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## The Role of the Salon Experience as a Form of Meaningful Engagement in the Lives of Persons Living with Dementia in Assisted Living

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The Role of the Salon Experience as a Form of Meaningful Engagement  
in the Lives of Persons Living with Dementia in Assisted Living

by

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Under the Direction of Candace Kemp, PhD

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

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## ABSTRACT

An overlooked and little-understood potential site for meaningful engagement among assisted living residents with dementia is the salon. This thesis addresses this knowledge gap by 1) examining salon experiences in relation to resident appearance, self-identity, and engagement opportunities; 2) identifying processes and factors related to salon experiences; and 3) viewing salon experiences and their meaning through the lens of embodied selfhood. Qualitative interview and fieldnote data from the study, “Meaningful Engagement and Quality of Life in Persons Living with Dementia in Assisted Living” were analyzed, guided by grounded theory method and informed by the sensitizing concepts of embodiment, self-narrative, and social identity. Several processes were identified comprising the salon experience that, collectively, provided engagement in a form of embodied selfhood meaningful to residents with dementia, and as such, helped residents maintain their personhood and sense of self. Findings point to the importance of care partner facilitation of resident salon experiences.

INDEX WORDS: Dementia, Assisted living salon, Appearance, Engagement, Embodiment, Personhood

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2023

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May 2023

## **DEDICATION**

This study is dedicated to unsung heroes: to those who live with dementia, and to their care partners and advocates who work ceaselessly to provide quality care and quality of life. It is also dedicated to my family and friends for their unwavering support, and to the faculty and students of the Gerontology Institute of Georgia State University who make this world a better place.

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## LIST OF ABBREVIATIONS

AL	Assisted living
PLWD	Persons living with dementia

## 1 INTRODUCTION

A large and growing number of people live with dementia in the United States. In 2022, an estimated 6.5 million (11%) of adults aged 65 years and older live with dementia and this number is expected to grow to 7.2 million by 2025 and 13.8 million by 2060 (Alzheimer's Association, 2022; Rajan et al., 2021). The increase in population living with dementia has led to a rise in the number of residents living in assisted living communities. More than 800,000 residents live in 28,900 U.S. assisted living communities, with almost half (42%) having a dementia diagnosis and an additional 18% having undiagnosed cognitive impairment (U.S. Department of Health and Human Services, 2019).

For older adults, quality of life and a sense of meaning in life is associated with quality interactions and satisfaction with informal social support (Anderson et al., 2010). But for those in assisted living communities, quality interactions are not consistently available, especially for those with dementia (Sandhu et al., 2013). Routine interactions with assisted living care staff occur more frequently than other types of engagement, but routine interactions are consistently overlooked as opportunities for quality engagement (Wood et al., 2009).

An ongoing study, "Meaningful Engagement and Quality of Life among Assisted Living Residents with Dementia" [ME Study] suggests that a successful approach to meaningful engagement is to view all encounters with residents as opportunities for meaningful engagement (Kemp et al., 2021). Using this approach, a significant amount of meaningful engagement may be found in routine care partner interactions with residents.

Though not often thought of as care partners, salon stylists – both hair stylists and manicurists - who are contracted to work in assisted living salons fall into the category of care partner, as they provide “body work”, the “work that focuses directly on the bodies of others: assessing, handling, treating, manipulating, and monitoring bodies” (Twigg et al., 2011, p.171). Their primary focus is on the physical care and health of residents, but because of their long-standing relationships and regularly scheduled interactions, they also provide a secondary form of care: informal social support in the form of emotional and informational support (Anderson et al., 2010; Ward et al., 2016a).

In addition to the informal social support provided by stylists, salons, in general, have a communal nature: fellow patrons also offer informal social support in the form of personal attention, friendship, comfort, and visibility that is often absent in society and even among family members (Furman, 1997, p. 47). Clients are treated with a sense of belonging and affirmation, unlike the impersonal way in which society treats older people, especially older women, where they are often invisible and hence irrelevant (Furman, 1997, p. 30).

Services provided in the salon, namely hairstyling and nail care, are important components of assisted living care. A visit to the salon affects personal appearance and quality of life in positive ways yet the value of the salon visit, and contribution of the stylist are often overlooked and receive little recognition from care providers (Ward et al., 2016a). Salon care is a form of care that is often “only visible in its absence” (Twigg, 2000; Ward et al., 2016a, p. 1297).

Little is known about standards of good practice or of the benefits and outcomes for residents receiving salon care in assisted living (Ward & Campbell, 2013). In the context of persons living with dementia in assisted living, research has only recently begun to explore the

importance of appearance, its management, and how it impacts relationships and opportunities for engagement (Ward et al., 2016a).

The goal of the proposed study is to fill this knowledge gap with better understanding of the role of the salon experience as a form of meaningful engagement in the lives of persons living with dementia in assisted living. Preliminary analysis of ME Study data finds that the salon experience is a social, emotional, and physical process that is not exclusively about services received in the salon or about the salon visit itself, but rather extends beyond the salon and plays an important role in the lives of residents living with dementia by providing engagement in a form of embodied selfhood that is meaningful to them.

Beginning with the assumption that the maintenance of appearance can be as meaningful and integral to a person's identity as appearance itself for persons living with dementia, the study's three aims are to:

- 1) Examine the salon experiences of assisted living residents with dementia, especially in relation to their appearance, identity and engagement opportunities;
- 2) Identify processes and factors related to the salon experience and meaningful engagement; and
- 3) Understand through the lens of embodied selfhood the salon experience and its meaning to persons living with dementia.

The proposed study will use an ethnographic approach to understand embodiment, self-narrative and social identity processes of persons living with dementia in relation to their salon experiences. Data for the study comes from Wave 1 of the ME Study and includes qualitative interview data from salon stylists, family members and persons living with dementia, as well as participant observation surrounding residents' salon experiences, documented in fieldnotes. Data

analysis will examine the importance of resident appearance and its management, including how salon experiences contribute to quality of life and opportunities for engagement for persons living with dementia in assisted living.

The results of the study will have important practice implications for the assisted living industry related to salon services, resident care, resident engagement and quality of life of residents living with dementia.

## 2 LITERATURE REVIEW

### 2.1 Importance of Resident Appearance

The aging body receives an enormous amount of medical study but has not been the focus of traditional gerontology. Though the body is “both formed and given meaning within culture” (Twigg, 2004, p. 60), little is known about the meaning of appearance to older adults experiencing illness or frailty, or how their appearance is managed (Twigg, 2004; Ward et al., 2016a). In assisted living, resident bodies are both a symbol of quality of care and the objective of the care (Ward et al., 2008). Personal appearance and social order are valued more than other individual needs of residents, with residents usually given a prescribed appearance – a look of ‘smartness’ and conformity – by the clothing, makeup and hairstyles chosen for them by their care partners (Ward et al., 2008). Care partners create what Lee-Treweek terms the ‘lounge-standard resident’ (Lee-Treweek, 1997, p. 53), using standardized traditional forms of femininity and masculinity (Lee-Treweek, 1997; Ward & Campbell, 2013).

Families value resident appearance also. They use it as an indicator of quality of care and of resident comfort and contentment, as well as a gauge of resident well-being. For example, when a previously well-groomed resident is seen with unwashed, unstyled hair, they are judged to be ‘a completely different person’ (Ward et al., 2008, p. 641). Residents are noticed if they have nonconforming appearance or lack grooming or a hairstyle. For older females in particular, “the older body is both invisible – in that it is no longer seen – and hyper-visible – in that it is all that is seen” (Woodward, 1999, p. xvi).

Culturally, older adults negotiate conflicting social norms and expectations of appearance. They are expected to maintain it - failure to do so indicates incapacity or incompetency and may cause them to be treated differently. Yet efforts to maintain it are often

seen as frivolous or vain (Heinrichsmeier, 2019; Ward et al., 2014). Occupation with appearance varies from person to person, but most older adults continue to spend time with their appearance (Heinrichsmeier, 2019). Pride in appearance is a positive form of self-identity and a result of a lifetime of attention to it (Furman, 1997, p. 63). And for women, including those in assisted living, the quest for beauty is a key aspect of their feminine gender role and identity (Clarke, 2001; Kontos, 2006). Age-related changes in appearance contribute to older women's self-esteem, but the contributions aren't necessarily negative. Research suggests that though appearance is an important issue for many of them, they have mixed attitudes about their bodies, and attitudes about beauty vary by race, class, ethnicity, and sexual orientation (Clarke, 2001).

Hairstyle is an important element of physical appearance and self-image – it is also one of the few traits assisted living residents can still do something about. During a period of their lives when most have experienced much loss, whether it is physical decline, loss of friends or relatives, or loss of control, a visit to the salon offers a measure of choice and control (Furman, 1997, p. 110). Appearance can serve as an important outlet for self-expression, especially when a person loses their ability to speak, but little is known of its importance to persons living in dementia care (Ward & Campbell, 2013; Ward et al., 2016a).

Haircare is not the only service offered in assisted living salons. In some cases, nail technicians also provide manicures and pedicures. Manicures and pedicures are considered by some to be an indulgence, but for many older adults with arthritic hands or difficulty reaching their toes, they are a necessity. Health, hygiene, and a “neat” appearance are maintained through regular visits to the salon for nail care. In addition to the health benefits of salon nail care, many residents receive pleasure from the process of receiving their manicure or pedicure and find joy in having painted nails as an expression of their femininity (Furman, 1997, p. 67).

When institutions focus on appearance as a sign of quality care for residents living with dementia, there is a risk that resident identity and individual appearance will be forfeited or erased (Lee-Treweek, 1997; Ward & Campbell, 2013). That risk is somewhat offset by families' desire for continuity of appearance – for the resident to look as he or she always has looked. Sometimes differences and tensions related to resident appearance and identity exist between care partners and family; and care factors can further complicate matters (Ward et al., 2008; Ward & Campbell, 2013). Care partners often find themselves in difficult situations with residents, of negotiating appearance-related care practices, such as bathing and dressing, while also trying to meet expectations of residents' families and assisted living standards (Ward & Campbell, 2013).

## **2.2 The Role of the Salon and Stylist**

A visit to the salon is beneficial not only for appearance but for mental health. To look good is to feel good, or at least better (Furman, 1997, p. 109). The salon visit has the potential to provide multiple benefits: restoration of appearance and a more positive self-narrative, social interaction with the stylist and other residents, and multi-sensory pleasure in the receiving of care (Ward et al., 2016a). The salon is a unique social space in an assisted living community. Its social etiquette involves everyone present – the stylist, the person in the chair, and persons waiting their turn - in a steady round of affirmation and personal compliments for one another. The compliments are often prompted by the stylist: “What do you think? Doesn't she look lovely?” The stylist also maintains an upbeat, positive atmosphere in the salon by her tone of voice and ability to steer conversation to safe topics and stories with comforting and happy memories. Self-esteem of residents is boosted by the acknowledgment, compliments and

individual attention given by the stylist and other residents (Ward et al., 2016a). Its environment of companionship and support is therapeutic and helps to relieve depression (Furbish, p. 35).

The type of care provided by assisted living stylists and their approach to the body gives them a different care partner-resident dynamic than that of other care partners (Ward et al., 2016b). Stylists claim to have a closer personal relationship than other care staff with residents (Ward et al., 2016a). Though many residents crave social engagement, the focus of care staff is on the efficient provision of care. Care partners have little time and opportunity to build better relationships with persons in their care, even if they would like to do so; and if care partners spend prolonged periods of time with residents, they are often perceived by others as taking a break from work (Ward et al., 2008). Unlike the back-and-forth dialogue of stylist and resident, other care partners engage with residents using ‘care-speak’, a style and pattern of speech that uses a series of directives mixed with encouragement. Care-speak requires minimal speech, usually does not seek input from residents and only rarely requires it, so interactions between care partners and residents offer little opportunity for residents to contribute to the conversation or talk about non-task topics (Ward et al., 2008).

The time spent by a resident in the salon and the familiar rhythm of the salon provide a relaxing experience in which the resident rarely needs to be coerced or persuaded to receive care; the visit is ‘time with’ the stylist, where thought, reflection and storytelling happen. This is opposed to the rushed and busy ways of other forms of care and care partners (Ward et al., 2016b). The primary services provided by the stylist are washing, cutting, and styling hair, but their activities also provide social benefits (Ward et al., 2016a). Stylists offer a kind ear to residents, listening to their personal stories and responding in such a way that their relationship becomes much more than that of employee and client. They serve as confidantes to residents,

providing a forum where residents often express concerns about their physical health and problems related to their families. By offering a sympathetic ear and encouragement, as well as sharing their own stories and advice, stylists provide an important secondary service to residents: that of emotional and informational social support (Anderson et al., 2010).

Despite the care role they play and their long-standing relationships with many residents, stylists are not considered to be part of the resident care team by assisted living providers. Unlike other care staff, they are rarely included in staff training opportunities, receive little information about new residents, and do not have access to resident care files (Ward et al., 2016b).

### **2.3 Physical Components of the Salon and Multi-Sensory Pleasure**

For older adults who are in their final years and experiencing physical and cognitive decline, caregiving focuses primarily on physical challenges, such as continence, mobility and ADL needs, and is less focused on morale and well-being (Twigg, 2004). The day-to-day routines and provision of ADL result in a constant focus on residents' bodies and the tasks related to keeping them clean and healthy. Even with the highest quality of care, by its nature, personal care such as bathing and toileting can leave residents feeling embarrassed, humiliated, or anxious, and take away their dignity (Twigg, 2004).

In the salon, however, the focus on the body and the 'body work' activities of the care partner – the stylist - provide pleasure and pampering (Twigg, 2011; Ward et al., 2016b). Much of the salon experience is sensory. It includes the scent of shampoo, the sound of scissors snipping or razor buzzing, and the hum of hair dryers. Various levels of touch are felt– a gentle touch guides the body, a firm touch positions the body and holds it in place; warm water soaks skin and hair; scalp is gently massaged and hair brushed and styled. Visits to the salon over a life course ingrain these sensations and the feelings that come with them until the sensations and

feelings of the salon experience become embodied memory and knowledge (Ward & Campbell, 2013).

Salons and barbershops are gendered spaces. Typically, the salon is a distinctly feminized environment and as such, holds meaning for older women (Ward et al., 2016b); barbershops hold this same form of meaning for older men as distinctly masculinized environments. Both have a communal nature and an atmosphere of social leveling and friendly social interaction (Furman, 1997, p. 18). Physical elements of the space contribute to this atmosphere and in different ways to the stylist's ability to engage residents: the wall mirror allows the stylist to engage with the person in the chair, but also to view other residents in the room and interact with them eye-to-eye, even if they are behind the stylist; in the styling chair, the resident becomes the center of attention – where their complaining, reminiscing, and story-telling is heard and where they receive personal affirmation; in salons, the dryer dome 'holds' a resident, allowing the stylist to multi-task and work with other residents - the warmth and hum of the dryer drowns out salon conversation and creates a 'cocooning effect,' relaxing the resident, often to the point of falling asleep; at the sink, the resident is required to bend forward or lean back and allow water and suds to stream over their face – this is the only risky part of the salon experience (Ward et al., 2016a).

For residents living with dementia, the salon itself, regardless of any activity occurring inside it, provides a sense of place; the furniture and equipment provide material and spatial clues to residents, allowing them to 'place' themselves. They recognize the salon chair and the hairdryer domes and automatically know what is expected of them. Their familiarity with the space results in a sense of comfort and ease with the stylist, and without prompts or cues the resident will sit down and participate in the rituals of having their hair washed, cut and styled (Ward et al., 2016a).

## 2.4 The Salon as Embodied Experience

For many people, the salon has been the place throughout their lives where they discuss and reflect on their appearance (Ward & Campbell, 2013). Just like the physical attributes of a salon, ‘salon chat’ makes a salon a salon (Ward et al., 2016a). But conversation between stylist and resident is more than chat. Residents visit the salon regularly, often weekly, and over time, stylists hear their repeated stories. By virtue of their longevity as confidantes, stylists have knowledge of residents’ ‘storied selves’ and can offer forgotten details or prompt residents to tell favorite stories about themselves. In doing so, they play an important supportive role in enabling interaction - helping residents remember, keeping conversation going, and giving residents a social presence in the salon. Their role is similar to that of family members, especially of spouses, as residents’ dementia progresses and cognitive abilities decline; this role is less common among other types of care partners (Anderson et al., 2010; Ward et al., 2016a). The relationship between hairstylists and residents points to the role of hairstylists as a valuable resource for informal social support for residents (Anderson et al., 2010).

Salon patrons also routinely offer and receive various forms of social support from one another: practical assistance, expressions of admiration and respect, and affirmation. Affirmation is given in “the agreement or acknowledgment of the appropriateness of some act or statement of another” (Kahn, 1980, as cited in Furman, 1997, p. 41). Communication is how people maintain relationships, and interpersonal relationships are vital to wellbeing and personhood. Residents who have lost the ability to communicate through speech often lose the opportunity to talk about themselves or engage in social interaction, but they are still able to participate in conversation or respond appropriately to questions (Anderson et al., 2010; Ward et al., 2008). Regular visits to

the salon result in shared feelings of self-worth and social connectedness among salon patrons (Furman, 1997, p41).

The social support of stylists and other salon patrons exemplifies care that, over a lifetime of salon visits, becomes embodied in residents. As Furman (1997, p. 36) notes, “Attention is the best emotional fruit that older people experience.” The kind words, gentle touch, personal affirmation, and most importantly, personal attention, of stylists and fellow patrons are physical demonstrations of care - actions - that collectively, cumulatively, provide embodied care (Furman, 1997, p. 36).

Visiting the salon also has cultural meaning and importance that is embodied. Most older women visit the salon because their mothers, sisters, aunts, co-workers and friends did. They visit because that’s what they’ve done their entire adult life. Going to the salon is a part of their life – like going to the grocery store (Furman, 1997, p. 47-48). Ordinary appearance-related practices and habits, such as pausing to apply lipstick before entering a room, are ongoing expressions of a person’s cultural and biographical identity – their embodied selfhood. For women who have visited the salon their entire adult life, visiting the salon is a practice of embodied selfhood (Kontos, 2006; Ward & Campbell, 2013).

Women experience pleasure and joy from the processes of maintaining and enhancing their appearance. The simple act of putting on earrings “evokes joyful playfulness in using the body for ornamental display” (Furman, 1997, p. 63). Women try out different styles and engage in practices of self-expression as much for their own pleasure as for the sake of others’ admiration or acceptance. Their aesthetic care for their appearance is a form of care for their body (Furman, 1997, p. 63). Appearance is commonly considered as the fixed, end-result of salon care, but a resident’s visit to the salon, at the sensory level and the embodied level is an

ongoing expression of their identity and embodied selfhood. When considering appearance through this lens, maintenance of appearance can be understood as being just as integral to a person's identity as appearance itself for persons living with dementia (Ward & Campbell, 2013).

