

Adapting Autoethnography to Explore Cultural and Generational Differences on Aging

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Abstract: In this article we analyze a series of in-depth interviews and conversations between two women, both social workers and gerontologists, that culminate in an oral history project which created a space for dialogue across generations. The narrator (Virginia), 99, reflects on the experiences that shaped how she cared for people with dementia. The interviewer (Natalie), 42, assumes a co-interpreter role as she documented what informed Virginia's relational, person-centered approach. Additionally, reactions and responses from a graduate student (Sajjad), 42, invited by Natalie to assist with data analysis, are shared utilizing an adapted autoethnographic approach. Together, we offer two culturally and generationally divergent perspectives on aging and care for older adults. This paper highlights how autoethnography facilitates the co-construction of a nuanced understanding of aging and offers a vehicle for scholars and practitioners to examine their assumptions about aging.

Keywords: life history, oral history, autoethnography, gerontology, reflexivity

Introduction/Background

Currently, more than 55 million people have dementia worldwide (World Health Organization, 2023), and in 2020, about 7 million Americans were living with dementia (Centers for Disease Control and Prevention [CDC], 2023). Dementia is “an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life” (Alzheimer's Association, 2023, para. 2). Alzheimer's disease accounts for about 60 to 80 percent of all dementia diagnoses, followed by vascular dementia (Alzheimer's Association, 2023; CDC, 2023); other types of dementia include Lewy Body dementia and frontotemporal dementia (CDC, 2023). As the size and proportion of the U.S. population 65 and older continue to grow, the number of Americans with Alzheimer's or other dementias will increase rapidly in the coming years. This oral history project with Virginia Bell (she/her) provided an opportunity to record and preserve the life and professional contribution of a social service trailblazer whose career was focused on supporting people living with dementia.

Virginia Marsh Bell (1922–2023) was a Kentucky native and graduate of the University of Kentucky College of Social Work (MSW '82) who developed an innovative model of dementia care known as the Best Friends approach (Bell & Troxel, 2012, 2016). The Best Friends model is a person-centered approach that suggests “what a person with dementia needs most of all is a friend” (Troxel & Bell, as cited in *Prestige Senior Living*, n.d., p. 3). This friend can be a (literal) friend, a relative, or a volunteer who shows empathy, recognizes the inherent value of the person with dementia, and knows their personal history (i.e., life story; Bell & Troxel, 2012, 2016). Virginia's story, which includes her childhood growing up in a rural community on a farm near Cynthiana, Kentucky, her parents' experience aging in a care facility, and her return to graduate school at age 60, is an important one to document. In 2020, I (Natalie), a faculty member at the University of Kentucky College of Social Work (UKY CoSW), began an oral

history project to document, preserve, and disseminate Virginia's story. In highlighting the valuable work of one of the College's most important alumnae, this oral history also provided an opportunity to humanize part of the legacy of the UKY CoSW. Through my series of long interviews with Virginia, I also wanted to learn about the history of how dementia care has been approached in the U.S. and Virginia's unique contribution via the Best Friends model.

Virginia and I met three separate times for formal, qualitative interviews. Two interviews occurred in person, before the start of the COVID-19 pandemic. These conversations took place at Virginia's home in Lexington, Kentucky, in February and early March 2020. Our third interview occurred over Zoom in early 2021 (January). The data collection interviews were digitally recorded and transcribed verbatim. Outside of these three interviews, Virginia and I had connected on several occasions, including lunch at her home and during university/department events. In addition to interview transcripts, data also included detailed field notes written after each interview to record initial impressions, observations, and musings about Virginia and her life story. Interview transcripts were read in their entirety and the Comments function in Microsoft Word was used to tag data (open coding); memo writing was also used to record decision making and develop ideas for analyzing and interpreting the interviews.

