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5 Nursing Home Adaptation in Visually Impaired Older Adults Using a Narrative

6 Approach^{1,2}

7

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14

15 A. Toyoshima: Adaptation for visually impaired older adults

16

17

1 **Abstract:** This study used a narrative approach to examine the difficulties that older
2 visually impaired people experience when adapting to life in a nursing home. The
3 interview data were collected from one blind aged person ($n = 1$), focusing on the
4 adaptation process from moving into the nursing home to the present and maintaining
5 context of narrative that included the life history. Sub-categories were extracted based
6 on a framework of temporal coherence, causal coherence, thematic coherence, and
7 situational coherence, as suggested by Nomura (2005). This study revealed three factors
8 related to adaptation to life in a nursing home for a visually impaired person, including
9 psychological adaptation: becoming accustomed to life in the facility after changes in the
10 living environment, having gratitude and maintaining “moderating human
11 relationships,” and participating in activities connected to one’s purpose in life. He was
12 able to psychologically adapt and came to accept his death through an awareness of aging.
13
14 Key words: visual impairment, older adults, narrative, adaptation process, views of life
15 and death.

16

1 In Japan, the aging population has increased much more rapidly than in other
2 countries (Fukazawa, 2011), and the number of older adults with visual impairment is
3 also increasing (Arai, 2014). As such, the number of visually impaired older adults who
4 move into nursing homes when it becomes difficult to live in their home will also increase.

5 Restrictions that occur due to the impairment of visual function affect many
6 movements in daily life because it is difficult to be sure of one's immediate surroundings
7 (Maki, 1997). Consequently, opportunities for visually impaired people to go out tend to
8 decrease, and this negatively affects their social communication and activity. Previous
9 research has reported that visual impairment has a profound impact on daily life and
10 relates to mental health (Tolman et al., 2005).

11 For older adults, the negative effect of visual function on subjective well-being
12 (SWB) is severe, occurring from a limitation of social activity because it tends to be
13 difficult for them to learn to use auxiliary tools such as a white cane and braille. Several
14 studies have indicated that visual function affects SWB among older adults (Jopp, Rott,
15 & Oswald, 2008; O'Donnell, 2005). Poor vision also affects day-to-day physical activity
16 and social networks among older adults (O'Donnell, 2005; Travis et al., 2004). Femia,
17 Zarit, and Johansson (2001) reported that low levels of visual function are related to
18 social isolation and low social integration. Because of these limitations in social activities,
19 it is well known that poor vision is associated with loneliness (Verstraten et al., 2005).
20 Poor vision is related to low life satisfaction (Bourque et al., 2007), subjective health
21 (Femia, Zarit, & Johansson, 2001), and depression (Van Nispen et al., 2016). Visual
22 function also impacts social activity, which promotes SWB among older adults. Therefore,
23 when visually impaired older adults experience environmental changes like moving into
24 a nursing home, they need to cope with it differently than do sighted people.

1 Moving to a nursing home is an important and potentially stressful life event for
2 older adults (Liwak & Longino 1987; Sminder et al., 1996). They sometimes have trouble
3 with the change in lifestyle and the reduction of their social network (Ogura, 2002). After
4 they move, establishing social relationships with the facility staff and other residents
5 can support their adaptation to life in the nursing home (Ogura, 2002). Older visually
6 impaired people who move into nursing homes face additional difficulties in adapting
7 because they need a longer time to do so, which limits their establishment of social
8 relationships with surrounding people. To suggest interventions or factors related to
9 enhancing SWB, more studies that examine the psychological adaptation process are
10 necessary.

11 However, in the fields of developmental psychology and psychology for adults and
12 children with disabilities, few studies have focused on older adults, which makes it hard
13 to directly connect educational interventions. The psychological process of how visually
14 impaired people adapt to important life events like moving to a nursing home as well as
15 the psychological characteristics of visual impairment remain unclear. Furthermore,
16 under the circumstances in Japan, few facilities provide special care for the visually
17 impaired; some visually impaired people stay in nursing homes for sighted people and
18 live there as a minority. Further research is required to examine how they adapt to life
19 in the nursing home to suggest effective interventions. Moving into a nursing home
20 sometimes means that the person has chosen it as his/her final place among older adults.
21 Adaptation to this life event connects how older adults think about their deaths and
22 accept their final place in life. Therefore, understanding psychological adaptation for
23 visually impaired older adults contributes to important knowledge for nursing home staff.