People experience an ageless sense of self throughout their life course, and, even with age-related changes to their bodies and diminishing health (Kaufman, 1986), they find meaning in being themselves in old age – their enduring self. Sometimes an individual's unique self is hidden by the body or by the identity that they present socially. This different sense of inner self and outer physical self is described by an older assisted living resident as, "I'm me inside. And I've always been me... Doesn't matter what the outside looks like or crazy actions I might have on the outside. That isn't really me – that's me inside" (Clarke, 2001, p. 448). There is an underlying connection between one's mental perspective – self - and one's perceived physical attractiveness – body. When one feels attractive on the inside, one projects attractiveness and looks attractive on the outside to others (Clarke, 2001). "Without a consistent sense of self, an individual will lack direction and the ability to act" (Clarke, 2001, p. 442). In the salon, residents receive formal care to maintain or improve their appearance – their body – but the salon experience also contributes to a positive sense of self.

## **2.5 Guiding Conceptual and Sensitizing Frameworks**

This research is centered on processes of embodiment, narrative and social identity among persons living with dementia. The literature reviewed above suggests that the salon plays an important role in the lives of persons living with dementia because, in addition to providing opportunities for meaningful engagement, the salon experience and process of maintenance of appearance allow individuals to engage in a form of embodied selfhood that is very meaningful

to them. Kontos' (2003) perspective of embodiment offers as a sensitizing concept for this research. Her work challenges the presumed loss of personhood in persons living with dementia and the Western representation of personhood that splits mind from body and attributes greater meaning and personhood to cognition and memory. Kontos' perspective is a theoretical framework that "captures the existential immediacy of the body as well as its interrelationship with culture and history" (Kontos, 2003; Kontos, 2004, p. 196).

Embodied selfhood refers to a person's possession of bodily internalized meanings that enable the person to respond without thinking -coherently and systematically - to a familiar task or environment. It is a non-cognitive form of consciousness that resides in an area of the brain deeper than cognitive thought and exists even for those with severe cognitive impairment (Kontos, 2006). Kontos suggests that selfhood is embodied by the sociocultural ways of a person's life – by their cumulative exposure to social situations and environments - and argues that past sociocultural experience is not stored in the body just as cognitive memory, but also as muscle memory and as a functioning matrix of perceptions and actions.

Additional sensitizing frameworks for this study come from a larger primary study, "Meaningful Engagement and Quality of Life for Persons Living with Dementia In Assisted Living" [ME Project]. The ME Project is a grounded theory study guided by the Convoys of Care model (Kemp et al., 2013) which theorizes intersections of formal and informal care using:

Social ecological perspective (Moos, 1979) "assumes individuals cannot be divorced from their environments and surrounding contexts, including others around them and must be studied together". Understanding of an individual's experience of their environment uses the individual's perspective and their context within their environment; context occurs at "multiple,

intersecting levels of social life (e.g. society, community, organizational, networks and relationships, and individual)” (Kemp et al., 2013).

Symbolic interactionist perspective (Blumer, 1969, Finch, 1989, Finch & Mason, 1993, see also Strauss et al., 1963) “emphasizes meaning, interpretation, and lived experience. Negotiation is a key feature of social, organizational and family life, and caregiving, and requires a longer view. Individuals negotiate their “own course of action” yet, outcomes are not open-ended and often “tightly constrained” (Finch & Mason, 1993, p.60). Care negotiations are an outcome of the interplay between structure and agency. Certain situations are socially acceptable reasons for not upholding what normally would be perceived as a family responsibility and often vary by gender. Social identities and positions are at stake in negotiations; issues of power and control are intertwined with negotiation and the balance of dependence and interdependence” (Finch & Mason, 1993, p.58; see also Kemp et al., 2013).

## **2.6 Summary and Research Aims**

In the context of persons living with dementia in assisted living, research has only recently begun to explore the importance of how appearance and its management impact relationships and opportunities for engagement (Ward et al., 2016a). Research has not been directly informed by persons living with dementia about the meaning they find in their appearance and has largely ignored the experiences associated with the maintenance of appearance and the meaning of those experiences to persons living with dementia (Ward & Campbell, 2013). The overall goal of this study is to better understand the role of the salon experience, including the role stylists play, in the meaningful engagement and quality of life of persons living with dementia in assisted living. Beginning with the assumption that the maintenance of appearance can be as meaningful and integral to a person’s identity as

appearance itself for persons living with dementia, the specific aims of the study are to: (a) examine the salon experiences of assisted living residents with dementia, especially in relation to their appearance and identity and meaningful engagement, (b) identify the processes and factors related to the salon experience and meaningful engagement, and (c) understand through the lens of embodied selfhood the assisted living salon experience and its meaning to persons living with dementia.

### 3 RESEARCH METHODS

Data for this study come from the “Meaningful Engagement and Quality of Life among Assisted Living Residents with Dementia,” (ME Study) which is funded by the National Institute on Aging at the National Institutes of Health (R01AG062310 to C.L. Kemp). This five-year qualitative study involves researchers from Georgia State and Emory Universities in Atlanta, Georgia. Institutional Review Board approval derives from Advarra (Pro00029867).

#### 3.1 Primary Study: Research Aims, Design, and Methods

The overall aim of the primary study is “to identify best care practices aimed at recognizing, creating, and maintaining optimal meaningful engagement opportunities for persons with dementia that enhance their quality of life.” The specific aims are to: a) learn what constitutes meaningful engagement in the lives of assisted living residents with dementia, including how it is perceived and negotiated by care partners, b) understand the intersecting factors that promote and constrain meaningful engagement opportunities and experiences in the lives of persons with dementia in AL, and c) determine strategies that promote meaningful engagement opportunities and experiences for persons living with dementia.

To date, the team has completed a single one-year wave of data collection that took place between 2019 and 2020. Data were collected by an interdisciplinary team of trained researchers in four diverse assisted living communities. The communities vary by characteristics likely to influence resident engagement, including size, location, ownership, fees, and availability of a memory care unit. Table 3.1 (Kemp, 2021, p. 1752) describes select study home characteristics of the ME Study.

*Table 3.1 Study Home Characteristics (ME Study)*

2019-2020	Rosie's Place	The Gardens	Holly House	Parkview Manor
Resident Capacity	6	36	52	100+
Ownership	Private	Corporate	Private	Corporate
Location	Urban	Large suburb	Small town	Large suburb
Memory Care Unit	No	All Memory	Yes	Yes
Monthly Fees (US)	\$1,850 - \$3,000	\$5,050 - \$6,175	\$2,850 - \$4,850	\$3,500 - \$6,800

Note. From *Meaningful engagement among assisted living residents with dementia: Successful approaches*, C. L. Kemp et al., 2021, *Journal of Applied Gerontology*, p. 1752.

Table 3.2 describes data collection activities by study home. As shown, data collection included 114 in-depth semi-structured interviews with residents (where possible) and their family members, assisted living administrators and staff, external care and non-care workers as well as volunteers and local community members. Researchers selected and followed 33 residents over the one-year period and documented engagement patterns in their care communities. To this end, researchers engaged in participant observation documented in detailed fieldnotes of 501 visits. For descriptive purposes, the team conducted resident record review, administered the Montreal Cognitive Assessment (Nasreddine et al., 2005) where possible, and assessed care needs using the Barthel Index (Collin et al., 1988; Mahoney & Barthel, 1965; Wade & Collin, 1988).

*Table 3.2 ME Study Data Collection Activities by Study Home*

Activity	Rosie's Place	The Gardens	Holly House	Parkview Manor	Totals
Resident Interviews	4	2	6	3	15
AL Staff Interviews	13	3	17	15	48
Informal Care Partner Interviews	9	6	11	9	35
External Care Partner Interviews	1	0	6	5	12
Volunteer Interviews	2	0	2	0	4
Interview Totals	29	11	42	32	114
Field Visits	51	182	106	162	501
Field Observation Hours	145	602	297	516	1560

Prior to site entry, written consent was obtained from owners/administrators. Consent for individual participants involved written consent, proxy consent for residents unable to consent, and routine assent procedures with each encounter. For purposes of anonymity, pseudonyms are used for individuals and communities in the primary study and the research on salon experiences.

Table 3.3 (Ciofi et al., 2022, p. 202; Kemp et al., 2021, p. 1753) offers select participant characteristics of residents, informal care partners and formal care partners.

Table 3.3 Select Participant Characteristics by Participant Type

Participant characteristic	Residents N=33	Informal Care Partners N=40	Formal Care Partners N=60
Mean age, years (SD)	86 (7)	65 (13)	47 (14)
Gender	n (%)	n (%)	n (%)
Female	28 (85)	25 (63)	56 (93)
Male	4 (12)	15 (38)	4 (7)
Transgender	1 (3)	-	-
Race, n (%)			
Asian or Asian American	-	1 (3)	1 (2)
Black or African American	7 (21)	7 (18)	38 (63)
Mixed or multiple races	-	-	2 (3)
White or European American	26 (79)	32 (80)	16 (27)
Other	-	-	2 (3)
Refused	-	-	1 (2)
Marital Status, n (%)			
Married	6 (18)	34 (85)	26 (43)
Widowed	21 (64)	2 (5)	2 (5)
Divorced/separated	4 (12)	2 (5)	7 (12)
Never married	2 (6)	1 (3)	19 (32)
Cohabiting or other	-	1 (3)	2 (3)
Refused	-	-	3 (5)
Education, n (%)			
Less than high school	1 (3)	-	1 (2)
High school diploma	10 (30)	2 (5)	11 (18)
Some college	8 (24)	9 (23)	16 (27)
College	9 (27)	12 (30)	19 (32)
Postgraduate	4 (12)	17 (43)	12 (20)
Unknown or refused	1 (3)	-	1 (2)
<b>Care needs and health conditions</b>	<b>Range</b>	<b>M (SD)</b>	
Barthel index	0-20	11 (7.4)	
MoCA	1-19	10 (4.7)	
Dementia Diagnosis	n (%)		
Alzheimer's disease	11 (33)		
Lewy body	1 (3)		
Vascular	2 (6)		
Unspecified	19 (58)		
Co-Morbidities	1-6	2.61 (1.1)	
Mobility	n (%)	-	
Uses a walker	16 (48)	-	
Uses a wheelchair	15 (45)	-	

\*Five formal care partners refused age questions.

\*Total possible scores for the Barthel Index range from 0-20, with a lower score indicating more assistance needed in performing activities of daily living.

\*Montreal Cognitive Assessment. Total possible scores for the MoCA range from 0-30. Score interpretation is as follows: severe cognitive impairment, <10; moderate cognitive impairment, 10-17; mild cognitive impairment, 18-25. Figures are based on the 14 residents who were able to complete the assessment.

\*Two residents passed away before chart abstraction process and are excluded from the Care needs and health conditions table.

**Note.** From *Meaningful engagement among assisted living residents with dementia: Successful approaches*, C. L. Kemp et al., 2021, *Journal of Applied Gerontology*, p. 1753.

**Note.** From *Assisted living residents with dementia: Being out in the world and negotiating connections*, J. M. Ciofi et al., 2022, *The Gerontologist*, p. 202.

The qualitative database including interview transcripts and fieldnotes are stored and managed using the analytic computer program NVivo12 (QSR International). Researchers developed a codebook based on the ME Study aims and research questions, the literature, and the data. NVivo 12 facilitates coding whereby researchers label or apply codes to data according to topics, themes, and concepts that can be organized and sorted. This basic housekeeping coding forms the first step in achieving focused analytic coding, including analysis on residents' salon experiences. Additional details of the primary study methods and analysis, including data collection and coding, can be found elsewhere (see Ciofi et al., 2022; Kemp et al., 2021).

### **3.2 The Salon Study Research Settings**

The Salon Study will analyze data collected in the four study communities. Each community had unique characteristics related to residents' salon experiences.

Salon and stylist characteristics are important contextual factors and varied widely by study home. An obvious factor is the availability of salon services: one study home had no salon. Of the other three homes with salons, salon factors varied by physical attributes of the salon (dedicated or improvised space, equipment, size, days/hours open), and stylist characteristics (corporate employee or individual contractor, longevity at study home, training, experience, relationship with clients, scheduling and billing methods, and more). Table 3.4 shows Salon and Stylist Characteristics by Study Home.

*Table 3.4 Salon & Stylist Characteristics by Study Home*

Salon & Stylist Characteristics	Rosie's Place	The Gardens	Holly House	Parkview Manor
Salon Characteristics	No on-site salon.	On-site salon. TG contracts with PS Salons.	On-site salon. Salon available to residents' longtime stylists. Salon available to non-resident clientele.	On-site salon. PV contracts with 1 hairstylist and 1 manicurist.
Appointment Scheduling/pmt method		PS Salons handles resident billing; uses traditional billing as well as a payment system where accounts can be loaded and salon services 'gifted'. Manicurist is responsible for scheduling, billing and A/R for manicures – bills and receipts are mailed to family caregivers	Men only are scheduled during "Barber Shop" hours.	PV handles scheduling, billing, A/R, and pays stylist and manicurist. Stylist and manicurist receive % of revenue.
Stylist Characteristics		Stylists (2) are PS Salons employees; PS stylists receive online dementia training and liability avoidance training and are encouraged to sit in on any training offered at any of the assisted living communities	Stylist and stylist assistant work 2x per week at HH; stylist works at a different salon on other days; stylist assistant is ICP for HH resident.	Hair stylist works 2x per week at PV; works at different salon other days. Manicurist works 1x per week at PV; other days works at 3 other salons
Stylist-resident relationship/ longevity	Off-premises stylists and manicurists. Stylists vary who provide quarterly services.	Manicurist Longevity: several years at TG	Stylist Longevity: several years at HH; Men receive salon services less frequently – about 1x per month;	Stylist Longevity: 6 years at PV; Stylist makes 'house calls' to resident rooms if they're unable to visit the salon
Salon Availability	Salon services provided quarterly in improvised space.	Hair and nail care: every other Thurs; Podiatrist also uses salon space	Hair: Wednesdays; Non-AL stylists and clientele allowed to use salon	Hair: Tuesdays and Thursdays Nails: Wednesdays

### 3.3 Creating the Salon Experiences Database

The Salon Study began with the creation of the ‘Salon Experiences’ database through the identification and review of data relevant to residents’ salon experiences across all four communities described above (see below). The ME Study involved select interview data that will provide insights into residents’ experiences with the salon and their appearance. Observation data captured in detailed field notes likewise includes observations in the salon of residents receiving services, and observations in other areas of the study homes that are relevant, pre- and post- salon experiences, moods, and behavior of residents. Although one community, Rosie’s Place, did not have a salon on its premises, data pertaining to resident appearance and self-identity are included in the study.

Creating the “Salon Experiences” database in NVivo involved a two-step process. First, qualitative ME Study data, including interviews and fieldnotes, were queried on codes pertaining to residents’ salon experiences, including their appearance, from the ME Study codebook. Next, ME Study data were queried using NVivo’s “text search” function to search the words: “hair” and “nails,” and “salon.” Results of the code and text queries were combined, with duplicate results eliminated. Table 3.5 provides information on the database and rationale for the inclusion of specific code and word searches.

*Table 3.5 Rationale for Inclusion of Query Codes*

Parent Code	Child Code	Inclusion Rationale
LOCATION	Salon	Used for data references to engagement that take place in the beauty shop/salon/spa or similar place.
RESIDENT CHANGES /TRANSITIONS	Appearance	Used for data references to changes in a resident’s physical appearance.
RESIDENT FACTORS	Self-identity	Used for data references to things that are important to a resident’s identity and self-hood.
TYPE OF ACTIVITY	Self-care	Used for data references to care activities that residents do for themselves.

Table 3.6 provides a summary of the number of references and number of fieldnotes/interviews for each query type. The query types with the greatest number of references were the text search on “hair” and the query on code RESIDENT FACTORS/Self-identity. The text search on “hair” yielded 1198 coding references in 307 different sources (i.e. fieldnotes and interviews); query on RESIDENT FACTORS/Self-identity yielded 1751 references in 378 sources. This is a significant volume of data, especially considering that the ME Study has a total of 615 fieldnote and interview sources to date.

*Table 3.6 Query Results - Summary of References*

Query	# Interviews & Fieldnotes	# References
Code LOC/SALON	51	128
Code RES Changes/Appearance	201	367
Code RES Factors/SelfIdentity	378	1751
Code Type of Activity/Self-Care	130	311
Text search “hair”	307	1198
Text search “nails”	90	156
Text search “salon”	71	281

References of queried words or codes do not necessarily constitute data relevant to resident appearance, resident self-identity, salon experience, or engagement related to salon experiences. Therefore, in conjunction with the line-by-line coding, it will be necessary to review queries to determine if data are relevant and therefore should be included in the database. The following interview passage from a resident’s daughter constitutes relevant data:

She talks about going to get her hair done and perms and stuff like that. Then she calls her hairdresser Teresa, which is so funny cause we don’t know where that name even came from when her name is Janet... I said, “I don’t know who Teresa is, mom.” “The hairdresser.”

The occurrence is relevant to the resident’s salon experience, including her appearance and self-identity, and therefore was included in the database and in analysis charts. In contrast, the following occurrence of the word “hair” was not be included in the database as it is irrelevant to resident appearance or self-identity or their salon experience, “Lucille is always touching Walter’s hair.”

Table 3.7 The Sample Salon Experiences Data Analysis Chart provides examples of data included in the Salon Experiences database.

*Table 3.7 Sample Salon Experiences Data Analysis Chart*

Study Home/ Identifier	Source	Salon Experience	Importance of Experience
Coded title of fieldnote /interview	Care partner interview	“She’s got to make sure her hair is right, she’s got on her makeup and is fully dressed before she comes out there to the dining room.”	Self-awareness, self-identity, appearance important to resident
	Salon stylist interview	“He’ll tell you. We’ll say, ‘What blade is it, Uncle Jimmy?’ ‘A number two blade.’ He still knows what blade to use on his hair.”	Embodied barbershop experience, self-identity
	Care partner interview	“She’s one of those where she knows all the residents’ names. She knows their spouses’ names, like if they have a wife or something like that. She’s very involved... Of course, she does their hair on Wednesdays. She likes that. And she treats them like there’s nothing wrong. She’ll come and have a conversation with them. They love her.	Longstanding, loving resident-stylist relationship; social engagement outside of salon
	Researcher observation in assisted living salon	Nancy washed her hair in the first sink and tried to visit with her. She made small talk while Elsie mostly smiled or slept during time at the salon. She was very comfortable and appeared to enjoy the entire process – from washing to having her hair set and dried. She slept the entire time under the dryer.	Resident enjoyed physical and social experience of salon
	Researcher observation in assisted living salon	Earlier in the morning she had been sleepy and perhaps a bit grumpy with a scowl on her face, but now she was visibly at ease, smiling, chewing her gum, and watching and listening to the salon conversation.	Resident in better mood in the salon, enjoying social engagement, at ease

### 3.4 Analyzing Salon Experiences Data

The salon experience database was analyzed using the three-step coding process associated with Corbin and Strauss’ (2015) grounded theory method. First, data was reviewed through initial open coding where the data was read line-by-line and assessed and coded for its meaning and importance in understanding residents’ salon experience.

