be defined as "special life events" that go beyond adaptation; they can be seen as events that lead individuals in a different direction, such as deciding to move to a new country (2005, p. 145).

Application of the Life Course Perspective

When researching the process of aging and dying, Marshall (2005) suggests that the life course paradigm offers a nuanced analysis of the ways that agency and social structure intertwine and shape the end of the life course, the process of dying. The author states:

> it is not simply a case of the existence or not of conceptions of the good life course, but rather it is also a case of existence of *structural opportunities or constraints* on both the social construction of such life courses and the realization of these life courses in individual biographies (2005, p. 77, my emphasis).

While Marshall's (1975; 2005) study was conducted decades ago, it demonstrates how the life course perspective can be applied to a specific point in time of the life course and environment. His comparative analysis revealed how one retirement community promoted empowerment by encouraging the residents' autonomy and how by letting them reimagine their own space of living, the residents themselves could reimagine what it means to die. In turn, the residents' definition of dying influenced their facility's activities, which reflected and accommodated it. The dying experience in the nursing home contrasted drastically. By comparing both institutions, it allowed the exploration and demonstration of "the influence of *organizational features* of residential settings of the aging on the degree to which and the ways in which passages construct and legitimize their own dying and deaths." (1975, p. 350, my emphasis)

When reading his original study (Marshall, 1975), one can feel that he concentrated on sharing detailed descriptions and actions in an almost investigative style. He even succeeded in transmitting the (very slow) pace of daily life in the nursing home. The reader is there. As a result, we can *see* what happens when the bi-directional relationship between agency and structure prioritizes one over the other. This study is broadly inspired by Marshall's overall approach as he focused on the residents' "dying careers" and its relationship with "organizational features" (1975, p. 349-350) as an object of study. However, as mentioned earlier, I focus on later life experiences and the aging process more broadly, not the process of dying.

The life course perspective also allows me to include the pandemic and ageism as important structural factors. On the one hand, it recognizes "the impact of historical events in the structuring and restructuring of the life course." (Macmillan, 2005, p. 8) Not only are we witnessing a unique socio-historical context, but one that has brought constraints such as sanitary measures, lockdowns,

social isolation, physical distanciation, etc., that have touched CHSLD/RPA as well. On the other hand, studies revealed that ageism is also present in nursing homes (Lagacé et al., 2011, 2012; Williams et al., 2003; Dobbs et al., 2008; Zimmerman et al., 2016), and it is argued that its consequences have been accentuated by the pandemic (Lagacé et al., 2020; Webster, 2021; Pitkälä, 2020; Yu, 2020; Kusmaul, 2020; Béland and Marier, 2020). Both points cannot be ignored.

My aim is not to prevent what might have impacted the residents' life course and led them to rely on the services of the Domaine, although it is helpful to understand where they come from and why I included the admission and transition experience. I focus on the opportunities and constraints in their present and future by borrowing Marshall's (1975; 2005) use of an agency/structure lens and applying it to the end of life course in a CHSLD/RPA. My goal is to research how we can all, residents and coordinators, remain proactive in improving their quality of life, in general and through intergenerational programs, when the end of life has already been reached and occurs in this type of institution.

CHAPTER 3: METHODOLOGICAL FRAMEWORK

Context of Study

This study aimed to study the intergenerational program involving pre-school children at the Villa Montessori daycare and the Domaine Saint-Dominique in Québec. Both institutions are private. The Domaine is considered both an unfunded private CHSLD and RPA. The building itself is organized to separate rooms from both sections with shared spaces and services. At the time of the interviews, 39 residents lived in the RPA and 183 in the CHSLD. The dual identity of the Domaine allows residents to remain in the same institution as their needs evolve. Unfortunately, the pandemic had suspended the program when data collection was conducted. Its suspension, the sanitary measures in place, and the daycare and the Domaine's workload under these circumstances have significantly shaped the methodology, which will be discussed throughout this section.

Data Collection

Semi-structured Interviews

I conducted *qualitative semi-structured interviews* with (a) two coordinators from the Domaine, (b) one coordinator from the Villa Montessori, and (c) three residents who regularly participated in intergenerational activities (three women between the age of 83 and 94 years old). They lasted between 35 minutes and 1 hour and 42 minutes. All interviews were conducted by phone, recorded, and transcribed. The residents' interviews occurred in their rooms to ensure privacy and comfort. A *detailed description* of the program was achieved in order to gain a comprehensive understanding of its structure. I relied partly on Radford et al.'s (2018, p. 314, table

3) 8 criteria used to cross-reference the studies in their extensive literature review on intergenerational care programs involving pre-school children. It allows situating this research efficiently within the literature. The topics guiding the interview guide for each type of participant are summarized in table 1. It should be noted that although topics are common in order to facilitate comparison, the questions might differ as they were adapted to the category of participants. Notes were taken during the interviews, including emotions and overall impressions.

Table 1: Interview Guide Topics

(a) CHSLD coordinators	(b) Villa Montessori coordinator	(c) 3 residents
• Transition and Adaptation • CHSLD as a living environment • Benefits and limitations of the program • The pandemic	*Part 1: Detailed Description* • History • Mission: intentions, objectives, etc. • Implementation process • Classification codes by Radford et al. (2018, p. 314, table 3) *Part 2: Reflections* • Transition and Adaptation • CHSLD as a living environment • Benefits and limitations of the program • The pandemic	• Transition and Adaptation • CHSLD as a living environment • Benefits and limitations of the program • The pandemic

Recruitment and Inclusion

Recruitment flyers were distributed to residents who have participated in the program by the vice-president of the residents' committee. Her duties as vice-president not only put her in a position specifically designed to tend to the respect of the residents' rights, but she is also a resident of the Domaine herself and has participated in the program. On the one hand, this allowed the

administration to distance itself from the recruiting process, the distribution of consent forms, and the organization of interviews. On the other hand, she is in a more equal position and relationship vis-à-vis her co-residents than staff, nurses, or administrators. She was asked to act neutrally throughout the process, only provide the materials and information that I have assigned, and refer all potential participants to me for any questions. I could not be admitted into the institution, access to technology was limited, and the residents' private information needed to be protected efficiently. Therefore, I came up with a recruitment strategy that provided the flyer and the consent forms simultaneously, restricted the residents' interaction with someone other than the researcher, provided adequate time to familiarize themselves with all documents, and allowed them to ask questions about it upon their first phone call.

The inclusion of residents was a central part of the study. The program was conceived for them and the children. Accessing their perceptions, concerns, and suggestions for further analysis is what makes this research relevant. The participants needed to sustain and consent to an interview of approximately one hour. The selection process was based on a first-come, first-serve basis since the program and sample are small. A list of fifteen former participants was initially drawn. Unfortunately, the sample pool was reduced to only seven potential residents who could participate and were provided with the relevant information. The program had already been suspended for almost a year. It was a reminder that the residents' health status can evolve quickly and must be considered when performing research in this institution. Two residents showed interest but decided not to participate. It resulted in a final sample of three.

Qualitative Data Analysis

At the center of the study is applying a *thematic analysis* (Guest et al., 2012) to the interview transcripts. This type of analysis is coherent with the exploratory nature of this study, but also because "its primary concern is with presenting the stories and experiences voiced by study participants as accurately and comprehensively as possible." (2012, p. 16). While I have identified relevant topics that guided the interviews based on the main research question, I have not defined hypotheses regarding the participants' interpretation and understanding of these topics. I sought to conduct a "content-driven" rather than a "hypothesis-driven" analysis (2012, p. 8). I followed the three stages (quote/code/theme) used by Barbra Teater (2016, p. 7-8). Table 2 provides an example of the result of this process. It shows only a part of the codes that led to a specific theme and sub-theme. Chapter four will dive into these and provide quotes in the original language.

Table 2: Thematic Analysis Process
Main theme: (Re)creating a milieu de vie and normalcy
Sub-theme 1: Personal and Communal Material Space
• Accommodements extérieurs très bien emménagés et organisés (Claire) • Meuble soi-même comme chez soi (Blanche) • Tout est à soi-même (Lydia) • Permettre de sauvegarder leurs effets matériels (Coordinator 3)
Sub-theme 2: Social space
• Mange souvent avec ses enfants au domaine (Lydia) • Difficulté à trouver des gens avec qui avoir des conversations (Blanche) • Activités de toutes les sortes (Claire)

Limitations and Ethical Considerations

Specific limitations and ethical considerations guided the methodology. The program's suspension due to the pandemic prevented the possibility of observing and participating in

intergenerational activities. Only close relatives were allowed to enter the Domaine. Therefore, I could not meet the participants in person either. Secondly, the pandemic has made the Villa Montessori and the Domaine Saint-Dominique bound to other critical preoccupations. While I intended to co-construct the project using a "research action" approach (Wälti-Bolliger and Fontaine, 2011, p. 89), a less intrusive approach was more appropriate to not interfere with their obligations and decrease the workload that participating in this study implies. It was understandably not their main priority. Consequently, reaching the interview stage took months.

The interview structure aimed at reducing the negative emotional responses as much as possible since the stories they share, the memories it triggers, and the discussion surrounding the pandemic could have made the participant emotional or uncomfortable. First, the interview focused on the residents' inner reflections and experiences as older individuals based on the past, present, and future. Second, the pandemic has been significantly tough on care institutions. The participants, including the coordinators, might have known someone who died from COVID-19. The social isolation and hardship caused by sanitary measures could make the participant more sensitive. Lastly, the study discusses a relatively new program that ended being suspended. Uncertainty around the program and other activities' reintegration into their daily routines could potentially be a source of stress for the participants.

Consequently, a nurse could provide immediate support, as in Nakrem et al.'s (2013) study. An interview schedule was sent to the nursing staff, which the residents were informed of on their consent form. Also, the Domaine Saint-Dominique offers various services to its residents, including access to a social worker/support worker ("intervenante-accompagnatrice"). The residents were offered a follow-up with the institution's social worker if they desired additional support. The participant was reminded that there was no obligation to answer a question and he or she could stop the interview at any moment. No deception was involved.

The interviews were a complete success. All the residents had a pleasant experience, were eager to share, and had a good grasp of the questions. The coordinators were pleased to give visibility to the program. It resulted in rich and detailed testimonies that allowed for a careful portrait and analysis.

The residents' committee approved the project on November 12th of 2020. Concordia University's ethics committee later approved it on February 24th of 2021. All participants signed a consent form. It was read out loud on the day of the interview. All residents were asked to choose a pseudonym used on all files. The coordinators were assigned a number (ex: "coordinator_1"). A withdrawal deadline was set two months after the end of the interviews. A letter was sent to the residents to thank them for their participation with a reminder of the deadline. A French summary will be sent to all participants to share the main results and make the study accessible. The full study will also be made available but will not be translated.

CHAPTER 4: RESULTS AND ANALYSIS

Detailed Description: The Domaine and Villa Montessori's Intergenerational Model

While the program was implemented at the beginning of 2019, the idea of adding an intergenerational dimension to the Domaine Saint-Dominique is not recent. Bought in 2010 by the Gilbert Society, the new owners discussed how to improve the residents' quality of life through this type of program. Various options were considered, such as incorporating student residences or housing for young families. In the end, the integration of a daycare to their premises was retained and made possible. Consequently, the Villa Montessori's curriculum was founded with the explicit intention of involving residents in certain activities. The parents enrolling their children at the Villa are informed of it from the start. Choosing the Villa is choosing a unique program. However, no clear-cut structure guided their approach. The coordinators on both sides decided to take a leap, choosing a trial-and-error methodology. Eventually, the program took a specific shape, which I aim to delineate in this section.

The Domaine and the educators at the Villa each have their recreational objectives proper to the population they are serving, which need to be reconciled when developing an intergenerational activity. Both ends have their mission, with the daycare's program being grounded in the Montessori approach. Table 3 regroups both sides' principles, values, and goals for activities only involving their age group and their *expectations* for intergenerational ones. In turn, the analysis allowed to identify how certain commonalities, discrepancies, and tensions were expressed in practice. In other words, it permitted to understand how the program responded to the specific needs of residents and children and embodied both institutions' approaches simultaneously.

Table 3: Mission and Objectives	
Villa Montessori (coordinator 1)	**Domaine Saint-Dominique** (coordinator 3)
General Activities	
• Developing their human potential • Developing their know-how • Developing their empathy and compassion • Children as the actor of his development • Material and human environment adapted to the child's stage of development • Attention to sensitive periods and interests • Individual observation	• Feel good and comfortable • Preservation of autonomy and capacities •Social •Physical •Cognitive • Socializing, talking, and moving • Agility and motor skills • Getting them involved • Knowledge sharing and learning from *them*
Intergenerational Activities	
• Intergenerational not as a mission but a tool • Respect for the child's rhythm • Activities have sense and direction • Coherence with Montessori activities • Open and awake children to fragility • Access the qualities and knowledge behind the seniors' vulnerability • Accept one's vulnerabilities • Respect and valorization of the elderly • Reinforcement of intergenerational solidarity • Openness to discussion • No educational objectives for residents • Allow residents to enjoy and take pleasure in seeing children • Let residents show and teach in a natural way	• Seeing the children walk around the residence • An informal and straightforward mix between children and seniors • Residents rocking babies • Being able to go to the daycare freely • Receiving children into the residents' room • No concrete plan until the first meeting with the daycare

As mentioned above, the program emerged experimentally and it eventually reached a structure that worked. Using Radford and colleagues' (2018) eight codes, the program offered at the Domaine Saint-Dominique and the Villa Montessori can be summarized as the following.

