

From Cranky to Feisty: Difficult, Lonely Old Lady to Interesting, Engaged Elder

Tom Doody

“Nate and Tom from North Quabbin Citizen Advocacy introduced me to Penny. We liked each other right away. Penny’s an independent, feisty 90-year old with a reputation of being tough to deal with. I knew that trying to help her out would be a challenge, but it would also be good.” ~ Ann, advocate

NORTH QUABBIN CITIZEN ADVOCACY (NQCA) is a Citizen Advocacy program that initiates and supports freely-given relationships between a person in devalued status (the protégé) and a competent local citizen (the advocate). Advocates are encouraged to:

- accept where there has been rejection,
- mentor into community life where there has been segregation and/or isolation,
- advocate for greater opportunity where opportunity has been denied, and
- protect their protégé from harm where there is vulnerability.

A Citizen Advocacy program recruits and orients advocates—mostly before they meet their protégé. If advocate orientation is done well, it communicates positive role expectancies about the protégé. This is done by reporting basic realities of devaluation, using positive image and role communicators, and offering the advocate complementary role expectations for their relationship with the protégé. If this preparation resonates with the prospective advocate, the advocate is well positioned

to make a positive difference in the protégé’s life, including a decrease in devalued roles and more opportunity for valued roles.

Ann, a retired school teacher and community activist, responded positively when NQCA approached her about being an advocate. Her beliefs resonated with what the program offered during her orientation. She entered into the role of advocate with Penny as her protégé based in part on her own beliefs, and in part based on the preparation from the Citizen Advocacy program described above.

Penny is a feisty, straight-talking older woman who lived by herself and didn’t have much support from family or friends. When Nate and Tom (NQCA coordinators) introduced Ann to Penny, the two women chatted some, and soon found that they liked each other. What Ann had been told when being recruited was confirmed as she learned more about the challenges facing Penny. The major issues facing Penny when the two women met included straightening out health insurance, getting needed medical care, handling paperwork, and addressing loneliness.

The dominant roles that Penny held were cranky old lady, marginal neighbor, estranged family member, uninsured sick person, and failing, lonely elder.

Ann and Penny started out by getting to know each other—going out to lunch, doing errands, visiting at each other’s homes, and having lots of good, fun conversation. They also worked on get-

ting Penny needed medical care. Before receiving specialty services, there needed to be clearance from a general practitioner. Before the clearance, the insurance needed to be straightened out. To get the insurance fixed, confusions about the spelling of Penny's last name had to be resolved. After several adventures (including first trips to doctors in a long time), Penny finally underwent minor surgery and the results were good.

As they were getting to know each other, Penny and Ann developed complementary roles as shopping companions, lunch buddies, guests in each other's homes, and new friends. With Ann's support, Penny entered into roles as insured person, respected patient, and friend. Her role as cranky old lady was redefined to being a plain speaker, bluntly honest at times—much like Ann, her advocate, is a plain speaker.

Another whole set of adventures involved shopping. Food shopping was great—Penny and Ann agreed about the kinds of food people should eat. Clothes shopping was another matter—they had disagreements, even arguments, about how to deal with sales people, whether to try things on, and giving clothes away as soon as they got home. It's a good thing that they spoke their minds, got past struggles, and managed to laugh at themselves.

Going shopping together gave Penny a broadened role as shopper. In the grocery store and at meals, her roles as healthy shopper and healthy eater were strengthened and became more public. Her failing, lonely old lady role evolved toward being an engaged, assertive, entertaining shopping companion and an enjoyable friend. Even though she was interacting in the same ways, she was coming to be seen as feisty rather than cranky.

Ann remarked that it's hard to imagine any older person managing all the business of life on their own. There's all the paperwork, transportation issues, and people hassles. There's handling the mail and phone calls, including people looking to scam vulnerable elders. The elderly are just preyed upon so badly. Then there's the loneliness, isolation, and boredom when there's not an active network of family and friends.

The role of incompetent old lady was supplanted by an effective protégé and partner role as Ann and Penny worked together in managing her affairs. The role of victim (to the scammers) was weakened through persistent advice—even pressure—to Penny from her advocate. The role of lonely old lady was diminished—in part through time spent with Ann and Ann's friends, in part by Penny's increased ability to get out on her own, and in part by the regular phone calls between the women.

