

# CONSTRUCTING A GERONTOLOGIST: INTERSECTIONS OF PERSONAL AND PROFESSIONAL EXPERIENCE

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*This narrative details the experiences which have helped cement the author's interest in working with elders. Her experiences with older people have been their own reward.*

My interest in gerontology has been influenced by several experiences I have had with older adults rather than by one particular relationship. My grandparents had all died before I was born. Any sense I have of who they were as individuals has been gleaned from stories told to me by my parents. I know that my father's parents were poor Jewish immigrants who met in New York City. My father was their only son and, in spite of the poverty they experienced, was a spoiled child, insisting on, and being given, toys and clothes that his parents could ill afford. My mother's father was well educated, having received a degree from Amherst College, but worked as a clerk in an office. My mother's mother worked at home taking care of my mother and her siblings. Although I never met my grandparents, they nevertheless have had an influence on my life and my interest in working with the elderly.

Both my parents were storytellers, and it didn't take much prodding to have them tell me about their parents. My grandparents were all good people: hardworking, kind, generous, and loving. They valued family and friendship and taking care of each other. Hearing about them from my parents gave me a sense of where I came from and, although I did not know it at the time, influenced my interest in working with elders. I felt great affection and admiration for my grandparents, and respected what they had each accomplished. These feelings were in part responsible for my desire to reach out to older adults and to be a part of their lives.

When I was eight years old, one of our neighbors was an older woman who lived alone. My friends and I were afraid of her, believing her to be a "witch." This woman is the first older person I can remember meeting, although through our church I believe my parents interacted with and introduced me to elderly people.

The older woman who lived in our neighborhood was, to me, an enigma. My parents admonished my sisters and me to never "take candy from a stranger." In spite of that and my fear of the old woman, I greedily took the cookies and milk she offered when I felt brave enough to ring her doorbell. She would invite me in and I would marvel at the clutter in her living room; magazines and pictures littered every surface and emitted a musty odor. Our new, pre-fabricated home was nothing like hers. I visited her as often as I could, but eventually my family moved to another town and although I didn't think of her often, I never forgot her. Memories of her kindness and need of company have stayed with me.

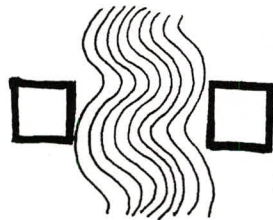
I remember visiting a friend of my maternal grandfather. The friend, Frank, was old, white haired, and stooped, and he had been blind from birth. He lived in an apartment with his wife and every object in their home had its own place. My mother cautioned me not to touch or move anything as he was quite adept at moving about and taking care of most of his needs independently, as long as he knew where things were. I was not to move a chair or an ottoman, nor touch anything in the bathroom. I was fascinated by how well organized their home was; with three young girls,





our home, while neat, did not have the same sense of order. I admired his ability to remember where everything was so that he wouldn't trip over furniture or grab a knife when he wanted a spoon. I was impressed by and liked Frank.

In tenth grade I wanted to be a physical therapist. Some friends and I worked with a young man who had cerebral palsy. His parents were hoping that he would be able to walk independently and were using the Doman Delacato technique. The exercises required five people to assist him, and his mother had come to our school to ask for volunteers to help. Once a week during the school year, my friends and I, along with his mother, would assist him in going through the patterning exercises. At the end of the year he walked, unassisted, to the front of the auditorium and thanked those of us who had worked with him for our help. In order to learn more about being a physical therapist, I volunteered that summer at the county nursing home. The Red Cross, which sponsored me, arranged for me to be placed in the physical therapy department and to have some time to speak with the therapist.



In the morning, I transported residents to and from their rooms for their physical therapy and served a snack while they waited for their treatment. After therapy, I assisted residents outside for picnics and helped the men in their game of bocce. I also assisted the activity staff with birthday parties, dancing for the residents and serving cake and ice-cream. The residents often wore their nightclothes, stained with spilled food, all day, and the men went

several days without a shave. As many of the residents were either incontinent or not taken to the bathroom when needed, the odor of urine was pervasive. In spite of these conditions I found myself enjoying being with the residents, especially when they told me about their families and past lives. I enjoyed the stories they would tell me, and I enjoyed listening to the women gossip about each other and the staff. I wondered about the conditions they were living in and was told that their families didn't have the money to pay for care at home. Although I ended up deciding against physical therapy as a career, I found that I enjoyed working with the elderly. I wondered what it would be like to work in a nursing home, and thought that I might like it.

The following year, my high school guidance counselor talked to me about a career in social work, and after exploring it further, I decided that was the right path for me. While a college student, I did not have the opportunity to work with the elderly, and after graduation found myself working in mental health in a state hospital.