24 Poor SWB is not an inevitable consequence of low vision, and individual resources

1 such as the length of time since the beginning of the disability and the severity of the
2 person's visual impairment may influence whether or not people experience negative
3 feelings (Pinquart & Pfeiffer, 2011). Hodge and Eccles (2013) reviewed case reports and
4 qualitative studies and reported that whether or not people experience negative feelings
5 depends on the person's psychological status, which has stronger effect than an objective
6 status like the kind of disability or severity of visual impairment. Matunaka (2002)
7 indicated that the longer visually impaired people lived with their disability, the more
8 coping methods they were able to learn. Therefore, personal factors such individual life
9 history and state of impairment impact psychological adaptation, although visual
10 impairment also has serious impacts on lifestyle and social networks.

11 This study used a narrative approach to examine how an older visually impaired
12 person experienced difficulty and adapted to life in a nursing home (Bruner, 1990;
13 Josselson, 1993). This approach targeted a personal narrative, implicated as a story
14 related to experiences of life events. When a person faces a turning point in life and
15 experiences loss, he/she wonders about the meaning of life (Yamada, 2000). A person also
16 tries to attach a new meaning to life through the narrative when he/she faces a difficulty
17 or crisis that makes it hard to continue functioning in a social relationship (Bruner, 1997).
18 In old age, experiences of competitive loss increase; this includes losing physical function,
19 deaths of family or friends, and removal with bereavement. In contrast to younger people,
20 older adults do not tend to directly connect loss experiences to creative action in the
21 future. Therefore, how older adults internalize their loss experiences is important to
22 enhance psychological adaptation (Takenaka, 1996). Narratives in old age tend to be
23 focused as interventions of clinical psychology such as reminiscence therapy (Butler,
24 1963); however, the narrative helps the life history to be consistent and coherent by

1 connecting events of turning points, including gaps in time and antinomy (Yamada, 2000).
2 Erikson, Erikson, and Kivinic (1990) indicated that narratives in old age are tools to
3 maintain and reconstruct a sense of identity. Therefore, they function to imply a meaning
4 of life as older adults arrange their experiences, including turning points. The reason
5 why this study used a narrative approach is that analyzing a narrative created by the
6 interaction between a narrator and a listener is an effective way to conduct a qualitative
7 study of an older visually impaired person. For an older visually impaired person, it has
8 a greater effect on what he/she expresses in an interview than in the case of an
9 interviewee who is a sighted person. Therefore, a narrative approach is suitable for a
10 study that focuses on the relationship between a narrator and a researcher and the
11 presence of a listener.

12 To describe the psychological process in which an older visual impaired person
13 adapts to life in a nursing home, an analysis of a narrative in old age was conducted. In
14 the case of a visually impaired person, personal factors such as whether the visual
15 impairment was congenital or acquired and the effect of low vision or blindness on the
16 state of psychological adaptation should be considered (Maki, 1997). Focusing on the
17 constitution of what the person narrated of his own experiences in the interview, this
18 study analyzed the subjective meanings in detail. The research target of this study was
19 a social minority as members have highly individualized life histories. Analyzing and
20 sharing the details of a personal life story narrated by a person who has overcome
21 challenges and has adapted to life in a nursing home are more appropriate for the
22 purpose of this study than examining common factors related to psychological adaptation
23 from multiple participants.

24

Method

Participants

Data for this study were taken from an interview of a blind aged person ($n = 1$), focusing on his adaptation process since moving into the nursing home and maintaining context of narrative that included his life history before he moved.

Life stories among visually impaired older adults vary depending on how long they have had their disability and the severity of their visual impairment. They are difficult to analyze based on common narrative characteristics from multiple participants.

The interviewer conducted a pilot study with other candidates in the nursing home before the interview with the participant. Invitations to participate were given by the facility staff. The interviewer had been visiting the facility since August 2013. Criteria for the interviewee included: visual impairment, aged 65 or older, a resident of the facility for more than six months, and the ability to give informed verbal consent. People who were diagnosed with psychiatric disorders such as dementia were excluded as candidates.

Mr. B (male, 89 years old at the time) was selected as the interviewee for this study because the condition of the pilot study indicated that he had adapted to living in the facility, and he was able to coherently narrate his life history. Furthermore, he gave willing consent to cooperate in this study. Mr. B had been diagnosed with a visual impairment when he was around 20 years old and had lived in his home before he moved into the facility. He had been active in a support group for visually impaired people held in the facility before he moved there. His wife had passed away four years before he

1 moved, and he has now lived in the facility for three years.