During the latter part of data analysis, I brought in a graduate student, Sajjad (he/him), to help with the project. Specifically, Sajjad helped in the final coding and analysis of the interview transcripts. As an early-career gerontologist and social work educator from Bangladesh, his memos and reflective notes in response to reading Virginia's transcripts provided the impetus for this paper, which utilizes an adapted autoethnography approach.

Autoethnography

Autoethnography has been defined as an "autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural" (Ellis & Bochner, 2003, p. 209). This method is flexible—able to be adapted to different research questions and in various contexts. The research focus of this paper is aging, broadly, but it also addresses biological (e.g., physical illness and decline), psychological (e.g., role changes, isolation), and sociocultural (e.g., caregiving, ageism) aspects of aging. We have used data gathered from interviews with Virginia, along with Sajjad's reflective memos, to offer two culturally and generationally divergent perspectives on aging and care for older adults.

In addition to being an adaptable approach that involves an autobiographical style of writing, autoethnography is also a qualitative research method long acknowledged for its emphasis on reflexivity. Bryant (2015) argues that research is more than products and objectives, but can also "be a process *of the becoming* [emphasis added] of individuals" (p. 2). For Sajjad, reading Virginia's interviews and reflecting on them (in writing) became a kind of dialogue with himself. Through reflective writing, researchers actively construct knowledge, engaging with both the research subject (in this case, Virginia) and themselves. In this paper, we highlight how autoethnography supports the co-construction of a nuanced understanding of aging but also has implications for researchers doing this work. In the narratives that follow, we demonstrate how

Sajjad's engagement with Virginia's oral history narratives forces him to examine his assumptions about aging. Rather than his beliefs remaining unquestioned, intentional reflection via autoethnography cultivated a "becoming" (Bryant, 2015, p. 2) whereby Sajjad was able to examine his views on late life, not just for older populations broadly, but for himself specifically.

Findings

The following sections are written narratives from Sajjad. His perspective has been combined with data (including verbatim quotes) from Virginia's interviews to help contextualize his responses to her story. Specifically, the sections below highlight cultural and generational differences in how Virginia and Sajjad think about aging and longevity, caring for older adults, and multigenerational families.

Aging and Longevity

When I first arrived in the U.S. to start my PhD program, I was 42 years old. Beginning a doctoral program in my 40s felt daunting and I have often questioned whether it was an appropriate time to pursue a PhD. People in Bangladesh typically retire from work around the age of 60 (Legislative and Parliamentary Affairs Division, 2018); the current life expectancy for people in my country is about 72 years old (Finance Division, 2023). At a certain point in life, things also just get more complicated. For me, I have a family back home in Bangladesh—a wife and two young children; coming to the U.S. for my PhD program means I am away from them. My insecurities about returning to school in my 40s were reinforced by comments from my peers at the university. Soon after arriving in the States, I was attending a get-together of Bangladeshi students. As I was introducing myself to others at the party, some of them asked me questions like, "Brother, how do you dare to do PhD at this age?" It was a frightening and at the same time embarrassing question. My simple answer was, "I don't know."

I honestly felt quite depressed starting my PhD at age 42. In many ways, I feel "old" and perceive that people's capacity to work hard diminishes with age. Given my mindset about starting school so late in life, Virginia's narrative about her return to graduate school at age 60 was quite compelling to me. In 1974, Virginia and her husband moved from Nashville to Lexington for her husband to assume the role of president at Lexington Theological Seminary. While in Tennessee, she had been involved in a lot of volunteer work through the church where her husband was a pastor. In Kentucky, Virginia had trouble finding her niche in the new community and this is one reason she decided to go back to school. "There was not the same kind of volunteer work [available] at the seminary. And that led to my thinking, 'This is the time for me to go back to school.'"