Literature review and preliminary data coding indicated the salon experience is a multi-dimensional process that may include anticipation, social and physical engagement, “real salon”/external setting perception, and change in appearance, mood or behavior. Based on the literature review and preliminary data coding, resident salon experiences fell into five general types of importance. Data was coded using one or more of these Importance types: physical pleasure, social engagement, mood/behavior change, self-identity/appearance, and related engagement. Additionally, a sixth code was used to indicate evidence of resident embodied experience. See Table 3.8, Importance Type Codes. As coding progressed, it became apparent that these codes were exhaustive; they sufficiently captured data with no new codes needed.

*Table 3.8 Importance Type Codes*

Importance Type Code	Description of Importance of Experience
PHYS	Physical experience of the salon
SOC	Social engagement in the salon
MOOD	Mood/behavior change resulting from salon experience
SELF	Importance of self-identity/appearance to resident
REL	Related engagement resulting from salon experience
EMB	Embodied Experience *evidenced by resident behavior

Data also was reviewed to identify processes and factors relevant to resident salon experiences and the level at which they occurred. Preliminary coding of data showed processes and factors occurring at four distinct levels: community level, salon level, resident level and care partner level. Table 3.9 describes many of the processes and factors found to be relevant to salon experience and the levels in which they occurred. Data was coded to reflect the level(s) at which factors relevant to the salon experience occurred.

*Table 3.9 Factors and Factor Levels Relevant to Salon Experience*

Resident-Level Factors (RES)	Care Partner-Level Factors (CP)	Stylist-Level Factors (STY)	Salon and Community-Level Factors (COM)
Cognitive function, Self-awareness, Self-identity, Self-care ability, ADL agreeableness, Verbal/nonverbal, Mobility, Frailty, Financial resources, Race/ethnicity, Social Class, Sociocultural life experiences, Gender/Gender Identity, Level of salon care required (men less frequent; some bald), Resident preferences	ICP attitude toward resident appearance, Care worker attitude toward resident appearance, ICP attitude toward salon experience, Care worker attitude toward salon experience, IADL support (appt scheduling, transportation to external salon, etc.) ICP provision of ADL (hair washing, shaving, grooming, etc.), Care worker provision of ADL (hair washing, shaving, grooming, etc.) Financial resources	Stylist traits (friendliness, professionalism, race/ethnicity, communication skills) Longevity at salon, Longevity/familiarity w/ resident history, preferences, family, etc., Relationship with resident, Dementia knowledge /training, Knowledge of hair care/styles for older adults, Passion for working with older adults and those with dementia, Ability to meet resident preference (i.e. perms, braids)	Salon on premises, Availability and accessibility of salon, Physical properties of salon (dedicated space, mirrors, salon chair, dryer domes, etc), Appt scheduling methods, Payment methods, Stylist contract (individual or corporate), Nail care availability (in salon and out of salon), Training availability for stylist, Resident information availability to stylist, Inclusion of stylist as assisted living care partner/staff (included in meetings, communication, etc.)

Next, during axial coding, the goal was to link these codes to one another and categories of importance and assigning context, including factors that influenced and created similarities and differences in residents' salon experiences, including outcomes. Data was entered into analysis charts (see Table 3.10) in order to facilitate those coding activities.

*Table 3.10 Sample Salon Data Analysis - Axial Coding Chart*

<b>Study Home/Identifier</b>	<b>Source</b>	<b>Salon Experience</b>	<b>Importance of Experience</b>	<b>Importance Code</b>	<b>Relevant Factor Level</b>
Coded title of fieldnote /interview	Care partner interview	She's got to make sure her hair is right, she's got on her makeup and is fully dressed before she comes out there to the dining room.	Self-awareness, self-identity, appearance important to resident	SELF, EMB	RES, CP
	Salon stylist interview	He'll tell you, we'll say, 'What blade is it, Uncle Jimmy?' 'A number two blade.' He still knows what blade to use on his hair.	Embodied barbershop experience, self-identity	SELF, EMB	RES
	Care partner interview	She's one of those where she knows all the residents' names. She knows their spouses' names, like if they have a wife or something like that. She's very involved... Of course, she does their hair on Wednesdays. She likes that. And she treats them like there's nothing wrong. She'll come and have a conversation with them. They love her.	Longstanding, loving resident-stylist relationship; social engagement outside of salon	SOC, REL	STY
	Researcher observations in assisted living salon	Nancy washed her hair in the first sink and tried to visit with her. She made small talk while Elsie mostly smiled or slept during time at the salon. She was very comfortable and appeared to enjoy the entire process – from washing to having her hair set and dried. She slept the entire time under the dryer.	Resident enjoyed physical and social experience of salon	PHYS, SOC	RES, STY, COM
	Researcher observation in assisted living salon	Earlier in the morning she had been sleepy and perhaps a bit grumpy with a scowl on her face, but now she was visibly at ease, smiling, chewing her gum, and watching and listening to the salon conversation.	Resident in better mood in the salon, enjoying social engagement, at ease	MOOD, SOC	RES, COM

Selective coding, the final analytic stage, involved the integration of findings across residents and care communities that generated theory telling the overarching story of residents' salon experiences, including similarities and differences, and the role these experiences played in meaningful engagement and quality of life for persons living with dementia.

#### **4 FINDINGS: RESIDENT APPEARANCE, SELF-IDENTITY, AND PROCESSES OF THE SALON EXPERIENCE**

The collected data includes a wide spectrum of resident experiences and salon characteristics. Self-identities, life course experiences and dementia experiences varied from resident to resident; salon characteristics varied among study communities; and attitudes toward and enablement of resident salon experiences varied from care partner to care partner. But analysis of the data found many commonalities in residents' salon experiences and in the factors that influenced their salon experiences. The findings are presented in two chapters:

Chapter 4 summarizes and analyzes the data addressing the first research aim: to examine salon experiences in relation to resident appearance, self-identity and engagement opportunities. Data are presented that demonstrate the importance of appearance and self-identity to residents and their care partners. Then, data are presented that describe how various processes comprising the salon experience contribute to physical pleasure and social engagement in the salon as well as to other related engagement. Throughout this chapter, similarities and differences in residents' salon experiences, including outcomes are described.

Several factors that influence residents' salon experiences were identified during data analysis and can be categorized by the factor level(s) in which they occurred: resident level, care partner level, stylist level, and community level. Chapter 5 presents these influential factors by level, and provides examples illustrating how the factors impact resident appearance, salon engagement and related engagement.

Each chapter also presents findings through the lens of embodied selfhood, and describes how residents may have bodily internalized cumulative exposure to sociocultural ways of their lives so that they are able to respond without thinking - coherently and systematically – to those

internalized situations and environments. Data are presented in contextualized form to identify and explain several overarching patterns that pertain to: 1) how physical pleasures of salon experiences were ingrained experiences, 2) how processes of appearance maintenance were embodied; and 3) how salon social interactions ‘bring residents back.’ As will be shown, together, these embodied actions of appearance maintenance were as meaningful and integral to residents’ sense of self as appearance itself.

#### **4.1 Resident Appearance and Self-Identity**

Most residents, direct care workers, informal care partners, and assisted living administrators considered resident appearance to be an important component of assisted living care underpinned by two primary expectations. The first expectation was that residents should always be neat and clean (i.e., clean body, clean/groomed hair, trimmed nails, clean/fresh clothes). The second expectation pertained to the resident’s preferred style being maintained. When both expectations were met, the resident had dignity of appearance and ‘looked like they should look.’

##### ***4.1.1 Residents***

Residents were pleased with their appearance when it aligned with their self-identity. Having hair styled and manicures provided in the assisted living salon contributed positively to resident appearance and their sense of self-identity by helping them achieve their desired look. Appearance was particularly important to residents when they knew they were to be seen by others, whether publicly or privately. This desire to look good for others can be attributed to lifetime experiences of sociocultural expectations: that hairstyle and clothing worn in public conform to sociocultural norms of peer expectations, vocational standards, rules of decency, and popular trends. Family narratives about residents described how these expectations, during their

life course, resulted in an embodied practice: to be properly dressed for the day, and wearing clothing and hairstyle reflective of their personal style, and how keeping up their appearance was about continuity. For example, one such 95-year-old resident at Parkview had a modeling career; her lifelong attention to her appearance, particularly her nails, was described by her daughter:

...to know where she started, mother was a clothes horse and perfectly-done-up and make up—you know, everything matched and everything was perfect. [Now] she's clean. And she has her hair done once a week. She is in love with her nails. So, she has her nails done every couple of weeks. So, she still likes that.

The daughter of a different Parkview resident described how her father continued to dress in the style he'd always worn for work: "He always wears a suit every day... He had on a sports coat and [visitors] thought he worked there, 'cause they came in and he was like, 'Hi Stewart Walsh nice to meet you.'"

Throughout their lives, before the onset of dementia, many residents valued their appearance and its maintenance. At The Gardens, the historical importance of a resident's presentation of self was described by the resident's long-time friend: When asked what is meaningful to resident Sally Ann, her long-time friend said, "Sally Ann always loved her hand bags when she was younger and made sure they always matched her outfits... She was also very particular about her hair styles." Appearance also was important to those who were no longer able to communicate their wishes. For instance, the daughter of a Gardens resident described her mother's wishes for her care as articulated early on in her young-onset Alzheimer's journey, "She said, 'Just keep me clean.'... I feel like that's the one thing that she really wanted was to be - to look half decent."

Part of appearance maintenance included frequent, regularly scheduled salon visits. Carrying on such routines remained important and further ensured continuity despite changes that might be occurring in residents' lives. For example, a Parkview resident had seen the same stylist for more than 50 years. Her stylist recounted, "That is such a part of her life... Every Thursday she comes in and gets a shampoo and set." Many residents, including men, placed value on such grooming routines. The daughter of a Parkview resident noted, "[Dad] was always very, very into his personal grooming and care. I tell ya, he loved his hair... He'd comb. He was always just immaculately clean... He was just very into that."

Staff and family members recounted how, even as cognition declined, appearance and self-identity remained important to residents living with dementia, including certain residents who regularly sought affirmation about their looks. A direct care worker at Rosie's Place recounted the self-awareness of a resident and the resident's constant desire for a nice appearance: "[The resident] always asked 'Am I pretty?' I'd say, 'Yes.' She'd say, 'I want to look pretty.'" Residents not only desired a nice appearance, but also desired appearance that suited their style preferences and self-identity. The daughter of a Parkview resident recalled the story of her mother, Berta, who, after returning from the Parkview salon voiced dissatisfaction with her hair style; when someone reminded Berta, "You just went to the salon. You just got back," Berta replied, "But they didn't do it right."

Though occasionally residents such as Berta were dissatisfied with the outcome of their salon visits, in most cases, having hair styled in the salon contributed positively to residents' sense of self-identity by helping them achieve their desired look. There were numerous instances of residents being pleased, even confident following their salon appointments. At Holly House, resident Josephine was sometimes given a hairstyle preferred by her daughter rather than the

style that Josephine preferred. A researcher observed her salon visits and noted that following the completion of services in which Josephine received her preferred style, “she looked at herself in the mirror and said, ‘That’s how I am supposed to look.’” In this vein, many residents had specific preferences and were particular about how they were supposed to look and who could help them achieve their desired look. One resident repeatedly said of the Parkview stylist, “She’s the best. I don’t let anyone but her do my hair. She does it right.”

#### ***4.1.2 Informal Care Partners***

Analysis shows that resident appearance also was very important to informal care partners as a marker or indicator of care. Appearance, including cleanliness and even scent, offered a window into the nature and quality of care being provided to residents. The niece of a Gardens resident explained: “I like the care she’s getting here. She’s clean. This may sound trivial but it’s a big thing to me because she wasn’t [prior to moving in]. She’s clean. Her hair is clean. There is no odor on her.” Far from trivial, a tidy and neat appearance could be indicative of care quality. The son of Gardens resident Sally Ann explained of his mother who no longer could bathe herself or do her hair:

What’s the most important thing for quality of care? ...Her personal hygiene. Like cleanliness of her face and her—comb her hair. That attention to detail. They’re little things but they’re very important. They mean a lot to me and communicate that “We’re attentive and we’re caring for your mom.”

Certain family members were committed to going above and beyond basic care to reinforce pampering and personal attention. Although Rosie’s Place did not have a dedicated salon space and their salon services were brought in infrequently, one resident’s son and daughter-in-law were committed to making such services available through outings to an

external salon. They recognized that the visits to the external salon, in addition to maintaining their mother's appearance, also provided enjoyment as a special outing. They explained that their ideal situation included both salon experiences at Rosie's Place and external salon outings:

[An ideal care situation includes] polishing her nails, combing, brushing, curling her hair.

Anything personal like that... We still take her out and get her hair cut sometimes.

Occasionally, they'll have someone who's already come and done it...we encourage that.

We'll pay for it. It's certainly a little more expensive, but just to encourage the person who's coming to come again.

#### ***4.1.3 Assisted Living Staff and Administrators***

Data show that resident appearance also is important to assisted living administrators and staff. The executive director of Parkview valued care workers who, in their routine care of residents, were cognizant of small details of resident appearance and were attentive to resident appearance throughout the day. She shared these thoughts with a researcher:

[A great care worker] goes above and beyond... They're making sure that the resident, not only was her face washed, but she doesn't have any gook in her eyes. Her hair is combed. If she makes a mess in the dining room, she's changed afterwards.

Appearance was an indicator of quality care to assisted living administrators and staff, and they were keenly aware that, likewise, appearance was also an indicator of quality care to informal care partners. A common practice throughout the communities was for staff to take pictures and share the images with family members when residents appeared to be engaged or were looking good. At The Gardens, "Activities Director Allison entered the salon and when she saw resident Sandra with hair freshly styled, said she would send a picture to John [the resident's brother]."

Findings show that resident appearance is also important to direct care workers and salon stylists as a sign of quality care – that they are doing their job, and that they have concern for the resident – that the resident has a nice appearance, especially for family visits or other outings or special occasions. Examples in the data show the sincerity and the extra effort of care workers and stylists, including working after hours, to ensure that residents have their desired appearance. At Parkview, this type of special care and concern for residents was noted by a researcher who observed the stylist providing unscheduled, after-hours salon care for a resident so that the resident would look nice for a family visit/special event; the stylist knew that appearance was important to both the resident and to her family:

[Parkview stylist] Michelle had told me Janice was her last resident of the day and she would be going home, however, I saw her about 40 minutes later in the main lobby walking with Rose Williams. She told me she decided to give Rose a touch up since she had heard Rose had a Valentine's Day party with her family later.

In another example, at Holly House, an African American care worker observed a White stylist curling the hair of an African American resident at a salon appointment and advised the stylist of a different (better) styling technique for the resident's hair type and desired style. The care worker went even further and purchased curlers for the resident: “[Care worker] Claudette bought curlers and stayed late one night to show the night staff how to do her hair so that it will have curls in the morning.”

Scant data indicated that appearance was unimportant to residents or care partners. These data represent outliers among all data analyzed, and represent inconsistent attitudes among dyad partners. For example, when appearance was unimportant to a resident, it was important to their care partner; or when appearance was unimportant to one care worker, it was important to

another care worker. In the example above, Claudette, the daytime care worker, stayed after hours to show the night staff how to put curlers in the resident's hair to achieve her desired style, but the night staff did not follow through with that care. In another example, a resident was indifferent to her hairstyle but her daughter wanted it to look nice and a staff member ensured the salon visit:

LaKeisha said that Madelyn's daughter had called about having her hair done and since Madelyn hadn't been [to the salon] last week she would get her. When Madelyn came, she said something to the effect that she hadn't wanted to come but she agreed to stay.

## **4.2 Engagement Opportunities and Processes**

Routine assistance with activities of daily living included hair care and nail care by care workers, and residents especially enjoyed having their hair brushed and dried. When that hair care and nail care were provided in the salon, the salon experience heightened their physical pleasure and social engagement. The salon experience was comprised of multiple processes, including those that occurred outside of the salon, before and after a salon visit.

### ***4.2.1 Physical Processes in the Salon***

Physical processes occurring in the salon included shampooing, hair cutting, and hair drying – either under a dryer dome or with a hand-held dryer, and hair brushing. For many female residents, physical processes also included hair 'setting'/curling, and for some, hair dying or chemical perms. For both men and women, physical processes sometimes included shaving or removal of facial hair. Physical processes of a manicure included hand-holding as fingernails were trimmed and filed and as nail polish was removed and applied; physical processes of a pedicure were the same as those of a manicure, but less intimate and less physically comfortable for both the manicurist and the resident. Shampooing and hair drying seemed to provide the

greatest pleasure; in almost every mention of the dryer dome, residents were described as being so relaxed that they slept during the process.

Residents' ability to place themselves and know what to do in the salon regardless of cognitive function indicated an embodied familiarity with the salon space and with salon etiquette and the rhythms of the various processes of the salon, including waiting their turn for the stylist or manicurist, reading magazines while waiting, having hair shampooed, receiving a haircut, having hair dried under the dryer dome or with a hand-held dryer, and receiving a manicure or pedicure. In an observation of the Parkview salon, the scene was the same as would be found in any external salon:

[Resident] Julie walked into the salon while Michelle was finishing her work with Stewart. Michelle invited Julie to have a seat and told her that she would be with her soon. Rose was sitting in the first blower chair to the left of the doorway, and Julie sat in the second blower chair, between Rose and the magazine table. She picked up a magazine as soon as she sat down and slowly flipped through the pages, looking at each page, while also glancing about the room occasionally.

Many examples were found in data of the physical pleasure and relaxation of having hair washed, trimmed and dried in the salon. Holly House stylist Claudia described it in this way:

Salon day is fun. My mother... we got her in there, and once she laid back in the shampoo bowl, she was relaxed. It does relax 'em. A lot of 'em say, "Oh, it feels so good." Aubrey, my Aubrey, she'll say, "Oh, I'm in heaven." That's gotta make you feel good. It makes you feel real good.