2

3 **Procedure**

4 A semi-structured interview was conducted in May 2014. The interviewer is an
5 author who has experience in qualitative studies and interviewing older adults. The
6 interviewer had been regularly visiting the facility as a graduate student for six months
7 at the time. The facility staff introduced her to the participant candidates as a researcher
8 and asked them for their cooperation with the research. This study was approved by
9 Osaka University Graduate School of Human Sciences Research Ethics Committee
10 (approval number: 25-90).

11 Before the interview, the interviewer verbally informed the participant of the
12 purposes of the study and the privacy policy, that his participation was not mandatory,
13 that the interview would be recorded, and that the recording would be deleted after the
14 analysis was complete. The interviewer received his consent and spent approximately
15 five minutes asking about his general information (e.g., age and gender). The interview
16 lasted approximately 60 minutes and was recorded on a digital voice recorder.

17 The interview was held in a counseling room at the facility. First, the interviewer
18 asked how he felt about life in the facility and about his social interactions with facility
19 staff, friends, and family members. Next, the interviewer asked him to look back to three
20 points in time: when he moved to the facility from his home, the adaptation phase to life
21 in the facility, and the present. The interviewer then asked about the events that left an
22 impression. Finally, the interviewer asked the following questions: “After looking back
23 on your life history, is there anything that changed your beliefs?” and “Is there anything
24 that you have come to think about your life recently?” These questions were important

1 to enhance integration for his present condition, and the interviewer asked them at the
2 end of the interview when he was able to introspectively look back at his life in the facility.

3

4 **Analysis**

5 The interview data was categorized by narrative analysis from the viewpoint of
6 life story coherence (Habermas & Bluck, 2000). Nomura (2005) provided a methodology
7 to discuss and investigate narratives concerning turning points in life as told by an older
8 adult. Sub-categories were extracted based on the framework of temporal coherence,
9 causal coherence, thematic coherence, and situational coherence, as suggested by
10 Nomura (2005). The background to choosing the analysis is that the researcher focuses
11 on repeated expressions, what stories the interviewee chooses to narrate, and
12 consistencies in the narrative when the researcher reads deeply into the data. The
13 characteristic of the dialog between the interviewee and the researcher is that the former
14 should narrate his essential beliefs and episodes in his life as stories and themes with
15 consistency. The researcher uses the analysis to maintain the meanings of the stories as
16 much as possible and to define the narrator's inner world view with objectivity.

17 **Temporal coherence.** A consistent narrative requires that multiple events are
18 connected along a time series and put in order. The narrative's meaning depends on how
19 the narrator chooses which experiences to include and the order in which he/she talks
20 about them. To evaluate and classify narratives, expressions that refer to order or a time
21 series of multiple events are used. Points that became clues to identify temporal
22 coherence include adverbs (e.g. "therefore" and "then") and expressions of time (e.g., the
23 year or season when an event happened).

24 **Causal coherence.** Lacking a causal connection between multiple events and

1 organizing chaos makes it difficult to find the meaning in narratives (Krantz, 1998). A
2 consistent narrative needs to connect multiple events causally with personal factors such
3 as personality and personal beliefs. The meaning of a narrative depends on how a
4 narrator talks about the cause for turning points. To evaluate and classify narratives
5 into this category, we look for expressions that refer to a causal relation such as
6 conjunctions like “because” and context that includes causal relations.

7 **Thematic coherence.** When a narrator points out similarities between multiple
8 events or their meanings, the narratives are more consistent in defining the theme. An
9 obvious theme makes the narrator’s intended meaning easy to understand, even if the
10 narratives about multiple events are fractional. To evaluate and classify narratives into
11 this category, we look for abstract expressions about events and their meanings like “I
12 think...” and emphasize the common words that the narrator uses often.

13 **Situational coherence.** Nomura (2004) analyzed narratives from older adults
14 and created an original framework to focus on narratives in which a narrator is
15 considerate toward the listener. Narratives involve factors that a narrator and a listener
16 create unitedly and spontaneously (Cohler & Cole,1996). It is possible that the
17 narrative’s meaning depends on the relationship between the narrator and listener.
18 Expressions that showed consideration from the narrator toward the listener were
19 classified into this category.