1. “Model Type” (Radford et al., 2018, p. 318-319)

This program would fall under the “colocated visitations” model (2018, p. 318). The daycare is situated in the historical building of the Domaine with its own entrance. At no point do the residents come into the daycare and the children do not go into the residents’ private rooms either. Instead, the children go to the Domaine for the scheduled activities. Both institutions share the park.

2. “Young” (Radford et al., 2018, p. 319)

All children can informally encounter the residents. However, two age groups participate in scheduled activities: 18-36 months (2 groups of 12-14 children) and 3-6 years old (1 group of 25 children). Activities might involve half or the full group for either age group, depending on the activity. Half groups allow being more productive in some cases.

3. “Elderly” (Radford et al., 2018, p. 319)

On the daycare’s side, there are no constraints. They let the recreation technician invite the residents who are interested in participating. It naturally favoured seniors who like children in the first place. The residents did not attend any training before the program started. There is no preparation before the activity occurs.

4. “Hours of operation/length of interaction” (Radford et al., 2018, p. 319-320)

An average of two activities per week is conducted. The duration goes from forty-five minutes to an hour. Some activities are scheduled in the morning (around 10’o’clock) and others in the afternoon.

5. “Place of interaction” (Radford et al., 2018, p. 320)

All activities occur in the Domaine’s common areas, such as reading rooms, the patio, living rooms, recreation rooms, and the refectory. This means that residents who do not participate in the intergenerational activities might be present. Since the park is a shared space, spontaneous and informal interactions can occur when the children play outside. Residents can come observe or stop for a short chat. Some meals are shared as well.

6. “Types of activities/programs” (Radford et al., 2018, p. 320)

Before an activity with residents, the educators explain it to the children. Once they return to the daycare, there can be a discussion around questions the children ask or something that might have seemed troubling for the child (ex.: seeing a heavily handicapped resident). Starting at the age of three, activities at the daycare include life cycles as an introduction to the aging process and life courses. Some examples of intergenerational activities include cooking, arts and crafts, the confection of cards, story time, gardening, a Halloween parade, a sugar shack event, teatime, a concert, a recital, and motor skills games. An essential criterion guiding the activities at the daycare is the notion of bodily integrity and consent. Hence, physical contact between the child and the resident is minimized.

7. “Funding/Fees” (Radford et al., 2018, p. 321)

Participation in intergenerational activities is part of the curriculum. Hence, it is included in the general fees. There is no government or private funding.

8. "Staffing" (Radford et al., 2018, p. 321)

The people who have been involved in the activities include residents, children, recreation staff, educators, parents, and accompanists. On the daycare's side, educators are informed when hired that they will be involved in activities with residents and the workload it might imply. Some skills required are to remain positive, discuss with, and be comfortable around seniors.

Thematic Analysis and Results

As mentioned in the methodology section, the interview guide was divided into four sections that structured the analysis. First, I aimed to explore the process of being admitted and transitioning into a CHSLD and RPA. Second, I looked at the different strategies that can be used to promote an effective integration, a pleasant daily life in the facility, and an overall positive aging experience. Third, I identified the numerous constraints that guided the program's elaboration and the benefits and limitations that resulted from its structure. Finally, the participants shared how the pandemic and the sanitary measures affected them. Hence, each section has its own set of broad themes that illustrate the complexity of the residents' *experience* of transitioning, integrating and aging at the Domaine, participating in the program, and living through a pandemic. The themes that emerged from the interviews allowed to *conceptualize* those experiences based on the participants' *representations*. The Domaine's coordinators hold an *external* position vis-à-vis the residents. Their profession gives them an overview of the residents as they exchange every day and reconcile everyone's needs and demands. Therefore, when interpreting their representations, it should be kept in mind that it is what they have come to witness at the Domaine. The coordinators have developed their observations and patterns over their years of experience and different resident profiles. In contrast, the residents provide an *internal* and *personal* view of the experience.

Unfortunately, the sample of residents is limited. However, it should not undervalue the validity of their statements. How they feel, what they enjoy, and their criticisms bring to light elements that affect them in tangible ways. Therefore, their testimonies can significantly *inform and improve* the program and possibly prevent future issues. The four experiences offer a window into the realities and complexities of the residents' end of life course and the program's impact under an opportunity/constraint lens inspired by Marshall (1975; 2005), while acknowledging their power in making this process dynamic rather than static.

Experience 1: Admission and Transition

Coherent with Hutchison's (2005, p. 144) definition of *transitions*, the older individuals being admitted come to bear a new status: they become residents. During this period, they must come to term with different adjustments, get acquainted with their new environment, and their rights and obligations. I would argue that for some residents, it is a *life event* on their end-of-life trajectory as it "involv[es] a relatively abrupt change that may produce serious and long-lasting effects", while recognizing that it "[has] different meanings to different people" (2005, p. 145), including the residents' families. The experience of admission and transition into the Domaine can be conceptualized as a process involving: mourning and losses, solitude and isolation, a spectrum of justifications, and emotional hardship.

The coordinators of the Domaine have witnessed the various changes that can occur when being admitted into their care facility. These changes are both internal (caused by the aging self) and external (caused by the new environment), resulting in *mourning the past*. On the one hand, residents face losses that accompany old age, such as physical autonomy and other capabilities. On the other hand, since residents move into an institution with its regulations, they face the loss

of living in their own home where they enjoyed more freedom, control over their space of living, and accumulated memories. Families must face those changes as well. They must reconcile with their aging family members and what they used to be, what they could do, and how they lived. Therefore, mourning the past is not unique to the residents, and it is essential to recognize and accompany them and their families through this process.

> Ils ont un deuil à faire là à ce moment-là de tous leurs effets matériels et de leurs souvenirs dans la résidence qu'ils étaient. […] Un deuil à faire de leur milieu plus autonome pour aller vers un service que là ils doivent se conformer à des…comment on dit…à des contraintes et des habitudes de vie qu'ils ont pas nécessairement. (Coordinator 3; Q2)

> Les gens veulent qu'ils amènent le plus de choses possibles justement puis…ça demeure un espace de vie de je sais pas moi, 3-4, 250, 300, 400, 500 pieds carrés. Donc euh, par unité je parle. Ce qui fait qu'il y a comme un deuil aussi de la famille par rapport à ça. (Coordinator 2; Q4)

While *solitude and isolation* might occur during this transitioning period, the coordinators underline that it might also have been what brought them there. It can be conceptualized as a two-way street that depends on a social circle's presence or absence before or after their arrival. Some residents were alone at home and arriving at the Domaine will allow them to get out of their isolation. Others lose their existing social circle and have yet to build a new one.

> Soit qu'il y a un isolement qui se crée. Les gens vont s'isoler. Donc, là c'est notre travail de…de s'assurer de la stabilisation. […] Factuellement, il y a une proportion quand même présente qu'il faut qu'on…stimule à…à briser l'isolement et…souvent bin le cercle d'amis change. (Coordinator 2; Q3)

> De se retrouver seule [à la maison] aussi, c'est la solitude. (Coordinator 3; Q3)

The coordinators of the Domaine raised important points: not everyone arrives at the same stage, shares the same background, and decides to move into an RPA/CHSLD for the same reasons. It must accommodate a *spectrum of justifications* that might change as the residents themselves change. This underlines the complexity of the admission and transition process. Residents bring

their own "bagage de vie" that influences their experience of this process, what they mourn, what they lose, what they gain, what they need, and how they feel (discussed next). The testimonies revealed that the main reasons seniors are admitted could be categorized as a *preventive measure*, *complementary help*, and *dependence*, either of *oneself or others*.

First, while some residents could have remained in their previous homes, they might prefer to manage their eventual admission into a care facility. It allows this process to stay in their own hands, rather than their children, for example. Second, the Domaine is an RPA and a CHSLD. Consequently, there are different levels of care and services. Some residents might seek to alleviate themselves from some tasks. The residency provides them a certain comfort of living. Lastly, being admitted into a care facility can become inevitable. With the high level of care required, family members who are too old to be caretakers, the loss of a partner, the lack of resources, and for their security, some residents have no other choice but to be admitted. For example, Lydia could no longer perform duties outside the house due to her handicap and did not want to depend entirely on her children. In contrast, Blanche and Claire did not move into the Domaine because they personally needed it. They are fully autonomous and do not require care services. They were both admitted due to their *partners'* needs, which they could not attend. It also gave them the opportunity of remaining together. For Claire, it allows her to ensure that the services are well delivered. Consequently, whether it is preventative, to obtain complementary help or due to dependency, admission might depend on not only oneself but also others, whether entirely or simultaneously.

> Il y deux profils de personnes. Il y a…la personne qui…est tannée de…de s'occuper de sa résidence…Veut avoir l'esprit plus tranquille sur ce volet-là. Eum…veut avoir quelques services, quelques services qui permettent de soulager soit le côté ménager, les repas ou des choses comme ça. […] Donc, le deuxième profil de clientèle qu'on voit, c'est des gens qui demandent au maximum de ce qu'ils peuvent faire au niveau du maintien à domicile.

> De l'aide des CLSC, des familles et souvent le transfert se fait parce qu'ils…Sont rendus dangereux pour eux-mêmes dans leur résidence. (Coordinator 2; Q1)

> Moi je suis dans un appartement. Je suis pas ici parce que je suis malade. Je suis ici pour accompagner mon mari. Il fait de l'Alzheimer. Alors, lui, il est dans une chambre. Je le vois à tous les jours-là, mais euh…je demeure pas tout le temps avec lui là. (Claire; Q1)

> [M]oi ça s'est fait parce que j'ai accompagné mon mari pis euh…qui était en phase terminal de cancer. Alors, lui s'est en allé du côté du CHSLD. Moi, je l'ai accompagné. Je suis venue dans les suites. (Blanche; Q1)

Lastly, the coordinators witnessed that, for the majority, the admission and transition process is *emotionally challenging* for the residents and their families. They must face the changes that accompany and justify their arrival into this new setting. As the three previous themes illustrated, some residents must mourn the past, their autonomy, their previous dwelling, and their former social circle. Others see their partners become sick or move into the facility because they have no other choice. This process also brings anxiety to families. All these factors combined make it difficult to stay resilient.

> La transition se fait rarement bien, je vais être très honnête. Au niveau des inquiétudes chez le résident là, et nous, parce que quand ils viennent chez nous, comme je vous disais, le profile clientèle est beaucoup plus malade quand ils arrivent chez nous. Donc, c'est vraiment une espèce de vision d'ok c'est ma dernière place que je vais aller habiter. Donc, beaucoup de confrontation, de…je suis encore capable, je suis autonome. (Coordinator 2; Q2)

However, the residents included in the present study bring some nuance. Blanche's arrival happened very fast. They needed a place for her husband. She did not have time to process it. For Claire, it was an informed decision. She chose the place she liked best and does not regret it. Lydia could not have been happier: "je le vante à mes amis."

While these themes highlight different aspects of the admission and the transition process, it should be underlined that it is *not static and finite* since the residents' needs are not. Coordinator 2 observed an increasing turnover among its clientele. People are admitted needing more services

than before. Therefore, it does not take much time to transfer them into the CHSLD. Residents who first lived in the RPA went through a first transition. However, it might eventually be followed by a second transition into the CHSLD. Hence, making them go through new losses and mourning, new emotions, and making them move on the spectrum of justifications.

The coordinators and the residents' conceptualization of the admission and transition into the Domaine demonstrates the multiple factors that can accompany the end-of-life course and the aging process. It is highly charged with meaning. Their present can look very different from their past. Their bodies might not perform as it used to. They lose their previous dwelling, their home, with everything that it stands for. Their social life is destabilized for some. The facility regroups residents whose arrival might be for different reasons and coped with in their own way. Lastly, this whole process is not static and finite because the residents' aging process is not. The transition process exemplifies various arguments of the life course perspective. Ultimately, "[t]he nature and stressful impact of a life change cannot be understood apart from the knowledge of its temporal context, and the resources and beliefs people bring to it." (Elder and Rockwell, 1979, p. 15)

First, the testimonies show that the residents and their families are not unaware that the Domaine represents the last phase of their life course, the last place they will live. Most of the residents who arrive are there because it has become necessary. "Ils voient vers la fin." (Coordinator 3) While this study did not focus on the processes involved when dealing with their own death, it is a reality that cannot be ignored since, as the next experience will explore, it is a *milieu de fin de vie* after all. Marshall's (2005, p. 71) concept "awareness of finitude" is useful to understand this dimension of the transition, which I would expand to families. This transition makes fatality more salient and visible to families that are also confronted to their loved ones' end of life course, aging process, and mortality. Unfortunately:

> Socialization for any aspect of aging is not highly programmed within our society. We have no rites of passage to mark the transition to old age […] There are few specialized teachers or programs to prepare people for any aspects of old age […] yet the anticipation of impending death poses a critical marginal situation for the individual (Marshall, 1975, p. 359)

As mentioned earlier, anxiety permeates many family members' experience of admission and transition, which the Domaine has to manage properly.