To be honest, I was shocked to read about this woman who received her master's at age 62. Virginia's story gave me a different outlook on my life and my return to university studies. Even in her 80s and 90s, she has been engaged in her community and continues to do meaningful work. Not only has she helped develop a novel approach to care for people with dementia, but

she's also written books and traveled around the world (all after age 60). Virginia speaks about it this way: "I brought my life experiences to the forefront ... old age is like standing on a bridge. You have a lot to look forward to the generations ahead of you, but you also have a long look back." Reading her story has shifted my thinking about pursuing my doctoral degree at this stage in my life. Even more, after learning that Virginia lived to be 100 and all her siblings have had similarly long lives, the first thing that came to my mind was: "I am still super young." Rather than viewing my age as a detriment, my age brings life experience that is meaningful to what I'm doing now. I remember sharing her story with two of my Bangladeshi friends and they were similarly impressed. While at times I still worry that I am too old to start a PhD program, I feel like hearing Virginia's story has shifted my mindset. I'm trying to recognize that I potentially have a long life ahead of me and can still accomplish many things before I die.

Multigenerational Families

Like the topic of aging and longevity, another aspect of Virginia's life story that struck me as I read her transcripts was her multigenerational family. At the time of her interviews, she had five living generations in her family. While I knew that life expectancy in the U.S. was higher than in most other countries of the world, I have never really known anyone who lived into their 90s, especially their late 90s. In Bangladesh, three generations are quite common in families, but four generations are much less so. And I'm not sure I have ever known anyone in my country who had five living generations in their family. People in Bangladesh consider themselves lucky if they can see their grandchild before death, so learning that Virginia's family experienced such longevity was quite surprising. When she talked with Natalie about her older sister becoming a great-great-grandmother, she joked about becoming one herself: "I have a great-grandson who's 23, so I said to his mother [and] his grandmother, I said, 'I could be a great, great grandmother.' [His mother] said, 'Don't push it.'"

In my own family, we don't even have three complete living generations. My paternal grandfather died five years before I was born, and my mom's parents died when I was a toddler. I have no memories of them. My paternal grandmother and I were able to develop a relationship, although she died while I was in college. My kids, ages four and ten, are having a similar experience. My father died before my children were born, but they do know their paternal grandmother (my mother), and their maternal grandparents (my wife's parents). In our culture, grandfathers specifically hold immense affection for grandsons. Bangladeshi grandfathers serve as babysitters, companions, guides, and teachers to their grandsons—often spending more time with a young boy than the father does. Throughout my childhood, I yearned for the presence of older relatives, my two grandfathers especially.

Virginia's narrative revealed not only tremendous longevity among her relatives, but also closeness among the extended family, despite generational differences and being geographically dispersed. For Virginia, staying engaged with her large family that includes lots of diversity had been "a learning experience." She said this about coming to learn new things from her extended family:

Life is just one big learning after another, and I've learned so much from our children, grandchildren and our great grandchildren. In fact, I wouldn't be doing what I'm doing now if it were not for our great grandson who set me up with my computer and helped me get started. So, life is just a whole lesson in evolving, I think.

Virginia described her family in this way: "multi-generational, multicultural, multiracial, we're different sexual orientations, we have vegans and vegetarians and Republicans and Democrats." One way that her family stays connected is through their yearly family reunions, often held at a state park to accommodate the many attendees. During COVID-19, these reunions moved to an online platform, and breakout rooms were used so the family could talk in smaller groups. About younger relatives' involvement in these family gatherings, Virginia said:

A lot of people say that they can't get [to] the young people anymore, but last year, all 15 of my great-grandchildren were there and they came from Laramie, Wyoming and Asheville, North Carolina, Tennessee, and Kentucky. It was just a joy for me to have all of them.

The reunions originated with Virginia when her parents moved into residential care. "I've been the one that's done most of it," she explained, "but ... it's never just me." In recent years, the younger generations in the family are also starting to assume planning of the yearly get-togethers. Virginia did acknowledge how much effort it takes to get such a large group together every year and said, "It's just amazing that they still [come]."

