Journal of Aging Studies 34 (2015) 68–81

Contents lists available at ScienceDirect

Journal of Aging Studies

journal homepage: www.elsevier.com/locate/jaging

The potential of Family Group Conferencing for the resilience and relational autonomy of older adults

Rosalie N. Metze [a,*], Rick H. Kwekkeboom [a], Tineke A. Abma [b]

[a] Amsterdam University of Applied Social Sciences, Amsterdam Research Center for Societal Innovation, Wibautstraat 5a, 1091 GH Amsterdam, The Netherlands
[b] Dept. of Medical Humanities, VU University Medical Centre and EMGO+ Research Institute, De Boelelaan 1117, 1081 HV Amsterdam, The Netherlands

ARTICLE INFO

Article history:
Received 27 October 2014
Received in revised form 20 April 2015
Accepted 20 April 2015
Available online xxxx

Keywords:
Family Group Conferencing
Older adults
Relational autonomy
Resilience

ABSTRACT

Family Group Conferencing (FGC) is emerging in the field of elderly care, as a method to enhance the resilience and relational autonomy of older persons. In this article, we want to explore the appropriateness of these two concepts to understand the FGC process in older adults. Using a case study design, we researched eight FGC cases for older adults, and selected two cases for further analysis and comparison. We found that the concepts of relational autonomy and resilience provide insight in the FGC process. Compassionately interfering social contacts, showing respect for the older person's needs and wishes gave older adults an impulse to take action to solve their problems. The capacity of a person to initiate and maintain social relations, and his or her willingness to ask for help, seemed essential to foster behavioral change. But apart from these, other, contextual factors seem to be important, which are currently not included in the theoretical framework for FGC, such as the nature of the problems, the involvement and capacities of the social network, and the older person's background.

© 2015 Elsevier Inc. All rights reserved.

Introduction

During the last two decades, a shift has become visible in industrialized Western countries in the approach towards aging and older adults. The focus on physical impairments and increasing dependency on professional care has shifted to ideas about positive aging and self-mastery (Lamb, 2014). This shift comes from politicians, who search for ways to cut rising care expenses, but partly also responds to older persons themselves, who increasingly start to express their wish of being treated as valuable individuals with their own needs and desires (WHO, 2002).

An example of this is Wise Older Women (WOW), an action group of women aged 50 and over. WOW has been defending the rights of women aged 50+ since 1981, by trying to influence political decision making, promoting a positive, non-traditional imaging of older women by showing their strengths and experiences, and supporting each other in work and daily activities (www.wouw-amsterdam.nl). They noticed a fear among their peers of losing control over their lives once they would grow more dependent on care. In more traditional forms of elderly care, it is common that several social workers and/or health care workers are involved, each following their own care plan. These care plans are usually discussed with the older adult, but the social or health care professionals are in the lead. Looking for new approaches, WOW asked our academic department to start a research project focusing on Family Group Conferences (FGC) for older adults.

A FGC is a meeting between a person with a problem or issue – the 'central' person – and his social network, in which they discuss the problems and possible solutions, and set up a care plan. It is a decision-making model which is based on the premises that people have the right to make their own decisions and that the central person and his[1] social network bear the primary responsibility for the central person's problems and for finding solutions for these problems (van

* Corresponding author. Tel.: +31 6 21156080.
E-mail addresses: r.n.metze@hva.nl (R.N. Metze), r.kwekkeboom@hva.nl (R.H. Kwekkeboom), t.abma@vumc.nl (T.A. Abma).

[1] When we use the masculine form, it can also be read as the feminine form.

http://dx.doi.org/10.1016/j.jaging.2015.04.005
0890-4065/© 2015 Elsevier Inc. All rights reserved.

Pagée, 2006). This 'right' is an important notion, and in some countries – such as New Zealand, Sweden and Northern Ireland (Brown, 2003) – this right to make your own care plan has even been captured in a law. In other countries, such as The Netherlands, the use of FGC is not guaranteed by law and is for a large part determined by social workers who do or do not offer FGC to their clients. However, if citizens ask for a FGC and the expenses are covered, social workers cannot deny it based on their own hesitations. Additionally, it is important to mention the voluntary nature of FGC; individuals or families can never be forced to participate. The FGC follows a three-phase structure (see Fig. 1).

A more elaborate description of FGC and its history is given, among others, by Cosner Berzin, Cohen, Thomas, and Dawson (2008). FGC was developed for and within child care in New Zealand and is currently used for troubled families with children, in many countries. It has barely been applied in elderly care, and to our best knowledge, there are no scientific publications on FGC in that field. In 2010, we started our research project, funded by ZonMw (the Netherlands Organisation for Health Research and Development), as part of the National Elderly Care Program. The aim was to monitor forty older adults through their FGC process, to find out whether and how FGC could be applied for older adults living at home. As part of the research project we developed a theoretical foundation for FGC. It is generally accepted that the FGC goal is to help to empower people, but a more thorough conceptual understanding of the psychological and social processes in FGC was still lacking. In this article, we report on the process and the outcomes of two specific cases, which we selected from eight cases and analyzed using the theoretical foundation of the FGC laid out in the next section and more thoroughly described elsewhere (Metze, Kwekkeboom, & Abma, 2013). The key concepts in this foundation are resilience and relational autonomy. The question we wish to answer is to what extent the concepts underlying FGC are appropriate for understanding the differences in the way older adults experience their FGC process and its outcomes.

FGC and the underlying theory

The deployment of FGC for older adults is still unexplored terrain. The same – albeit to a lesser extent – applies to theories which lay a foundation under the FGC model. We developed a theoretical underpinning for FGC (Metze et al., 2013), which we summarize in this section. In Fig. 2 we present a schematic view of the concepts and their relation to each other, which we clarify in the following section.

The Dutch FGC Foundation[2] formulated some basic assumptions for FGC. The most important are: 1) that people and their social networks are perfectly able to make their own plan, and that doing so will result in a stronger feeling of ownership of the problems at hand and in a support plan which better matches their particular needs and circumstances, and 2) that people need support from their social network to deal with difficult situations in life and to make sure their support plan achieves sustainable results (van Beek, 2013). From these two assumptions, we can derive the more general vision on human beings which underlies the FGC method: the vision that people are social beings and depend on each other for their well-being and happiness, especially when they feel vulnerable.

A theoretical concept that fits in well with these basic assumptions is relational empowerment, a concept which can be developed further by applying two sub-concepts: relational autonomy (on the interpersonal level) and resilience (on the intrapersonal level).

In our application of the concept of relational autonomy, we follow Schipper, Widdershoven, and Abma (2011) who define the process of acquiring autonomy as *"[…] finding a way to live in line with one's values and identity"* (2011: 526). According to MacKenzie (2008) people's values and identities are constituted by their interpersonal relationships and in their social environments. The extent to which people have the opportunity to live according to their own values and identity, depends at least partly on the amount of support and/or adversity they encounter (Barvosa-Carter, 2007). This might especially be the case when they are vulnerable because of their age, social situation or physical or mental handicap. This means that people depend on others supporting them in the process of acquiring more autonomy.

Self-respect is an important determining factor for the extent to which people will strive for and achieve autonomy. As their values and identities are constituted by social relationships, the way they are treated by the people surrounding them, the *respect they receive*, influences their self-respect and therefore their autonomy. We would even go as far as stating that operating from the concept of relational autonomy not only entails respecting people's decisions and acts, but also trying to change their mind when people close to them believe a decision is impairing instead of promoting their autonomy. This can be labeled as *compassionate interference* (Verkerk, 2001). It is important to note that compassionate interference can turn into ageism when it is based on a lack of respect for the older person, and when the interference fails to contribute to the older adult's development and self-respect.