It was frustrating for Ann because there were so many problems that they couldn't all be resolved. One advocate—any one person—just can't be and do everything a person needs. Ann noted that it's a good thing there are other people and organizations to help out. Neighborly help and services from programs needed to be arranged. To get this done, Ann found that encouragement and support from others—like the workers at NQCA—really helped.

The role of desperate, lonely old lady was again diminished as Ann helped arrange some additional services that assisted Penny to stay in her own apartment. The roles of client and patient were broadened, but in ways that were helpful and did not come to define Penny.

Lots of things got fixed—like health care, shopping, phone access, and scam mail. Penny started knitting again. Ann and Penny had lots of good times together. They communicated with each other on a good level and had great conversations. It was rewarding to them both to know that they lived in a community where there's somebody around for the person in need.

Several of Penny's devalued roles were diminished, reframed or eliminated. Several valued roles were broadened, reintroduced or created. Life was still hard for Penny, but the presence of one advocate, involved in several different ways, made a significant difference.

In the above, we can read the story of two people and their relationship in the regular print. We can read the same story, in a somewhat more abstract way involving roles, in the italics. What these two

women became together and did together is the story of how they met, what they accomplished together, and what they came to mean to each other. Reading the story a second time through the role changes is instructive as a way to more fully understand the role-valorizing impact of their relationship.

Reading about the role changes also serves to exemplify how roles work. The first thing to change was the advocate's understanding of who Penny is. This shaped a far more positive set of role expectancies, and a rejection of several of the stereotypical negative expectations that had come to dominate Penny's life. The positive expectations (and actions derived from them) changed several of Penny's roles, and therefore afforded her opportunities for more of the good things in life, decreased the severity of some of her wounding life experiences, and had a major impact in decreasing her vulnerability.

The changes in Penny's roles also impacted others who came into contact with her. Ann's friends and personal connections got to know Penny largely through her advocate—and of course through Ann's expectations and the roles that she helped to shape for Penny. While Penny hadn't changed much (she was still cranky/feisty), others' responses to her were increasingly positive. Further, other people (like other regulars in the local coffee shop, clerks in local stores, and even doctors) knew that Ann would be there to help Penny if she had trouble—and to help others in working things out if they had a problem with Penny.

Having a friend/advocate, getting practical help, and being in an improved role situation did not make everything right for Penny. She still faced lots of challenges and was very vulnerable. But she was not alone in facing troubles when they came.

This winter, Penny fell and broke her wrist and her leg pretty badly. Ann helped her get needed medical care, visited in the hospital, met with hospital staff, and made contact with Penny's family. With the increased limitations Penny now faced, there was real concern that Penny could no

longer live alone. Ann worked with Penny, family members, and the hospital social worker to figure out what to do. One of Penny's grandsons (who had not been actively involved) wanted Penny to move somewhere near him. Ann brought the grandson and the hospital people together to work on getting Penny a new place to live that was close to family. Ann helped arrange for getting Penny's things moved and closing out her lease on her old apartment.

The last big role change Ann helped bring to Penny was to foster the initial steps in moving from an estranged family member role to that of supported family elder. Distance will make it much harder for Ann to support Penny and her family in deepening their relationships and family roles. Ann plans to use the telephone, and an occasional day-long trip, to preserve her friendship with Penny. Doing this will preserve their complementary roles as caring friends. Ann also plans to be in touch with Penny's family to encourage and support them. It remains to be seen how the more valued roles Ann helped Penny to occupy will translate into her new living situation, including her broadening roles with family. It remains to be seen how well the new living situation will work out in other ways. What is sure is that the diminishment of past devalued roles, and the increase in valued roles, made it likely that Penny will be less vulnerable to bad things happening, and more likely to experience the good things in life. ☺

TOM DOODY has been personally & professionally involved with people who have disabilities for over 40 years. He was a long-term associate of Dr. Wolfensberger & continues to teach his ideas. Tom's other work revolves around relationship building & social integration. As a coordinator with North Quabbin Citizen Advocacy, Tom had the opportunity to recruit & introduce Penny & Ann, & continues to have the honor of providing background support to their relationship.

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