Although I didn't work on a geriatric unit, I had several elderly patients on my caseload and found again that I enjoyed being with them. Most of the older patients were women, and the therapy aides did not seem to know how to interact with them. The aides spent most of their time with the younger patients, and I found myself, in an attempt to compensate for the lack of attention they received, being drawn to the older women. I was reminded of the old woman I had known in my childhood. The women seemed lonely and disconnected from society; few had any visitors and it was unlikely that they would ever leave the hospital. I was told they were "institutionalized," many having lived in the hospital most of their adult lives. I was angry that society had allowed this to happen – the women were no threat to anyone – but my attempt to speak on their behalf went unheard. One incident was especially unsettling as it seemed to ex-

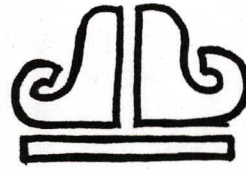


emplify the attitudes the staff had towards the older patients.

Grace was in her late 70s and had been a patient in the hospital for most of her adult life. In her attempt to make personal an impersonal system, Grace had claimed a favorite chair in the day room. She rarely left the building as she was considered too old to participate in the outdoor recreational activities. Her chair was by the window, and on warm days she could feel the breeze through the opening; when the sun was out it warmed her. The therapy aides decided to rearrange the furniture in the day room to make it more "homey," and it did look nice. They created various seating arrangements, and it was possible to imagine you were sitting in someone's living room rather than in a large, institutional day room. Unfortunately, in the rearrangement of the furniture, Grace's chair became part of one of the seating arrangements and was no longer by the window. Struggling with the heavy chair, Grace managed to move it to her favorite spot. Every time she did this, the staff would admonish her and move it back to its new place. Eventually the staff, weary of the effort, moved Grace's chair into the hall, which is where I discovered her. The hall was far from the window, and Grace had to be satisfied to sit in the hallway, like an errant school child being punished. I moved Grace's chair back to the window, but when I tried to speak with the staff about the situation, they were annoyed with my interference, unable or unwilling to understand the importance of that chair to an old woman who had little else in her life to call her own.

I continued to work with older people in my next job as a community-based case manager for adults with developmental disabilities. My interest in working with the elderly led me to be involved in discussions about program planning for clients upon retirement, apparently uncharted territory as no specific programs to meet this growing need existed. Older clients living in the community were

expected by state regulations to remain engaged in activity, but all that was available for them was work in a sheltered workshop. "Retirement" was not an option.



A move to another city required a job change, and I was offered a position as director of social work in a long-term care facility. I wasn't sure that I would stay long as I had enjoyed my previous work. I ended up staying almost ten years. I realized that it felt as if I'd come full circle, back to where I belonged. Relationships I developed with the residents cemented my interest in working with elders. Our facility had a program where staff could volunteer to be paired with a resident who did not have family who lived locally. We were allowed time each week to visit the resident. I signed up immediately and ended up visiting with a number of residents on a regular basis, some with, and some without, family close by. The time spent interacting with the residents, helping the activities department with parties and programs, and taking residents outside for a "walk" was the most pleasurable and rewarding of anything I did. I learned much from the residents, from how to enjoy life to how to face death. I shared the joys of welcoming a new grandchild and the sorrow of losing a loved one. As director of social work, I felt the satisfaction of having a positive influence on the quality of life the residents experienced through facilitating staff development programs aimed at informing staff about the psychosocial needs of the residents and initiating group work programs for residents and their families. Of all the work experiences I had, working with elders was

the most professionally and personally rewarding.

I eventually returned to school to study for a Ph.D. I focused my course work and my research on the elderly, with a specific interest in older women. A small research study I conducted while a student focused on how social work students decide on a field of practice. Exposure to older adults, either from personal experience or through field internships, seemed to influence student decision making. My dissertation was a phenomenological inquiry into physician-elder communication. Today, as a social work educator, my focus on and commitment to the elderly remains strong. I encourage students, through classes I teach and through advising, to consider a career in gerontology, and I am actively involved in services to the elderly in my community.

As my own parents grew older I gained a new appreciation for them and the encouragement, support, and guidance they always provided me. Experiences I had with my mother as she aged influenced my interest in issues faced by elderly women. I am grateful to all the older people who have allowed me to be a part of their lives; they have been generous and patient. In social work, as in many professions, working with the elderly tends to be the road not taken, but for me, choosing "the one less traveled by . . . has made all the difference" (Frost, 1920).

### References

- Frost, R. (1920). *The Road Not Taken*. Retrieved May 25, 2003. Bartleby.com, 1999, [www.bartleby.com/119/1.html](http://www.bartleby.com/119/1.html)