Contrary to relational autonomy the concept of resilience refers to the intrapersonal level. We have adopted the following definition: resilience is the capacity for, or outcome of a successful adaptation despite challenging or threatening circumstances (derived from Masten et al., 1988). As a contributing factor to, and possible outcome of, a process of growing stronger and regaining control after negative circumstances, resilience has a strong link with empowerment and with the philosophy behind FGC. Resilience is stimulated by *self-reflection* and entails, for instance, being able to accept one's situation if one cannot change it, putting one's situation into perspective, and refusing to be the victim of one's situation (Janssen, van Regenmortel, & Abma, 2011). Resilience also has interactional aspects such as telling family members and friends about one's situation, being able to share one's difficulties, receiving advice and compassion (*social support*) and being able to do something in return (*reciprocity*).

In this article, we will explore if the theoretical foundation as outlined above can be used to understand the differences in the way older adults experience their FGC process and its outcomes. By analyzing and interpreting two individual cases we aim to explore its appropriateness, and the need for changes or expansions.

[2] The FGC foundation – in Dutch the 'Eigen Kracht Centrale' – is a Dutch foundation which disseminates the FGC vision and mission, educates FGC coordinators, and organizes the FGCs (www.eigen-kracht.nl).

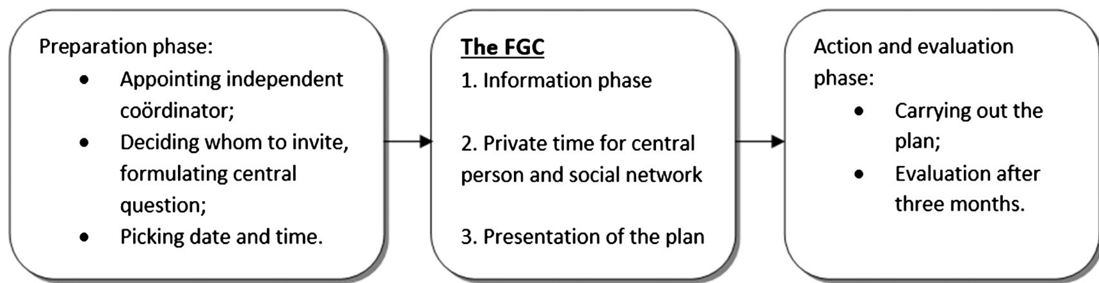


Fig. 1. Scheme of the FGC process.

Methodology

This article is based on the analysis of the transcripts that resulted from interviews with two older adults, Mrs. Braafheid and Mr. Stapel (pseudonyms), with members of their social networks and with social work professionals, who were involved in the two FGCs concerning Mrs. Braafheid and Mr. Stapel. Both older adults were interviewed as part of a larger qualitative study exploring the influence of FGC on the relational empowerment of older adults. For that study we used a case-study design (Stake, 2006), studying cases of older adults with diverse characteristics and participation in a FGC as a common factor. Our initial goal was to follow forty older adults throughout their FGC process, but the hesitation of both social workers and older adults to become involved with FGC limited the number of actually conducted FGCs during the period of our study to eight. All eight older adults consented in participating in the study, so we were able to include the entire research population, albeit small. We conducted interviews with the older adults for whom a FGC was organized, and with a selection of the social network members (n = 4) and social workers (n = 4) who were involved in these FGCs. The background characteristics and stories of the eight older adults are presented in Table 2. For each FGC, the research process was planned as depicted in Fig. 3.

We aimed at conducting five interviews per FGC case, which would have resulted in forty interviews. This was not always possible, in some cases the FGC had already taken place by the time we were informed about it, in other cases conducting the interview prior to the FGC was too stressful for the older adult. Additionally, in some cases no social worker was involved, or no social network members were willing or available for an interview. In one of the two cases selected for this article, no social worker was involved.

During the interviews a semi-structured framework was used (Kvale, 1996). This allowed the interviewer (first author) to focus on the main subject, but still have an open, two-way conversation. This was especially important during the first interview with the older adults, since we wanted them to speak openly about their lives and about the events that had led them to decide to organize a FGC. In Table 1, we give an overview of the topics for the various interviews:

One of the interview guides can be found in the annex. The interviews lasted 60–90 min and were conducted at the home of the older adult/social network member, or at the social work organization. The older adults signed a statement of informed consent and the other respondents consented verbally. The interviews were recorded and transcribed in full.

After analyzing the processes enhancing relational empowerment during the eight FGCs, we chose two cases of older adults with contrasting stories and contrasting outcomes in

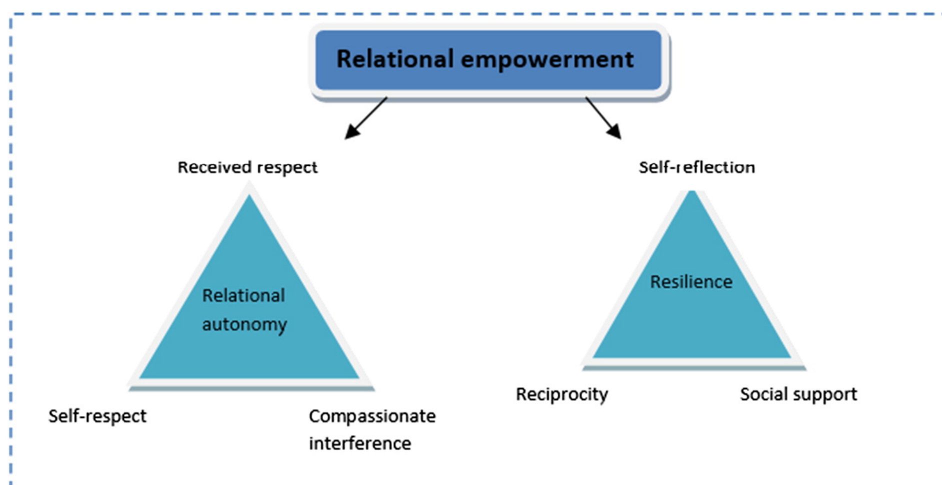


Fig. 2. Scheme of theoretical concepts.

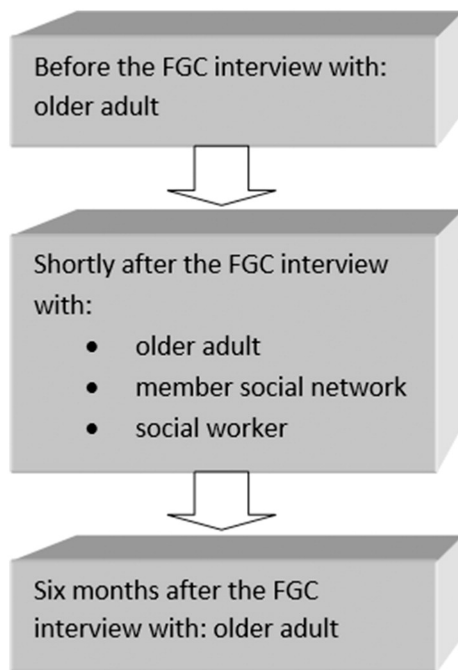


Fig. 3. Flowchart research process.

terms of resilience and relational autonomy. Analyzing these stories and outcomes might provide more insight in individual characteristics and contextual factors which enhance or inhibit the older adult's resilience and relational autonomy. For this analysis, we used the conceptual framework mentioned above (Metze, Kwekkeboom, & Abma, 2013), which had initially been constructed for FGC in general. We applied the concepts in this framework as sensitizing concepts to these specific cases, allowing the analysis to be an inductive process in which the theory could explain the cases, but in which the experiences from the cases could also be used to improve the theoretical framework.