Second, the spectrum of justifications bringing older individuals to being admitted in the Domaine illustrates the principle of "linked lives" (Elder, 1998, p. 4). Both Blanche and Claire's end of life course was constrained by their partner's illness. Requiring no care services, they both decided to move in to remain present while delivering the proper treatments to their husbands. Other residents move in because they do not want to burden their children with that decision. Children are not all able to be caretakers either. Consequently, the residents' life courses are linked to their partners' and their children's life course. This being said, family members continue to be important resources, an essential point which will be expanded on in the second experience. As Hutchison (2005, p. 147) states "[t]he pattern of mutual support between older adults and their adult children is formed by life events and transitions across the life course."

Third, the transition initiates a discussion around the long-term impact of "cumulative advantage, disadvantage, and inequality" (Marshall and Bengtson, 2011, p. 23) and how these shape older individuals' opportunities and constraints in relation to home support, public CHSLD and RPA, and private CHSLD and RPA. The testimonies suggest that the possibility of aging at home or in a care facility, and which type, depends on whether the needs specific to later life can be attended for or not. The resources provided by the state (CLSC), human resources (families), and financial resources were highlighted. Coordinator 2 also mentioned how when *men* lose their partner, they are more likely to not know how to cook, clean, etc. and, therefore, move to the Domaine, hinting to the influence of

gender. As this case study demonstrates, even when all these resources are mobilized, it can remain insufficient in order to remain safe at home. This can lead to two life course paths: choosing a public or a private care facility. However, I recognize that not everyone has those two options. The Domaine is a private, unsubsidized, very high-end CHSLD and RPA, which cannot be ignored and comes with carefully monitored standards, expectations, and potential differences with public facilities: "les attentes sont très, très, très, très, très élevé par rapport à la prise en charge. Euh…doublement qu'on est privé évidemment." (Coordinator 2). I introduce this observation here, but it will become evident in the following experiences. Even so, both coordinators of the Domaine stressed that given the option, the majority would still choose to remain at home, reminding "the structural and physical *structuring of choices*." (Marshall, 2005, p. 67, italics in text)

Lastly, the testimonies bring important nuances. The admission and transition into the Domaine are not necessarily negative. Blanche, Lydia, and Claire did not bring up concerns, with their decision being based on their circumstances. Blanche's husband was terminally ill, Lydia's husband has Alzheimer's, and Lydia was too handicapped to remain at home. None of them framed their admission and transition in a pessimistic manner. The coordinators brought out that it might counter isolation and solitude, bring peace of mind, alleviate seniors from chores, and provide security. Hutchison (2005, p. 145) warns against "bias toward undesirable, rather than desirable, events, leading to the belief that all life events prompt harmful life changes." The following section explores the second experience, integrating and living at the Domaine. It will pay a closer attention to how those "life changes" eventually translate into daily living, once residents settle in and navigate their new home.

Experience 2: Integration, Daily living, and Aging

As discussed in the previous section, the coordinators' experience has familiarized them with the residents' concerns when moving into the Domaine. Consequently, an essential objective is to acknowledge and reduce those concerns and employ different strategies to ease their integration and increase their quality of life. This process does not only involve the coordinators, quite the contrary. Residents mobilize their own resources, make sure that their demands are heard and met, engage in different activities, and value their autonomy greatly. The residents interviewed are total participants in building their living and aging experience. When combining the coordinators and the residents' accounts, we can observe how the Domaine can become, as coordinator 2 mentioned, a "milieu de vie" and not only a "milieu de soin." An underlying idea from the life course perspective guides not only this experience, but the following experiences and analysis:

> [S]ome social structures recognize the agency of societal or group members, and this can produce new social institutions and structures (shared meanings, schema, and values plus patterns of social behavior and accompanying resources) that meet member needs. Other social structures place agency in the hands of a minority […] and fail to reward social action by members. (Marshall, 2005, p. 77)

The Domaine has adopted an approach that can be summarized as *welcoming, presenting, knowing*. The arrival of a new resident is not taken lightly. Welcoming them does not stop at day one. There are two main objectives to achieve. On the one hand, *a bond of trust* needs to be created and solidified over the weeks. The presentation of the employees is crucial so that the residents know whom the resource person is for the various care and services offered. Any preventable issue needs to be tackled quickly. Residents need to feel secure and heard.

> Le nerf de la guerre, c'est comme toute nouvelle rencontre, *l'accueil est primordial*. Euh…C'est vraiment, vraiment, vraiment important que l'accueil se passe très bien. L'intervenant, le chef d'unité, peu importe de quel côté il se retrouve, mais que le chef d'unité aille accueillir notre résident euh…le rassure hen…On a mal à quelque part, on voit le médecin et déjà on se sent un peu mieux donc…Le chef d'unité est très, très, très important euh dans l'accueil du résident et plusieurs intervenants doivent aller se présenter…euh…leur identifier sont où leur poste, peu importe leurs besoins, et ça de manière très léger, mais qu'ils sachent c'est qui les gens, leur point de contact rapidement si y'a quelque chose. (Coordinator 2; Q1 ; my emphasis)
>
> D'être à l'écoute…de là…d'être tout de suite là quand ils vont arriver. Pis…d'être…euh que tous les services aillent se présenter. Qu'ils connaissent les *gens*. (Coordinator 3; Q1; emphasis by the participant)

On the other hand, *the personalization of care and services* must be promoted. While the nature of the institution demands a certain standardization, it does not mean that the residents' preferences are erased. The Domaine emphasizes continually adapting and improving its services. Coordinators 2 and 3 stressed how crucial meals were to this process. Residents have three choices per meal.

> Mais quand je veux dire de l'alimentation, c'est que les gens, vous savez, le chef cuisinier ou le responsable de la cuisine, qu'ils aillent rencontrer les gens ou la nutritionniste, qu'ils aillent voir aussi là, le…le résident qui arrive pour présenter et voir avec lui ses goûts. Qu'est-ce qu'il aime. Qu'est-ce qu'il est capable de manger. Qu'est-ce qui…euh…voudrait. Ou, à quoi qu'il faut faire *attention*. (Coordinator 3; Q1; emphasis by the participant)
>
> Disons les moments importants de leur journée euh…Le loisir, la nutrition, les repas, les bains, tsé c'est des moments charnières dans leur journée, dans leur semaine à nos résidents. Puis, honnêtement euh, il y a beaucoup, beaucoup, beaucoup de gaz qui est mis euh…à assurer une qualité de la nourriture et surtout, une adaptation à ce qu'ils aiment vraiment. Nous, on a mis des comités en place pour faire de la…continue, s'assurer que ça réponde toujours à leurs besoins. (Coordinator 2; Q2)

Lydia brought up the quality and variety of meals already in the first question of the interview. For Claire, it is "merveilleux." In contrast, Blanche argues that having to adjust to everyone' taste and health ends up making meals lack flavour. These two objectives are interrelated. By welcoming the residents, presenting themselves, and getting to know each other, the employees and the residents can develop a more intimate relationship, which, in turn, allows personalizing services, promotes their integration and quality of life, and reinforces their bond. Coordinator 3 underlines

that this process also mitigates the fact that for some residents, the Domaine might not have been their first choice in the first place.

Their importance has already been implied in the former strategy; all participants underlined the undeniable crucial *role of staff*. The Domaine depends on them to deliver their promise of a high-end facility. The residents exchange with, receive care and services, and report issues to them daily. Both coordinators and residents are fully conscious of their role, and with it comes *expectations and standards* that need to be met to make the Domaine a good place to live and age. The resident should be at the center of all employees' interventions for the coordinators. They should be dedicated to providing services aimed at their well-being, remaining fair among residents, and playing an inclusive caregiver role. It is vital to create a *stable staff network* that the resident accepts. In contrast, staff rotation and shortage impede this process. Unfortunately, the Domaine is not entirely immune to it. Coordinator 2 underlined the importance of stability in later life to reduce anxiety.

> Il y a des gens qui se créent d'amitié vis-à-vis de tel ou tel résident aussi. Euh…Pis c'est correct là. Je veux dire…Mais il faut pas avoir une préférence quand on fait les soins comme tel. Quand je dis soins, je parle pas juste de santé quand on offre le service [...] Je pense que les gens sont capables de faire la différence. (Coordinator 3; Q4)

> Donc, il y arrive un moment où un résident a besoin, même si c'est ton heure de pause, le résident a besoin. On fait le petit plus plus hen. C'est…Il y a donner un bain pis y'a donner un bain, rajouter la petite crème sur les mains, les coudes…Pis…Pour moi, un bon employé, c'est justement la personne qui va faire le petit plus plus. Malheureusement, euh…ça arrive trop fréquemment que…on s'en sort tout de même bien ici là, mais…la rareté du personnel. C'est souvent les préposés hen les plus prêts de…de leurs activités quotidiennes. Souvent, avec le manque de personnel, […] On oublie le petit plus plus pour le bien-être du résident. (Coordinator 2; Q4)

For Lydia, the attention to detail, politeness, and patience that the employees of the Domaine have with the residents are astonishing. With them, it is always "yes." She even argues that some residents abuse their help, which she denounces. Blanche observed that all the staff responded to her criteria of a good employee. Since Claire lives at the Domaine to provide her

husband with the services he needs, she supervises the delivery of care services seriously. She depends and expects the staff to fulfill those tasks, especially since they are comprised in the price residents pay.

> Non, vois-tu, au lieu de me donner de l'eau [pour prendre mes pilules], moi j'aime le jus de pêche. [La préposée] m'apporte du jus de pêche. Tsé, ils remarquent beaucoup de ce qu'on aime pis ce qu'on aime pas. (Lydia)
>
> Comme aujourd'hui, je suis…je suis arrivée dans sa chambre…J'avais, j'ai vu 4…comment on appelle ça, des lames. Quatre lames de rasoir qui avaient été utilisées pour faire sa barbe. Puis, les 4 étaient là, dans la poubelle pour les jeter parce que ça l'air que ça avait pas bien été. Mais mon mari m'a dit que c'est vrai que ça avait pas bien été pour faire la barbe. Ça va jamais bien pour faire la barbe, lui. Alors, la préposée pense que c'est moi qui devrais faire ça. Pis moi je pense que c'est *elle*. […] Moi je paye un gros prix. Le *gros* prix pour les services pour mon mari. (Claire; her emphasis)

While the Domaine is an institution, both coordinators and residents aim to (re)create a *milieu de (fin de) vie* and maintain an *ordinary life*. Residents *live* at the Domaine and while residents move into a care facility, elements of continuity and normalcy need to be maintained and promoted. This process involves the material space (communal and personal), the social space (familial/residential and activities), and freedom (interior/exterior). However, the Domaine also needs to acknowledge that it is a *milieu de fin de vie* as well, which has its distinctions.

First, (re)creating a milieu de (fin de) vie and maintaining an ordinary life involves the *residents' personal and communal material space*. The Domaine distinguishes itself from other care facilities because rooms are not standardized. Everyone furnishes and decorates their room and brings their belongings, which can help them feel at home. Blanche brought the same furniture she had in her former house. Lydia brought her entire collection of books that her late husband had gifted her. While meals are provided, Claire finds it helpful to have a fridge included in her apartment to store food that her daughter might have brought her, for example. However, she still finds it very different from living in her former residence and would enjoy more privacy, especially

since she has an apartment. They all spend time alone, whether reading, listening to music, or watching television. Lastly, the residents did not have anything negative to say about the Domaine communal spaces and were satisfied with and enjoyed the different installations, such as the Church, the dining room, the hairdressing salon, and outdoor furniture.