This physical pleasure was often noted in researcher observations, such as:

[Holly House resident] Elizabeth was in the process of getting her hair done and she had her eyes closed. [Stylist] Claudia said it is the only time she really sees Elizabeth relaxed – when she’s doing her hair.

[Parkview resident] Stewart sat in the salon chair, with a slight smile, while Michelle talked and trimmed his hair; Stewart kept his slight smile throughout his haircut.

[Gardens resident] Maria, seated in her wheelchair in the salon, was having her hair blown out and wearing a big smile. I have observed her on previous salon visits, and she always seems very pleased to be there, and enjoys the pampering.

In the three communities that had a dedicated salon, the salon space had all of the physical attributes of a real salon: hair washing sink, stylist chair, wall mirror, dryer dome chairs, magazines, etc. The sight of these familiar amenities, along with the sounds of the hair dryers and of background music, created an atmosphere almost identical to that of a real salon. A visit to the assisted living salon provided residents an experience similar to that of an outing: once inside the salon it felt to a resident like they were in an external salon, not in an assisted living salon. Observations of residents described more than relaxation and contentment with their salon visits; residents were excited to visit the salon. At Holly House, a researcher observed:

“[Resident] Josephine was thrilled to be there and Tamara’s mom transferred her into the washing chair... Much like the other women, Josephine appeared to be very comfortable and happy in the salon.”

A familiar ritual of a visit to any salon is the reading of magazines. Magazines are read while waiting for a turn with the stylist or manicurist, and while waiting for hair to dry or toenail polish to dry. Magazines are a common element of almost all salons, and the assisted living salons were no exception. Several examples were found in data of residents casually reading

magazines while waiting for the stylist or while sitting under the dryer dome. This automatic impulse to pick up a magazine and casually flip through its pages, in spite of cognitive function or comprehension of the magazine's content, suggested that the behavior of magazine reading in the salon is an ingrained/embodied action: "While sitting under the blower dome, Julie again picked up a magazine and slowly flipped through the pages, looking at each page, and occasionally looking about the room." At Holly House, the provision of magazines that matched residents' magazine preferences further enriched their salon experience:

When it was time to go under the dryer, Sandy carefully selected a magazine she knew Annabelle would like. Sandy's told me in the past that Annabelle likes magazines with handsome men and homemaking magazines. Today, she gave her the latter and commented on all of the yummy recipes. Annabelle sat happily reading her magazine until her hair was dried and the curlers came out.

There were many examples in data of the embodied sensory experience of the salon, including residents becoming very relaxed sitting in the salon chair or under the dryer dome or leaning back in the sink for a shampoo. Many observations attributed 'looks of contentment' and pleasure to the familiar physical sensations of the salon. Residents continued to be relaxed and at ease during transitions from one salon process to another. An example of this was found in an observation of a Parkview resident:

Julie cooperated and seemed at ease throughout the process, smiling when it was her turn to sit in the salon chair, and smiling when it was time to move back to the blower chair. She kept a neutral facial expression when her hair was being washed and combed and when she sat in the blower chair.

Residents also were relaxed during processes of nail care. For example, in the Parkview salon, “Mabel sat quietly watching her nails become coral in color. She was quiet but happy to look at her nails, and moved them ever so slightly flexing the ends and turning the wrist.”

Familiarity with the salon space and the physical processes of the salon enabled residents who otherwise displayed anxious behavior to be at ease in the salon. Multiple observations of this changed behavior – of resident relaxation and residents knowing what they’re supposed to do in the salon - strongly suggested that the salon experience is an embodied experience. During a conversation with a researcher, the owner of Holly House and the Holly House Manager/Activities Director described a resident who struggled with anxiety as “a hot mess”, but went on to say that in the salon, her behavior was different. The researcher noted from this conversation that “Elizabeth always struggled with anxiety – it is not new. It appears, however, that her happy place is in the salon. It appears to make her feel good, she knows what she is supposed to do, and she is relaxed.” Elizabeth’s uncharacteristic relaxation in the salon was confirmed by the researcher during observation in the salon:

[Stylist] Sandy said that Elizabeth was going to get a perm. Uncharacteristically, Elizabeth had a big grin on her face and did not seem to be worried about what was going on, what she should be doing and so forth. Sandy said that Elizabeth was about to get a perm, which makes her happy.

In another example, a resident who lived in the memory care unit of the Parkview community was not necessarily prone to anxiety, but was prone to stand up frequently and wander the hallway of the memory care unit; in the salon she was content to sit for a more prolonged period as she waited to receive a manicure:

[Resident] Camille reminisced about her life and family and laughed during the conversation... Camille did not get up or wander, and was attentive to the conversations as well as watching Mabel get her nails painted... Camille sat for much longer than she had in [the memory care surroundings].

Some salon processes, such as perms or having hair 'set' under the dryer dome, required residents to sit for a long time, and sometimes residents had a long wait for their turn with the stylist or manicurist. Some residents were relaxed throughout the salon process, no matter the length of time:

When [a researcher] entered [The Gardens] salon, a woman named Hailey was washing Martha J.'s hair, while the other Martha was sitting with her roots dyed. It was quiet in the room, but the two residents seemed relaxed and as though they enjoyed the process.

At one point, Martha J. was given a perm... She went in and out of sleep and was very at ease.

Not every resident was content to sit for long periods, however. Certain residents became restless or physically tired when there was a long wait for salon services or if the service they were receiving took a long time:

At one point [care worker] Kyra stopped in while [resident] Jimmy was waiting. He had started to get a little antsy and was trying to stand up... Later when he was moved closer to the mirror and ready to get his hair cut, [assistant stylist] Claudia also rubbed his back to keep him from getting up while they waited for [stylist] Sandy to get ready.

And though most residents, regardless of cognitive decline, knew what to do in the salon, there were a few outliers in data where the salon environment and processes were no longer familiar to the resident and the resident didn't know what to do. In the Holly House salon:

While [resident] Hank was waiting he got up and walked to the door of the salon.

[Stylist] Sandy asked where he was going and he just stopped in the doorway and looked toward the front door. [Assistant stylist] Claudia called after him to come sit back down.

Also in the Holly House salon, a researcher observed the uncertainty of another resident waiting on the 'waiting couch' for her turn with the stylist:

I took a seat next to [resident] Aubrey on the couch. I asked Aubrey how she was doing and she said "good" followed by a short laugh. Then she shrugged to me indicating she was uncertain what she should be doing.

An interview with the district manager of PS Salon, the company contracted to provide stylists at The Gardens, suggested that the salon experience was not always pleasurable for residents or for stylists. She explained: "Sometimes residents do get combative... this is mostly due to leaning back in the chair to get their hair washed. They are afraid they're falling and panic." She went on to say, "[Stylists] have a special padded cape and a 'hair funnel' to make residents feel more at ease. However, if a resident is being violent, the stylist cannot provide services." Though the situation described by the district manager is plausible, there were no observations of adverse salon experiences or observations of a 'hair funnel' in the study data. There was also no mention in data of any resident being combative in the salon. In an interview, when asked about residents becoming agitated or combative in the salon, the Parkview stylist said,

No. I never have that issue in here ever. Even at the other place, I've never had that issue. It's like, when they leave out of here and I'm not here, or I could be walking going to meet somebody else, I say, that's not like them. They usually don't do that.

With the exception of the few observations describing resident restlessness, fatigue or uncertainty, almost all of the observations at all three salons were characterized as pleasurable resident experiences with positive outcomes.

#### ***4.2.2 Social Processes in the Salon***

Social processes of the assisted living salon included two cultural components found in every salon: ‘salon chat’ – the lighthearted conversation that occurred with other residents and with the stylist and manicurist, and one-on-one conversation between an individual resident and the stylist or manicurist – where personal stories were shared and informal social support was offered. Many fieldnote passages describe how stylists and manicurists, while busy with the work of shampooing or styling hair or providing nail care, carried on conversation with the resident receiving the care, as well as with other residents seated in the salon. The resident receiving salon care was always the primary focus of the stylist’s attention and conversation, however. In an example of a typical interaction, “[Holly House assistant stylist] Claudia helped [the resident, Ms. Copeland] up and into the washing chair, told her how nice she looked, and made small talk with Ms. Copeland who was able to keep up with it.”

Stylists’ knowledge of residents’ histories and personalities, and their respectful, sincere conversation style and manner in which they treated residents as ‘normal people’ evoked resident feelings of familiarity - with the stylist, with the stories told, and with the role of being a salon patron. Parkview stylist Michelle Brown described her conversations with residents and how the conversations sparked their memories... “sometimes, they will forget some stuff, but when you start bringing up certain things, or they’ll just bring stuff up, and their memory will click like that. Then sometimes, they’ll change and switch and go to something else.”

Regularly scheduled appointments enabled continuity in supportive relationships. In many cases, the stylist-resident relationship was strong enough that the stylist was considered by residents' family members to be another informal care partner, a second set of eyes watchful for the residents' wellbeing, and a friend to the residents. Knowing residents well and knowing the residents' families helped stylists to spark memories and spark conversation with residents, and also helped stylists fill in the blanks of resident recollections. A direct care worker at Holly House described the Holly House salon stylist: "She's one of those where she knows all the residents' names. She knows their spouses' names, like if they have a wife or something like that." At Parkview, the stylist was aware of the community's events and activities and encouraged residents' participation by providing reminders: "[Salon Stylist Michelle] would also remind Janice of later events scheduled and would tell her not to forget." When residents moved into the Parkview community, the stylist met with the residents' informal care partners and communicated to them that she was not only involved with resident appearance but with resident wellbeing:

I like to meet the family. And then it gives them some ease too because they don't know, how is everything when I'm not here? I say, "Don't worry. They're good.... I always look out for people so you're good."

The conversational approach of stylists in the salon was affirming and residents responded positively to the compliments and affirmation of the stylists: At Holly House, a researcher noted that "both [stylist] Sandy and [assistant stylist] Claudia complimented Annabelle on her pretty hair – the color and the volume. Annabelle giggled and smiled at the compliments." On another day, the stylists were heard giving similar compliments to another resident: "When the cut was finished, Claudia said, 'Look how handsome you are, Uncle

Jimmy!’ Then she added that all the Randalls are handsome.” This type of affirmation and congenial conversation with stylists was observed at all of the salons.

In contrast to the ‘care speak’ that residents often experience in their interactions with care workers, in the salon residents were ‘spoken with’ rather than ‘spoken to’. The daughter of a Parkview resident described this conversational style: “[External salon stylist] Linda just talks to her like she’s still the same Camille... She doesn’t treat her any differently.”

Much of the salon conversation described by data can be characterized as ‘salon chat’ – light-hearted conversation and gossip between residents and the stylist. For example, at Holly House,

[Resident] Aubrey, who had been seated in the washing chair patiently waiting for her turn, listening to the entire exchange between [resident] Emma and [stylist] Claudia, began to laugh at Claudia’s statement, “If they don’t like it they can kiss my...” Claudia put her right hand on her hip and said, “What did you think I was going to say, Aubrey?” Aubrey just giggled at the implication that she could have answered with “ass” and she appreciated the humor.

Likewise, at Parkview, the stylist engaged residents with gossip from the community:

[Stylist Michelle Brown] told a story of a male resident who as soon as he moved into Parkview had about 6 girlfriends and had tried to win over [resident] Diana but she didn’t give him the time of day. She asked [resident] Janice if she had a boyfriend and would entertain advances from men and Janice said no, laughing.

This type of social engagement with other residents in the salon occurred while residents waited their turn with the stylist, while they sat in the stylist chair, and while they waited for care workers to assist them out of the salon after their appointment. Just as stylists enabled and

carried one-on-one conversation with residents, the stylists also enabled and carried the “salon chat” and created the social atmosphere of the salons in each community. At Holly House, “Annabelle giggled and smiled at the compliments and laughed even harder when Claudia asked her to ‘scooch’ her ‘behind’ to the ‘back of the chair’ and joked ‘us women always have to be worried about our behinds, don’t we?’”

The only time that residents seemed to not be as aurally engaged was when they sat under the dryer dome or had their hair blow-dried; the noise from those processes made it difficult for them to hear conversation. They almost always closed their eyes while having their hair washed, and though they sometimes watched salon activity while under the dryer dome, they usually became so relaxed that they fell asleep during that process. A typical salon scene was one observed at Parkview: “Sarah was sitting under a dryer dome with curlers in her hair, with her chin resting on her chest, sleeping.”

Data show that even on days when residents did not receive salon services, the salon was a place where residents enjoyed social engagement with one another and with the salon stylist, and that residents also enjoyed social engagement with the salon stylist outside the salon. This was largely due to the friendly relationship they had with the salon stylist. At Holly House, the salon stylist’s mother and uncle were both residents and she often visited them on non-salon days. During her visits, she also made time to interact with the other residents. A care worker at Holly House commented on this engagement: “She’ll come [on non-salon days] and have a conversation with them. They love Claudia.”

An example of residents paying a social visit to the Parkview salon stylist, and of their affection for her, occurred while the stylist was participating in an interview with a researcher in the salon. Two residents, both unable to communicate verbally, came to visit and the stylist gave

them her attention, treated them with kindness, and made them feel welcome in the salon.

Though the conversation between the researcher and the stylist wasn't typical 'salon chat', the residents enjoyed the social atmosphere of the salon:

Two residents stopped by after lunch on their way back to their rooms to visit Michelle. One walked in, smiled, gestured with her hands, and spoke to us, but her words were completely unintelligible. She then sat in a dryer dome chair. Another resident wheeled herself into the salon in a wheelchair and sat in her wheelchair, close to the first resident. She did not talk at all but smiled at us. Michelle said that they often come by to visit her after lunch and sit in the salon... The two residents sat with us for 10-15 minutes, and appeared to enjoy being there. They were not part of our conversation, but smiled throughout. The resident sitting in the dryer chair occasionally tried to add to our conversation but her words continued to be unintelligible. We smiled and acknowledged her comments, though we had no idea what she said. Though the two residents were not contributing to the conversation, they acted as if they felt included in the conversation. At one point, the resident in the dryer chair reached out and moved the wheel of the other resident's wheelchair, helping pull her closer to the dryer chair and to the conversation.

The appropriately-timed responses of laughter, smiles, gestures and verbal responses of residents in these and other observations suggested that even if the residents were not cognitively engaged in the conversation, that they were experiencing a long-held form of social engagement.

These examples and many others of the personal attention, affirmation, and kind words that occur in the assisted living salon are representative of the type of social engagement that residents experienced in salons throughout their lives. Residents' automatic ease and rapport with the stylists, and their laughter and participation in the timeless rhythms/patterns of salon

conversation, even when experiencing dementia and dementia-related communication challenges, suggest that salon social engagement is an embodied form of engagement.

### ***4.2.3 Related Engagement Outside the Salon***

In addition to the physical processes of hair care and nail care and the social engagement occurring in the salon, data show that salon social processes also occurred outside of the salon, including anticipation of a salon visit, social engagement during transfer to the salon (or during transportation to the salon if the salon was off premises), and social engagement occurring as a result of a salon visit.

The salon experience began with anticipation: residents looked forward to salon care. Reminders of salon appointments improved resident mood, and in some cases helped calm agitated residents. An example of this can be seen by the mood change of a Gardens resident when a researcher reminded her of her hair appointment:

I commented that she seemed to be doing well, but she told me she wasn't well and made a grumpy or sad face. She then began saying unkind things about herself... she hung her head and said she was 'worthless'. Bridget who had been listening, said that Ellie was going to the hair salon after lunch. I tried to use this to cheer Ellie up, saying she could be on the cover of a magazine when she was done. She gave me a hug and a kiss.

At Parkview, resident Cheryl associated her visits to the salon with family visits; the stylist used the anticipation of a family visit and the associated anticipation of a salon visit to calm her:

Sometimes when I come in, they say, "She's not acting herself today." She'll get like, "Oh, I don't want to be here. I don't want to do this." I was like, "Calm down, Miss Cheryl. It's gonna be okay." I said, "Let's get your hair done. Your son wants to see you. He's gonna come and see you." She'll say, "Okay, I'll come with you 'cause my son

wants to see me looking good.” She'll be good, and then once I take her back, they'll say, “She'll be calm for a while.”

Residents rarely needed coercion or persuasion to receive hair care and nail care in the salon. An exception to this was ‘Prom Day’ at The Gardens community, when volunteers and stylists unfamiliar to residents were brought in to provide beautician services for the special event. A researcher observed that in this situation many residents were confused and uninterested in having their hair styled or makeup applied, and many declined the services offered:

I asked [resident] Thelma (wheelchair, short gray hair) if she wanted to get her hair done and she said no but later her daughter came and took her to the salon where she had makeup and hair.

At one point I asked [resident Juliana Henry] if she wanted to get her hair and makeup done and she said no and mentioned something about Santa Claus and the children.

[Resident] Mavis Wood was sitting in the activity area in her wheel chair dressed in a fancy dress when I arrived. I asked her about hair and makeup and she shook her head no.

Though the “Prom Day” event attempted to provide special salon-type pampering and care, its success was hampered by the chaos of the event and the confusion and disinterest of residents in receiving care from unfamiliar stylists in improvised salon spaces outside of the residents’ familiar routines and experiences. The residents’ lack of interest underscored how salon routines, relationships with stylists, and familiarity with the salon physical space and processes characterize their usual salon experiences.

Two of the study communities had policies disallowing the transfer of residents by salon stylists, so stylists in those communities relied on care workers to transfer residents to and from the salon. Due to care worker workload, residents were often brought to the salon much earlier

than their appointment time; residents also had lengthy waits in the salon while waiting for care workers to retrieve them after appointments. These wait times enabled additional social engagement with the stylist and with other residents in the salon. A few examples of these types of transfers and wait times at the Holly House salon included:

When I first arrived at the salon, it was hopping and there was a line up... Emma Copeland was among the women in the salon while she sat on the 'waiting couch'... She seemed happy to be there and in line to get her hair done.

[Care worker] Tamara had come in just before Hank finished... She walked Hank and Vernon back down to Garden Lane.

Data show that residents were treated differently after a salon visit and that they experienced additional social engagement: they were noticed because of their fresh appearance and were given compliments and attention. At Holly House, a resident was singled out by another resident as he entered the dining room after a haircut:

Hank was behind me and [resident Elmira] said to him, "Oh you are such a cutie pie" and pinched his cheeks and chin. She said he looked real sharp today. [Care worker] Kyra commented he had just had a haircut and Elmira said "it shows!"

At The Gardens:

In the middle of lunch, Rita was taken to get her hair done at the salon. She came back looking very nice, and the PRN was complimenting her and making sweet jokes about how cute she looked. Rita was flattered.

A researcher observing salon day at The Gardens noted her own interaction with residents after their salon visit: "the salon was open most of the day, and many ladies got their hair done. They all looked so sharp and I doled out compliments to everyone." Another researcher at Parkview

had the same type of interaction: “Eulah’s hair was noticeably just washed/cut/curled and I complimented her on how nice it looked.”