Quality procedures

We used various strategies to ensure the trustworthiness of the study (Shenton, 2004). By using a phased approach – i.e. conducting interviews with the older adults at three moments in time – we gathered information concerning the FGC process and the sustainability (albeit relatively short term) of the outcomes. Also, we were able to compare the views and experiences of the older adults with those of their social network members and social workers. If the stories differed considerably, we could use the third interview with the older adults to discuss these differences. Furthermore, we discussed the (analysis of the) cases with the research team, consisting of the first author (main researcher), a co-researcher, the project leader, and the PhD supervisor, thus stimulating inter-rater reliability. The expertise of these team members rests on long term involvement in the research project, extensive experience with qualitative research, and thorough knowledge of gerontology and relational empowerment in old age. We also discussed the results with our group of advisors, consisting of older adults, social workers, and FGC coordinators.

Findings

In Table 2, we briefly describe the characteristics of the eight older adults for whom a FGC was organized, and the problems with which they were referred.

In the following section, we share the FGC stories of two of these eight older adults: Mrs. Braafheid, no. six in Table 2; and Mr. Stapel, no. two in Table 2 (both names are pseudonyms). We chose Mrs. Braafheid's story because of her complex situation and the negative influence of her limited social network. In contrast, we chose the case of Mr. Stapel because his problems were relatively simple, and because his network was extremely capable and diverse. They were both extreme cases (Flyvbjerg, 2006), and of the eight original cases they show the biggest contrast in terms of process and outcomes of the FGC, making them cases with great learning potential (Abma & Stake, 2014). By using the theoretical framework to understand them we expected to acquire a more informed and in-depth insight into the applicability of the framework on extremely contrasting situations.

Mrs. Braafheid

Mrs. Braafheid is an 85 year old Surinamese woman. She lives independently, together with her son Andy (58) and her granddaughter Ruth (34). Andy helps out in the house: he cooks and goes grocery shopping. While he is a big help, he also suffers an addiction and appears to be stealing money to pay for his addiction. Her other son, Roy, visits every month with extra groceries and phones her every day.

Table 1
Overview interview topics.

Interview	Topics
Older adult — first interview	Reason to organize FGC, experienced vulnerability/self-mastery (physically, mentally, socially), attitude in life, formal and informal support, self-mastery (relationship with care-givers, decision-making, experienced control), expectations of the FGC.
Older adult — second interview	FGC experience: decision-making process, agreements in the plan, experienced vulnerability/self-mastery, social relationships/support, professional relationships/support, expectations of plan sustainability.
Older adults — third interview	Current situation in relation to expectations before and shortly after FGC, sustainability of the plan, changes in experienced vulnerability/self-mastery, changes in social relationships/support, changes in professional relationships/support, changes in decision-making process, general opinion about FGC.
Social network and social worker	FGC process, plan, own role in the process, views on the older adult's role, perceptions of the FGC's influence on the older adult's self-mastery/relational empowerment.

Table 2
Overview of FGC respondents.

Case no.	Age	Gender	Ethnicity	Type of problem	Social network	Referral by
1	70	F	Dutch	Needs support in caring for demented mother	3 sisters, 1 brother, 1 niece, 2 neighbors, 3 friends, 2 professionals (12)	Woman herself
2	65	M	Dutch	Is afraid of emptiness after retirement, health problems	2 sisters, 1 ex-brother-in-law, 1 niece, 2 friends, 2 neighbors, 1 brother-in-law (9)	Sister
3	?	F	Moroccan	Needs support in caring for husband who had a stroke	Husband, 1 son, 1 daughter, 2 nieces, 1 nephew, 1 neighbor, 1 professional (8)	Social counselor
4	90	F	Dutch	Sons with mental and addiction problems, financial problems	Husband, 2 daughters + 1 husband, 1 grandson, 1 volunteer (6)	Volunteer
5	67	M	Surinamese	Financial problems	1 daughter, 1 niece, 1 neighbor, 1 friend, 3 professionals (7)	Social worker
6	85	F	Surinamese	Son with addiction, granddaughter with mental illness, financial problems	1 son, 2 grandchildren, 1 professional (4)	Financial social worker
7	61	M	Surinamese	Problems with financial administration	Wife, 1 daughter, 1 nephew, 2 professionals (5)	Nephew
8	70	F	Surinamese	Sons with addictions, financial problems	1 son, 1 granddaughter (2)	Social worker

Granddaughter Ruth has a complicated story. Her mother is Mrs. Braafheid's daughter who had not been able to take care of Ruth due to psychiatric problems, so Mrs. Braafheid had to raise Ruth. Ruth appears to also have psychiatric problems: she often disappears for days, never holds on to a job and uses her grandmother's name to make debts. Ruth's attitude towards her grandmother makes Mrs. Braafheid sad, but Ruth cannot be approached about her behavior, and does not accept help. Mrs. Braafheid: *'She doesn't want to go to a doctor, she won't seek help. My son brought her to a care institution, but she wouldn't go'*. Ruth approaches social work every now and then to help her with her debts, but she never shows up more than twice. Mrs. Braafheid once paid Ruth's €2.000 debt so she would not get into trouble.

This means, however, that Mrs. Braafheid cannot pay her bills anymore. Andy and Ruth are supposed to each pay €350 a month, but Ruth pays nothing and Andy does not pay enough, and they both seem to take money when they have the chance. Mrs. Braafheid has an administrator who manages her finances, but he can no longer manage to pay the bills either. A home-eviction verdict has been ordered and Mrs. Braafheid is close to ending up on the streets, together with Andy and Ruth. While this can be prevented, both Roy and the elderly-advisor, James, agree that something needs to seriously change.

This is the reason why elderly advisor James offers Mrs. Braafheid an FGC, as a last resort. James: *'We tried several things but we didn't get any further. We presented it as our last option, and gave her the opportunity to come with a better idea'*. Mrs. Braafheid wants to try an FGC, if it can help her improve her financial situation. She says: *'I never used to talk about my stuff with anyone. But now I've grown older, and I need to start to let go a little'*. She seems to expect support to come from professionals, not from her family. Her son Roy's goal with the FGC is to arrange for his mother to move to sheltered living or a home for the elderly, so that Ruth and Andy can no longer live with his mother and be a burden for her. Additionally, he would be more comfortable knowing that professionals are close by if something happens to her.

The FGC coordinator, a Surinamese woman named Brenda, visits Mrs. Braafheid to explore her central question and identify her social network. The network appears to be small: only a few family members live in the Netherlands, and Mrs. Braafheid has no friends. She never had any friends, she never wanted to share her private life out of fear that the whole Surinamese community would find out. So, Brenda ends up inviting Roy and his daughter Tina, Andy and his son Dennis, granddaughter Ruth and elderly advisor James. Andy will not come, he feels like things are being determined for him. Ruth will not come either. Mrs. Braafheid also has a sister she does not want to invite because she always criticizes the freedom with which Mrs. Braafheid raised her children. Mrs. Braafheid: *'She scolds me, saying: you spoiled those kids, you always had to do everything for them! She was different with her kids, she smacked them'*. Mrs. Braafheid does not want to invite her other grandchildren either, they have their own problems and she does not want to bother them with her problems.

It proves difficult to plan the FGC: Andy and Ruth fail to show up at their appointments with Brenda, Roy cannot get a day off from work, Mrs. Braafheid becomes ill, and Brenda is out of the country a lot for her regular job. Eventually, the FGC takes place on a Monday at six o'clock in the evening. The start of the meeting is chaotic because the location changes at the last minute and not everybody is there yet. Eventually, the participants are: Mrs. Braafheid, Roy with his daughter Tina, Andy's son Dennis, elderly adviser James and coordinator Brenda. Brenda opens the meeting and explains the process. She also introduces the central question: what does Mrs. Braafheid need to lead a peaceful life? Who can help her in what way? Is there an arrangement with her creditors? Who takes care of her finances and how can this be done more efficiently? What do Mrs. Braafheid's children and grandchildren want for her? What does Andy need and who can help him? And what does Ruth need and who can help her? Afterwards, elderly advisor James says these were not the best questions, they were difficult to fully answer. The process of the FGC shows he is right: after 30 min the family asks Brenda and James to join them again, but the plan is far from ready and they still need hours to concretize it as much as possible.