Second, it is crucial to promote a living environment that allows the residents to foster and sustain *their social life*. It involves accommodating their familial relationships, encouraging interactions among residents, and offering a variety of activities. The residents underlined that the Domaine allowed them to remain close with their children. Residents can receive their children for dinners, birthdays, holidays, and even have a guest sleepover. Lydia enjoys living and discussing with other people; she likes it when there is action. For Claire, one of the reasons she chose the Domaine is not only because it fit her husband's needs and she could stay close to him: she can participate in interesting activities and socialize with others. It accommodates them both. In contrast, Blanche found that the activities did not reflect her preferences for intellectual ones. Her experience also reminds the fact that the institution regroups residents at different levels of care:

> Dans mon cas, ce qui…ce qui…Ce que je trouve dur, c'est l'environnement humain. […] Oui. Oui. Parce que sur les 222 résidents…on estime qu'on est 22 à avoir toute notre tête. […] C'est plus difficile dans le sens que…C'est difficile d'avoir, de trouver des gens pour avoir une conversation qui tient. (Blanche; Q5)

Third, to maintain a sense of continuity and normalcy, the residents directly or indirectly brought forward the notion of *freedom*. It implies freedom *within* the Domaine and leading a life *outside* of it. The residents were asked to describe a typical day at the Domaine, which revealed their routine, either in private – e.g., eat breakfast in one's room, listen to music or watch the news in their room – or in public – e.g., go out for a walk, chat with friends, participate in activities, go

to the grocery store, or visit their family. It resulted in a mix between the regular and the spontaneous. As Blanche stated, “bin mon doux, je fais comme chez nous.”

> Oh bin…moi je suis *bien quand je suis libre*. Quand j’ai pu rien…parce qu’ils nous *obligent pas* à faire quoi que ce soit hen. On a des journées y’a des films comme là, les jeudis…Le jeudi, c’est…On fait de l’exercice le jeudi…Une autre journée, des fois…on vas-tu jaser, on a une petite jasette aujourd’hui, ils nous font rire un peu. Alors, je suis correcte, on va aller jaser. Tsé, ah non, y’a aucun problème ici. (Lydia; Q3; my emphasis)

> En temps normal, [pré-COVID], j’allais au théâtre, au concert, ou…Oui. […] J’ai pas tellement de commissions parce qu’on mange ici alors…ça réduit les surplus que je veux avoir. J’allais à l’épicerie pis…me payer des affaires. Aller au restaurant. Euh…non, non, *une vie normale*. (Blanche; Q5; my emphasis)

Claire brings some nuance by underlining that while she can move around as she pleases, there needs to be accountability to some extent, especially for her husband. However, it only took a simple request for her and her husband to leave and spend time with their children.

Lastly, the Domaine has the dual function of providing a *milieu de vie* and a *milieu de fin de vie*, which has its distinctions. According to coordinator 2, the end of life should not be spent in a hospital. Clinical care is only one side of it. Residents and their families’ psycho-social needs should be met through *accompaniment*. The residents’ whole entourage is responsible for making their last moments a positive experience. For coordinator 3, it would ideally go fast to reduce any suffering. This being said, their accounts show that the end of life remains varied. Some have their whole family next to them, while others only have the employees. It is worth mentioning that *life reviews* are an integral part of this process and are, yet again, complex. Coordinator 3 “en a vu de toutes les couleurs”. A variety of topics was identified: what kind of heritage they leave behind, their family life, their professional life, their couple’s life, and their own childhood. The residents are able to look back at their (almost) entire life course and the multiple simultaneous trajectories that have given meaning to their lives, which “highlights the interlock of role trajectories as the central descriptor of the life course.” (Macmillan, 2005, p. 6) Interestingly, residents also reflect

on their children's trajectories and what they transmitted; how what they offered translated through time in different dimensions of their lives. They indirectly do what life course theorists do when studying families: they explore how their familial lives are linked and play out over time (Marshall and Bengtson, 2011).

> C'est l'héritage, c'est ça. Au niveau de leurs, ce qu'ils ont offert…Les valeurs qu'ils ont données à leurs enfants aussi. C'est pour ça que je dis, ils sont des fois très très fiers de ce qu'ils voient, leur famille, leurs enfants parce qu'ils se disent on leur a donné ce qui pouvait et c'est avec ça…C'est une bonne professionnelle, c'est une bonne mère de famille, c'est une belle grand-mère elle aussi. Mais c'est…leur héritage de…de ce qu'ils ont pu leur transmettre. Leurs connaissances, leur façon d'être. (Coordinator 3)

The residents interviewed unanimously mentioned facets of the concept of *autonomy*. Different strategies are used to *prevent* the loss of their autonomy, *maintain* it, *participate* actively - the term participation being used broadly - and accept the necessary *support,* which counterbalances the inevitable loss of autonomy that comes with aging. Although these participants greatly value it, they might also face *prejudices* that contradict their efforts to remain active.

A key observation is a link established between autonomy and aging well. Aging independently *is* aging well. Autonomy can be maintained and reinforced by the residents themselves and the Domaine. Through physical and intellectual activities, continuously informing the residents of the services available, and adapting them, the care facility can help prevent, maintain, and support it. Concurrently, residents actively participate in social life, which is reinforced by a state of mind:

> J'ai 89 ans pis je fais du mieux que je peux pour me garder…en forme. Pis j'arrête pas. Je considère que je suis toujours en vie pis que je dois toujours avoir une part dans la société pis avoir mon mot à dire. Tsé c'est pas parce que j'ai 89 ans que je vais m'assoir pis dire oh mon doux la vie est lente. Non, non, non. (Blanche; Q2)

> C'est d'être ouvert, d'être positif, rester…rester positif là pis se…s'informer quand on peut s'informer pis euh…quand on peut pas s'informer, de se renseigner comme je fais

> avec des livres [sur le vieillissement] là. Pis c'est pas nécessairement la bâtisse qui nous donne ça là. Mais je peux aussi avoir des informations de la bâtisse ici là. […] La seule façon de rester en vie là. (Claire; Q2)

Nonetheless, the loss of autonomy remains an inevitable reality. It involves a process of acceptance of one's limitations and other people's help. Lydia is clear with her children: even with her handicap, she will only request assistance when needed.

> [M]es enfants en feraient plus, mais ça me tanne à moment donné! Euh…faut pas trop. J'aime ça être autonome. Moi j'ai été tellement habitué à faire toutes mes affaires moi-même. J'ai eu des enfants alors je suis habituée de faire des affaires moi-même. Alors, je trouve ça un peu plus dur que quelqu'un s'occupe de moi là…Mais ça faut s'y faire. (Lydia; Q1)

In contrast, residents might face prejudices that contradict their reality. On the one hand, coordinator 3 shared that *infantilization* is an issue in this type of institution and has witnessed it in new employees. Assumptions of vulnerability can impede the promotion of autonomy in residents. Blanche observed a variety of prejudices against older individuals related to their capabilities, but also by conceptualizing their lives as one of resignation rather than progress: that can be internalized: "Beaucoup disent bin ma vie est finie. Je fais juste attendre là. En tout cas, moi c'est ce que je constate." In comparison, Claire qualified the end of life of her parents' experience of a CHSLD and aging as a "positive stereotype." Her parents have always remained "jeune de coeur," and she expects the same for herself.

The experience of integration, daily living, and aging would be incomplete without including a discussion around the crucial *role of the family*. Their importance to the residents' well-being has been implied in the previous sections. However, the participants' testimonies illustrate how *intergenerational relationships* are varied and can affect positively or negatively one's end of life course. This includes relationships with the residents' parents, their children, grandchildren, and grand-grandchildren (some residents are very old). It reminds us that some

residents did not have children. Some were in convents. Children might be old themselves. Lastly, they revealed what is exchanged through these relationships and how.

For all the residents interviewed, family is important and always has been. On the one hand, they can depend on their children for either *emotional support* or *fulfilling tasks.* Day or night, Lydia can count on her son if she feels anxious. Regular phone calls and weekly visits allow Claire's family to remain close. Grandchildren can also provide a feeling of *accomplishment*:

> Souvent, les résidents dans les CHSLD, leur…mon dieu…Leur…J'avais le mot sur…Sur leur fierté, c'est de voir ce que leurs petits enfants font et où ce qu'ils sont rendus. Même s'ils les voient pas souvent, leur fierté c'est souvent les petits enfants. […] Bin c'est ce qui rempli leur vie à la fin aussi hen. Ils les ont vu grandir ces petits enfants là, là. (coordinator 2; Q7)

On the other hand, as parents and grandparents, residents also provide resources. Interestingly, all three participants share a similar approach to *guidance*: only when asked for it, emphasizing letting them make their own decisions. Whether through reflection (Blanche), the sharing of her own experience (Lydia), or pushing them to learn (Claire), communication and listening are prioritized over explicit advice. By witnessing their aging process, children can also better *face fatality*. Lydia regularly reassures them that she is ready and comfortable joining her parents, whom she misses and has vivid memories of. Based on her own experience with her parents, Claire conceptualizes the end of life as a rich, meaningful, and necessary rite of passage that her children should go through.

> De toute façon, on va mourir alors, pourquoi, pourquoi, pourquoi rendre les autres malheureux, les faire pleurer parce que, pour vrai, tout le monde meurt. Voyons, alors je dis, pleurez pas, au contraire, dites-vous je vais être bien [au ciel]. Je vais venir vous chatouiller les orteils pis vous tirer les oreilles. Alors…on est mieux…Oh non, ils ont du fun avec moi […] tsé des histoires de…d'être triste. Ah là…c'est morbide ça. Faut éviter ça. Alors, *faut que nos enfants sachent*, je suis bien ici puis je leur fais savoir. (Lydia; my emphasis)

> Claire: On était là là quand elle est partie. Tous les enfants étaient là. On était bien chanceux de pouvoir aider pis voir pis communiquer avec ma mère à la fin de sa vie là

> hen. Pis euh…c'est un moment très intéressant à vivre. Pis c'est important aussi de le vivre comme il faut.
> N : Est-ce que vous souhaiteriez la même chose pour vous?
> Claire : Oui. Oui. C'est une bonne idée. Parce que moi aussi je suis en bonne santé pis je suis certaine que je vais vieillir de la même façon que ma mère et mon père là.

As Marshall (2005, p. 77) mentions, institutions are made up of "shared meanings, schema, and values plus patterns of social behavior and accompanying resources". When looking over all these themes, it becomes evident that the Domaine prides itself in its institutional culture, which, in turn, shapes their relationship vis-à-vis the residents and their end-of-life course opportunities and constraints. It is resident-centered, focusing on personalization, continual evaluation *by* the residents, and the prevention of issues they might perceive, which results in adaptation to demands. The staff is held to the highest standards and is expected to embody these principles. The residents have control over their rooms and menus are varied, which has been underlined to heighten their integration and quality of end of life. An overarching objective is their focus on creating a *milieu de vie* and recognizing the particularities of *la fin de vie*. The former emphasizes continuity, normalcy, and autonomy, the latter, accompaniment. However, underlined was the fact that neither is a hospital. A hospital is no place to *live* and it is no place to *die*. This being said, the Domaine remains a care facility regrouping over 200 residents. While tactics are mobilized to promote individualization, constraints are inevitable. Activities, meals, privacy, or opportunities for social interactions might be ill-fitted for some, just like Blanche and Claire remind us, and it runs the risk of reproducing infantilizing behavior.

The Domaine might play a crucial role in shaping the end-of-life course of residents. However, the residents are *actively* engaged in doing so as well. The participants interviewed raised their opinion and concerns. Claire stressed that the facility's price results in the promise of a certain level of care. They participate in social life, either inside or outside of the Domaine. They

achieve a balance between relying on their children for favors without compromising their deeply valued autonomy. Maintaining their relationships with their family is essential to their well-being. Aging well also comes with a state of mind. It is a mix between structural support and individual choices. "[L'intégration], je pense que c'est personnel. Faut décider dans notre tête." (Blanche) The acceptance of one's aging body is linked to its inevitability. Aging is natural. The residents' vision of old age can contrast with broader negative conceptions of the end of the life course. Strategies such as never stopping learning and focusing on real-life experiences of the end-of-life course (ex: Claire reading books on aging and referring to her parents as a positive model) and defending the validity of their contributions (Blanche), counteract stereotypes. Children are not the only ones providing support in later age. Lydia, Claire, and Blanche continue to provide guidance. Just like Claire's parents shaped her view of the end of the life course positively, she might, in turn, shape her children's. Lydia's comfort with her mortality might also produce a long-term impact on her family's conception of death. Although these hypotheses cannot be verified in the present study, research on the life course has shown over and over generational interconnections (Hutchison, 2005; Marshall and Bengtson, 2011; Stowe and Cooney, 2015).

The dynamic between the Domaine and the residents results in a dual responsibility in improving and promoting later life experiences and end of life. It is neither's sole task, but rather an iterative process through continual exchange. Residents live in an institution with its own rules and regulations that accommodate a large group of aging individuals. The previous and present section demonstrate that internal and external constraints and compromises are present no matter the efforts mobilized by both parties. Especially relevant to the exploration of agency in this care facility is how the spectrum of justifications can redefine what agency means *without* taking it away from the residents as they evolve. "I can act as an agent for someone else or someone else

can act as my agent. But I can also be constructed as having authority to act for myself, to be my own agent, to act on behalf of myself." (Marshall, 2005, p. 65) Autonomy was repeated (in)directly throughout the interviews by all participants. Aging well in this institution is recognizing limitations without it defining residents, but rather encouraging them to continue doing what they can and want at the structural (by the coordinators and staff) and individual level.