I found it amazing that such a huge family arranges reunions every year. Such family reunions are not common in Bangladesh. It is not like family members and relatives do not want to connect, but socio-economic constraints (i.e., poverty, transportation barriers) often prevent families from getting together at one time. However, on some occasions, family members and relatives get together. Usually, the deaths of older family members and weddings in the family bring family members and relatives together.

Caring for Older Adults

Although Bangladesh has been graduated from a least-developed country to a lower-middle-income country in 2014, the benefits of economic development have yet to reach all citizens (Rahman & Mujeri, 2018). Older adults in Bangladesh lack a reliable social security system, so adult children often provide full support for their aged parents (i.e., housing, financial support, and social and emotional care). This is especially true in lower-income families where adult children typically live with their aging parents. If parents become ill, children often go to great lengths to ensure they receive quality care, sometimes even selling land or their own homes.

My impression of long-term care in the U.S. is that many older adults do not receive care in their homes from friends and family. Despite this assumption, the reality is that most older Americans who have disabilities and care needs live in the community, rather than in institutional care. These older adults' long-term care needs are often provided by unpaid family and friends

(Administration for Community Living & Administration on Aging, 2020; Fabius et al., 2021). Given Virginia's eventual focus on improving care for older adults with dementia, the topic of her own parents' long-term care needs was something that came up during her interviews with Natalie. About her parents' experience aging in a rural community, Virginia said this:

[My parents] were out in the country and ... we had a hard time finding help because anybody in the community that we could find to come in and help, they were aging themselves. And nobody in Cynthiana wanted to [travel] eight miles out into the country.

Although they were eventually able to find a paid caregiver, Virginia's mother and father initially had to live in separate homes. Her mother was more open to moving to a care facility, but according to Virginia, "[A paid caregiver] stayed with my father because daddy so wanted to stay. He was a man of the land ... he adored the land." She and her five sisters "lived away" and their brother, who resided close by, provided help "until he had enough" with being a caregiver while simultaneously raising his own five children. When care plans needed to be adjusted, the children talked with her father, who said, "Do what you need to do, and I'll try to make the best of it." Virginia's mother and father, who died at age 95 and 92 respectively, lived the end of their lives in residential care.

When reading Virginia's interviews, her description of navigating care needs for her parents resonated with me, both as an adult child and as someone who will (hopefully) live a long life and may one day have long-term care needs. At this time, I cannot even think of leaving my aging parents alone in their home, nor can I imagine that my children might not care for me when I grow old. In Bangladesh, filial responsibility (Afroze, 2022; Park et al., 2022) is a cultural value; most people believe that just as parents take care of their children during their (children's) childhood, children likewise are to take care of their parents in their (parents') later life. As mentioned earlier, adult children sometimes sell their only land, even their homes, to pay for their parents' treatment. In Bangladesh, leaving parents alone in later life is rare. In my own family, I am one of eight children. I used to live in the city with my wife and kids due to our (mine and my wife's) jobs. When in my home country, I would want to have my mother live with me. However, my mom prefers living in her village home to residing in an urban area. There were times when I would bring my mom into my home, and she stayed with us temporarily. Even now, while I am studying in the U.S., my mother often visits and stays with my wife and kids. All my sisters are married and have moved to their husbands' places. Of the four sons of my parents, two live in the city, and another two (including me) live abroad. None of my siblings live in the village home with my mother. My younger brother, who works in Singapore, married suddenly, allowing his wife to tend to our mother. Now, his wife lives in our village home in Bangladesh with my mother; my brother tries to visit regularly. As often as possible, my siblings and I go to our village home to spend time with our mother. Additionally, we all contribute financially to our mother's living expenses (as we are able).

I was so surprised to learn that, although Virginia has more than 100 living family members (including great-grandchildren), she lives alone. She is visited often by her children, grandchildren, and great-grandchildren, but since 2017, when her husband died, she has resided

by herself. Again, I was raised in a society where this kind of situation is uncommon. While not every child can take care of their parents in later life, there is almost always *someone* who can step in and assist them (e.g., aunts, cousins). It is puzzling to me that older adults are left to live alone in later life, especially in such a wealthy and developed country like the U.S.