One of the agreements in the plan is that Andy's son Dennis can help financially if necessary. Afterwards, however,

Mrs. Braafheid says that would make her uncomfortable: *'To be honest, I don't want to burden my child and grandchildren with those things'*. She rather pays her own debts, bit by bit, but she does not mention this during the FGC because she does not want to go against her son. James thinks the family takes the financial situation too lightly: *'They were all quite unmoved, but Mrs. Braafheid could end up on the streets! I felt that they didn't take it too seriously, or at least acted like it'*.

They also speak about moving, something Mrs. Braafheid never wanted to talk about before. She says: *'If I move, I want them [Andy and Ruth] to have a good place to stay as well, I don't want them to end up on the street'*. Roy and her grandchildren convince her that they will help Andy and Ruth find a place to live. If all else fails, Andy can stay with his son Dennis. Slowly, Mrs. Braafheid starts to see the advantages of moving. She especially likes the idea of moving to the institution where her daughter lives, she likes the surroundings and the food. Roy and James will find out what is possible. Furthermore, they want social work to help Ruth, but Ruth herself is not able to agree to this because of her absence. Considering Andy, Dennis will confront him with his behavior and they will see if the health authority can do something for him. He is absent as well, so they cannot be sure what will come of this. Lastly, they agree on meeting again after six months to evaluate the plan.

Evaluation of FGC process

Afterwards, Mrs. Braafheid says it was a good and fun meeting. However, she does not remember the goal of the meeting and she talks about 'their' instead of 'our' meeting. To her, it does not seem to feel like a process in which she was the central person. Mrs. Braafheid is ambivalent about the outcomes, her finances are still a mystery to her and she no longer wants to understand: *'I'm not worried, as long as it is in good hands'*. However, things have not improved, she still has no money to spend. Six months after the FGC she says: *'It's not going well, no, my finances are not okay. They are still withholding my money, right?'*

Roy is relieved that his mother is becoming more certain about moving, which he wants to happen as soon as possible. Also, the responsibility for his mother is now shared with others, because of the FGC, and he believes the finances are under control.

Elderly advisor James says that Mrs. Braafheid did not get enough space and that Roy even silenced her now and then. He also thinks the agreements concerning Andy and Ruth are unrealistic because they were not present. He is positive about Mrs. Braafheid's willingness to move, even though it is still unclear how this can be arranged, and about Mrs. Braafheid starting to stand up for herself against Andy: *'Where she used to protect him, she doesn't do that so much anymore'*. Also, Brenda spent a lot of time to get the family together, which according to James resulted in more commitment from the family to help improve Mrs. Braafheid's situation.

Mr. Stapel

Mr. Stapel is almost 65 years old, he is a widower and he lives independently. His wife died ten years ago and since then he started to isolate himself in his house. He still misses her every day: *'I think about her once or twice a day every day, then everything comes back to me and it won't go away'*. Two days after she passed away, he even considered ending his own life, but he felt like he could not do that to his family. Mr. Stapel: *'I thought: what am I doing? You're leaving everything behind. My sister just had a daughter two days before and I thought: I cannot do it to her'*. Now he is happy to still be here, but he barely goes out or takes the initiative to meet with his family and friends. He also stopped cooking for himself, he misses having dinner together. Mr. Stapel has physical problems due to his diabetes, a condition he has had since he was twenty years old. As a result, he sometimes passes out and wakes up confused, not knowing where he is. His diet of mostly sandwiches and microwave dinners, in combination with his diabetes, probably does not help his physical wellbeing. He needs a walker to get around and he has problems with his eyes, his heart, and his intestines. These problems also make him immobile. He often visits the hospital and can become very demanding towards his doctors when he feels disrespected by them. He has a housekeeper, but he tries to do as much as possible himself.

He works at the municipal archives, translating old-Dutch texts. He is good at this, and proud of it: *'They thought I was very good, despite not having the right education'*. Since he is about to retire, he is now scared of the black hole he might fall into. He loves to draw and paint. He would like to take a painting course but he is afraid to go outside in the evening because he might fall. He does go to a nursing home every Friday morning to draw there. He enjoys this and would like to go more often. His two sisters are important to him. However, they worry about him because he isolates himself and lost his sense of humor. His youngest sister Jane is worried that he will claim her and his doctors even more once he retires. She knows him as a person who always liked to have people around him, but he will not easily invite people himself. The whole family is worried and Jane knows that family members and friends have ideas about what might help him. Jane hears about the FGC through her job and proposes it to her brother, in the hope it might help him.

Mr. Stapel first asks for more information about FGC and then consents. He is willing to try everything that might help him get out more and feel better. He does not want anyone to worry about him. Initially, he thinks the FGC is about what others can do for him, but later he understands he has to take control and his social network will think along. During the preparations, Jane helps him think about what kind of ideas might help him. Jane: *'We visit a museum several times a year, something I like to do with him. We took that as an example: you can just let that happen, but you can also agree on going a set amount of times a year'*. To further prepare for the FGC, Mr. Stapel, Jane and the coordinator formulate a central question and talk about who will be invited. Jane advises her brother to prepare a list of people he would like to invite, which he does. Of course he wants Jane to be there, and additionally he lists her ex-husband, her daughter, two friends, his deceased wife's brother, and two acquaintances from his church community. They are all willing to come. He also wants to invite two chefs from his old job, but one is away on vacation and the other does not want to be involved. No professionals are involved or invited.

Prior to the FGC, Mr. Stapel says he is not looking forward to it because he does not like to be the center of attention. He also realizes he will have to deal with some criticism. Apart from these reservations, he is open to what will happen. He prepares himself, formulates some questions for the participants about

how they see him and what they advise him to do to improve his happiness. Mr. Stapel: *'The coordinator told me: you don't have to do that. But I said: yes, but I will, it's for me and they will be talking about me'*. His goal is clear: after his retirement, he wants to have something to do every day. He realizes this will depend on what his social network has to offer.

It is the day of the FGC and all invitees are present. Mr. Stapel welcomes everyone, thanks them for being there and presents his central question. Then, they need to choose a chairman and Jane is chosen unanimously. She asks the acquaintances from the church, who are very worried about Mr. Stapel, to speak first. Jane: *'They said: we wonder what will happen to him now that he is at home by himself. Can he even be alone and what will he do? How can we help him?'* The others feel the same and Jane is relieved: the seriousness of the situation is stressed. Some even think Mr. Stapel can no longer live by himself, but he objects firmly. A home for the elderly is not an option, he says. The participants respect his opinion and emotion, but insist that he will think about it. Jane proposes to just go and take a look to see what it is like, which he agrees to.

The next topic is Mr. Stapel's diet. Since this is a sensitive topic for Jane and her brother, she asks the brother-in-law to chair. Jane: *'I gave away the role of chairman because I can't talk about this topic, it is too loaded between us. And someone just took over, that was great'*. They decide that the brother-in-law will have talks about food with Mr. Stapel every now and then. Mr. Stapel does not fully agree, and jokes about it during the meeting. Jane: *'He was like: he can come but we'll have to see if we'll actually talk about that. He doesn't want this, so this might be difficult'*. During the rest of the meeting, they discuss all the options and pay great attention to what Mr. Stapel feels and wants.

Evaluation of FGC process

Afterwards, Mr. Stapel is relieved. It is special to him that everyone was there for him, he felt comfortable and he even made jokes again: *'When I'm surrounded by people, it comes back'*. Mr. Stapel also says: *'I feel freer than before, I felt locked inside myself'*. He is glad to hear that other people also dread their retirement, his brother-in-law recognizes his emotions. This makes having those feelings more acceptable to him.