Data confirmed that resident appearance was used as a gauge of well-being and that, just as fresh appearance resulted in improved social engagement, disheveled appearance triggered unease/guarded engagement. At Holly House, due to his appearance, a resident was judged by a care worker to be having a bad day and his niece warned by the care worker that he was unwell:

I just wanna let you know that he is disoriented this morning... After breakfast the staff is gonna take him back to his room and redirect him because he does have on the same outfit that he had on yesterday, he doesn’t have his glasses on and he did not comb his hair. He doesn’t look groomed... Because when you go down, I don’t want you to look at him and say, “Well, what’s goin on with my uncle?”

A researcher described the environment at The Gardens as being more socially inviting on a day after salon day when residents had freshly styled hair and were nicely dressed to attend a special event: “Overall, having these women look more ‘put-together’ made the room seem less sad and stuffy.”

The processes of anticipation, physical and social interaction in the salon, social engagement during transfer to the salon, and social engagement after salon visits comprised the salon experience. The examples found in data, considered as a whole, pointed to the salon experience as providing meaningful engagement and contributing in significant ways to resident quality of life. While maintenance of resident appearance/self-identity was the objective and an end result of the salon experience, data show that there were other valuable outcomes: improvement of mood and physical improvement. These improvements, in turn, positively impacted resident engagement with care workers, other residents and informal care partners.

The impact of a salon visit on resident mood was noted throughout data. At Holly House, a resident's mood changed as she waited in line with other residents for her turn in the salon chair: "Earlier in the morning she had been sleepy and perhaps a bit grumpy with a scowl on her face, but now she was visibly at ease, smiling, chewing her gum, and watching and listening to the salon conversation." At The Gardens, a researcher noted the good mood of a resident after her salon visit: "Thelma... had her hair done and was lively and animated today." The salon stylist at Holly House described in simple terms how salon visits improved residents' moods and restored their sense of self: "Even if you have dementia, you still feel better with your hair done. It just makes you feel better."

Collectively, several processes and factors of the salon experience were found to be embodied experiences: self-identity and deep-rooted sociocultural expectations imbedded a desire in residents to 'look like they should look'; salon/barbershop routines were lifelong cultural practices; ingrained familiarity with the salon space enabled residents to place themselves and know what to do – both physically and socially; and the sensory experiences and social rhythms of the salon 'brought residents back', restoring their sense of self. Together, these findings suggest that the salon plays an important role in the lives of residents living with dementia by providing engagement in a form of embodied selfhood that is meaningful to them; and as an embodied experience, the salon experience helps residents maintain personhood and a sense of self.

## 5 FACTORS INFLUENCING APPEARANCE AND THE SALON EXPERIENCE

During data analysis, many factors were found that influenced residents' salon experiences. To better understand these factors, they were categorized by the level at which they occurred: individual-level (i.e., residents, care partner, & stylist/manicurist) and community-level.

### 5.1 Resident Factors

#### *5.1.1 Sociocultural Practices/Life Experiences*

Findings describe residents' lifelong practices of visiting salons and barbershops, and their continued regularly scheduled salon visits. For residents such as Camille, who saw the same stylist every week for more than 50 years, and Rose Williams who was focused on her appearance throughout her life as a professional model and is described as "still being in love with her nails", and for many other residents, weekly salon visits contributed to a consistent, positive sense of self. Though their way of life changed in many ways, weekly salon visits offered continuity of a familiar part of their life. These visits to the salon and relationships/longevity with the stylist are easily described as a cultural practice and expression of identity. As expressed by the Holly House stylist, "They might have trouble remembering things, but this is a routine and a feeling they are familiar with."

The Parkview stylist eluded to the salon experience being an embodied experience and described the pleasure it brings to residents:

To see them smile... it brings their memory back of things they used to do or how they used to look and how they used to feel... Then when you see that in their eyes, in their smile, you can tell, okay, they like it. It's good. That makes them feel... happy for the rest of the time..."

The Parkview stylist noted that some of the male residents identified with their years in the military and that getting a short, closely-trimmed military-style haircut restored their sense of self:

...it brings them back to how they used to do things. Like a couple of them were in the service, and they said, ‘I used to get mine cut - ‘. I said, ‘I can tell you’re a service person. I can look at your hair, the way it’s cut all the time and how you like it.

Another example of a lifelong cultural practice, a classic embodied practice of femininity, was recounted by a Parkview resident’s daughter: the resident had subconsciously, ritually applied lipstick before her daughter’s visit; likely an action that the resident performed thousands of times in her life in anticipation of going out or being seen:

Camille had been wearing lipstick one time. Well, I guess they had said that she had put it on herself, and Camille seemed so surprised, too. She was like, “I’m wearing lipstick? I am?” [Laughter] Everyone was like, “Yeah, it looks great,” and it did. It looked good.

### ***5.1.2 Self-Awareness and Self-Consciousness***

Self-awareness was a factor of residents’ salon experience that influenced their mood, especially in social settings. Data showed that if residents were self-aware, they were happy when their appearance matched their self-identity; but embarrassed if their appearance didn’t match their self-identity. At The Gardens, even when a resident was experiencing an alternate sense of reality she was aware of her appearance and pleased with it: “She knew she’d had her hair done and asked me, ‘Am I bea-u-tif-ful?’ I told her that she was. She smiled, shrugged her shoulders, and laughed.” A different resident, on a Gardens outing, “recognized that her hair wasn’t combed like she used to have it combed, and she wasn’t maybe wearing exactly what she would want to, so she felt self-conscious.” At Holly House, a resident displayed a sense of self

and a sense of satisfaction resulting from his salon experience by his detailed attention to his hair after it was cut/styled:

Following his hair cut, Hank stooped up and slowly walked to the mirror to inspect it. He found a comb on the counter and proceeded to comb it so he was happy with it. He fixed a few stray pieces here and there and when he seemed satisfied, he put the comb down and started to leave.

The Parkview stylist summed up how residents' salon visits contributed to their sense of self:

They like feeling good, looking good, and once they feel good, they act better. Their whole attitude's better. The look is better for them. They smile more 'cause they feel good. Like I said, it brings them back to how they used to do. They feel like, I can't do that anymore. Yeah, you can do it. That's the reason I'm here. I'm gonna help you do it.

### ***5.1.3 Gender***

Most of the observations that occurred in the salons were of female residents; there were far fewer observations of male residents. One of the reasons for this was that there were fewer male residents than female residents in each community, but also, men visited the salon less frequently than women. Because of their less frequent visits, men had fewer opportunities for engagement in the salon with the stylist and manicurist and with other residents in the salon context. The Holly House stylist told how frequently she provided care for the male residents at that community: "Uncle Jimmy... Paul... Alan... Mr. Vernon... Of course, you don't do them but about once a month."

A noticeable gender difference was in nail care provided in the salon. A podiatrist visited regularly at three of the four communities to trim toenails and provide foot care. Fieldnote

passages made no mention, however, of manicurists providing nail care for male residents in the salon; only female residents were mentioned as receiving manicures and pedicures.

Fieldnote observations of female residents frequently described salon social engagement and physical pleasure, but the observations of male residents tended to describe instead their hairstyles and behavior related to their hairstyle. Data showed that male residents had the same desire for a nice appearance as female residents, and that they had the same type of relationship with stylists as female residents, but that their conversation topics differed. The Parkview stylist claimed that "the only thing that's different is... they'll talk about sports or stuff on TV or whatever... most of them are always into their hair. They want to look good."

Stylists at Holly House recognized that the sociocultural experience of a salon is different than that of a barbershop. In the United States, men are sometimes patrons of salons and sometimes work as salon stylists, but typically, salons and barbershops are gendered spaces, with salons having a mostly female clientele and barber shops almost always having an entirely male staff and clientele. At Holly House, the stylists were attentive to this cultural proclivity and tried to provide a 'barber shop' experience for male residents by scheduling the men at the same time. Though the stylists felt strongly about providing an experience truer to male residents' socio-cultural life experience, data showed no discernable difference between the experiences at this specially-scheduled appointment time and the salon experiences of male residents in the other communities. At Parkview, the activities director also recognized that the sociocultural experience of a salon is different than that of a barbershop, and felt strongly about providing a barbershop experience for male residents. During an interview, when asked what she would do if she had unlimited resources, she replied,

I would take the men instead of - I know that we have our own salon here, but I would take 'em to the barber shop, let them sit in that setting, actually sit in a barber's chair and get their hair cut.

#### **5.1.4 Health Status/Frailty**

Resident health impacted where a resident was able to receive salon services: in an external salon, in the assisted living salon, or in their room. Asked what would hinder resident Camille from being able to continue receiving services at her external salon of 50 years, her long-time stylist replied, “When she’s not mobile. If she starts falling. You have to wait ‘til the time comes.” At the study communities, however, resident mobility did not prevent residents from receiving salon care. Continuous salon care was accessible regardless of health status because transfer assistance was available from care workers; and if residents became too weak or frail to receive salon care in the salon, stylists provided care in the residents’ rooms. Fieldnotes from Holly House describe this type of ‘house call’: “Claudia and Sandy heard that John was very sick and on oxygen; since he couldn't come to the salon, they cut his hair in his room when they were done with clients in the salon.”

Resident health sometimes determined the type of hair treatment and style the resident was able to receive. The ability to sit for the length of time needed for a perm or for hair coloring was too long for some residents. In the case of Parkview resident Camille, her long-time stylist recounted in an interview how Camille’s hairstyle had to be modified due to her inability to sit through the perm process: “I used to do a perm, but I do not think she can handle getting a perm now. I called Tina and I said, ‘Tina, let’s not do that. Let’s just keep her hair short.’”

### ***5.1.5 Cognition and Speech***

Salon experiences for most residents were enriched by one-on-one conversation with stylists and their participation in ‘salon chat’. For residents with more advanced progression of dementia or who no longer were able to verbally communicate, stylists were still able to facilitate salon engagement and provide a positive salon experience. The Parkview stylist described this engagement and her understanding of residents’ nonverbal communication: “Like I said, you can tell by their eyes and their smile and the way they act and feel once they leave here.”

A researcher observed that at Holly House, stylist Sandy spoke with residents who had more advanced progression of dementia in the same way that she spoke with her other clients: “Like with [resident] Eleanor, she was very kind and spoke to [Jimmy] without an expectation of an answer. Jimmy drifted to sleep off and on while he was getting his hair cut.”

Jimmy was the uncle of the assistant stylist, Claudia, but because of his advanced dementia, he no longer recognized her. Even with his advanced dementia, however, he was able to communicate his preferred hair style. Stylist Sandy recounted, “We’ll say, ‘What blade is it, Uncle Jimmy?’ ‘A number two blade.’ He still knows what blade to use on his hair.” Jimmy’s automatic reply, “a number 2 blade”, given without thinking, strongly points to the embodiment of his lifelong barber shop routine – of telling the barber which blade to use.

There were only a few outliers in data where the salon environment and its processes were no longer familiar to residents. At Holly House,

[resident] Aubrey had become increasingly unable to direct herself in any way. [Stylist] Sandy confirmed that when Aubrey is in the salon, they have to give her instructions verbally, but also help guide her physically because she cannot always follow directions,

especially when other people are in the room. Or, she will sometimes begin following instructions given to others.

During another salon visit a few months later, Aubrey was again confused in the salon:

When [assistant stylist] Claudia was going to recline the seat for Aubrey to lean back, Aubrey thought she was supposed to get up and leave. She chuckled a little when Claudia corrected her. Claudia washed her hair 3 times. Aubrey seemed relaxed while she was having her hair washed. Sandy trimmed Aubrey's hair and added some moisturizing oil to it... [After the salon visit] Aubrey gave Claudia a big hug.

This example showed that salon processes were not always embodied processes, even if the processes were relaxing and enjoyable for the resident.

### ***5.1.6 Alternate Reality and Embodied Salon Routines***

Though data suggest that embodiment of lifelong salon processes and routines provided pleasure and relaxation for most residents, in some cases, embodiment of salon routines caused anxiety. For some residents, their former 'salon day' was experienced for so many years and was so ingrained in their weekly schedule that when they were in the salon, they not only physically placed themselves, but calendrically placed themselves – thinking that the current day of the week was the day that historically was their salon day. At Holly House, on a Wednesday,

Emma said she had forgotten that it was Friday already. No one corrected her that it wasn't Friday. Later Sandy said that Emma used to have her hair styled on Fridays and they used to correct her, but decided it caused her more anxiety now and they play along with it.

The stylist of the Parkview resident who had visited her salon every Saturday for 50 years, but whose visits were now scheduled for Thursdays, said,

She used to come in on a Saturday. When you took her out of that routine and everybody said, “This is Thursday. You go to the beauty shop,” she thought she was coming in twice a week, Thursday and Saturday. She thought she was wasting too much money. I just started saying, “This is the day you get your hair done.”

In both of these observations, by not calling attention to the day of the week, the stylists allowed the resident to experience their familiar routine.

A similar type of embodiment of a salon routine was observed at Holly House when resident Elmira insisted on scheduling her salon appointment with her stylist from years in the past. Her daughter described her mother’s request for this appointment:

It’s very interesting, the things that she does remember and what parts of her life is relevant, still, to this day... She talks about going to get her hair done and perms and stuff like that. Then she calls her hairdresser Tracy, which is so funny 'cause we don’t know where that name even came from when her name is Jacquelyn. Where did Tracy even come from? That, for some reason, I can’t change. She says, “Can you give Tracy a call?” I said, “I don’t know who Tracy is, mom.” “The hairdresser.” “Nope, not Tracy.” I try and force her to try and remember. Sometimes she’ll get it, and sometimes she’ll be like—she won’t get it. She’ll call her Tracy.

It can be surmised that Elmira’s insistence on calling Tracy for her hair appointment is due to Elmira’s embodiment of Tracy’s name over the years as her established/favored/requested stylist - analogous to the other residents having their ‘salon day’ firmly established in their minds and Uncle Jimmy asking for a #2 blade.

Residents also had an ingrained sense of responsibility for payment of salon services. The Holly House stylist described this characteristic: “That generation, see, they were—their bills

and their obligations was very much a part of their life... that generation was so in tune to, if you had an obligation, you paid it..." She went on to describe how this ingrained sense of responsibility was part of residents' current salon experience and how it sometimes caused anxiety:

For some of them it's every Wednesday, for some of them, like today with Ms. Wilson... she was not Ms. Wilson, and she was very confused, but you just have to talk and work around that. She was worried that she couldn't pay because she didn't get paid on Wednesday.

There were many observations of residents' embodiment of the payment process of their salon visit. At The Gardens, a resident wanted to pay a researcher for salon services after mistaking the researcher for the stylist:

Joyce asked me how much she owed me. I quickly realized that she was wanting to pay for her hair, which was newly done. I told her that it wasn't me, but that I was pretty sure that it was taken care of and she didn't need to worry.

Stylists and care partners understood that if they tried to correct the resident's sense of reality regarding their appointment day or payment responsibility for salon services, they would increase the resident's confusion and anxiety and the salon experience would be less enjoyable. They were able to minimize or eliminate this anxiety by playing along – being in the moment - and not trying to correct residents. In this way, these particular embodied pieces/components of residents' lifelong salon experiences were less of a factor of their current experience.

At Holly House, a resident's salon experience was further influenced by her alternate sense of reality; in her mind she was taking a work break for her hair appointment. Researcher observations described the scenario:

Emma Copeland was seated under the dryer with rollers in her hair. She expressed concern about the fact that they were taking too long with her hair. In that moment, her reality was that she was on her lunch break from work and had been gone way too long... Emma was very upset that she was going to get fired for taking so long. When [assistant stylist] Claudia returned to the salon, she went along with Emma's reality and told her that she would let Emma's boss know that it was important to Emma to have her hair done and it was "worth the wait". She joked around with Emma and got Emma to laugh and not worry about being fired.

In an interview, the Holly House stylist recounted how she played along with resident Emma Copeland's alternate sense of reality: "Emma thinks she's going, coming up there from her work and we'll say, 'Oh your boss let you out. Come on in.' You just go along with it. You don't try to correct 'em."

## **5.2 Care Partner Factors**

### ***5.2.1 Informal Care Partner Attitude***

Analysis shows that residents' salon experiences were positively influenced when informal care partners recognized the importance of appearance to residents, understood and respected resident self-identity, and supported the maintenance and rituals related to maintaining appearance and self-identity. The recognition by informal care partners of the salon as a source of social and physical pleasure and meaningful engagement impacted whether or not the resident received salon services and also influenced the frequency of salon services. For informal care partners with this recognition, providing an enjoyable experience and sense of self for the resident was as important to the care partners as maintaining the resident's appearance.

The daughter of a Parkview resident, speaking with the Parkview manicurist and contemplating a manicure for her mother, said “she won’t remember,” hesitated and then said, “but ask her if she would like to get her nails done.” Then followed up by saying, ‘it will be a nice treat.’”

The daughter of a different Parkview resident also recognized the value of the social and physical engagement in the salon and that salon visits offered more than just appearance maintenance: “Like the hair salon... They don’t need to get their hair done. It just needs to be clean, but it makes them feel like... feel good to gossip, get under the dryer dome, etc.”

At Rosie’s Place, where there was no salon, a resident’s son explained why he valued his mother’s (external) salon care and why he went out of his way to ensure that his mother received it: When asked what ‘quality care’ is, he said,

I have a part of that. That’s why I’m going to get her hair cut tomorrow. Hopefully, that’ll be somethin’ that make her feel—keepin’ it neat and pampered. Keeping her self-esteem in check. “Why you spending all this money? I don’t need to get this done...” Yes you do.

Informal care partners facilitated salon visits by scheduling and arranging payment for residents’ salon appointments, and in some cases providing transportation to external salons. The willingness of informal care partners to pay for these services influenced whether the resident had salon care in the assisted living salon or elsewhere, and influenced the frequency of salon visits. In the example of resident Camille who continued to visit her stylist of 50 years, her family’s desire and willingness to pay for transportation to the salon enabled her salon visits: Since Camille “has to go to the beauty shop on Thursdays”, her family added an additional day

of private aide care (Thursdays) when she moved to Parkview so that the care aide could drive Camille to the salon on that day.

A dilemma occurred for staff at The Gardens when a resident's desire for salon services and her autonomy to schedule her own appointment conflicted with her family's desire/ability to pay for the services:

[Resident] Pearl said she wanted to get her hair done. She was not on the list for today but one of the stylists said she could "sign for herself". [A researcher] mentioned that to [Activities Director] LaKeisha. [LaKeisha] was worried because she said "[Husband] Walter would have to pay for it."