Conclusion

Autoethnographic writing has the power to help us question our dominant frames of thinking. Self-awareness has been connected to being a culturally responsive practitioner (Feize & Gonzalez, 2018; Yan & Wong, 2005), as well as engaging in ethical practice (Council on Social Work Education, 2008; Pieterse et al., 2013; Pompeo & Levitt, 2014) and research (Kim, 2016; Merriam & Tisdell, 2016). As professional helpers, we must acknowledge our biases and subjectivities. Everyone has “warm ... and cool spots, the emergence of positive and negative feelings ... experiences [we want] more of or want to avoid” (Peshkin, 1988, p. 18). Our subjectivities are consistent with us, “like a garment that cannot be removed” (Peshkin, 1988, p. 18)—present in the professional and personal aspects of our lives. Sajjad’s reflective memos, written in response to reading Virginia’s interviews, revealed some of the sedimented ways of thinking about what aging looked like for older adults living in the U.S. This paper responds to the appeal within gerontological and aging studies communities for more reflexivity in our scholarship (Pruchno, 2017; Ray, 2008) and illustrates how autoethnographic writing provides a way to meaningfully attend to one’s subjectivity and encourage scholars to have a more humble, curious posture towards their research subjects. Whether it be in the form of memos (Birks et al., 2008), field notes (Finlay, 2002; Thompson, 2014), notes on an index card (Peshkin, 1988), voice memos, or jottings on the back of an envelope, reflective writing is crucial to intentionally recognize our positionality.

We need to acknowledge that Sajjad’s narrative represents his singular perspective, informed by his family of origin, his personal experiences, his socioeconomic background, etc. His description of life in South Asia, and Bangladesh specifically, may not be the same for everyone. And yet, “experience can be a way to know and can inform how we know what we know” (hooks, 1994, p. 90). Reading on a particular subject (e.g., aging in the U.S.) is different from firsthand experience with or even vicarious learning on the subject. Experiential learning is a bridge that connects knowing *about* something to knowing *how to do* or *apply* this knowledge (Morris, 2020). Helping students integrate a conceptual understanding and practical application is a central function of education. Oral histories have been used as a pedagogical tool for experiential learning with future helpers (e.g., social workers, counselors). Educators have utilized oral history assignments to develop practice skills and competencies in undergraduate (Ames & Diepstra, 2006; Diepstra & Ames, 2006; Gammonley et al., 2014; Maschi et al., 2012; Masciadrelli, 2014) and graduate students (Bial et al., 2012). Oral histories can be a supplement in practice classes, providing an opportunity for students to apply skills and knowledge gained in the classroom. For example, Masciadrelli (2014) used an oral history assignment to teach basic interviewing and engagement skills. In addition to technical skills, educators have made use of oral histories to promote students’ self-awareness (Ames & Diepstra, 2006) and teach foundational content on human behavior and the social environment (Diepstra & Ames, 2006).

Janesick (2020) speaks of interviewing as a creative act; she maintains that creativity is “about discovery” (p. 460). Qualitative interviewing is a tool we can use to gain an in-depth understanding of a person’s life or an experience they’ve had. The process of interviewing—or close reading of interview transcripts—creates an opportunity to not only explore a person’s life or aspects of the life, but “provides a vehicle for us to better understand ourselves as researchers [and people]” (Janesick, 2020, p. 460).

Autoethnography is one approach to co-construct a nuanced understanding of aging as we have done here by fusing the individual experiences of Virginia and Sajjad. Engaging with personal narratives, either by conducting oral history interviews or reading and reflecting on interview text, offers one approach to experiential learning and supporting praxis in social work classrooms. Intentional reflection using autoethnography illustrates a dialogical process whereby both the researcher/practitioner and participant/client are affected and changed.