Experience 1 and 2 were included to *contextualize* the setting and later life experiences in general at the Domaine. It is important to understand the end of life of residents to understand how the program fits into this specific institution and how the pandemic impacted them. In the next section, I *identified* the benefits and limitations of the program as well as included the process behind the elaboration of such an initiative.

Experience 3: Implementation and Participation in the Intergenerational Program

The detailed description of the program provides an overview of how the program ended up being. However, it does not reveal the whole *process* behind its elaboration. Instead of imposing a pre-structured program, the Domaine and the daycare adapted it as they went along through trial and error. However, specific guidelines and constraints did restrict the opportunities offered to the residents willing to participate. The present section reveals how the *experience of implementing and participating* in the intergenerational program offered at the Domaine is not straightforward, challenging, and yet ultimately worth it. It demonstrates (a) how interactions between residents and children are not spontaneous, (b) different populations mean different needs to reconcile, (c) the importance of informality, and (d) how the staff is an active participant in making this kind of program viable. An equilibrium must be reached between these four aspects. Lastly, the analysis revealed a positive portrait of residents and children, what they have to offer to each other and the

value of their presence. It should be stressed that some themes demonstrate that factors of promotion or impediment overlap. They can impact multiple groups in different ways simultaneously, making it more complex to resolve. Three examples encapsulate these themes and illustrate the process of adaptation. On the one hand, the gardening activity was a complete success. On the other hand, the reading workshop and manual activities slowly built up to become one. Throughout the analysis, I will rely on these activities to conceptualize the overall experience of implementing and participating in the program more explicitly. While the previous sections looked at the Domaine as a specific structure, this one moves to a smaller scale. Still relying on Marshall's approach (1975, p. 350), it explores the program itself: its "organizational features", how it constrains or offers opportunities unique to intergenerational initiatives, and if it positively or negatively influences the residents' end of life course and their "sense of agentic capacity" (Hitlin and Long, 2009, p. 140).

While the idea of residents and children having fun together might seem easy to accomplish, the reality is that *communication and exchange* are challenging for both age groups. From one perspective, coordinator 3, who has been the main organizer of the program on the Domaine's side, underlines that interacting with a child is not easy. Residents are not necessarily comfortable and do not always know what to do. Consequently, they do not tend to push the interaction further than necessary, making interactions limited. They need to be motivated and guided. Conversely, the children included in the program are quite young. Therefore, they are generally shy and reserved. It is not only intimidating to interact with a stranger; they are not used to seeing very aged and sometimes frail older adults. As a result, communication and exchange are not spontaneous. A certain *level of comfort* among them needs to be established.

> Bin les contraintes d'un tel programme, c'est justement […] La facilité de communication entre l'enfant pis l'adulte, l'aîné. Vous savez, l'aîné est pas si verbal, si communicateur que ça hen. Il y en a qu'on a de la misère à faire parler. Et la contrainte, c'est le…le…la communication entre les deux, je crois…Façon de parler, des fois l'aîné…savait pas quoi dire à l'enfant ou l'enfant regardait l'aîné pis…il avait de la misère à y poser la question-là. (Coordinator 3; Q10)

One way that could have improved the level of comfort is through *time and stability*. The more a resident would have participated in activities with a child, the more they would have gotten to know each other and developed a relationship. Unfortunately, coordinator 3 found that this process was revealed to be difficult to achieve. The Domaine has four floors and over 200 residents. They tried to give everyone the opportunity to participate. Residents did not necessarily participate every week. Sometimes it was hard to have enough residents for the activity. The daycare also included different groups of children. The activities themselves were short. These are, in part, consequences of the constraints that the program had to manage, which I will come back to later. Nonetheless, coordinator 1 thought they had finally achieved a good rhythm with the activities eventually.

The activity itself can facilitate interactions when they are based on the *participants' interests* and are well adapted to the *children's age*. While the residents might be interested in exchanging with children, the activities need to be appealing as well. Coordinators 1 and 3 agreed that part of the success of the gardening activity was attributed to the fact that the residents liked gardening in the first place and were comfortable doing it. Nonetheless, having an interest in being with the children is essential. It was the only reason to participate for some residents while it made others curious.

> Il y en a qui sont pas du tout non plus attirés par les enfants hen. […] Il fallait que l'aîné soit…Prêt et enclin à être aussi avec les enfants. Des fois, c'est ça qui les attirait aussi. Si on leur disait bin il va avoir les petits enfants de la garderie, venez voir ce que ça va faire. Là, ils venaient voir là tsé, mais…eux autres d'habitude venaient pas aux activités. Je les

> voyais pas nécessairement tsé. Il y en a qui venait juste parce que les enfants étaient là. (Coordinator 3; Q7)

Furthermore, the coherence between the age of the children and the activity was brought up. The older children of the daycare generally needed less supervision. For Blanche, the cooking activities with the youngest group were ill-adapted and did not allow her to enjoy it as she had to focus too much on helping, an issue she raised. In contrast, the gardening activity included the group of 3 to 5-year-olds, which made a big difference according to coordinator 3. Outside of the program, the Domaine had invited children from a nearby elementary school various times. The interactions differed significantly to the extent that they interrupted their conversations to leave. Blanche sees potential in broadening the program:

> Bin c'est sûr que plus sont âgés, bin peut-être ça peut être plus intéressant pour des contacts plus personnels. On peut parler de toutes sortes de choses avec des plus âgés, faire des activités plus…plus élaborées aussi. Un enfant de 8-9 ans, tu peux faire du dessin avec lui, tu peux écouter de la musique.

These observations underline the importance of paying attention to which activities work or not, why, and the importance of preparation and continuous feedback.

Other factors raised by participants as playing a role in the success or failure of the activity are limitations to direct contact and interaction. Some activities kept the children apart from the rest of the residents and did not make conversation or spontaneous exchange possible. The gardening activity led to natural and straightforward collaboration without any guidance, outside where they can make noise and enjoy the pleasant temperature. Coordinator 3 qualified it as "magical." In contrast, the reading workshop was, at first, too passive. Both groups listened on their own. Blanche saw no interest in being there if she was not going to talk to them the whole time.

> On a pas bin, bin la chance comme je dis là…[d'avoir des sujets de conversations] Les… Des fois, comme, par exemple, à des repas dans le temps des fêtes, si on était à même table, on pourrait converser. Mais sont à leur table, on est à notre table. Les activités de lecture, on peut pas se parler.

Coordinator 3 also observed that structured collaborative activities might constrain the interaction too much versus playing more freely.

Strategies were identified to facilitate and promote exchange among the two groups through *preparation*, *feedback*, and *management*. The reading activity was adapted after some residents mentioned to coordinator 3 that they would like to read instead of the daycare educator. It gave a few of them the opportunity to *lead* the activity not only by reading but also animating. They were provided the book the day before the workshop, which gave them time to get acquainted and be ready. Children were also always explained at the daycare what kind of activity they would engage in before coming over. Coordinator 3 stressed that it is critical to obtain the residents' feedback directly to improve the program. It is not only the coordinators' job to come up with ideas. The reading activity was adjusted because residents spoke up and shared that they wanted to take up a different role.

> [Une communication entre] les trois, je veux dire entre les, entre les éducatrices, c'est son groupe toute façon hen. Ils peuvent analyser si le groupe a aimé ou non là. Et puis, entre nous et nos aînés tsé, entre les animateurs des CHSLD et les éducatrices. (Coordinator 3)

Lastly, as discussed already, supervision by the residents needs to be reduced for them to enjoy it. It was achieved by inviting parents to help accomplish the tasks and oversee the children.

The following section of the analysis demonstrates the tension and dynamic between *expectations, demands, opportunities, and constraints*. The intergenerational program was initially co-constructed by the Domaine and the daycare, with the latter setting several preliminary guidelines that have defined a framework for activities. Within this frame, they then adapted by relying on the feedback of residents, children, and staff. It brought out questions around how they

thought the program would be, what it is like in practice, and the extent to which the predefined framework allows it to be modified and respond to those demands. Some expectations and demands could not be accommodated. Consequently, some opportunities should be understood as the ones being possible and offered to the residents *within* the program's limitations, which will be discussed. Ultimately, the testimonies show that an *equilibrium* needs to be achieved.

When the Domaine announced that a daycare was being constructed with the intention of creating an intergenerational program, coordinator 3 started brainstorming without a clear vision. The residents started imagining it as well. Once she learned the specificities of a Montessori daycare, it quickly became idyllic rather than realistic:

> Vous savez, au point de départ, quand on a appris que c'était une CPE. Là, nos aînés se voyaient prendre les enfants, les bercer, et puis il y en a qui sont...Mais, on peut pas faire ça. On voyait ça comme un milieu où les gens auraient pu rentrer comme ils voulaient du côté de la garderie, à des moments propices quand même, aller pouvoir les bercer et...Tsé, il y en a qui se voyait comme grand-maman les bercer ou les recevoir à leur appartement et tout ça, dans leur chambre. Mais. Mais, mais, mais, on peut pas faire ça. (rires) […] Quand on est arrivé dans le concret, c'était pas ça pantoute là. Tsé, on peut pas...Y'a fallu s'adapter, de toute façon, même à ça, dans n'importe quelle garderie, on aurait pas pu le faire.

She explains that the whole program was primarily adapted to the Montessori objectives and the daycare's vision, which coordinator 1 recognizes. *Consequently, the program did not emerge out of the expectations and demands of the residents.* It is rooted in the pedagogical approach directed at children. Coordinator 1 was very explicit: her main concern is the children, and the activities must be coherent with their curriculum. This led to disappointment for some residents. Some reported the activities as too rigid and lacking space for spontaneity to coordinator 3. According to Blanche, they need more "freedom of action." Contact should take place beyond structured activities. She seeks more independence and informality. The current program is too institutionalized, which prevents the creation of meaningful relationships:

> Bin ce qui est intéressant, c'est quand on…on agit avec les enfants dans quelque chose de…de valable comme…Comme le jardinage ou comme j'avais vu dans le documentaire de La Maison de Chambly[1] là. Les enfants, ils vont à l'appartement, comme moi ils viendraient pis ils pianoteraient pis je pianoterais avec eux autres. Pis il y a pas de contact direct avec les jeunes. Il y a toujours les éducatrices qui sont là.

She recalls a little boy with whom she really got along and wished to see outside of the activities, but she could not. These observations suggest that activities are structured with educational goals in mind for the children. However, it can also be detrimental to the quality of exchanges without a middle ground.

As mentioned earlier, an intergenerational program implies the participation of *two populations* with their own needs. There is an important constraint to recognize and respect from the get-go, especially when the activities occur in a space shared by all residents: some seniors do not want their routine disturbed by children. Lydia, Blanche, and coordinator 1 underlined that not everyone wants to socialize with children. While all children in the daycare are involved in the program, it is optional for residents while occurring in their facility. Whether they want to participate or not, the activities are conducted in their space. Coordinator 1 stressed that she did not want residents to come to the daycare. This reveals a clear tension between the residents who wished that the children would come to see them freely, like Blanche, and those who want a clear separation. Coordinator 1 also maintained it in part to reassure the parents and restrict physical contact. Therefore, due to the spatial configuration and population of the care facility and the parental requirements, freedom of movement is not feasible.

Activities must acknowledge that some residents have *physical and cognitive limitations*. As coordinator 1 put it, some residents and children "ont des défis un petit peu miroir".

[1] La Maison Chambly is a nursing home in Quebec who has completely integrated a daycare into its facility.

Collaboration assumes that the residents can help children accomplish tasks. However, it is not necessarily achievable:

> On s'est aperçu que pour nos aînés, des fois, c'est pas si facile que ça non plus. C'est que…C'est que les faire découper euh…Il y a des aînés, c'est pour ça que je vous dis, il y a des aînés qui étaient capable d'aider les enfants, les enfants le faisaient, mais l'aîné comprenait pas toujours…nos directives non plus. C'est que des deux bords, j'ai des aînés qui venaient qui avaient des difficultés cognitives. (Coordinator 3)

Consequently, the level of participation possible varies. Bringing physically challenged residents to the activity also involved more time and workload for the staff of the Domaine.