20

21

Results

22

23

Tables 1–4 show the narrative categories and examples in the analysis.

24

1 A: You're starting to; that's good.

2 B: Right now, City A, and then Cities B and C—these three cities are dealing with
3 such campaigns.

4 (Omission)

5 A: So, you're in the middle of such petitions.

6 B: Yes, that's correct.

7 (Category: Support activities for disabled persons that are currently coming into
8 effect)

9

10 He used expressions such as “therefore” multiple times to describe the process in
11 which he petitioned one city office at first, and later, his campaign expanded to other
12 government offices. Furthermore, he expressed that it is currently coming into effect.
13 The narration is detailed and continuous, which shows that the campaign is an
14 important activity that connects to his purpose in life.

15 **Recursion.** In addition to temporal coherence, there are characteristics of the
16 narrative that describe his current mental status, referring to past events from the
17 present viewpoint. In his narrative, he often felt prejudice or discrimination from people
18 in his neighborhood before he moved into the facility; however, he assessed that there
19 were more positive than negative moments, looking back at them (Table 2, Looking Back
20 at Home Life).

21 [Insert Table 2 about here]

22

23 **Causal Coherence**

24 **Turning point caused by self.** In the two turning points (moving into the

1 conversed before. This impression means that he emphasized his words as consistent
2 messages for the listener. Therefore, this phrase was a reference in the analysis as a key
3 point that the narrator wanted to emphasize.

4 5 **Discussion**

6
7 The adaptation process was divided into three time periods: the move into the
8 facility, the adaptation phase, and the present. In the results of the study, some of the
9 narratives in the adaptation phase and the present are vague in the time series.
10 Therefore, the “adaptation phase” section discusses the narratives related to his
11 adaptation to the change of environment, and the “present” section discusses the
12 narratives describing his present state.

13 14 **Moving into the Facility**

15 He had been involved with the facility before living on the outside, but he became
16 irritated that life inside the facility was different from what he had imagined after he
17 moved in (gradual progress). At first, he tried to remind himself of the facility’s structure
18 to move around by himself, and he made the effort to adapt to his new environment
19 (turning point caused by self) and receive support from the people around him (gradual
20 progress). Visual impairment directly affects the activity of daily living. It is important
21 for visually impaired people to get used to life in a new environment and become familiar
22 with the building’s structure after moving into a facility. His narratives indicated how
23 adapting to a new environment connects to psychological adaptation in later life.

24 When he lived in the local society, before he moved into the facility, he had

1 experienced prejudice and discrimination from his neighbors; however, he positively
2 valued his life in that society because he was blessed with human relationships
3 (recursion). He also positively valued his efforts in life within the local society because
4 they had resulted in friendships that continued to the present (turning point caused by
5 self). He told this story coherently, from young adulthood, which included the
6 characteristic of a continuous narrative. This indicated an integration of his life and his
7 psychological adaptation to life.

8

9 **Adaptation Phase**

10 He rated life in the facility highly and expressed his gratitude for the food service
11 that he did not have in his own house. On the other hand, he said that the residents of
12 the nursing home tend to depend on support from the facility staff and be demanding in
13 their requests. He thought that it was important to be grateful to the staff and keep
14 “moderating human relationships” in the facility. Residents of nursing homes live in
15 environments in which they tend to depend on support from facility services; however,
16 older adults who are highly dependent on social support tend to mentally decline
17 (Thomas, 2010). It is more difficult for older visually impaired people to reciprocate in
18 social relationships compared with sighted people. His narratives showed that having
19 gratitude and maintaining “moderating human relationships” are important to avoid
20 dependency.

21

22 **The Present**

23 He talked about his present life and how his support for activities for disabled
24 persons is currently coming into effect (general progress). Although he is almost 90 years

1 old and lives in a nursing home, he lives his life with a clear purpose. This narrative
2 included long parts in the interview compared with others and included a time series
3 that showed how he integrated this story as an important part of his present life.

4 He also expressed that he had noticed mental and physical deterioration with age
5 (turning point caused by self) and had faced the fact that death is approaching
6 (generalizing). He was able to become accustomed to life in the facility over several years.
7 He also enhanced his psychological adaptation and kept his purpose in life; then, he
8 tends to think about his own death and has tried to accept it through an episode in which
9 he was present at his friend's deathbed.