There were a variety of attitudes among informal care partners regarding nail care: some care partners thought that manicures and pedicures were a grooming necessity, while others considered nail care unnecessary pampering. Fieldnotes describe how The Gardens manicurist helped informal care partners understand the need for nail care: "She said some families say their relative does not need 'frivolous manicures' at this point in their lives. She quickly tells them that this is a health and quality of life service."

The daughter of a Parkview resident described nail care as physically challenging and better provided by the salon manicurist, but she didn't appreciate the joy/playfulness of painted nails:

I love the way they do the manicures. I think that's so stupid though. You might be in a wheelchair and diapers, but your nails look fabulous. I've asked for Mom to just have her nails clipped once a month... that's been a relief because, I'm sorry, I'm 57. It's hard for me to sit on the floor and clip your toenails.

Other care partners understood the additional value of manicures – that the process gave residents pleasure:

John Reid, resident Sandra Thomas' brother came in to the sitting area where manicurist Sherry was working. He is the guardian of his sister and arranges her care. He has known Sherry a long time and thanked her for her caring service to his sister—that he knows Sandra really enjoys it.

Ambivalence of care partners toward resident appearance and ambivalence regarding their role in maintaining resident appearance influenced the salon experiences of a few residents. At The Gardens, a resident's spouse scheduled salon appointments at the longtime salon of the resident, but his efforts seemed to be for his benefit, not for hers: "I take her out and get her hair done. I take her to a hairdresser that's been doin' her hair for 12 years or more..." When the interviewer asked "Once a month?" The spouse replied, "No. I take her when it looks so bad I can't stand it anymore. [Laughter]" This interview excerpt could be attributed to the care partner trying to make a joke, but his sense of ambivalence toward the resident's daily appearance was reiterated as he continued the interview; his only concern seemed to be that she looked nice for him or for outings with him:

Although his wife usually had her hair styled at an external salon, he arranged a hair appointment at the assisted living salon and stayed to be sure that she went to the appointment because she had a doctor appointment the following day that he had forgotten about. He also remarked that he would bring her nice sweater that he keeps at his place for her to wear to the appointment.

In another example of ambivalence, the care partner of a different resident lamented the resident's appearance and loss of identity and blamed care workers for his unruly hair, but at the same time was ambivalent about her role in the maintenance of his appearance and identity. The interviewer noted that the resident used to have a haircut every 2 weeks, but that the daughter

reduced the frequency of his haircuts to every 4-6 weeks. In blaming her father's unruly hair on staff, the daughter either didn't recognize or didn't acknowledge her role in his appearance:

[Dad] loved his hair... He was just very into that... That's why it's so hard sometimes for me to see him like he is now 'cause it's so not him... His hair gets kinda crazy sometimes. But he's got such thick hair... I wish they did a little bit more grooming. But I know that they're very limited, and it's hard.

### ***5.2.2 Differences in Style Preferences***

Data showed that informal care partners had the potential to influence resident appearance when care partner style preferences differed from resident style preferences. Analysis found that when faced with this type of conflict, the stylist weighed both preferences, but in most cases gave as much autonomy to the resident as possible.

The Gardens stylist described the desire of residents' children for their parent to have the same appearance that the children have always known: "Boomers want to see mom's hair the color and style it was when they were young. They hope that when they see themselves in the mirror, they'll be reminded of an earlier time." She added, "it also makes the adult child feel better to see Mom looking how they remember her."

At Holly House, a resident and her daughter had a constant difference of opinion regarding style preference, with the salon stylists having to decide which to honor. During a conversation with a researcher, the stylists commented about how they managed this conflict:

According to Sandy and Claudia they planned to do Josephine's hair how she wants it for as long as she can tell them how she likes it. When she can't anymore or doesn't care anymore, then (maybe) that's when they will do it how her daughter likes it.

During a salon observation a few months later, the researcher observed the continuation of the conflict and the stylist's and care partner's attitudes toward the resident's appearance and autonomy: "[The salon stylist] shared that the daughter wanted Josephine's hair done differently than Josephine liked it. Sandy doesn't think Josephine's daughter respects her mother's autonomy and personhood as her dementia is getting worse."

### ***5.2.3 Informal Care Partner Visits***

Visits from informal care partners influenced resident appearance in three ways. The first way was the greater attention given to resident appearance by care staff, including stylists, when residents would be seen at special events, on outings, or during visits by informal care partners. For example, at Holly House, "Stylist Sandy told Hank that his wife wanted him to get a haircut so he would look nice for the holidays. He said, 'well, if she says so.'" The second way that these visits influenced resident appearance was the inclination of residents to be more attentive to their appearance when they knew they would be seen by others – they had a greater desire to look good if they knew they would be having a visitor. A Gardens care worker remarked in an interview that "If reminded that they are going to have a visitor or an outing, they are likelier to agree to showering/washing hair." A Parkview care worker also described this inclination:

How important is the involvement of family and friends? Very important... It gives them something to look forward to... They're more inclined to do. It's like when you know somebody's coming, you wanna make sure that your hair is straight. Some of them will put on lipstick."

In addition to being more willing to shower or wash hair, residents' sense of appearance and ingrained desire to look nice for company included having hair styled in the salon. Parkview stylist Michelle Brown recounted residents approaching her for services: "They say, 'I can't go

out looking like this. Help me with my hair.’ They have family members they haven’t seen in awhile, they’ll come and visit, so they want to look good.” The third way informal care partners visits were consequential involved hands-on assistance. Family and friends sometimes assisted residents with appearance-related tasks such as brushing hair, trimming nails, and helping residents dress. At Parkview, a resident’s spouse visited her daily and described how he assisted with her appearance, “I make sure stuff’s in order... brush her hair, clean her fingernails, do whatever’s necessary.” At The Gardens, the daughter of a resident described how she continues to assist with her mother’s personal care:

When I go in there, I feel the need to clean up. I was worried to death this past weekend, not being there, ‘cause I thought, “She’s gonna be a mess. Her hair’s going to be dirty. Her teeth aren’t gonna be brushed.”

#### ***5.2.4 Direct Care Worker Attitude***

Data showed that when assisted living care staff recognized the meaning residents placed on their appearance and their lifelong rituals of its maintenance (putting on makeup, fixing hair, etc.) and provided this salon-type care above and beyond routine care interactions, the experience for residents was similar to that of the salon experience. A care worker from The Gardens described her routine assistance with a resident’s appearance:

My advice is let them feel, let them feel like they're still living... Let them dress up. Wear makeup. Do your makeup. Fix your hair. That's me. Let me feel nice, pretty. I had a patient—a resident... I'd usually do her makeup. Make them so pretty. They don't even look like they're a resident. Let them feel.

A care worker at Holly House described how ordinary routines of appearance maintenance are processes that residents continue to enjoy, regardless of their cognitive loss:

I just love playing with their hair, doing their nails, just letting them know that they can still have, do regular things like we do every day without just because they have... they can't remember it. It doesn't mean it stops them from doing everything... Engage with them... do the hair. They love it. That's the most thing that you can do to calm them down. It's very good common technique.

### **5.3 Community Factors**

#### ***5.3.1 Physical Attributes of the Salon***

At the community level, the most obvious factor influencing the salon experience was the availability of a salon, salon stylist, and manicurist. Rosie's Place had no salon at all and brought in a stylist only 4 times per year (every 3 months), so residents in this community had less frequent opportunity for professional hair care and nail care than residents at the other communities, unless care partners arranged for salon appointments at an external salon.

The other 3 communities had a dedicated salon space with all of the attributes of a real salon: hair washing sink, stylist chair, mirror, dryer dome, magazines, etc. Data suggested that when residents received salon care in these spaces, they were in a familiar salon environment and had an experience that was quite similar to an outing to an external salon. The sights, sounds and smells of the salon space enabled residents to place themselves, and the amenities of the salon served as physical cues for residents to know what to do in the salon.

#### ***5.3.2 Communal Atmosphere of the Salon***

The communal atmosphere in the salon created opportunities for co-resident engagement; not only while the resident was receiving salon services, but while waiting for their turn in the salon chair and while waiting to be transferred out of the salon after an appointment. The size of the waiting area and its location, along with the number of residents with overlapping

appointments impacted resident social engagement. At Holly House, there often was a queue of residents waiting for salon services. A researcher described the scene: “When I arrived in the salon, Emma, the new Jane, Annabelle, and Aubrey were there for their hair.” Though residents in the queue were not the center of attention or object of the stylist’s attention, the sometimes lengthy wait times provided additional opportunity for them to engage in ‘salon chat’. The researcher described resident Aubrey’s engagement as she waited her turn: “Aubrey patiently waits to have her hair shampooed; listens to conversation between Claudia and Emma and laughs at the humor.”

### ***5.3.3 Communal Atmosphere of Assisted Living Community***

In all of the study communities, the common areas, such as the dining room, TV room and activity room, were spaces shared by residents and staff. Evidence that lifelong sociocultural expectations were embodied by residents is found in researcher observations that describe residents having a desire to be presentably dressed and groomed before leaving their room and appearing in these public areas of their community. The general communal atmosphere of the assisted living communities impacted residents in two ways: it encouraged residents to have a ‘presentable’ appearance in common areas such as the dining room and TV room, and it was conducive to related engagement after a salon visit – residents were noticed and complimented.

An example from Holly House included a resident who was not only insistent that her own appearance be presentable before coming out of her room, but also that her doll ‘Missy’ that she always carried also needed to be dressed presentably before coming out of the room. A care worker described the resident’s morning routine: “She’s got to make sure her hair is right, she’s got on her makeup. Missy is fully dressed before she comes out there to the dining room.” The TV room was a popular sitting area at all of the communities. An example of the type of

attention often received by residents following a salon visit was observed in the Holly House TV room: “[Resident] Emma Copeland came back from the salon and she looked very sharp... Other residents and staff took notice and said so upon her entrance.”

In addition to the general communal atmosphere of the assisted living community, resident inclusion or exclusion in outings, special events and activities of the community influenced resident appearance, especially when informal care partners were present. Greater attention was given to resident appearance by care staff when the care staff knew that residents would be seen in public, including other areas of the community. Residents typically wore nicer-than-usual clothing for scheduled outings and other special events, including weekly church outings. Salon appointment scheduling often revolved around these scheduled outings and special events. An example of this special attention to appearance was the attention given to residents living in The Garden’s memory care area before they exited the memory care area to attend an event in the assisted living area of the community:

Many of them had their makeup done and were in clean and stylish outfits... Jenny Harris had her hair cut and toned, and it was curled and looked very nice. She was in what I would call ‘church clothes’ of a blouse and nice slacks, with a necklace. Leila and Thelma Norris also looked styled well beyond their typical, slightly disheveled appearances... A bit after 2:00, the caravan of staff and residents exited to head up for the Talent Show.

#### ***5.3.4 Inclusion of Stylists as Care Team Members***

The relationship between assisted living administrators and salon stylists influenced resident salon experiences in multiple ways. Being considered as a member of the resident care team provided in some cases a) access to resident information and inclusion in meetings with

informal care partners to discuss care preferences, and b) dementia training. Dementia training varied among the three study communities. At The Gardens, stylists were offered training by PS Salons and were encouraged to attend The Gardens staff training events. Data noted PS Salons' training guidelines: "Stylists are given some online Alzheimer's/dementia training as well as liability avoidance training, and encouraged to sit in on any training offered to staff at any of the assisted living communities." There was no mention in data of any formal or informal training offered to stylists at Parkview and Holly House. At Parkview, the stylist wasn't included in staff meetings, but when a new resident moved into the community, Parkview administrators facilitated her meeting with the resident and with informal care partners of the resident so that she could learn directly about the care needs of the resident and establish a relationship with them all: "At move-in time, I meet with residents and their families to find out their needs and their scheduling preferences."

### ***5.3.5 Appointment Scheduling and Payment***

Appointment scheduling and payment was a process important to the salon experience, but this process was typically not experienced by the resident; instead, informal care partners typically scheduled and paid for appointments. At The Gardens, PS Salons offered online scheduling and payment, as well as the capability for friends and family to 'gift' salon services, but the online system was only for hair care, not nail care. A researcher described the payment system:

PS Salons has recently rolled out a new payment system where friends or family can load money onto an online account (called a Celebration account) which is immediately debited when a resident uses the salon... it allows for friends and family to 'gift' salon services to their loved ones.

It seems that the convenience of online scheduling and the ability of friends and family to ‘gift’ salon services would have enabled more frequent salon visits, but there were no examples in data of this online system impacting frequency of salon visits. The online system relied upon care partners having access to the internet and the capability to use the online system; it’s quite possible that some care partners were challenged by this type of technology. There were no examples in data of the actual use of the system by care partners, nor any examples of difficulties or conveniences to families of the online system or of traditional salon scheduling methods.

The PS Salon online appointment scheduling and payment system did not include appointments with the Gardens manicurist; appointments for nail care continued to be made via telephone call: “[The Gardens Salon manicurist] calls the families and schedules her appointments and they pay her by mail. She always writes a thank you note and sends back their receipt.” Unlike the online scheduling of hair appointments, scheduling nail care via a phone call required conversation between the manicurist and the informal care partner, thus providing opportunity for personal communication about the resident.

### ***5.3.6 Assisted Living Policy and Resident Transfer***

Assisted living policy varied among communities and impacted the salon experience. In addition to policies related to salon staffing, scheduling, payment of services, and training opportunities, there also were policies pertaining to the transfer (i.e., movement) of residents to and from the salon and also within the salon to and from the styling chair. This policy indirectly impacted residents’ salon experience.

At Parkview, there were no restrictions regarding stylists transferring residents to or from the salon. Thus, Parkview stylists had additional opportunity for social engagement with residents who required transfer assistance. At The Gardens and Holly House, assisted living

policy prohibited stylists from transferring residents to or from the salon. Data showed that the flow in those salons - how crowded the waiting area was and how long residents waited to be transferred to their appointment or back to their room – influenced resident social engagement. This reliance on care workers to transfer residents to and from the salon was sometimes an inconvenience to both the stylist and manicurist and to the caregiving staff. At The Gardens,

Sherry [The Gardens manicurist] said sometimes the staff is busy when she arrives but she is not allowed to push a wheelchair or walk with any resident because of her business insurance rules. She counts on the staff to get the residents who are on her schedule for the day. She tells the staff, “The sooner you bring the residents, the sooner I am out of your way.”

Liability issues and the ability of stylists and manicurists to safely transfer residents were the reason for this policy. A researcher noted that “Sherry Elliott, The Gardens manicurist has difficulty getting residents to and from because of liability rules—she can’t push them in wheelchairs.” The same was true for Holly House: “At Holly House, since Eleanor fell out of her chair, neither Claudia nor Sandy transport or help to transport residents who use walkers or wheelchairs. They maintained that practice today and had to rely on staff.”

Regardless of assisted living policy, care worker assistance was available at all of the communities if residents needed help transferring to/from the salon or into the salon chair. Care worker assistance was not available at external salons. For this reason, receiving salon care at an assisted living salon influenced the ability of residents to receive continuous salon care regardless of frailty or changes to their physical status. The Parkview stylist noted how the availability of transfer assistance distinguished the assisted living salon from external salons:

One of the challenges of being an AL stylist is transferring residents to the salon chair. Sometimes assistance is needed from AL staff... In a salon that's not an assisted living salon, stylists aren't trained to assist/lift clients into salon chairs. This is one of the reasons residents begin using the assisted living salon.

## **5.4 Stylist/Manicurist Factors**

### ***5.4.1 Relationship with Residents and Families***

Data showed that salon stylists' and manicurists' relationships with residents were similar to those of informal care partners, and that stylists and manicurists also had strong relationships with residents' families and with assisted living administrators. Several factors influenced these relationships and in turn influenced residents' salon experiences.

The stylist's and manicurist's longevity at the salon was a clear factor. Longevity helped enable the stylist and manicurist to know residents and their families well, and to earn the trust of residents, families and assisted living administrators. It also often provided stylists and manicurists with knowledge of resident personality traits before the onset or progression of their dementia. With this knowledge, stylists and manicurists were more understanding and compassionate when dementia caused behavior out of character for the resident. Holly House stylists reflected on the benefits of relationship longevity during a conversation with a researcher:

Sandy and Claudia both felt it was important to respect the residents and try to style their hair how they want it done, but it was easier if you knew them before they started to decline so not only do you know their personal preferences but you also know if bad attitudes are just who they are or if it is out of character. They also said it is easier to overlook behavior problems when you've known them longer.

Resident salon experiences were influenced when stylists knew the residents and their preferences and had respect for resident autonomy when resident preferences were different than those of their family. Residents frequently verbalized their appreciation of the stylist knowing their preferences and giving them their desired style. In the example previously given of the Holly House stylist giving resident Josephine her desired style instead of the style preferred by her care partner, Josephine expressed her satisfaction: “That’s how I am supposed to look.” At The Gardens, a resident praised the stylist’ ability and understanding of her preferences: “I asked Sandra how she liked her hair and she said, ‘I think this is the best haircut I have ever had.’”

#### ***5.4.2 Dementia Education and Experience***

Stylists at Holly House and Parkview were self-motivated and obtained their dementia knowledge through self-education – reading books and online information; stylists at The Gardens gained their dementia knowledge through PS Salons staff training courses and optional Gardens staff training. At all 3 communities, the stylists’ knowledge of dementia and experience working with people living with dementia enabled positive interactions with residents.

At Holly House, stylists were especially knowledgeable about being in the moment. They voiced concern that families didn’t have this same understanding of engaging with residents: “We are making it all up as we go along. Everyone is different. Every day is different. With Mother, It’s like a box of chocolates. You never know what you’re going to get from one day to the next.” A researcher observed a conversation between the Holly House salon stylists and the owner of Holly House that demonstrated their understanding of successful engagement approaches:

Denise, Claudia and Sandy had a very in-depth conversation about how important it is “to meet residents where they are” and Denise talked about how difficult it can be when

family members try to correct the memory of residents because it causes so much anxiety. Sandy said she feels like the sundowning has gotten worse lately and she feels like residents are so much more anxious now. Denise and Sandy bantered about how family might play into this anxiety. They reiterated the importance of being present, patient, and flexible with whatever might be coming your way.

The Parkview stylist described in an interview how years of personal experience working with residents with dementia in nursing homes gave her an understanding of how to effectively engage with assisted living residents. She added that her experiences with people with dementia began as a child and that residents' cognitive issues were not a challenge for her because she had been taught at home since she was a child and had learned through her father's church ministry what to expect and how to respond to people with dementia. Her experiences taught her to "never underestimate people... because you never know..."