Jane says the atmosphere was respectful and kind. According to her: *'The coordinator introduced the FGC, but in a soft manner which made it a bit unclear for the people who were present, that was a shame. She was very careful. She did make thorough preparations, but she was a bit less firm than the group needed, I think, haha!'* She is convinced the FGC model ensured a positive and constructive interaction. According to her: *'[…] the FGC is a sort of "lubricant", it gives people a reason and a formula to talk to each other'*. One thing did not get enough attention according to Jane: she thinks her brother should have been motivated to invite more people.

Shortly after the FGC, some of the plans are set in motion: a phone circle is set up so Mr. Stapel receives a phone call every day, he and his brother-in-law buy a new television, and he visits the nursing home more frequently to paint and draw. He is also more focused on other people and less on his own problems and he takes the initiative to meet with friends and family members, and to restore old friendships. The most remarkable change, according to Jane, is Mr. Stapel inviting his friends and family to celebrate his 65th birthday by going out to dinner. He had never done this before. Additionally, Jane decides to start visiting him during dinner time, to motivate him to cook for her. He indeed prepares a dinner for her and talks about it proudly. Lastly, his brother-in-law arranges for him to still translate old-Dutch texts, so he can make himself useful.

Jane is very surprised about all these changes, she can hardly believe he does it by himself. She suspects the coordinator of giving extra tips: *'I can imagine that she gave him some unsolicited advice: you can do that differently. Otherwise, he must have done it himself. I just don't know, I didn't ask her [the coordinator]'*. Despite these suspicions, he seems to be the one making these changes. Mr. Stapel: *'Well, once I'm on the roll, I just do those things'*.

Analysis and interpretation of the cases

First, we will describe some of the general factors that seem to influence the outcomes of the two selected, sharply contrasting cases. Then, we will analyze and interpret the two cases using the concepts of relational autonomy and resilience, in order to explore the usefulness of these concepts for gaining insight in the processes before, during and after the FGC.

Some factors influencing FGC processes and outcomes

In the FGC cases of Mr. Stapel and Mrs. Braafheid, some differences stand out, related to: the level of involvement of the social network, the extent to which the older adult takes control, and the nature of the problems.

In Mrs. Braafheid's case, a professional initiated the FGC, while in Mr. Stapel's case this was a family member, his sister. Additionally, in Mrs. Braafheid's case the family, according to the elderly advisor, did not seem to realize the seriousness of the situation, while Mrs. Stapel's family members and friends strongly voiced their concerns. These two signals might offer an indication of the extent to which the social network is involved. We get the impression that this level of involvement is influenced by structural factors in the social network itself. Mrs. Braafheid's closest family members suffer from addiction and mental illness; they cause problems rather than solve them. Mr. Stapel's family members and friends live stable lives without major problems; their situations and capacities allow them to worry about, and support, Mr. Stapel. Cultural factors seem to play a role too. In the Surinamese culture, in which Mrs. Braafheid was born and raised, it is common for women to run their own household and raise their children without the father's support. This pattern is still visible in Mrs. Braafheid's context. She tries to deal with her own problems and her family members let this happen without interfering. Mr. Stapel, on the other hand, was raised in a small village in the north of the Netherlands, where family ties are important. Even though he left his village, the ties with his sisters stayed strong and supportive of each other.

The extent to which the two older adults took control of the FGC process also differed. Mrs. Braafheid went along with organizing the FGC without actively deciding to do so. She did not thoroughly understand the process, as a result of which she did not have a clear goal and she did not formulate her own central question. Mrs. Braafheid did not appear to have a strong

opinion about what needed to change and how this could be achieved, probably because her voice has, over the course of her life, never really been heard. A longer process of deliberation, with people who would have been willing and capable of helping her form and voice her opinions, might have helped her prepare better for the FGC. Mr. Stapel, on the other hand, did actively agree on organizing the FGC, he understood the process, he made preparations, and he formulated his own question. He was able to do this, because he had a clear idea of what he wanted and people around him who allowed him to take a stance.

The third difference between the two cases has to do with the nature of the problems involved. In Mrs. Braafheid's case, the issues were complex and had already existed for decades. As a result, the central question was also complex and consisted of many different questions which also concerned Andy and Ruth, who refused to be present at the FGC. This resulted in an unclear plan which could be carried out only partly. In Mr. Stapel's case, the question he himself formulated was focused on his own, age related, problems. The FGC plan would help him in *his* process and focused on changes he could make himself, supported by his social network. This resulted in a solid and executable plan he was happy about, and it immediately pushed him and gave him the confidence to make changes in his behavior.

Relational autonomy

In the following section, we apply the concept of relational autonomy to the two cases. Experiencing relational autonomy can be seen as living in line with one's values and identity (Schipper et al., 2011). Knowing who one is and respecting oneself for who one is, are thought to be important characteristics of an autonomous person. The relational aspect of autonomy implies that respectful, or disrespectful, relationships greatly influence the experienced autonomy of a person. This suggests that chances of achieving a positive FGC outcome will improve if the central person has respectful social relationships with the people who are participating in the process. Moreover, when these people dare to interfere compassionately and guide the central person towards making changes in a respectful way, following the identity and wishes of the central person, this could make the FGC even more successful. In the following, we elaborate on the application of the sub-concepts of relational autonomy (self-respect, received respect and compassionate interference) to the two cases.

Self-respect

Mrs. Braafheid has always been used to helping others and does not easily ask for help. She might not think she is worth the trouble and she does not want to feel like she forces people to support her, which might indicate a low degree of self-respect. She will not admit to needing more support, and financial help from the government is out of the question. These characteristics make her seem independent, but they also make it difficult for her grandchildren and for her son Roy to offer support and to help improve her situation. Mr. Stapel also does not want to bother or worry people, but he does ask for support from his family. He is independent and wants to do things by himself, but seems to have enough self-respect to ask for and accept support and even interference on occasion. He is also clear about his boundaries considering going to a nursing home and adjusting his diet.

Received respect

Mrs. Braafheid is surrounded daily by people who do not treat her with respect. Ruth lives in her house but fails to communicate and creates money problems; her sister does not respect her way of raising her children; Andy takes care of her, but also steals from her; and Roy silences her during the FGC. Mrs. Braafheid says this makes her sad but the disrespect she has to face is so fundamental that she is unable to change it. Mr. Stapel is sensitive about the extent to which people treat him with respect. He feels powerless when people are not respectful, and he stands up for himself, for example by demanding answers from his doctors. Before, during and after the FGC, he is surrounded by people who appreciate his openness, who notice and mention his positive changes, and who worry about and think along with him.

Compassionate interference

Mrs. Braafheid's social network consists of people who struggle with their own problems, or have too busy lives to really interfere in her life with compassion. According to Mrs. Braafheid's elderly advisor, they do not take the situation seriously enough. Andy and Ruth cause her problems rather than help her solve them, and they even have a personal interest in maintaining the current situation as it is. Roy tries to interfere but he fails to really listen to his mother's wishes. He prefers for his mother to move to a home for the elderly, which may be a good solution, but mainly a solution based on his own worries and not on what Mrs. Braafheid really prefers. Contrastingly, the people around Mr. Stapel have only few problems in their own lives, so they have the mental space to worry about him and offer their support. They interfere with compassion on many aspects in his life: his diet, moving to a home for the elderly, calling him every day, et cetera. Some of these interferences are uncalled for and based on worries, but most of the time people interfere because they know Mr. Stapel and are aware of what is important to him, and because they want to help him improve his life situation. In addition to this heart-felt interference, it is also in Jane's interest to help her brother, because of her fear of him becoming even more demanding towards her after his retirement.