11 **The Categories Not Reported on in This Study**

12 Some categories referred to in Nomura (2005) were not included in this study
13 (e.g., the situation change in temporal coherence, and turning points caused by
14 transcendental existence and causal coherence). Nomura (2005) examined turning
15 points in the participant's entire life, however, this study focused on a limited period
16 from when the participant moved into the facility. Therefore, in this study, there is a
17 possibility that some categories tend to consist of more complex impressions that require
18 multiple timelines. Moreover, the relationship between the narrator and listener had an
19 effect on the dialog of the interview, because there was an implicit assumption that
20 contents of the dialog would be related to visual impairment and life in the facility.

22 **Conclusion**

23
24 This study examined the psychological process in which an older visually

1 impaired person adapted to life in a nursing home. Three factors were shown that related
2 to adaptation to life in a nursing home from an analysis of narratives by a visually
3 impaired person who was able to psychologically adapt: becoming accustomed to life in
4 a facility after changes in the living environment, having gratitude and maintaining
5 “moderating human relationships,” and participating in activities that connect to a
6 purpose in life. He was able to psychologically adapt and came to accept his death
7 through an awareness of aging.

9 **Study Significance**

10 This study examined how an older visually impaired person psychologically
11 adapted to life in a nursing home by focusing on the coherence of a narrative. Few studies
12 have focused on older visually impaired people. This study showed the psychological
13 process in how a visually impaired person adapted when moving into a nursing home.
14 Showing this case of adaptation to life in a facility and the maintenance of SWB can
15 contribute to suggestions for effective interventions. This study described how he
16 integrated the blessings in his life, accepted his negative experiences, and expressed
17 gratitude for support from others and his own efforts. He also said that he tends to think
18 about his death when he stays his room. This shows how psychological adaptation is
19 related to self-reflection and is connected to thoughts about death.

21 **Limitations**

22 Regarding situational coherence, it is possible that he was worried about
23 discussing his feelings in detail. The content of his narratives was affected by attribution
24 of the interviewer and the relationship between them. A solution for this issue would be

1 to confirm the analysis results with him or with the facility staff to enhance this study's
2 reliability. However, this may be difficult because when the study period finished, the
3 interviewer could not contact with the participant and the companion of the facility.

4 Finally, the sample of this study only focused on one personal psychological
5 process, which makes it difficult to generalize the results. Therefore, additional studies
6 are needed to compare between gender differences and severity of visual impairment
7 using data that includes a bigger sample.

8

9

Conflict of Interest

10

11 The author declares no conflicts of interest associated with this manuscript.

12

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6

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8

Footnotes

1

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4 2 This study reanalyzed part of the data from the author's doctoral thesis, "Study on the
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Table 1 *Temporal Coherence (Gradual progress)*

Category	Example of Dialog and Characteristics [Label of Narrative]
Gradual progress	<p>B: I might have spoken about this before, but I have been coming here ever since the facility opened. I have been involved as an outpatient all this time. All this time, that is, until I became a resident here—it's already been three years since I became a resident here. So, this place opened in 1968; the original building was made, which was then renovated. I've been coming here ever since. As an outsider, I was able to notice many things, but the biggest thing was that people like me with bad eyesight could be admitted to the facility. This is the only place where a blind person can be admitted (omission).</p> <p>A: So, you felt this way.</p> <p>B: Therefore, I became a resident in the end—after going through this experience. There is a slight difference between being involved from the outside and being on the inside. There was. I didn't know about the inside.</p> <p>[Involvement with the Facility as an Outsider]</p> <hr/> <p>B: For example, there are still times that I get lost when I'm walking by myself inside the facility. There are also no handrails along the cross; there are none where there are passages, and there are no handrails in front of the room. For this reason, we, the residents, cannot even set a foot outside when there is no handrail because we can't tell what's in front of us. It doesn't look that great to walk with your hands out like this; you would want to hold onto the handrails. When you come to a place with no handrails, you'd be like "So, where do I go? How should I go?" Like, at four corners with no handrails, you still have to go to the other side, but you wouldn't know which side you should go to. Often, even when I think I've crossed in a straight line, I find I've ended up moving diagonally instead. Then, when I get to the other side, I will often hit myself hard and wonder where the corner is. I think I had many painful moments like that at the beginning. However, as I've gotten used to the layout of the facility, I've become able to quickly determine where I am, even if I cannot see. During that time, not being able to walk in the way I wanted when walking down the passage was the most difficult thing. But then, during such times, there would also be several other people with low vision, so when they walked by, they would lend me a hand immediately, telling me, "It's this way." I'm grateful for that. (omission)</p> <p>[Adapting to Facility Life]</p>

Note. The bolded parts are the important phrases focused on in the analysis.