Lastly, the differing populations' needs resulted in *time and availability constraints*. Children and residents are not necessarily active at the same time. Coordinator 3 explained that residents usually have their morning routine, and the time the activities were offered was not necessarily well adapted to that habit. In contrast, since the daycare has two age groups, even among the children, the activities needed to occur at an appropriate moment:

> Alors, par exemple, pour notre groupe de communauté enfantine, nos 18-36 mois, on faisait des rencontres le matin. […] Et avec nos plus grands, on faisait plutôt des rencontres l'après-midi. Nous, ça empiète pas sur la période de travail qui est importante en pédagogie Montessori. (Coordinator 1; Q7)

While not mentioned, this implies that if a resident is more interested in participating in an activity with a specific age group, it might not necessarily coincide with their schedule. Nonetheless, residents are still offered two options. Furthermore, children cannot participate in an activity that is too long. It cannot go over an hour. These constraints impede the need for time and stability for residents and children to develop meaningful relationships mentioned earlier. In addition, one of the daycare's requirements was that there would be no pairing as it would be even more complicated considering the small number of residents available to participate regularly, a challenge that was identified. In other words, without pairing, the need for short activities, and differing schedules, the factors of promotion discussed are difficult to achieve. Some of the

structure's limitations go against what might be beneficial since participants have limitations as well that have informed the structure itself. This underlines the complexity behind elaborating this kind of program and finding solutions for two populations with sometimes contradictory needs.

Respect for well-being is not limited to residents and children. It is primordial to *rally the staff* and be *mindful of the workload* they already must accomplish. The staff has expectations, and all coordinators underlined that the program's success relies on their participation. Preparation and management have been mentioned as being strategies to facilitate exchange. However, these are also strategies to prevent *work overload*, yet another example of how themes overlap. Coordinator 2 has had explicit complaints related to it. I will first discuss what kind of employees fit best with this kind of program, how intergenerational activities can be tiring, ending with the strategies of promotion and preparation that were put in place to adapt the activities.

Since coordinator 3 and 1 do not have the same background, their expectations were challenged differently while both having to get out of their comfort zone and remain open-minded:

> Disons, quand j'ai fait cette activité-là [de décoration de citrouille], c'est pas à ça que je m'attendais tout à fait. Mais…C'est ça, comme je vous dis, on…on apprend *nous* à travers ça aussi. […] tsé les enfants faut les laisser faire. Je peux pas leur dire comment décorer une citrouille moi là. […] C'est d'apprendre des deux bords là. (Coordinator 3; emphasis by the participant)

Coordinator 1 underlined that employees need to be aware that they will participate in activities with an age group they are not necessarily used to socializing with. Therefore, she is very transparent with potential educators during the hiring process. They need to be interested and *believe in the project* considering the additional efforts it implies. A recurring recommendation was expressed in two ways: "lâcher prise" (coordinator 3) and "accepter l'imparfait" (coordinator 1). Elaborating an intergenerational program is challenging on various levels, especially when it

is conceptualized little by little as it progresses without a clear-cut vision in mind. As coordinator 1 explained, it requires to reassess regularly and add new elements once ready to push it further. It requires the ability to let go and simply try. Coordinator 3 prefers to replace the word "failure" with "attempts."

While wanting to put in the extra effort is helpful, some activities were exhausting. Coordinator 3 found it difficult before they succeeded in finding an equilibrium. She had to run around trying to find participants, bring them, participate herself in the activity, help some residents who, as mentioned, are physically and cognitively challenged for a one-hour activity. It was not easy for coordinator 1 either. Montessori activities are usually calm. Both coordinators mentioned that the first manual activities were challenging:

> Par exemple, notre communauté enfantine, on a fait pas mal de bricolage. Les premiers, c'était la catas…Bin c'était la catastrophe. […] C'était pas un gros succès parce que, en fait, on avait euh…les éducatrices avaient *trop de gestion* à faire. Euh…des gestions des enfants dans *un autre environnement*. Euh…des gestions, les aînés qui étaient à 10h, étaient des aînés avec euh…beaucoup, beaucoup de *perte d'autonomie*. Donc, fallait aussi *gérer les aînés*. Et puis, il y avait souvent qu'une technicienne en éducation, en animation, pour euh…pour nous accompagner. Donc, on était *pas assez nombreuse*. (Coordinator 1; my emphasis)

The elements emphasized demonstrate that elaborating an intergenerational program is not as simple as finding an activity. Both sides need to mobilize resources, provide support, and adapt, which relies mainly on staff. Activities are put in place for the residents and children. Employees are there to make it a pleasant experience, but it should not, in turn, be unpleasant for them.

While some might have gotten discouraged, the coordinators were proactive in finding solutions. On the one hand, they aimed *to facilitate the course of the activity*. Coordinator 1 explained that they would have all the material ready to fasten and simplify putting everything in place for the activity, have the time to accomplish the task, and have a good final product. Having

additional supervisors and parents was also helpful with younger children and residents who needed more support. On the other hand, it involved *encouragement and promotion*. Coordinator 1 organized activities based on the educators' interests to help promote adhesion to the project. She underlined the importance of *joy* – everyone involved needs to find joy in participating, promoting, and elaborating this kind of initiative. Coordinator 2 did not attend the activities. He was indirectly involved by providing support and following the program's progression. He stressed that collaboration should go from the ground up. Administrators need to be invested as well, speak with their teams, and listen to concerns. It is not straightforward to put in place, and rather than focus on problems, he tried to prevent issues before they could occur and *highlight the benefits*. Noteworthily, he stated : "si on veut que ça fonctionne, le problème est assurément pas les personnes âgés. Et…les enfants." This quote reminds us of a crucial point: the children and residents are not the ones organizing the activities. Consequently, ensuring that they are exciting and adequate for both age groups and collecting feedback is the coordinators' responsibility. One needs to remember that the residents *live* at the Domaine. They are free to participate or not in any activity offered. The program can then be a wonderful opportunity not regularly found in a CHSLD/RPA and make the Domaine stand out as a milieu de vie or not have enough potential and become an abandoned project. This leads me to the two last sections, demonstrating that it is ultimately worth it.

It was crucial to assess if the residents experienced the program positively and/or negatively. This was achieved on two levels by asking (in)directly what roles they viewed themselves as playing for the children and, inversely, what role the children played in their lives. I will begin with the starting observation that residents see themselves as having a specific position and utility and that activities should reflect and reinforce that role. Residents are resourceful and

can *teach, help, and guide* children. The residents' testimonies revealed that children have a unique character that the program allows them to access. Participants *valorize children*, can feel *valorized by the children*, and it ultimately brings *pleasure and gratification* to simply be with them.

All participants underlined the *educational aspect*. Claire, Lydia, and Blanche argued that their experience was relevant and could teach children through the activities. They all have raised children, which made them comfortable from the start. Claire has an extensive formation. She dedicated her whole career to teaching various age groups and stressed how much she loved it. For her, children have an endless desire to learn, and it is her role to encourage it and make them discover their capabilities. Her description of the gardening activity reveals the teacher in her:

> Ah bin avec les enfants, ça dépend de leur âge bien sûr, mais quand on parlait de jardinage, on parlait des fleurs. On donnait le nom des fleurs. On leur enseignait, on leur montrait qu'est-ce que c'était le…La plante. Parce qu'on plantait là. Pis…euh. Les enfants étaient toujours contents d'entendre ça là hen. Alors, c'était ouvert sur ces choses-là. (Claire; Q4)

The topic of education was used inclusively. Blanche mentioned that being exposed to the aging process and how life will unfold is important as well. Similarly, coordinators 1 and 3 framed it as being "useful," "helping," and "showing." Coordinator 1 was amazed that even though the residents are part of a completely different generation and, therefore, she expected a different pedagogical approach, their dedication was moving.

Nevertheless, coordinator 3 explained that the duration of the activity and instability did not allow to really take advantage of the educating role of residents to significantly influence children in the long-term. However, it allowed to show its potential and develop this aspect of the program once it starts again. Blanche felt her experience was undervalued by the daycare, making her suggestions unheard. She will try to be an active part of the project in the future.

> Bin ce qui arrive c'est qu'eux autres-là, ils considèrent ça là…Eux autres y…Pour être *efficace* auprès des enfants pis avoir une *action* auprès des enfants, faut que tu sois une

> éducatrice diplômée. Bin, tsé…C'est toujours l'expérience, l'expérience de la vie, c'est pas important. En tout cas, c'est ce que ça m'a semblé là. […] [J]'ai élevé six enfants, bon. Mais…Je suis pas diplômée en éducation. Faque, ça compte pas ça […] [J]e vois pas pourquoi mon opinion serait pas valable parce que j'ai pas un diplôme de l'université en éducation. (my emphasis)

The previous section established a portrait of the residents' qualities as participants. The following and concluding section will demonstrate that children are beneficial to the residents, who are willing to participate in the first place, by simply *being* children. The term *pleasure* was repetitively used and showed its different dimensions as an experience. Coordinators 1 and 3 conceptualized pleasure as something punctual and simple, positiveness in the residents' daily life, without explicitly explaining what *brought* pleasure in contact and exchange. The residents' testimonies expand on *how* contact and exchange fostered it. First, children were described as "important." Claire stressed that they form part of a person's life. In turn, Blanche argued that it gives an opportunity to residents who might not have or see their grandchildren the chance to socialize with them. Similarly, Lydia mentioned that the Domaine does not include children outside the program. She liked having them there and knowing that they did too. In other words, as a milieu de vie, care facilities are *exempt* from the presence of children, unlike the outside, where multiple generations share different spaces even if it is only visually. They are age-segregated spaces. Consequently, the program allows the *presence* itself of children in the milieu de vie; it allows for something *different* as coordinator 3 emphasized.

> Ça apporte un, une dimension humaine qu'on est pas capable de…Tsé quand je disais tantôt qu'on est pas juste des soins-là. Amène cette espèce de vision-là famille, milieu de vie, très positif. Faque ça, c'est ce que je voyais. (Coordinator 2)

The second aspect conceptualizing the theme of pleasure is *seeing them be and doing*. The word "seeing" was used across the residents. It was pleasant to *witness* their reactions, eagerness to participate, and curiosity. This is closely connected to why residents *valorize* the children's way

of being. For Claire, children have this innate open-mindedness that gives much range to the different activities that could be organized.

> Le lien affectif qu'un enfant donne là…*Ça se recrée pas* ça. C'est euh…C'est la bonté…C'est la bonté euh…naturelle, je sais pas comment dire, innée que les enfants ont…C'est pas quelque chose qu'on peut reproduire. Donc, je vous dirais que c'est une clientèle, les enfants, qui donne sans …donne sans savoir qui donne. On peut pas. Voilà. (Coordinator 2; Q6; my emphasis)

Blanche characterized the positive engagement of children as being "contagious." It brings out their inner youth. She does not usually like gardening, but they made her want to participate regularly. Coordinator 3 underlined how it could act as a source of motivation. In turn, *being valorized* by the children is meaningful. Lydia underlined various times that it made her happy to know that her presence was appreciated:

> Pis les enfants nous ont aimés en plus. Oui. Il y en a un, le petit, ah oui il m'avait fait un petit mot. Madame Lydia…j'ai gardé sa carte…Madame Lydia, je vous aime. Il m'avait laissé une carte, madame Lydia, je vous aime. En tout cas, j'ai gardé la carte, je l'ai encore. Tsé, ah non…Non, j'ai trouvé que c'était une belle expérience.

Overall, the residents' experience of the program was positive even with their concerns. The three residents interviewed want to continue participating. They succeeded in reaching a point where those regularly involved knew the children's names and vice-versa. The three coordinators have been asked when the program would start again. Coordinator 1 noticed an eagerness to socialize with the children even with the pandemic, with some residents venturing near the park. It should be noted that both coordinators from the Domaine have observed that the current program is better adapted for *autonomous residents*. This observation was repeated at different points in the interview. Its effects and the roles described earlier were more concrete and achievable with this sub-group.

The program's structure begins with a set of constraints in terms of resources, participants' limitations, and the Domaine and daycare as initial separate institutions with their own way of

doing, which might impede the residents' experience. Experience 1 and 2 dealt only with one group who could be put at the center. It is not the case for experience 3. As mentioned, the program was mainly constructed out of the daycare's expectations and demands, which alters the opportunities offered to residents. Intergenerational activities cannot disturb other residents, and they are not allowed in the daycare. Furthermore, parents need to be reassured that physical contact is restricted. In turn, freedom of movement is reduced. Both populations have limitations. The residents might have physical or mental disabilities. The children cannot participate in activities that are too long. Activities need to occur at an appropriate time. It cannot impede the Montessori approach. The daycare did not want pairing. Lastly, the program cannot function without staff; they are a crucial resource. Their workload needs to be reasonable. These are all prerequisites that influence "the *range* of action of the actors" (Marshall, 2005, p. 69, my emphasis). I include as actors the residents who raise their concerns, but also the coordinators who work to adapt the program despite these fixed constraints. Again, an iterative process was employed through trial-and-error and feedback.

From these prerequisites emerged activities – such as the gardening activity, reading workshop, and manual activities – that were successful or had to be reworked. The age of children did not necessarily fit with the type of activity. Communication and exchange between residents and children turned out not to be so straightforward, with achieving a certain level of comfort being difficult considering the impediments to time and stability. Some residents found it too rigid, institutionalized, or passive. The workload could be overwhelming at times. In contrast, the gardening activity succeeded in overcoming these barriers. Different strategies were employed to remedy these observations, such as preparing the material in advance, encouraging staff, and letting a resident lead the reading workshop.