Resilience

Resilience concerns the capacity for, or outcome of, successful adaptation despite challenging or problematic circumstances (Masten et al., 1988). With an FGC, an older person's resilience might be enhanced because the meeting urges him to reflect on his situation, and it brings people together who can offer social support. As indicated earlier, we see self-reflection, the availability of supportive relationships and reciprocity in these relationships as central elements in the development of resilience.

Self-reflection

During the FGC preparations, both Mrs. Braafheid and Mr. Stapel see themselves as victims of their situation. Their fate is not in their own hands, either God or professionals will decide what happens to them. For Mrs. Braafheid this is uncomfortable, she has always seen herself as independent and

able to take care of herself and her children. During the FGC process, she does not manage to see her own contribution to the situation she is in and to take control. She is unable to understand the causes and possible solutions of her financial problems, and she does not allow her social network to help solve them. As a result, she feels dissatisfied with the FGC outcomes. Mr. Stapel at some point realizes he is responsible for his own life, he formulates questions for his social network and he has clear goals with the FGC. He is able to welcome the advice offered to him because he is, more than Mrs. Braafheid, used to being cared for and being dependent. With the help of his social network, he is able to look at his actions and to realize that they limit his wellbeing. He knows he needs a push to come into action and improve his life. He can deal with criticism, if it is constructive and given from the heart.

Reciprocity

When it comes to reciprocity in their supportive relationships, Mrs. Braafheid and Mr. Stapel differ greatly. Mrs. Braafheid likes to 'give' but not to 'receive', she helps others at the expense of her own wellbeing. This slightly changes after the FGC because her family members convince her she cannot continue to take care of Andy and Ruth, but caring for others better than for herself is what she has always been used to. This imbalance of giving and receiving complicates reciprocal relationships. Mr. Stapel is more on the receiving side. He is used to asking, and almost demanding, support from his doctors and his sister. He is lucky that his sense of humor makes him amiable, which makes it easier for people to indeed support him. However, when it comes to social activities he does not easily organize something for others, so others do not often do it for him. The presence of his friends and family during the FGC gives him more self-esteem. He feels loved and this helps him to take initiatives again and to invite people to undertake some collective activity, thus making his relationships more reciprocal.

Since reciprocity is a two-way process, we must also discuss it from the perspective of the social networks involved, and not just from the perspective of the central person. In the case of Mrs. Braafheid, Andy and Ruth are more on the receiving side – albeit stealthily – than on the giving side. They refuse to reflect on, let alone change, their behavior and on the influence it has on their (grand)mother's situation. Changing the situation is not in their interest, because for them it would mean losing their home and financial stability. Her other grandchildren stay aloof, neither giving nor receiving. Her son Roy offers – mostly welcomed – help, but from his own frame of reference, not his mother's. This results in Roy giving her sometimes uncalled for 'support', such as silencing her during the FGC when she tries to give her opinion. In Mr. Stapel's case, the FGC is initiated by a member of his social network, and most of the other members are willing to reflect on the situation and their own role in it. Additionally, they feel the urgency to help him change his situation and are willing to make an effort to achieve this.

Social support

Mrs. Braafheid thinks of herself as an independent woman, who never had or wanted any friends. She has always managed her own life and she does not easily allow anybody to help her, not even now, when she is old. The family members closest to her, Andy and Ruth, are not in a mentally and financially stable situation and are unable to support Mrs. Braafheid. Some of her children and grandchildren are willing to help, but only if Mrs. Braafheid asks for it, which she is hesitant about. They know about her situation with Andy and Ruth, but they fail to confront them with their behavior. Mr. Stapel, just like Mrs. Braafheid, wants to be independent, but he also loves to have people around. He is not used to inviting people and he is socially not very assertive, but the FGC gives him more confidence. He has his boundaries when it comes to accepting help but he does appreciate the advice and ideas his family and friends offer him, because he realizes they love him and mean well.

Discussion

The issue we addressed in this article was the extent to which the concepts underlying FGC are appropriate for understanding the differences in the way older adults experience their FGC process and its outcomes. The answer is ambivalent: the theoretical framework does help in understanding the empowering processes that do or do not occur, but it ignores certain contextual and relational factors that appear to be crucial as well. Additionally, in the analysis we encountered some factors which influence the outcomes of FGC for older adults, which we believe are worth mentioning, such as the internal or external nature of the issues, the involvement and capacities of the social network, and background factors. In the following, we first discuss the contextual and relational factors that make FGC suitable or unsuitable for an older adult, and then the applicability of the theoretical framework.

Contextual and relational factors

A first factor is the internal or external nature of the issues, which seems to make a difference in the outcome of a FGC. Mr. Stapel has retirement and health-related issues, and became isolated. These are typically internal, age-related issues and can be applied to a larger group of older adults. Solving these issues with a FGC had positive results for Mr. Stapel. Mrs. Braafheid, on the other hand, has been dealing with her complex and multiple issues for decades. Her problems are mostly external, caused by others who are not willing or able to change their behavior, which complicates the process of making a sustainable plan. Additionally, her problems are most likely related to her gender-role, social class and cultural background rather than to her old age.

Secondly, international research results suggest the importance of gathering a diverse and well-functioning social network when organizing a FGC (e.g. Connolly, 1994; de Jong & Schout, 2013). However, not every social network appears to have potential, some networks seem inherently unhealthy or are too small, which might form a problem for the functionality of FGC. Older adults, especially when over 75, have slimming social networks. Additionally, older adults have been seen to only invite their children, while other contacts might be more apt to think along in a constructive way. In the case of Mr. Stapel, a rather large and diverse group was present during the FGC and they offered several different perspectives on his situation, and different solutions. Mrs. Braafheid invited a small group of only family members who were all part of the situation themselves and could not offer an 'outsider perspective'. FGC might only have a positive outcome if older adults invite a wider circle.

The application of the theoretical framework

A first observation is that the before mentioned general issues were not identified by applying the theoretical framework. If we augment the framework by including contextual and relational factors such as the nature of the problems, the capacities of the social network, and the cultural, economic and social background, the framework becomes more ecological and less psychological, giving a more complete picture and avoiding the risk of 'blaming the victim'. Also, including the perspective of the social network in the application of the concepts of relational autonomy and resilience, gives insight in their influence on the older person and on the possible outcomes of the FGC.

Secondly, we offer some insights on compassionate interference and identity. Compassionate interference appears to not be merely altruistic but it also serves the interest of the 'interferer'. When a change in the older adult's circumstances or behavior might negatively influence a social network member, he will be less prone to interfere than when a change has positive influences on the life of the social network member. This can be seen as ego-altruism. For instance, in the case of Mr. Stapel his sister Jane chose to interfere, partly to avoid that her brother would become increasingly dependent on her. In Mrs. Braafheid's case, both Andy and Ruth decided to not be involved in the FGC because the interference could have negative effects on their own lives. So, interests and power are important notions which need to be incorporated in the way we understand compassionate interference. Furthermore, identity appears to be important. For older adults, their identity is not easily changed. When caring for others is part of your identity, as is the case with Mrs. Braafheid, it is harder to receive support than when being cared for is part of a person's identity, as we could see in Mr. Stapel's case. A person's history of dependency might be a strong indicator of how easy or difficult it will be to accept support.

A process of deliberation might be necessary to stimulate insight in – for instance – identity, different interests, and power relations, and improve the process and outcomes of the FGC. Deliberation and dialogue offer the opportunity to use different perspectives to expand horizons and find new solutions. FGC offers some opportunity for this. For Mr. Stapel and his social network, this proved to be sufficient; they had spoken about Mr. Stapel's situation before and each of them were open and had thought about their own identity, wishes, and possible roles. This was not the case for Mrs. Braafheid and her family members. To create more shared awareness of their identities, power differences, wishes and interests, a longer process of deliberation and dialogue – before organizing the FGC – might have been beneficial. This empowerment process for the entire social network, might help them in making a strong and executable FGC plan. It might be helpful, or even essential, to offer all social networks with complicated and deeply-rooted problems such an empowerment process before starting with the organization of a FGC.