#### ***5.4.3 Communication and Conversational Style***

Salon experiences were enhanced by the respectful, sincere style of conversation that stylists and manicurists had with residents. Residents had a higher level of social engagement with the stylist and manicurist because of the stylist's and manicurist's manner of treating residents like 'normal people' and having normal conversation rather than the 'care-speak' that often occurred with care workers. A care worker described the Holly House stylist in this way: "She treats them like there's nothing wrong." This manner and conversational style was well-documented in data describing the stylists and manicurists at each salon.

Stylists used conversation topics that were of interest to residents and found common interests or shared experiences that residents could relate to:

One of the hair stylists, who was young and very friendly, did her hair. Both she and Cora were from Macon, which they had a conversation about. Tina, Leila's niece-in-law was sitting nearby; she said she also was from Macon and talked to Cora about where she lived.

Resident-stylist conversation was further enhanced when the stylist and manicurist had knowledge of resident history and personality, and of their family; this knowledge helped them spark resident memories and initiate/steer conversation.

Stylists and manicurists treated residents without the ability to speak in the same manner as those who could. Their ability to understand nonverbal communication contributed to a positive salon experience. The Parkview stylist described how she understood residents by paying attention to their nonverbal actions – their smiles, the look in their eyes, and their subtle hand motions:

If he likes something, he'll just smile and he'll do like this. [Interviewee made a patting motion with her hand]. If he don't like something, he'll be like [putting hand on her shoulder or his own shoulder] Then he'll do like this [index and middle fingers waving up and down together, other fingers stationary]. He'll do like that with his hands - like "Thank you. See you later."

At The Gardens, the manicurist had this same type of conversational approach with residents and was described by a researcher as "sensitive, loving, and not demeaning." The researcher observed an interaction where resident Ellie talked with the manicurist Sherry as a confidante; and as a confidante, Sherry offered kind, affirming words that helped boost Ellie's morale/self-esteem:

Ellie said, “I hate my body” and went into detail about her shape, her arms, and Sherry kept telling her she was lovely and not to worry about it. Ellie talked with Sherry as an old friend would. I asked Sherry if Ellie remembers her from week to week. She said she does... Sherry was very kind and efficient with each resident.

#### ***5.4.4 Enabler of Social Connections***

Stylists’ creativity in scheduling appointments influenced the salon experience for residents by maximizing social engagement. At Holly House, male residents were all scheduled at the same time to give them the feeling of being in a barbershop: “Claudia said all the men (Vernon, Hank, and Jimmy) would be coming up after the women and they would convert into the barber shop. She laughed at this and patted Jane on the shoulder.” For some memory care residents, the social engagement of their salon visits was particularly meaningful. At Parkview, the stylist fostered social connections for residents in memory care by creatively arranging appointment times for salon rendezvous with friends living on the other side of the locked door of the memory care unit:

[Stewart’s friends] had to go to [memory care], so he didn't see them anymore. Then he actually had a girlfriend that was here, but she ended up moving too. I used to try to get them to come to the salon together, like she'll get her hair done, and he'll get his hair done. I said, ‘Okay, you can sit by her while she's getting her hair dried,’ and stuff like that.

The stylist also recognized that, in itself, the social environment of the salon would uplift a resident experiencing acute loneliness and sadness, even when salon services weren’t needed. Her actions underscored the meaningfulness of the stylist-resident relationship and of the social engagement found in the salon:

Salon stylist Michelle said the last time she had been in [Parkview's memory care], Julie V. had been crying and that just broke her heart so she tries now to go get Julie from [memory care] and let her sit in the salon with her as much as she can because she couldn't bear to see Julie's spirit so down.

#### ***5.4.5 Stylist/Manicurist 'Calling' to Profession***

Stylists' and manicurists' 'calling' to their profession and their love of older adults influenced interactions and relationships with residents and was one of the biggest influencers of resident salon experiences. This 'calling' caused them to go above and beyond in their relationships with residents. Stylists visited residents in the hospital, visited residents in the assisted living community on non-salon days, and made 'house calls' to give haircuts in residents' rooms if residents were too weak or sick to visit the salon.

[Parkview stylist] Michelle told me through her words, but also with a glowing smile throughout the interview about her 'calling' to do her work. She spoke about several of the residents, and how well she knows them and their families – their likes, their dislikes, their abilities, their demeanors, how they communicate, and much more.

The Parkview stylist, in her interview, described the Parkview manicurist as having the same type of relationships with residents and families: "I'm pretty close with everybody, to be honest, and so is the nail tech. She's the same way. Yeah." At The Gardens, the manicurist attributed her lifetime of working in assisted living communities to her love for older adults:

[The Gardens Manicurist Sherry] said she has been in the beauty shop business for 40 years and has worked in assisted living facilities over 30 years. She now only does manicure/pedicure and loves working with older people. She is scheduled Monday

through Friday in various assisted living and memory care facilities each week. She has been working at The Gardens for many years.

At Holly House, the assistant stylist described the stylist's and her own 'calling' to their vocation: "It's a ministry for Sandy; she loves old people... When you see how happy it makes 'em, oh, my gosh. It is a blessing."

## 6 DISCUSSION

The overall goal of this qualitative study was to examine the importance of appearance, its management, and how it impacts opportunities for meaningful engagement for residents with dementia in assisted living. Literature suggests that older adults' sense of self is comprised not only of appearance and self-identity, but also of adherence to lifelong practices and routines of appearance maintenance (Clarke, 2001; Furman, 1997; Kontos, 2006; Ward & Campbell, 2013). Findings show that appearance and appearance-related processes and routines continue to remain important for residents with dementia in assisted living, and that the assisted living salon plays an important role in helping them maintain their appearance and sense of self. Previous research commonly considers physical care and support to be the primary focus of salon care, with informal social support as a secondary benefit (Anderson et al., 2010; Ward et al., 2016a). Yet, this study reveals that appearance maintenance can be as important as appearance itself to residents, and that resident salon experiences as a form of meaningful engagement should be considered as a primary focus of salon care.

Interviews with informal care partners, care workers and salon stylists provided historical and current context of residents' sense of self – of their self-identity and of lifelong practices and routines of appearance maintenance. Observation of resident engagement in the salon and of related engagement outside the salon provided understanding of their assisted living salon experience and other related experiences. Analysis of these interviews and observations confirmed what was found in other studies: that in the salon, residents experience meaningful social engagement from the affirmation and personal attention they receive, and from their special 'time with' stylists (Anderson et al., 2010; Ward et al., 2016a; 2016b). Those studies contrasted the care dynamics of the stylist-resident dyad with the care worker-resident dyad and

described primary differences: in the care worker-resident dyad, care workers were described as being too focused on the efficient provision of care and too busy providing care to take time for casual conversation or relationship-building, and care workers were described as using a “care speak” conversational style rather than the interactive conversational style of stylists (Ward et al., 2008; 2016a; 2016b). The findings of this study show, however, that like stylists, many care workers also recognize the importance to residents of their appearance and their rituals of appearance-maintenance, and often offer affirmation, personal attention and ‘time with’ residents like that provided by stylists. Findings also point to care workers having supportive relationships with residents and having the same type of vocational ‘calling’ to their work as stylists.

One of the goals of this study was to examine salon experiences through the lens of embodied selfhood. Through this lens, lifelong salon/barbershop routines and processes were found to be embodied experiences, and as such, provided a form of engagement meaningful to residents. These findings echoed findings of another recent analysis of meaningful engagement among assisted living residents with dementia that focused on “outings” (Cioffi et al., 2022). The outings analysis focused on residents’ experiences with going outside or offsite and attributed resident enjoyment of mundane outings, such as going to the grocery store or just sitting outside, to lifetime embodiment of the sensory experiences and social experiences of these outings. Similar to the examination of outings, analysis of salon data found that engagement in ordinary, everyday, embodied experiences reinforced citizenship of residents by restoring a sense of normalcy. A visit to the salon was a “normal thing” done by “regular people” (Cioffi et al., 2022, p. 205).

Factors influencing the social experience of an outing were similar to factors influencing the social experience of the salon: being known, receiving personal notice and attention, and

being socially engaged. An example was given of the social pleasure of a church outing for a resident with dementia who throughout her life enjoyed her involvement with her church: when the resident's son took her to church and to brunch afterward with church friends, people knew her and talked to her despite her incapacity for speech, and her response to the personal attention was very positive. The social experience of a salon visit was found to be very similar to the social experience of an outing, and in addition, the physical attributes and ambiance in the assisted living salon were nearly identical to an off-premises salon, so in this way, a visit to the assisted living salon also provided an experience physically similar to an outing – once inside it felt to residents like they were in a “real” salon – not in an assisted living community. This form of bringing the outside in was even more important when residents no longer had the physical or cognitive capacity for an outing, and when it became too difficult for care partners to support their care needs and mobility challenges on an outing.

Data from Rosie's Place did not include any examples of residents who were unable to receive services at an off-site salon, but there were examples at the other communities of residents requiring transfer assistance and residents whose physical function prevented them from visiting off-site salons. An advantage of the assisted living salon was that as residents' physical and cognitive function further declined, the availability of transfer assistance and stylists' understanding of their cognitive function and experience working with persons living with dementia maximized resident engagement capacity and resident ability to continue receiving services in the assisted living salon.

Existing research identifies conflicting social norms and expectations of appearance for older adults: failure to maintain appearance indicates incapacity or incompetency but efforts to maintain it are viewed as frivolous (Heinrichsmeier, 2019; Ward et al., 2014). Findings confirm

that some but not all care partners held this type of conflicting sentiment. Examples of Informal Care Partner attitudes cited in Chapter 5 include the sarcasm of a resident's daughter toward her mother's manicure, "I love the way they do the manicures. I think that's so stupid though. You might be in a wheelchair and diapers, but your nails look fabulous." Several examples were found in data that illustrated how unkempt appearance is perceived by care partners as an indication of incapacity. An example in Chapter 4 cites a care worker warning a visiting family member of her uncle's unkempt appearance and to not judge his well-being by his appearance:

...the staff is gonna take him back to his room and redirect him because he does have on the same outfit that he had on yesterday, he doesn't have his glasses on and he did not comb his hair. He doesn't look groomed... Because when you go down, I don't want you to look at him and say, "Well, what's goin on with my uncle?"

Research tells us that quality interactions are not consistently available for residents in assisted living, especially those with dementia (Kemp et al., 2021; 2023). This study confirms that this also is true for appearance-related interactions of both care workers and informal care partners with residents. Inconsistency among care workers is illustrated in Chapter 4 in the example of the attentiveness of a daytime care worker who went out of her way to purchase curlers for a resident and teach the nighttime care worker how to curl the resident's hair, and the non-provision of that care by the nighttime care worker. Among informal care partners, personal care interaction and facilitation of care ranged from very attentive to very ambivalent. Literature suggests that families value resident appearance and play an important role in facilitating appearance maintenance (Ward et al., 2008; Ward & Campbell, 2013). For the most part this was true in the present study. Yet, there were inconsistencies in care partner attitudes toward resident

appearance and a lack of understanding by care partners of their role in facilitating appearance maintenance. An example of this lack of understanding was cited in Chapter 5: the daughter of a resident lamented her father's appearance and loss of identity and blamed care workers for his unruly hair, but didn't acknowledge her role in the maintenance of his appearance and identity; it was noted in data that that the resident historically had his hair cut every 2 weeks, but that the daughter had reduced the haircut frequency to every 4-6 weeks. Other examples cited in Chapter 5 included residents in need of nail care as a matter of health/hygiene, whose care partners viewed that care as frivolous, and care partners who failed to recognize the importance of appearance and appearance maintenance to residents' self-identity. At the other end of the spectrum, examples cited in Chapter 5 included a care partner who visited daily to help dress and groom his wife, a daughter who shampooed and styled her mother's hair during visits, and a daughter who facilitated weekly manicures for her mother, knowing that polished nails had always brought her mother joy, even if her mother would not remember receiving the manicure.

Burgess and colleagues (2022) examined quality of life and care from the perspective of assisted living residents and their formal and informal care partners. Their findings show that residents and their care network members engage in the process of "negotiating priorities" and there is not always agreement on what matters or what matters most to whom. They identified "quality conundrums," which arose "when a resident's care needs escalated, and care tasks and routines occupied a larger proportion of daily life" (Burgess et al., 2022, p. 609). Similarly, in the present study of salon experiences, as resident physical and cognitive health declined or as they approached the end of life, appearance maintenance seemed frivolous to some care partners who focused primarily on assistance with activities of daily living. Yet appearance was shown to provide dignity to residents and was a continued symbol of their self-identity, and appearance

maintenance was shown to provide a measure of choice and control when other areas of their life were out of their control. Facilitating appearance maintenance was a way that care partners could contribute to resident pleasure when the care partner was at a loss for how to help the resident engage in other ways.

This study revealed multiple factors that influenced resident salon opportunities and experiences, including resident self-identity and self-awareness, care partner attitudes and facilitation of salon experiences, salon physical attributes, assisted living policies, stylists' and manicurists' characteristics and relationship with residents, and the inclusion of stylists and manicurists as members of the care team. Resident embodiment of lifelong salon/barbershop experiences, personal routines of appearance maintenance, and cultural norms/expectations enhanced their assisted living salon experiences and provided a form of engagement meaningful to them. Understanding of the role of the salon in providing an embodied experience, that for many residents, remained meaningful, was an important study finding. Opportunities for meaningful engagement can be limited and represent a challenge among persons with dementia, especially as dementia advances (Kontos et al., 2021). Yet, at a time when residents experience much loss due to cognitive decline, the salon typically remains a place that is familiar, where they still know what to do, and where they can experience pleasure and a sense of self.

Additional analysis of the meaningful engagement data identified "capacity" as a key to understanding how meaningful engagement is promoted among persons living with dementia (Kemp et al., 2023). In this instance, capacity refers to "the amount and nature of engagement resources associated with individuals, care convoys, and settings" (Kemp et al., 2023, p. 861). In this context, the many factors that influence resident appearance and the salon experience, as described in Chapter 5, can be termed engagement resources. This study identified multiple

factors/engagement resources with potential to influence capacity for meaningful engagement in the salon and related engagement, and categorized them at four levels of occurrence: resident, care partner, community, and stylist factors; many examples are provided in Chapter 5 of factors/engagement resources for each level. The study found that resident factors include socio-cultural practices, life experiences, self-awareness and self-consciousness, gender, health status, cognition and speech, and alternate reality; care partner factors include informal care partner attitudes, differences in style preferences, informal care partner visits, and direct care worker attitudes; community factors include physical attributes of the salon, the communal atmosphere of the salon, the communal atmosphere of assisted living community, community events and activities, inclusion of stylists as care team members, appointment scheduling and payment, and assisted living policy; and stylist factors include their relationship with residents and families, dementia education and experience, communication and conversational style, enablement of social connections, and ‘calling’ to the profession.

An example in Chapter 5 illustrating the stylist as an ‘enabler of social connections’ is also a good illustration of capacity – of the multiple factors/resources that collectively influence resident engagement. In the example, the stylist boosted residents’ capacity for meaningful engagement by knowing them and by creating opportunities for engagement – utilizing the salon as the engagement setting. The example describes how the locked setting of memory care socially isolates memory care residents from friends living in the assisted living area of the community, and in this way is consequential to the engagement capacity of both memory care residents and assisted living residents. The example goes on to describe how the stylist creatively scheduled appointments to enable rendezvous in the salon for residents who were living in these separated areas of the community, and how the stylist sometimes brought a resident from

memory care to the salon just to sit and be uplifted by the setting and the social engagement found there on days when the resident felt sad and lonely. The example eludes to, but does not specifically mention other factors that likely contributed to the residents' salon experience: the change in cognitive function that caused the move to memory care, the family member supporting the scheduling and payment of salon visits, the communal nature of assisted living, the marginalization of residents with limited cognitive function, the relationship of the stylist with the resident and the family, and the familiarity of the salon to the resident. In this example, many factors collectively contributed to resident capacity for meaningful engagement in the salon.

## 6.1 Limitations and Strengths

The study used secondary data from a 1-year period of a 5-year study examining overall meaningful engagement of residents with dementia in assisted living and has several important limitations and strengths.

**Limitations.** The study was not designed to focus exclusively on salon experiences and was limited to the use of secondary data. Observations provided only snapshot glimpses of salon experiences. And, although the four communities in the study offered diversity in size, location, ownership, and contractual arrangement with stylists, the data represented a small sample of assisted living communities. The four communities were in one state, so the study was also limited by data representing resident experiences from only one region in the country; the study did not account for possible differences in style preferences, sociocultural norms/routines, and assisted living salon experiences of residents with dementia in other regions of the country.

Residents included in the study varied in cognitive function but all lived with dementia in assisted living. The study population was somewhat heterogeneous in that residents came from a

variety of backgrounds and life experiences, but most shared common demographic characteristics of gender, age, race/ethnicity and marital status: most were single (82%), White (79%) and women (85%), with average age 86 [see Chapter 3, Table 3.3]. Another common characteristic of the residents was their financial status: all had the financial means to live in assisted living care or memory care. The study was limited by its overall lack of demographic diversity, particularly the lack of gender diversity and racial/ethnic diversity. With a mostly female population and less-frequent salon visits by males, there was much less data for male residents than for female residents. And though the participant population was 21% Black, fieldnote observations and interview descriptions of salon care mainly described salon experiences of White residents. This was largely due to Rosie's Place having the largest proportion of Black residents but no on-site salon. The study provided little understanding of the salon experiences and engagement opportunities of a more racially and culturally diverse population.

Generational differences in hairstyles and appearance-related routines of the study population and future populations limited the applicability of the study. Data describing certain hairstyles and salon routines, such as the weekly routine of a "set and curl," were likely unique to the study population and not to future populations. Future populations of assisted living residents will likely have different embodied salon experiences and routines, such as having hair dried by a hand-held hair dryer rather than sitting under a dryer-dome.

**Strengths.** The longitudinal approach to data collection and analysis was a strength: there was a large quantity of data specific to resident assisted living salon experiences, and the time span strengthened subjective findings and evidence of data trends. For example, resident embodiment of their lifelong 'salon day' was observed month after month and for multiple

residents. The use of qualitative methods, also a strength, provided data rich with observations of resident salon experiences and related engagement collected by a team of trained researchers; interviews with salon stylists, manicurists and a variety of care partners provided multiple perspectives and historical context of residents' appearance, maintenance of appearance, salon experiences, and lifelong salon routines. Observations of resident capacity, engagement, behavior and mood in their other activities and routines of daily life also provided context to their salon experiences.