When assessing the prerequisites, the critics of residents, especially Blanche's, and the participants' view of the role they can play in the children's lives, it says something about "an individual's *sense of agentic capacity*, their *structural opportunities* to exercise that capacity, and *cultural beliefs* about the relationship of the two." (Hitlin and Long, 2009, p. 140, my emphasis) As mentioned above, education was a central part of the contributions they perceived they could provide. They all have a background as mothers. Claire was a teacher her whole life for different age groups. Their strong sense of autonomy and valued independence was part of the previous discussions. They guide their own children. In turn, based on their life course experiences, they can be resourceful and have something to offer in this case as well. In contrast, the constraints of the program can potentially limit some residents' "sense of agentic capacity" by being, as Blanche and other residents have mentioned, too institutionalized and restricting. The daycare has its own educational approach and philosophy when it comes to children, rooted in the Montessori school, which influences how they permit and encourage the participants to interact with them (discussed in detail), which might clash with the residents.

> Faut toujours qu'il y est le côté très éducatif. Avec Montessori. Euh…Suite à ça…Mon dieu. Nos aînés pouvaient pas…approcher, toucher les enfants comme ils voulaient. Parce qu'eux autres ont tout le côté…pis ça c'est normal là. C'est correct, mais ça…Vous savez…l'approche est pas la même. Il a fallu qu'on adapte des choses. On a réussi à trouver un équilibre à un moment donné, mais c'était pas facile. Ça pas été facile. (Coordinator 3)

> X a dit faut bin qu'ils apprennent, faut bin qu'ils commencent. Faut bin que ça se fasse de façon qui a de l'allure aussi. Ça dépend de l'âge, mais pour moi, j'ai élevé six enfants, bon. Mais…Je suis pas diplômée en éducation. (Blanche)

Coordinator 1 mentioned that the residents are from a different generation. There are "cultural beliefs" around childhood education. Blanche was particularly disappointed that her experience was undervalued, that she might not have the appropriate background even if she had six children: "[pour] avoir une action auprès des enfants […] l'expérience de la vie, c'est pas important." She

would also like to be actively involved in the elaboration of the program. These statements are particularly revealing. *The program's benefits are not only contingent on what the children bring to the residents but also on what the residents perceive they can contribute and if it can be realized.* The difference is significant and requires a conversation around our conceptualizations of what "un aîné" is and can do. It was mentioned that the program was particularly successful for autonomous residents. Therefore, it is all the more pertinent to recognize this autonomy. Letting a resident lead the reading workshop is such an example, which allowed the activity to be improved because residents explicitly stated the role they wanted to play and it is not a passive one. The gardening activity was a success because it felt natural, residents and children mingled and interacted freely. A balance needs to be achieved.

> Pis pour les jeunes, bin les enfants, bin…C'est de…C'est important de *connaître ce qui se passe plus tard* dans leur vie pis la vie de la famille. (Blanche, my emphasis)
>
> N : [Principalement,] ça vous amène [quoi] cette opportunité d'échanger avec des enfants dans la résidence?
>
> C : On prend pas la place de la gardienne là ou de la personne qui s'occupe de la garderie, mais on peut…Dans…Parler de *notre expérience* pis les aider à *apprendre* des choses. (my emphasis)

These are probably the strongest arguments of the relevance of incorporating and utilizing the life course perspective in intergenerational programs. The residents have valuable knowledge (defended above) on life experiences and life course trajectories. Before the pandemic, coordinator 1 had planned to celebrate the 100th anniversary of residents with the children and use timelines in activities. Hutchison (2005, p. 145) provides a useful exercise, a "lifeline of interlocking trajectories" that can be drawn using different colors and highlight "major events and transitions at the appropriate ages." Life course activities could be a tool to include the residents' life stories in a way that is meaningful for the residents who are sharing and the children who are listening

and learning by relying on their past and present experiences to inform the children about their future. The explorative nature of this study opens a realm of possibilities and hypotheses to test, one of them being that it has the potential to battle ageism by rooting strategies in the sociology of aging. Moreover, the role of children cannot be underestimated. The benefits go both ways. Children bring joy, and the program allows contact with an age group not present in the institution. They have a quality and energy that they naturally provide. All three participants enjoyed their experience and would continue if the opportunity presented itself again. Residents and children can positively influence each other's life course while being on opposing sides of it.

Experience 4: Living and Aging at the Time of the Pandemic

The pandemic has made the completion of this research project uncertain. Multiple methodological obstacles questioned its feasibility and if it was worth the trouble. The present analysis would have been incomplete without including the ongoing unique socio-historical context the residents have traversed. At the time of the interviews, the CHSLD and RPA were under strict guidelines, as the residents' testimonies will describe. The intergenerational program was suspended. In turn, their end-of-life course and experience of living and aging at the Domaine was destabilized. It led to the Domaine's reconfiguration, a process that was not achieved overnight. The main purpose of the accommodations was to *maintain a normal life* indoors, *ensuring residents' safety* inside and from the outside, and *respecting the health instructions of the CIUSS* despite its contradictions. Successfully combining these three main objectives involved different strategies that earned the Domaine honorable mentions and the recognition and gratitude of the residents. Lastly, the fourth and last experience acts as an invitation. *An invitation to rethink and reimagine* CHLSD and RPA as a milieu de vie, collectively question our preconceptions about

aging, valorise employees, learn from our mistakes and take the risk of integrating innovating programs rather than accepting the status quo.

First, it was visible that participants were aware that the Domaine's management of the pandemic positively distinguished it from other CHSLD and RPA. While the media revealed the apparent lack of preparation to prevent and tackle COVID infections, they were lucky enough to have no outbreak during the first wave. Their approach also made them stand out as an institution of care. All three residents felt privileged, with Blanche qualifying the Domaine's reaction as "exceptional." Coordinators 2 and 3 agree that the first confinement went relatively smoothly while acknowledging that each resident went through their own process. For coordinator 2, the goal was clear from the get-go. There are the sanitary measures that need to be applied on one side and the efforts that must be mobilized to maximize as much as possible the quality of life of the residents on the other.

The approach promoted at the Domaine involved two main aspects. Residents needed to feel *safe, heard, and informed*. While closing the CHSLD to the rest of the world can be isolating, it also resulted in residents sensing there was an effort being made in making sure it remained a secure space and overtly thanking coordinator 2. Blanche and Claire mentioned that they were always kept in the loop rather than in the dark. They were informed of new directives, what services were still in place, and their questions were answered. Both residents stated that the administration did everything that could be done within the realm of possibilities. Including Lydia, their gratitude was explicit. The blame for shortcomings was stressed to be at no point directed towards the Domaine.

> Bin, dès qu'il y avait quelque chose qui pouvaient corriger si on leur en faisait part, ils le corrigeaient tout de suite dans la mesure qu'ils pouvaient le faire. Mais ils ont les deux mains liées eux autres aussi. (Blanche, Q1)

> Notre directeur, c'est un homme qui est jeune aussi pis il est ouvert. Très ouvert. Alors, il est ouvert à toutes les portes qui étaient possible d'ouvrir…C'est une personne qui est capable d'ouvrir sur les autres là. Alors, ça, ça aide dans une maison comme ici. (Claire; Q1)

The second aspect entailed to maintain a *certain level of normalcy*, which depended largely on *sociality*. While there were various limitations, which will be discussed next, the Domaine did what coordinator 2 called "jouer avec la zone grise." As mentioned in the discussion around the first experience, dining is a crucial part of the residents' day. Hence, it still allowed access to the dining room, but on a smaller scale. They applied the same logic to activities. Blanche participated in the "café-rencontre," limited to seven people. Staff regularly visited residents in their rooms. Skype was a technological tool they used. However, the visiting rooms were the most significant feature that was put into place and even led their corresponding CIUSS to see how they could replicate it. Families could physically see and speak with each other even if no direct contact was possible, which was reassuring, according to coordinator 3. Finally, while these measures were implemented to replicate a sense of normalcy, Claire stated that it is also normal under the circumstances not to enjoy all the previous liberties. It resulted in creating a new normal within the abnormal.

The previous section highlights the Domaine's proactivity. However, it remains that the pandemic inevitably brought its fair share of regulations. The pandemic involves the control of life indoors but also of the exterior to prevent the virus's entry into the building. The main question was: how to protect the residents from the exterior? This involved the *shutdown, limitation, and supervision of certain rights and services* of residents and their families and *explaining* the need for those measures. As it will be demonstrated, understanding and *accepting* the usefulness of these constraints has not been achieved in the same way for all residents depending on their lifestyle and cognitive and physical autonomy. Three main limitations have been identified and

their impact, followed by a small discussion over the suspension of the program. These limitations are diametrically opposed to the elements the residents mentioned as essential to their well-being in the second experience. Combining the second experience with this last one provides a more comprehensive portrait of how the pandemic disturbed their everyday lives.

First, coordinator 3 underlined the *limitation of movement* as considerably challenging for the residents and the staff. They had to deal with their disappointment and, in some cases, incomprehension for those measures. Her observations demonstrate that, in the end, this limitation was problematic for the people for whom going outside was part of their *routine*. Incomprehension went two ways, depending on whether the resident was cognitively challenged or was autonomous. It can be pretty destabilizing for the former to lose a habit they could do anytime on top of not understanding why. It was challenging for the latter to accept that they were included in those restrictions when they did not see themselves as part of the group needing restrictions *imposed* onto them. In addition, everyone was supervised. Claire mentioned that the one accessible door was monitored, and exits were limited. The approach was that very few people were allowed to come in, and the residents did not go out. Throughout this section, Blanche's testimony will show the hardship and anger it has caused her to be deprived of her liberties and her strong alertness to the injustices directed towards CHSLD and RPA as specific milieus.

> Quand on a eu l'autorisation de sortir sur les terrains, là il fallait que ça soit supervisé. « Pourquoi je peux pas aller sur mon trottoir? », « Pourquoi je peux pas aller là ». C'était *pourquoi*. (Coordinator 3; Q1; residents cognitively challenged; my emphasis)

> C'est plus que du confinement nous autres. C'est…C'est vraiment, ça ressemble plus à une prison. Prison doré là, mais…c'est une prison. […] Bin oui parce que on a tout ce qu'il nous faut, on est pas mal traité pis tout ça, mais on…on a *aucune liberté de mouvement*. Ça fait plus qu'un an que j'ai pas la clé pour ouvrir la porte pour sortir dehors. (Blanche; my emphasis)

Second, a measure that applied to the residences and the whole population was the *limitation of social contact*. As mentioned in the second experience, social life is crucial to the residents' quality of life and is an inclusive term that comprises co-residents, activities, families, and friends. Claire explained that a strict schedule was put into place to ensure that contact between employees and residents could be traced. The general rule was to limit staff rotation to only one attendant per twenty-four hours. While dramatic reduction of the residents' social circle was challenging, coordinator 3 explained that once control was established, it brought some respite because the Domaine was very aware that outsiders would have been the cause of an outbreak. Nonetheless, the impact that it has had on residents cannot be belittled. For Blanche, extreme measures were taken that went beyond protecting their well-being. Social contact is not contained; it is ceased.

> On a même pas…On a pu un endroit où il y a des fauteuils pour s'assoir pis se rencontrer. Ça tout été enlevé. […] Ah bin c'est plus de la distanciation là. C'est de l'isolement. Comme moi, je reste au premier. Bin je peux aller juste au premier. Je peux pas aller au deuxième. Si j'ai un ami au deuxième que je veux voir, je peux pas. (Blanche)

A whole sub-section was previously dedicated to the crucial role of families. The pandemic significantly impeded those meaningful relationships. In fact, coordinator 2 identified *families* as "le plus gros enjeu", also supported by coordinator 3. Even if strategies were put into place, they could not replace the physical aspect, confusing for cognitively challenged residents. Justifications did not stop at residents; families had to be explained why they could not visit. Both coordinators mentioned that this was not an easy task. At the end of the day, it was to make families understand that it was for the residents' protection and that they had to treat everyone equally, without exceptions. Later, I will discuss how families were also confused by the governmental announcements, which made the Domaine's job even harder.

> Les gens qui sont un peu en perte cognitive là, comprenaient pas là, comprenaient pas là. Là, c'était la crise…Vous savez, c'est pas tout le monde qui aurait été apte à être, de venir au parloir, mais les familles voulaient les voir. Des fois, ils créaient plus de problème qu'autre chose…C'était correct quand même. C'était…Les familles ont été sécurisées de voir leur monde, comment ils étaient pas en perte d'autonomie nécessairement là. (Coordinator 3; Q1)

The daycare took a preventive approach and ceased all activities before Canada imposed measures. Since the Domaine shares the same building as the daycare, anything that involved an exchange between the two institutions was stopped, such as preparing meals in the Domaine's kitchen. It recognized that they were potentially a threat. They kept a safe distance even outside. For coordinator 3, the program's suspension did not have an impact on the residents considering everything that was happening. What was unfortunate for the Domaine's coordinators is that a good basis had been built and did not get to reach its imminent full potential. None of the residents mentioned the suspension as a stressor.