Evaluation of the research process

When evaluating the research methodology, we can conclude that the two cases provided enough contrast to be helpful in gaining insight into the applicability of the theoretical framework, which resulted in some important improvements. However, a larger sample might have given us a wider range of older adults – with different ages, issues, social network, backgrounds et cetera – to choose from, and more generalizable data. The implementation of FGC for older adults proved to be more complicated and slow than imagined, which made gathering a larger sample impossible. More thorough pre-research concerning the attitudes of older adults and professionals towards FGC might have warned us for this problem.

Conclusion

The theoretical underpinning we applied in this article appears to be helpful in explaining the FGC process and outcomes, although some important factors still need to be included. Based on the two cases we presented in this article, we can tentatively conclude that the outcomes of the FGCs appear to be most positive when: 1) the social network members are in a situation in which they can have a positive influence and interfere with compassion; 2) the older adult is willing and able to strike up social relations and make use of them if needed; 3) the older adult takes ownership towards his/her own situation and the FGC process, and has a clear goal; 4) the central question is focused on the older adult him-/herself and not on other people who are unwilling or not present. Still, the theoretical framework should be augmented with a stronger focus on the context, such as: nature and duration of the issues; capacities and interests of the social network; and structural contextual factors such as culture, education and ongoing problems in the social network. Furthermore, an addition to the theoretical underpinning is the observation that compassionate interference depends on the own interests of the person who interferes. Lastly, an important part of self-reflection – as part of resilience – appears to be a person's identity. Whether the older adults see himself as a 'carer' or as 'cared-for' either negatively or positively influences his relational empowerment process. More research is needed to test these outcomes on larger groups of older adults.

Acknowledgments

We would like to thank all the older adults, members of their social network and professionals who shared their stories, FGC experiences, views, wishes and fears during the interviews.

This research was funded by the ZonMw (the Netherlands Organisation for Health Research and Development), as part of the National Elderly Care program (grant number: 3140803030). ZonMw had no further influence on study design and execution, or on the contents of this publication.

Direction and waivers were granted by a Research Ethics Committee at the local university (reference number 2011/144). Participants were informed by a written letter and consented with the study.

Annex: Interview protocol 1st interview older adult

Introduction interview

Introduction:

'I will first introduce myself. My name is … and I am … (name, job description). I would like to thank you for inviting

me to your home and for cooperating with the interview. I will start by explaining the goal of this interview.'

Goal interview:

'You have been approached by the FGC foundation with the question whether you were willing to participate in the research project on FGC for older adults. You consented. The research is carried out by researchers who work for the Amsterdam University of Applied Sciences, in cooperation with the FGC foundation, the WOW – an action group of women aged 50+ – and the VU University. A couple of days ago you received an information letter by mail, and a form in which you give your formal consent for your participation in this research project. Is this correct? (If the answer is yes:) I would like us to read through this form together, and ask you to sign it if everything is clear and you are still willing to participate. (If the answer is no:) I have the information letter and the form with me, so we can take some time to go over it together, after which you can decide whether you would indeed like to participate and whether you wish to sign the form.'

'The goal of the research project is to gain insight in whether and to what extent FGCs influence the older adults' experienced relational empowerment. This means that we would like to know if the FGC increases the older adults' sense of control and mastery with regard to their care process and their lives, and whether this increases their wellbeing. To reach this goal, we organize three interviews with each of the older adults for whom a FGC is organized. The interviews take place at three points in time: 1) before the FGC, 2) shortly after the FGC, and 3) six months after the FGC.'

'In this first interview, we will talk about your current views on your life, your dependence or independence and the extent to which you feel you can control what happens in your life. In short, will we talk about your experienced self-mastery. When people grow older, they often experience more health problems and impairments, and become less independent. They will increasingly need support from social or medical professionals, or from their family members. In such cases, we can imagine it might be difficult to still experience a sense of control over the situation. We would like to talk about that during this interview. I would like to know more about your experiences with having or losing control, how you feel about this, and what it means to you. We hope this information will help older adults with health issues to regain or retain control over their care and their lives.'

Course of the interview:

'I will start the interview by asking you about your current wellbeing, experienced control, and expectations of the FGC. I would like to ask you to give concrete examples if possible, so we can get a clear idea of your views about self-mastery and control.'

'After the interview, I would like to fill out a questionnaire with you, the Minimal Data Set (MDS). This is a questionnaire which gives us basic information concerning your wellbeing. We gather this information for the National Program Elderly Care, for which older adults all over the Netherlands fill out this questionnaire.'

'Finally, I would like fill out a second questionnaire with you, the Dutch Empowerment Questionnaire. Empowerment is closely related to control and self-mastery and concerns your own strengths and capacities and the way you use them, or could make use of them.'

'During the interview, I will sometimes write down something you say. I will also record the interview with a voice recorder, if you allow me to do so [*explicitly ask for permission*]. I do this so I can better report on your answers. I would like to stress that there are no wrong or strange answers. This interview is about *your* views and ideas. You don't have to worry about what other people think, because we will remove your name and other personal information from the transcript of the interview, making it anonymous.'

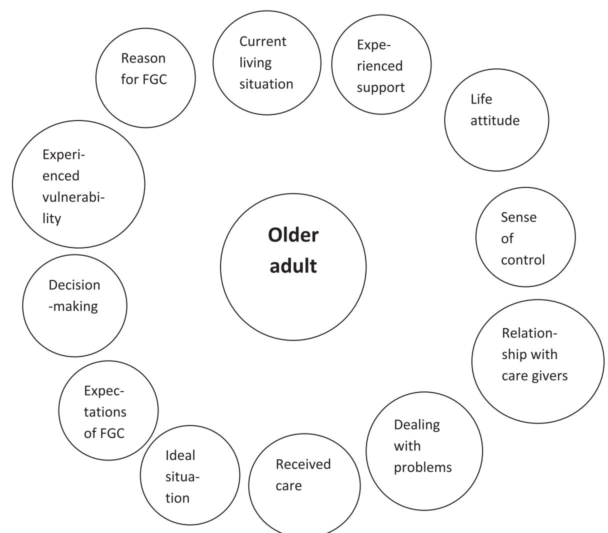
Length:

'The interview will take approximately 1 ½–2 h. If you get tired, please let me know so we can timely stop the interview or continue the interview some other time. Also, if you have any questions or if you don't understand something, please let me know.'

Questions:

'Do you have any question at this point, before we start the interview?'

Topics 1st interview older adult



Elaboration of topics:

Vulnerability

FGC:

- What was the reason for you to want to organize a FGC?
- Did you have any doubts about it? If yes, why? Of not, how come you were so sure about it?

Experienced vulnerability:

- Do you have the feeling to lose control or need help when it comes to:
  - physical condition
  - mental condition
  - social relations
  - (social) activities

○ other…
○ (ask for elaboration)

Formal and informal care:

- Do you receive help from professional care givers? If yes, what kind of professionals and what kind of care?
- Do you receive help from friends, family members, volunteers? If yes, what kind of help, and from whom?

Wellbeing
Activities:

- Could you tell me something about your social activities? Who do you see, what do you do (together), how is your relationship with these persons?
- Are you satisfied with the activities you undertake? Would you like to do more, or less, or different things?

Social contacts:

- How do you experience your contact with your family members, friends and other social relations? What do the contacts you have bring you? (support, someone who listens to you, fun, nagging etc.)
- Which relationships do you find supporting and which are less supporting? Can you explain why?
- Would you like to have contact with more different people, of with less, or would you like you relationships to deepen?
- Do you have the feeling you belong to something? Such as you family, peers, neighbors, an association, etc.?