Authors’ Note

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References

Administration for Community Living & Administration on Aging. (2020). *Where can you receive care?* LongTermCare.gov. <https://acl.gov/ltc/basic-needs/where-can-you-receive-care>

Afroze, J. (2022). To be respectable, to be good—aspirations of young people in the context of everyday precariousness in Bangladesh. *Ethnography and Education*, 17(3), 241–258. <https://doi.org/10.1080/17457823.2022.2062573>

Alzheimer’s Association. (2023). *What is dementia?* <https://www.alz.org/alzheimers-dementia/what-is-dementia>

Ames, N., & Diepstra, S. A. (2006). Using intergenerational oral history service-learning projects to teach human behavior concepts: A qualitative analysis. *Educational Gerontology*, 32(9), 721–735. <https://doi.org/10.1080/03601270600835447>

Bell, V., & Troxel, D. (2012). *A dignified life: The Best Friends™ approach to Alzheimer’s care: A guide for care partners*. Health Communications Press.

Bell, V., & Troxel, D. (2016). *The Best Friends™ approach to dementia care* (2nd ed.). Health Professions Press.

Bial, M. C., Gutheil, I. A., Hanson, M., & White-Ryan, L. (2012). Using personal narratives for curriculum development about substance abuse and older adults. *Journal of Teaching in Social Work*, 32(1), 121–131. <https://doi.org/10.1080/08841233.2012.642759>

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: Probing data and processes. *Journal of Research in Nursing*, 13(1), 68–75. <https://doi.org/10.1177/1744987107081254>

Bryant, L. (2015). Introduction: Taking up the call for critical and creative methods in social work research. In L. Bryant (Ed.), *Critical and creative research methodologies in social work* (pp. 1–23). Routledge.

Centers for Disease Control and Prevention. (2023, June 29). *About dementia*. <https://www.cdc.gov/aging/alzheimers-disease-dementia/about-dementia.html>

Council on Social Work Education. (2008). *Educational policy and accreditation standards*. <https://www.wcsu.edu/sw/wp-content/uploads/sites/124/2016/11/Appendix-A-EPAS-Standards-2008.pdf>

Diepstra, S. A., & Ames, N. (2006). Intergenerational and diverse oral history: Pedagogical connections and outcomes for BSW HBSE courses. *Journal of Baccalaureate Social Work*, 11(2), 115–125. <https://doi.org/https://doi.org/10.18084/1084-7219.11.2.115>

Ellis, C., & Bochner, A. P. (2003). Autoethnography, personal narrative, reflexivity. In N. K. Denzin & Y. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 199–258). Sage.

Fabius, C. D., Wolff, J. L., Willink, A., Skehan, M. E., Mulcahy, J., & Kasper, J. (2021, October 27). *Community-based long-term services and supports: Are the needs of older adults and their caregivers being met?* Commonwealth Fund. <https://doi.org/10.26099/b4c0-n470>

Feize, L., & Gonzalez, J. (2018). A model of cultural competency in social work as seen through the lens of self-awareness. *Social Work Education*, 37(4), 472–489. <https://doi.org/10.1080/02615479.2017.1423049>

Finance Division. (2023). *Bangladesh economic review 2022*. Ministry of Finance, Government of the People’s Republic of Bangladesh. https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fabb_29c1_423a_9d37_cdb500260002/7.%20socio-Economic%20Indicators%20%28English%29%20%281%29.pdf

Finlay, L. (2002). “Outing” the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12(4), 531–545. <https://doi.org/10.1177/104973202129120052>

Gammonley, D., Mann, M., Fleishman, D., Duran, L., Lawrence, S., & Abel, E. (2014). Oral histories and service learning to promote geriatric competence, comfort, and career interest. *Journal of Baccalaureate Social Work, 19*(1), S-3–S-21.

<https://doi.org/https://doi.org/10.18084/basw.19.1.fr25849k3tr20676>

hooks, b. (1994). *Teaching to transgress: Education as the practice of freedom*. Routledge.