CHSLD and RPA were considered milieus apart from the public. Consequently, certain measures were applied only to these institutions. The *management of these restrictive and unstable health rules* added an additional burden to the Domaine and the residents who found themselves suffering the consequences. All coordinators and Blanche qualified the government and the CIUSS's management as *overall incoherent*, which led to the confusion of staff, residents, and families. As explained by the Domaine's coordinators, the root of the problem was a clear lack of communication with the institutions of care. Consequently, it left them ill-prepared to put into place new directives. No heads-up, announcements made to the public before even confirming with the Domaine what the measures are and when they begin, and no interpretation of the said measures provided could lead to chaos:

> [C]'est fou, c'est le moment qu'ils ont dit là les CHSLD pouvaient recevoir les proches aidants et les familles. Ils ont pas dit c'était quoi les restrictions. Hey là, vous auriez vu les familles arrivées à la porte du CHSLD, pis les appels qu'on avait…Parce que je veux dire,

> on était très conscient, on surveillait ça là, je veux dire j'étais là, là. Faque les familles arrivaient…Aussitôt que c'était annoncé en point de presse. (Coordinator 3; Q3)

Coordinator 2 was, at times, astonished by what was asked of them, what they wanted to impose on the residents. The government was disconnected from the practical impact it had on them and the Domaine. Again, the line between protective and excessive measures is thin. For coordinator 1, it was plain abusive and hypocritical. Ironically, the residents needed to be protected from the downsides of these safety measures. She questioned if the price to pay was simply too high and even ethical. I discussed earlier how the imposition of measures on autonomous residents was particularly difficult, which was again confirmed. The residents had access to that information and the rights that the general public was slowly afforded, but unfortunately, the Domaine had to remind it did not apply to them. Blanche was outraged that the RPA was treated like a CHSLD and is submitted to the same unstable and senseless rules of the CIUSS.

The concluding section of the analysis indirectly asked all participants: what to do from here? I intentionally reserved this broad question for the end of the interview, when they would have reviewed the four experiences, hoping that it would bring out new reflections. In other words, I invited the participants to *reimagine and rethink* the future. How can we improve, why do activities matter, and should the intergenerational program pick up where it left? Fortunately, within the context of the pandemic, "on commence à parler des invisibles, des aînés […] qui ont tenu notre société pendant toutes ces années pis qui se retrouvent en CHSLD pis sont les oubliés." (Coordinator 1) Therefore, the future might not be as predictable.

Unsurprisingly, all coordinators and Blanche brought up the topic of *employees*. As discussed in the previous sections, the staff is crucial to the process of admission and transition, integration and daily living, and the elaboration and functioning of the program. They gravitate around all the residents' experiences and can promote or worsen their quality of end of life. It is,

therefore, extremely detrimental to institutions of care to undervalue their position. For Blanche, coordinators 1, and 3, they hope that actions will be taken to attract and reward them. This is essential to reduce staff rotation and increase retention. Not everyone can work in a CHSLD. It is not simply about hiring just anybody, "[il faut] garder le monde qui sont *bons* dans les milieux." (Coordinator 3; my emphasis) Blanche further criticized the government for centralizing these institutions' management rather than using a local approach.

Implicit in some of the participant's testimonies and very explicit for others, the *status quo needs to be shaken* on various levels that are interconnected. Bringing lasting change in one aspect depends on reorganizing the system. As a starting point, coordinator 1 sees the present context as an opportunity to review our *ethical duty* towards the elderly and question how accessible and inclusive the services offered now are. At the core of these reflections is the concept of "dignity." For coordinator 2, a double *paradigm shift* needs to occur. First, we need to completely reconceptualize what a milieu de vie is, which is currently deeply rooted in a medical view and prevents from going beyond a limited vision of care:

> [C]'est pas compliqué, ça marche pas présentement hen. On l'a vu avec la pandémie, ça marche pas. [...] On peux-tu penser différemment au lieu de toujours, la définition de la folie là, au lieu de toujours faire pareil. [...] Qu'on est juste des milieux de soin. C'est pas des milieux de soins, c'est des milieux de vie. Tout ça là, c'est le nerf de la guerre pour que ça aille mieux. (Coordinator 2)

Even using the term "patient" conveys a different meaning regarding the person's position, with its corresponding rights, within the institution versus a "resident." It draws an important line: "Un résident, on s'en vient chez eux. Un patient, bin tu dois lui donner des soins, il est chez vous." Second, this cannot be achieved without reconceptualizing "le maintien à domicile" as well. It goes hand in hand, revealing a key example of how the approach to care and services for the elderly is more extensive than simply a discussion surrounding CHSLDs and RPAs. He argued that it

should be the last option. Even with all the efforts invested in improving, it cannot rival remaining at home, and it is unrealistic to expect these institutions to accommodate the aging population. When asked about the changes she hoped for in the future, Claire provided instead a well-rounded answer on the multiple aspects that made the Domaine a good place, which confirms the need to expand our conceptualization of what a milieu de vie means beyond the medical. Like Claire and Blanche, some residents do not need medical support at all. Hence, it needs to concentrate on other areas:

> [C]'est un endroit ici où les personnes âgées sont *bien traitées*. Ok? Sont *entourées*. Ils peuvent avoir des *affinités* avec d'autres personnes. Ils vont être assimilés avec un groupe de personnes là, mais sont capables d'être *autonomes dans leur vie*. Jusqu'où, je sais pas, mais tout le temps qui vont être autonomes. (My emphasis)

Coherent with this inclusive approach to question the status quo is branching out our *vision of activity.* As discussed in the second experience, the residents' routine combines personal and social activities, activities being used broadly, the regular and the spontaneous. Central to this routine was the concept of freedom. Through participation, the residents also prevented the loss and reinforced their autonomy, which they highly valued. Similar explanations were used in this section, which validates that its significance cannot be ignored. Coordinator 1 questioned if care institutions allowed an "implication à la vie," the term implication echoing the facets of participation. Blanche reminded that activities stand for much more than punctual moments. They have a utility beyond leisure:

> [C]'est important pour les maintenir en forme autant mentalement que physiquement. Alors, qu'il y ait d'autre chose que du bingo pis euh...les...comme ici, ils ont organisé pour que les gens puissent jardiner à leur hauteur. Il y a des boîtes de jardinage où t'as pas besoin de te pencher, de te mettre à genoux par terre là.

Throughout the analysis, *adaptation* to the person's progression has been a recurring idea. However, coordinator 2 stressed how adapting group activities to each individual's progression

can be challenging. Therefore, personalization is prioritized. This constraint is always present. Experience 3 brought out the physical and cognitive limitations of the residents that must be considered when elaborating the program as well. Even new alternatives and ideas are confronted and need to accept the reality that is the aging process. However, considering the entire discussion, all participants encourage other CHSLD and RPA to try to integrate an intergenerational program, except Lydia, who found she did not have sufficient information about the process behind it.

In sum, to shake things, the testimonies reveal that there is a need to reform the multiple layers of the structure of care *ideologically* and *practically*. The constraints it has resulted in cannot be resolved one at a time as they are interrelated. Consequently, only when this is achieved can the opportunities to future and current residents, as well as the individuals benefiting from services at home, allow them to be, as Claire put it, "autonomes dans leur vie" as they assess the options available to them.

The fourth and last experience provided an inside look into an institution closed to the general public. Unless you had a close family member living in a care facility, and even then, no direct contact was possible for some time. The Domaine's approach to alleviate the downsides of the restrictions and protect its residents is coherent with the overall portrait drawn by the previous experiences. It stood out by maximizing their quality of life by making them feel heard, continually informed, and using strategies to help maintain their relationships despite the restrictions, especially with their families. However, they had to shut down some services and limit movement and social contact for a question of security. Unfortunately, some measures were deemed excessive, and their application was confusing, unstable, and disconnected from the field.

The COVID-19 pandemic is a historical moment that will likely have long-term repercussions on many social groups of all ages, which will qualify it under the life course

perspective as a "Great Event" (Silverstein and Giarrusso, 2011, p. 36). However, there is no need to look ahead to see its current consequences on the residents and their families. It is also an example of the "Micro-Meso-Macro Linkages in the Life Course" (Silverstein and Giarrusso, 2011, p. 35), with the government's health policy responses acting at the macro level and influencing the end of the life course of residents and quality of life in care institutions. As this section demonstrates, these policies can be especially damaging when enacted without the proper consultation and exchange with care facilities that implement them, observe their shortcomings, and manage them. However, the residents and coordinators recognized that they were lucky and privileged compared to other places. The Domaine did everything it could, which reminds us that all seniors' end of life courses were not impacted in the same way by the pandemic. Lastly, the solutions and recommendations provided by the participants traverse these three layers as well. Employment issues in this kind of institution, the ethics of aging, and the need to restructure care facilities and our "maintien à domicile" models are interrelated and, therefore, change implies mobilization on all levels. McDaniel and Bernard (2011, p. S2) argue:

> [A] life-course perspective for policy-makers is more realistic, more attuned to the reality experienced by social actors, and social actors accordingly recognize themselves in policies…[it] offers the possibility of making social actors, researchers, and policy-makers work more in tandem.

Who is better placed to share the reality of the end of life course, what it is to be admitted, transitioning, living, aging, and working in a care facility than the residents, their families, coordinators, and staff.

The concept of agency was discussed throughout the analysis and will conclude it. "Unequal opportunities give some members of society more personal power than others." (Hutchison, 2005, p. 148) Residents are not in the same position as other citizens, which they were reminded of. It does not matter that the Domaine is a milieu de vie that recognizes the residents' individuality and

tries to increase their opportunities. They kept listening to their concerns and continued to inform them despite the pandemic. It remains an institution, an institution that had to respond to the CIUSS and was monitored very closely during the pandemic compared to the rest of the population. It intruded in their home. "[A]vec la pandémie, ça l'a changé *totalement*" (Blanche, her emphasis). The previous sections showed that residents value their autonomy, social life and freedom, while the sanitary measures impede on these principles and do not offer alternatives. The Domaine regroups seniors with a spectrum of justifications, yet the measures do not make any distinctions that show a sensibility to the variety of needs of residents and their end-of-life course, which might show tints of ageism. The reality is that "chacun, par la suite, en fonction de son bagage de vie, le vit différement…C'est certain." (Coordinator 2) It was difficult for some autonomous residents to be treated differently than the rest of the population with the lifting of measures excluding them as well. It was destabilizing and stressful for cognitively challenged residents. Others' routine was not particularly affected. In all cases, the Domaine and residents hit a ceiling when it came to possible solutions. The four experiences combined remind that "[a]gency is a *bounded* phenomenon." (Hitlin and Long, 2009, p. 149, my emphasis) The residents' agency is bounded in the Domaine (experience 1 and 2), the program (experience 3), the pandemic, and governmental decisions (experience 4).

CONCLUSION

It started as a simple exploration of an intergenerational program in a care facility. However, these four experiences demonstrated that the residents' later life experiences are complex, embedded in multiple layers of structures simultaneously: the program, the Domaine, and a government battling a pandemic. We traveled from their admission to the transitioning process they go through, what they leave behind and what they might gain. Then, we immersed ourselves in their daily living, how they perceived their own aging process and the dual role that residents and the care facility play in promoting their quality of life. Implementing an intergenerational program is not easy, far from it. While the previous experiences involved only the residents, this one involved the children, coordinators, and staff's well-being and adherence to the initiative. The residents' end of life course is tangled with these relationships. It involves compromise and adaptation to the needs of multiple groups. Lastly, the participants demonstrated that it is also tangled with policies. I only included four experiences but exploring, understanding, and improving care facilities could and should include many more of them. Further research is needed to see if explicitly incorporating a life course framework to an intergenerational program would prevent some of the issues raised and, in turn, foster new activities.

Ultimately, I would argue that my main goal was attained. What it is to live and age in this kind of institution is not linear; it is a negotiation with oneself and others and an ongoing process because new opportunities never stop arising when institutions listen or try new initiatives, such as incorporating an intergenerational program. I invite the reader to participate to this discussion by questioning their own perceptions of aging because none of us are immune to these experiences. Like Lydia, our body might not allow us to stay in our former dwelling while still having plenty

of energy to spend. Like Blanche and Claire, our partners might need services, and, in turn, we might look to be accommodated in a way that does not erase ourselves and respects our autonomy. There is no one clear definition of aging properly, but at the root of their testimonies, we can find that key elements can improve their quality of end of life that I would argue are not specific to old age. Everyone needs a strong social circle who cares about our well-being, activities that reflect our interests, a home, and freedom. Therefore, it is not too much to ask that the same standards be applied in later life.

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