Another strength of the study, but potentially a limitation, was the ascertainment of salon experiences as embodied experiences. The concept "embodied selfhood" is not difficult to understand, but it is difficult to ascertain for persons with dementia, let alone for any person, if their experiences are embodied and if their experiences contribute to their sense of self. It is a gray area. Collectively, data provided a strong argument that lifelong appearance-related cultural expectations, practices, salon experiences, and salon routines were embodied by residents, and that those embodied experiences contributed to their assisted living salon experience and sense of self. Though it was beyond proof, there were many examples and diverse examples in data pointing strongly to residents' embodiment of lifelong salon experiences and routines, and their embodiment of cultural expectations and appearance-related practices.

Another broadly defined and easily understood concept used in the study was "meaningful engagement," but it can be difficult to ascertain or prove for residents with dementia that an activity or experience is meaningful to them –that it is important to their well-being or sense of self. The study data, however, were saturated with examples of salon engagement and related engagement easily recognizable as meaningful to residents. Researcher observation and interviews with care partners and salon stylists described physical pleasure,

laughter and relaxation of residents in the salon – even residents prone to anxiety, and described their eager anticipation of salon appointments, and confidence and restored sense of self following salon visits. These types of resident responses to the salon experience signified that the experience contributed to their well-being and sense of self and were considered meaningful.

An important component of the study was that research was directly informed by persons living with dementia. The inclusion of persons living with dementia as participants, including their voices and the documentation of their experiences – in their words and based on their responses- was important and was a strength, as was the inclusion of a wide range of convoy members’ perspectives (see Kemp et al., 2018; 2023) – all of whom are implicated in meaningful engagement and in this instance, salon experiences and processes. So often research focused on persons living with dementia fails to include their voices and experiences (Allison et al., 2022) and does not include multiple care convoy members’ perspectives.

## **6.2 Implications and Recommendations**

The salon played an important role in the lives of residents with dementia by providing a outlet for and form of meaningful engagement. It follows that the provision or enhancement of salon opportunities could help maintain and even improve resident quality of life, resident quality of care, and overall resident well-being. As such, findings have implications for research, practice, and policy.

Salon opportunities were influenced by care partners knowing: a) the importance to residents of their appearance and related routines, b) the benefits of regular salon visits, including engagement opportunities and positive sense of self, c) the role of care partners as facilitators of salon experiences, d) the value of a dedicated, appropriately furnished, on-site salon space, and e) the role of salon stylists as care partners and care team members. With this knowledge,

creative use of the salon space could potentially provide additional or enhanced engagement opportunities. Engagement partner and setting capacity (see Kemp et al., 2023) promote and enhance salon experience in ways that optimize residents' salon experiences.

The study showed that standards of good practice of salon care included a dedicated, appropriately furnished, on-site salon space, and that salon stylists had a vocational "calling" and understanding/experience working with persons living with dementia. Of special importance was how stylists utilized strategies previously identified as key to promoting meaningful engagement: a) knowing the resident, b) connecting and meeting people where they are, c) being in the moment, and d) viewing all encounters as meaningful (Kemp et al., 2021). Standards of good practice included stylist training/experience with a variety of hair types and hair styles so that residents' style preferences could be met. Salon experiences were enhanced when stylists were familiar with residents' life stories and current situations and were able to provide conversation cues and informal social support.

A dedicated, appropriately furnished, on-site salon space was found to be important to residents' salon experience in two ways: residents' embodied familiarity with the salon space and its attributes enabled them to physically place themselves and know what to do; and secondly, the attributes of the salon enabled embodied sensory experiences: a warm shampoo/scalp massage in the sink, being the center of attention in the salon chair in front of the mirror, relaxing under the warm air of the dryer dome, paging through magazines, and simply sitting – being - in the salon. Data from 'Prom Day' at the Gardens community showed how resident salon experiences were not as meaningful when provided outside of the familiar salon environment and routine.

Salon and barbershop experiences are typically gendered, and were recognized as such by care partners at two of the study communities. It was important to those care partners that male residents have a barbershop experience. At Parkview, when asked in an interview what she would do if she had unlimited resources, the activities director said that she would take the men on an outing to a real barbershop so that they could have that experience again. Coming from someone who works closely with residents and whose primary objective is resident engagement, this was a strong statement about the barbershop experience being meaningful to male residents - and the assisted living salon not providing that experience. At Holly House, the stylist tried to achieve a barbershop environment for the men by scheduling them at the same time, but data showed no discernable response from male residents to those efforts. Since data showed that the physical space and amenities of the salon were embodied, perhaps in addition to scheduling men at the same time, enhancements to the physical space could help create an environment familiar to men. A few simple changes could provide visual cues found in most barbershops: swapping ladies' magazines for magazines preferred by men, and having a TV on a wall or countertop tuned to a sports channel. Going one step further, a barber – a male barber – could be enlisted to come to the salon once a month to provide services on “barbershop” day.

The study showed that personal characteristics of salon stylists and manicurists were integral to residents' salon experience. Personal characteristics included a “calling” to work with older adults, which frequently is found among direct care workers in assisted living (Bender et al., 2022), and a conversational style and manner of treating residents that offered dignity and respect. Additional characteristics included experience with persons with dementia, knowledge about dementia and best care practices, and supportive relationships with residents and care partners. These latter characteristics could be enhanced and supported by care partners by their

understanding of the role of salon stylists and manicurists as care partners and members of the care team: training and education offered to other members of the care team should be available to stylists; relevant resident care information should be accessible to stylists; and communication with family members and other care partners should be facilitated by assisted living administrators. Inclusion of stylists as care team members is important since stylists' knowledge of resident lives and life stories enables conversation cues and informal social support.

Stylists should be professionally prepared for generational differences in style preferences and salon routines of future assisted living residents, and be prepared to meet the needs of a more racially and culturally diverse assisted living population. The Black stylist at Parkview had training and experience with all types of hair, but the White stylists at Holly House did not have training or experience to style Black/coily hair, even though the Holly House salon clientele included Black residents. The Holly House assistant stylist explained in an interview that "everything we know about African American hair we learned here [from care workers]... I'm happy to learn new things." This data example suggested that stylists already want and need expanded training/experience to be able to provide care for a racially diverse clientele.

The salons of the study communities were only used 1-2 days per week, so use of the salon space on non-salon days could potentially provide additional or enhanced engagement opportunity. For residents with an aversion to having their hair shampooed by a care worker in the shower, the salon could play an important role in their care by providing an alternate space/method of care for routine care; having hair shampooed by a care worker in the salon sink might provide a more natural experience and one in which residents feel pampered rather than vulnerable. This alternative site/method of routine care also might be preferable to care workers.

Another potential use of the assisted living salon on non-salon days is the use of the space by residents' personal stylists for "house calls." Holly House's salon policy allowed this type of use, and residents were able to receive salon services from their former external stylists in the Holly House salon. This type of flexibility offered a way for residents whose physical or cognitive capacity prevented an outing or who otherwise were unable to travel to their former salons to maintain their longstanding relationships with their stylists and benefit from their informal social support and social engagement. Another policy at Holly House that was different from the other study communities was the allowance of non-resident clients to receive salon services in the assisted living salon. This type of flexibility could potentially benefit residents, stylists, and even assisted living owners: a larger assisted living salon clientele could benefit stylists financially; in turn, assisted living owners, as proprietors of the salon, could potentially benefit financially or help offset costs of the salon; residents could potentially benefit by having greater appointment flexibility if an increase in salon clientele increased the salon days/hours of operation, and residents could potentially have additional opportunity for social engagement when non-residents visited the community for salon services.

Future research may generate additional suggestions and implications for practice. Recommendations for future research include the use of primary data to allow for a more focused approach to data collection, and the use of a larger sample of assisted living communities to provide a greater ability to generalize and account for differences across care communities; communities sampled should include a variety of geographic regions to account for regional differences in styles and appearance-related routines and practices. Lastly, and very importantly, to better understand the salon experiences of a more diverse population, data should be more inclusive of salon experiences of male residents and residents of non-White

race/ethnicity. Literature exists pertaining to beauty products, hair care and styling tips for African American hair, and there also exists peer-reviewed studies of health screenings and preventive health campaigns in African American salons, but no information was found pertaining to salon experiences of African American older adults or older adults of other non-White race/ethnicity.

This study showed that resident embodiment of lifelong salon experiences and routines enhanced their assisted living salon experiences and contributed to their sense of self. Future research should examine other assisted living routines and activities through the lens of embodied selfhood to learn if and how other embodied experiences similarly contribute to resident engagement and their sense of self.

## REFERENCES

- Allison, T. A., Gubner, J. M., Oh, A., Harrison, K. L., Pham, K., Barnes, D. E., Johnson, J. K., Covinsky, K. E., Smith, A. K. (2022). Meaningful activities and sources of meaning for community-dwelling people living with dementia. *Journal of the American Medical Directors Association*, 23(7), 1191-1196.  
<https://doi.org/10.1016/j.jamda.2021.08.009>
- Alzheimer's Association. (2022). *2022 Alzheimer's disease facts and figures*. Alzheimers Dement 2022; 17(3):19. Retrieved from:  
<https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>
- Anderson, K., Cimal, A., & Maile, J. (2010). Hairstylists' relationships and helping behaviors with older adult clients. *Journal of Applied Gerontology*, 29(3), 371-380. <https://doi.org/10.1177/0733464809338514>
- Bender, A.A., Kemp, C.L., Vandenberg, A. E., Burgess, E.O., & Perkins, M. M. (2022). "You gotta have your cry": Administrator and direct care worker experiences of death in assisted living. *Journal of Aging Studies*, 63.  
<https://doi.org/10.1016/j.jaging.2022.101072>
- Blumer, H. (1969). *Symbolic interaction: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall.
- Bowen, G. A. (2006). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, 5(3), 12-23. <https://doi.org/10.1177/160940690600500304>
- Burgess, E. O., Kemp, C. L., & Bender, A. A. (2022). "It's going to be different for everybody": Negotiating quality of life and care priorities within care convoys. *Journal of Aging and Health*, 34(4-5), 602-613. <https://doi.org/10.1177/08982643211052367>

- Ciofi, J. M., Kemp, C. L., & Bender, A. A. (2022). Assisted living residents with dementia: Being out in the world and negotiating connections. *The Gerontologist* 62(2), 200-211. <https://doi.org/10.1093/geront/gnab113>
- Clarke, L. H. (2001). Older women's bodies and the self: The construction of identity in later life. *Canadian Review of Sociology*, 38(4), 441-464.  
<https://doi.org/10.1111/j.1755-618X.2001.tb00981.x>
- Collin, C., Wade, D. T., Davies, S., & Horne, V. (1988). The Barthel ADL Index: A reliability study. *International Disability Studies*, 10(2), 61-63.  
<https://doi.org/10.3109/09638288809164103>
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.
- Finch, J. (1989). *Family obligations and social change*. Cambridge, MA: Basil Blackwell.
- Finch, J., & Mason, J. (1993). *Negotiating family responsibilities*. London: Routledge.
- Furman, F. K. (1997). *Facing the mirror: Older women and beauty shop culture*. New York, NY: Routledge.
- Heinrichsmeier, R. (2019). 'So long as there's hair there still': Displaying lack of interest as a practice for negotiating social norms of appearance for older women. *Ageing & Society* 39(7), 1360-1386. <https://doi.org/10.1017/S0144686X17001544>
- Kaufman, S. R. (1986). *The ageless self: Sources of meaning in late life*. Madison: University of Wisconsin Press.
- Kahn, R. L., & Antonucci, T. C. (1980). Convoys over the life course: Attachment, roles, and social support. *Life-Span Development and Behavior*, 3, 253-86.

- Kemp, C., Ball, M., & Perkins, M. (2013). Convoys of care: Theorizing intersections of formal and informal care. *Journal of Aging Studies*, 27(1), 15-29.  
<https://doi.org/10.1016/j.jaging.2012.10.002>
- Kemp, C. L., Ball, M. M., Morgan, J. C., Doyle, P. J., Burgess, E. O., & Perkins, M. M. (2018). Maneuvering Together, Apart, and at Odds: Residents' Care Convoys in Assisted Living. *The Journals of Gerontology: Series B*, 73(4), e13-e23.  
<https://doi.org/10.1093/geronb/gbx184>
- Kemp, C. L., Bender, A. A., Ciofi, J., Craft Morgan, J., Burgess, E. O., Duong, S., Epps, F. R., Hill, A. M., Manley, P. R., Sease, J., & Perkins, M. M. (2021). Meaningful engagement among assisted living residents with dementia: Successful approaches. *Journal of Applied Gerontology*, 40(12), 1751-1757.  
<https://doi.org/10.1177/0733464821996866>
- Kemp, C. L., Bender, A.A., Morgan J.C., Burgess, E.O., Epps, F.R., Hill, A.M., & Perkins, M. M. (2023). Understanding capacity and optimizing meaningful engagement among persons living with dementia. *Dementia*, 22(4), 854-874.  
<https://doi.org/10.1177/14713012231162713>
- Kontos, P. (2003). "The painterly hand": embodied consciousness and Alzheimer's disease. *Journal of Aging Studies*. 17(2), 151-170.  
[https://doi.org/10.1016/S0890-4065\(03\)00006-9](https://doi.org/10.1016/S0890-4065(03)00006-9)
- Kontos, P. (2004). Ethnographic reflections on selfhood, embodiment and Alzheimer's disease. *Ageing and Society*, 24(6), 829-849.  
<https://doi.org/10.1017/S0144686X04002375>

- Kontos, P. (2006). Embodied selfhood: An ethnographic exploration of Alzheimer's disease. In A. Leibing & L. Cohen (Eds.), *Thinking about dementia: Culture, loss and the anthropology of senility* (pp. 195–217). Rutgers University Press.  
<https://doi.org/10.36019/9780813539270-011>
- Kontos, P., Grigorovich, A., Kosurko, A., Bar, R. J., Herron, R. V., Menec, V. H., & Skinner, M. W. (2021). Dancing with dementia: Exploring the embodied dimensions of creativity and social engagement. *The Gerontologist*, *61*(5), 714–723.  
<https://doi.org/10.1093/geront/gnaa129>
- Lee-Treweek, G. (1997). Women, resistance and care: An ethnographic study of nursing auxiliary work. *Work, Employment and Society*, *11*(1), 47-63.  
<https://doi.org/10.1177/09500170971111003>
- Mahoney, F. I. and Barthel, D. W. (1965). Functional evaluation: the Barthel Index. *Maryland State Medical Journal*, *14*(2), 61-65.
- Moos, R. H. (1979). Social ecological perspectives on health. In G. C. Stone, F. Coeh, & N. E. Adler (Eds.), *Health psychology: A handbook* (pp.523-547). San Fransisco, CA: Jossey-Bass.
- Nasreddine, Z. S., Phillips, N. A., Bédirian, V. Charbonneau, S., Whitehead, V., Collin, I., Cummings, J. L., & Chertkow, H. (2005). The Montreal Cognitive Assessment, MoCA: A brief screening tool for mild cognitive impairment. *Journal of the American Geriatrics Society*, *53*(4), 695-699. <https://doi.org/10.1111/j.1532-5415.2005.53221.x>

- Rajan, K. B., Weuve, J., Barnes, L. L., McAninch, E. A., Wilson, R. S., & Evans, D. A. (2021). Population estimate of people with clinical AD and mild cognitive impairment in the United States (2020-2060). *Alzheimer's & Dementia*, *17*(12), 1966-1975.  
<https://doi.org/10.1002/alz.12362>
- Sandhu, N., Kemp, C. L., Ball, M. M., Burgess, E. O., & Perkins, M. M. (2013). Coming together and pulling apart: Exploring the influence of functional status on co-resident relationships in assisted living. *Journal of Aging Studies*, *27*, 317-329.  
<https://doi.org/10.1016/j.jaging.2013.07.001>
- Strauss, A., Schatzman, L., Ehrlich, D., Bucher, R., & Sabshin, M. (1963). The hospital and its negotiated order. In E. Freidson (Ed.), *The hospital in modern society* (pp. 147-168). New York, NY: Free Press of Glencoe.
- Twigg, J. (2000). Carework as a form of bodywork. *Ageing and Society*, *20*, 389-411.  
<https://doi.org/10.1017/S0144686X99007801>
- Twigg, J. (2004). The body, gender, and age: Feminist insights in social gerontology. *Journal of Aging Studies*, *18*(1), 59-73. <https://doi.org/10.1016/j.jaging.2003.09.001>
- Twigg, J., Wolkowitz, C., Cohen, R. L., & Nettleton, S. (2011). Conceptualizing body work in health and social care. *Sociology of Health & Illness*, *33*(2), 171-88.  
<https://doi.org/10.1111/j.1467-9566.2010.01323.x>
- U.S. Department of Health and Human Services. (2019). *Long-term care providers and services users in the United States, 2015-2016*, February 2019, *3*(43), p. 6. Washington, D.C. DHHS Publication No. 2019-1427 Retrieved from:  
[https://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_43-508.pdf](https://www.cdc.gov/nchs/data/series/sr_03/sr03_43-508.pdf)

- Wade, D. T., & Collin, C. (1988). The Barthel ADL Index: A standard measure of physical disability?. *International Disability Studies*, *10*(2), 64-67.  
<https://doi.org/10.3109/09638288809164105>
- Ward, R., Vass, A. A., Aggarwal, N., Garfield, C., & Cybyk, B. (2008). A different story: exploring patterns of communication in residential dementia care. *Ageing and Society*, *28*(5), 629-651. <https://doi.org/10.1017/S0144686X07006927>
- Ward, R. & Campbell, S. (2013). Mixing methods to explore appearance in dementia care. *Dementia*, *12*(3), 337-347. <https://doi.org/10.1177/1471301213477412>
- Ward, R., Campbell, S., & Keady, J. (2014). ‘Once I had money in my pocket, I was every colour under the sun’: Using ‘appearance biographies’ to explore the meanings of appearance for people with dementia. *Journal of Aging Studies*, *30*(1), 64-72.  
<https://doi.org/10.1016/j.jaging.2014.03.006>
- Ward, R., Campbell, S., and Keady, J. (2016a). Assembling the salon: Learning from alternative forms of body work in dementia care. *Sociology of Health & Illness*, *38*(8), 1287-1302. <https://doi.org/10.1111/1467-9566.12461>
- Ward, R., Campbell, S., & Keady, J. (2016b). ‘Gonna make yer gorgeous’: Everyday transformation, resistance and belonging in the care-based hair salon. *Dementia*, *15*(3), 395-413. <https://doi.org/10.1177/1471301216638969>
- Wood, W., Womack, J., & Hooper, B. (2009). Dying of boredom: An exploratory case study of time use, apparent affect, and routine activity situations on two Alzheimer’s special care units. *American Journal of Occupational Therapy*, *63*, 337–350.  
<https://doi.org/10.5014/ajot.63.3.337>

Woodward, K. (Ed.) (1999). *Figuring age: Women, bodies, generations*. Bloomington: Indiana University Press.