Table 2

Temporal Coherence (Recursion)

Category	Example of Dialog and Characteristics [Label of Narrative]
Recursion	<p>B: It has become a lot better now than it was in the past. One reason behind this is that I approach things with caution. Therefore, I try not to be affected by such prejudices as much as possible, even if I am looked at strangely. I thought I had always interacted with people by putting in some effort, but with people I have known for a long time, they end up somehow not voicing the prejudice they have. I think there are things like that, after all. I think this happens in all places where people come together. Things like that happened before I entered as a resident here because I was living at home for 28 years. If I am to say something now, I feel that there were positive moments 70 or 80% of the time.</p> <p>[Looking back at Home Life]</p>

Note. The bolded parts are the important phrases focused on in the analysis.

Table 3

Causal Coherence

Categories	Example of Dialog and Characteristics [Label of Narrative]
Turning point caused by self	<p>B: <i>That is, one of the factors is that I have a visual impairment. So, one thing is that I approach people from my side to get along</i>, such as starting to talk to people as a way to have them be as friendly toward me as possible . <i>In that sense</i>, overall, people in the neighborhood generally treated me well, even in terms of conversation. I still keep in touch with them, some of them. Even after moving into the facility, I get phone calls and such, though I cannot visit them at their homes. I think it was good in that sense, even when I was living at home. On the other hand, it doesn't mean that no bad thing ever happened. There were difficult times as well, of course. But overall, I think things were good. [Efforts in Home Life]</p> <hr/> <p>B: I don't feel very different. That being said, <i>I am aging, so my body is obviously becoming weaker</i>. There is nothing you can do about it, and what I think about that is that people do die in the end, after all. So, I think about what would happen then. Not that I have braced myself for that moment in advance; I still think about things like that now. [Awareness of Death Due to Aging]</p>
Turning point caused by others	<p>B: <i>What I like are the meals</i>, which I may have mentioned before as well. A: Yes, you have mentioned it. B: I still eat my meals without leaving anything over. I eat all three meals properly. When I was out there, I was making meals by myself, but that hasn't happened at all since I came here. <i>That is what I am extremely grateful for now</i>. [Gratitude toward the Facility]</p>

Note. The bolded parts are the important phrases focused on in the analysis.

Table 4

Thematic Coherence

Categories	Example of Dialog and Characteristics [Label of Narrative]
Generalizing	<p>B: <i>I don't know if I'm the only one, but I think everyone feels the same.</i> They don't say it, but they do. In my case, if you were to ask me if I had some sort of preparedness, my saying "I'm prepared" doesn't mean that I quite am. It's tough emotionally, but we all will go there at some point, before the year ends or when you age. Because time moves quickly, I try to brace myself so that I will not panic and make a fuss when the time comes.</p> <p>[Bracing Oneself for Death]</p>
Principles	<p>B: Things like that are the most important. The origin of getting along, especially regarding the relationship with facility workers, is important for everyone. If I was to be here for a long time, although we both want to share our perspectives, we residents are really just looked after. In the case of this facility, the employees all have complete management responsibilities. <i>In that sense</i>, we are looked after. While saying that, it is still not good if I do not say anything just because we are looked after. <i>That is the case in this world now.</i> Even though you may be looked after, you still have to speak up about things that you need to say. <i>One needs to have this kind of proper moderation.</i> I think that is important in this facility.</p> <p>After becoming a resident here, you are prone to think that it is a given for the employees to look after you. That is not good. Even from the employees' side, they can fall into this mental trap if you keep asking them to do things. We both have to learn about things like that, to have a mindset that we both have to do things. That is the mindset to have. That being said, in reality, the people at this facility are responsible for protecting our lives and assets. <i>That is their mission.</i> We are also being looked after. Because this is at the root, I do think a little that it is not good to say that everything the facility does is wrong, but I do say things like, "This is a bit strange." If they agree, they do correct it. Therefore, we do need to have some moderation in our interactions.</p> <p>[Moderating Human Relationships in the Facility]</p>

Note. The bolded parts are the important phrases focused on in the analysis.