Janesick, V. J. (2020). Oral history interviewing with purpose and critical awareness. In P. Leavy (Ed.), *The Oxford handbook of qualitative research* (2nd ed., pp. 457–479). Oxford Academic. <https://doi.org/10.1093/oxfordhb/9780190847388.013.23>

Kim, J. (2016). *Understanding narrative inquiry*. Sage.

Legislative and Parliamentary Affairs Division. (2018). *Sorkari chakri ain, 2018* [Government service law, 2018]. Government of the People's Republic of Bangladesh.

<http://bdlaws.minlaw.gov.bd/act-1271.html>

Maschi, T., Kwak, J., Ko, E., & Morrissey, M. B. (2012). Forget me not: Dementia in prison. *The Gerontologist, 52*(4), 441–451. <https://doi.org/10.1093/geront/gnr131>

Masciadrelli, B. P. (2014). “I learned that the aging population isn’t that much different from me”: The final outcomes of a Gero-Ed BEL Project. *Journal of Gerontological Social Work, 57*(1), 24–36. <https://doi.org/10.1080/01634372.2013.854855>

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed.). Josey-Bass.

Morris, T. H. (2020). Experiential learning: A systematic review and revision of Kolb’s model. *Interactive Learning Environments, 28*(8), 1064–1077.

<https://doi.org/10.1080/10494820.2019.1570279>

Park, J. Y., Pardosi, J. F., Islam, M. S., Respati, T., Chowdury, K., & Seale, H. (2022). What does family involvement in care provision look like across hospital settings in Bangladesh, Indonesia, and South Korea? *BMC Health Services Research, 22*, Article 922.

<https://doi.org/10.1186/s12913-022-08278-7>

Peshkin, A. (1988). In search of subjectivity – one’s own. *Educational Researcher, 17*(7), 17–21. <https://doi.org/10.3102/0013189X017007017>

Pieterse, A. L., Lee, M., Ritmeester, A., & Collins, N. M. (2013). Towards a model of self-awareness development for counselling and psychotherapy training. *Counselling Psychology Quarterly, 26*(2), 190–207. <https://doi.org/10.1080/09515070.2013.793451>

Pompeo, A. M., & Levitt, D. H. (2014). A path of counselor self-awareness. *Counseling & Values*, 59(1), 80–94. <https://doi.org/10.1002/j.2161-007X.2014.00043.x>

Prestige Senior Living. (n.d.). *When is it time for memory care?*
https://uploads.prestigecare.com/2021/12/17225422/AL_MemoryCare_ResourceGuide-1.pdf

Pruchno, R. (2017). Aging: It's personal. *The Gerontologist*, 57(1), 26–31.
<https://doi.org/10.1093/geront/gnw182>

Rahman, S. S., & Mujeri, M. K. (2018). Development partnerships in middle income countries (MICs) in transition: A case study of Bangladesh. *Canadian Journal of Development Studies/Revue canadienne d'études du développement*, 39(2), 289–309.
<https://doi.org/10.1080/02255189.2017.1409617>

Ray, R. E. (2008). Coming of age in critical gerontology. *Journal of Aging Studies*, 22(2), 97–100. <https://doi.org/10.1016/j.jaging.2007.12.001>

Thompson, J. A. (2014). On writing notes in the field: Interrogating positionality, emotion, participation, and ethics. *McGill Journal of Education/Revue des sciences de l'éducation de McGill*, 49(1), 247–254. <https://doi.org/10.7202/1025781ar>

World Health Organization. (2023, March 15). *Dementia*. <https://www.who.int/news-room/fact-sheets/detail/dementia>

Yan, M. C., & Wong, Y. L. R. (2005). Rethinking self-awareness in cultural competence: Toward a dialogic self in cross-cultural social work. *Families in Society: The Journal of Contemporary Social Services*, 86(2), 181–188. <https://doi.org/10.1606/1044-3894.2453>

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