Dealing with problems:

- How do you deal with problems in your life (physically, emotionally, relationally, financially, etc)? Could you give an example of a problem and how you dealt with it?

Attitude in life:

- What is most important to you, in your life? (ask for an explanation!)
- How do you usually look at your life: more positively or more negatively?
- Do you have a goal in your life? If yes, what is your goal? If not, how come?

Self-mastery and control
Relationship with formal and informal care givers:

- Can you tell me about your relationship with professional care givers in your life? (stimulate stories)
- Can you tell me about your relationship with informal care givers in your life (family members, friends, neighbors)?
- Do you also support others? If yes, how do you feel about this? (stimulate stories)

Decision-making:

- How do you deal with making decisions in your life? Do you make them by yourself, do you ask for help, do you feel like other people make decisions for you? How would you like it to be?
- Do you trust yourself in making good decisions? Or do you think other people can make better decisions for you?
- Do you feel like you know enough about care possibilities (formal and informal) to make you own decisions? If yes, how come? And if not, what do you need to get the feeling that you do know enough?

Sense of control:

- To what extent do you feel like you have control over your life?
- Has this been different in the past? How was it and how did it feel?
- Do you think feeling in control is important, or can someone else (partly) control your life? Is someone else in control right now, or has someone else been in control in the past? How did that feel?
- Does your feeling of being in control differ according to different aspects of your life? For instance: is your feeling of control different when it concerns your living arrangements than when it concerns your health?
- What (or who) can help you to strengthen your feeling of control? (ask for concrete examples!)
- What (or who) prevents you from feeling in control? (ask for concrete examples!)

Ideal situation/expectations:

- What would be the ideal situation when it comes to being in control?
- What kind of expectations do you have for the future when it comes to being in control and making your own decisions?
- What do you expect of the FGC?

Summary/conclusion:

- (name the most important aspects of the interview, ask if you understood it correctly)
- Is there anything you would like to add, when it comes to the subjects we discussed? (repeat the topics, if necessary)

Rationale interview topics

Vulnerability

- FGC: the reason for an older adult to want a FGC indicates the aspects which make him/her feel vulnerable. Whether someone is hesitant or not has a reason, which can give us insight in the ways in which a person is used to dealing with his/her vulnerabilities.
- Experienced vulnerability: older adults will not easily admit to feeling vulnerable. However, by asking about losing control we can gain insight into the *experienced* vulnerability.
- Formal and informal care givers: asking about the care a person receives gives information about *actual* vulnerability.

Wellbeing

- Activities and social contacts: these questions give information concerning the older adults' personal life, the extent to which they are satisfied with their lives, and which factors contribute in a positive or negative way.
- Dealing with problems: the way a person deals with problems says a lot about coping, locus of control and resilience. It also gives information about the way a person is used to deal with problems and whether or not this is similar to the FGC model.
- Attitude in life: it is important to know about a person's basic

attitude in life. When this is attitude is negative, and it is still negative after the FGC, this says little about the FGC itself.

Self-mastery

- Relationship with care givers: this gives information about the extent to which these relationships are empowering or disempowering.
- Decision-making: these questions also deal with the older adults' basic attitude, but are more focused on decision-making. Once we know about decision-making patterns before the FGC, we can more easily give meaning to possible differences after the FGC.
- Feeling of control: these questions are concerned with the extent to which the older adult experiences control, and with the level of importance he/she attaches to it. We also talk about how desirable being in control is for the older adult. For some people, having someone they trust who can take over control is comforting, they no longer have to worry. In this question we make a distinction between: what has a positive influence, and what has a negative influence; and the different types of influencing factors such as the older adult him-/herself, other people around him/her, and circumstances. We ask for a description of concrete situations to not just learn about feelings but also get information about behavior.
- Ideal situation/expectations: these questions help the older adult to look ahead, identify aspects with which he/she is unhappy, and think about ways to improve this. Asking for a description of the ideal situation helps to discover the older adult's view on self-mastery through a different route, and get to know more about wishes en desires concerning self-mastery.

Summary

- The summary gives the opportunity to repeat the aspects of self-mastery which the older adult mentioned as important, to see whether all the important aspects have been mentioned. We intentionally saved the summary for last, to give the older adult enough time to reflect on the subject and create a clear view on what self-mastery and control means to him/her. By summarizing what has been said before, we hope to encourage him/her to add any remaining thoughts.

Instruction for the interviewer

Interview techniques

Besides the basic interview techniques (active listening/showing empathy/summarizing/paraphrasing etc.) it is important in this interview to stay close to the respondent's story. The respondent's answers will be based on his/her personal experiences with sickness and care, so asking for *examples* is particularly important. Additionally, it is important to *deepen the information* by asking questions such as: 'how come', 'can you explain that ', 'how do you feel about that', 'how does it affect you', etc. Furthermore, the order of the questions should remain *flexible*, depending on issues the respondent brings to the fore and what appears to be logical to the interviewer. The interviewer should try to wait as long as possible with summarizing aspects of self-mastery which appear to be important to the respondent, but this is also flexible.

Transcription aids

The interview is recorded with a voice recorder, if the respondent consents with this. The interviewer uses a hard-copy version of the interview guide, which provides enough room for the interviewer to write down key words or comments.

References

Both the literature and experts on empowerment and self-mastery, and on conducting qualitative interviews, were consulted for the construction of the interview guide.

Experts:

– Lilly Claassens/Martijn Huisman (VUmc)
– Ellen Szwajzer (Saxion Hogeschool)

Literature:

– Abma, T. et al (rEd.) (2010) *Reflectie en participatie in de zorg*. Boom/Lemma
– DeSocio, J., Kitzman, H. & Cole, R. (2003) Testing the relationship between self-agency and enactment of health behaviors. *Research in Nursing & Health*, no. 26, pp. 20–29.
– Janssen, B.M., Regenmortel, T. van, Abma, T.A. (2010) *Identifying sources of strength: Processes of resilience of older people living in the community who receive care*. Intended journal: European journal of aging.
– Koren, P.E., DeChillo, N. & Friesen, B.J. (1992) Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, vol. 37, no. 4, pp 305–321.
– Landau, R. (1995) Locus of control and socioeconomic status: Does internal locus of control reflect real resources and opportunities or personal coping abilities? *Soc. Sci. Med*, vol. 41, no. 11, pp. 1499–1505
– Marsh, H.W. & Richards, G.E. (1986) The Rotter locus of control scale: The comparison of alternative response formats and implications for reliability, validity and dimensionality. *Journal of Research in Personality*, no. 20, pp 509–528.
– Martínez García, M.F., García Ramírez, M. & Maya Jariego, I. (2002) Social support en locus of control as predictors of psychological well-being in Moroccan and Peruvian immigrant women in Spain. *International Journal of Intercultural Relations*, no. 26, pp. 287–310.
– Thompson, N. & Thompson, S. (2001) Empowering older people: Beyond the care model. *Journal of Social Work*, no. 1, pp. 61–76.

References

Abma, T. A., & Stake, R. E. (2014). Science of the particular: An advocacy of naturalistic case study in health research. *Qualitative Health Research*, *24*(8), 1150–1161.

Barvosa-Carter, E. (2007). Mestiza autonomy as relational autonomy: Ambivalence & the social character of free will. *The Journal of Political Philosophy*, *15*(1), 1–21.

Brown, L. (2003). Mainstream or margin? The current use of Family Group Conferences in child welfare practice in the UK. *Child and Family Social Work*, *8*, 331–340.

Connolly, M. (1994). An act of empowerment: The Children, Young Persons and Their Families Act (1989). *British Journal of Social Work*, *24*(1), 87–100.

Cosner Berzin, S., Cohen, E., Thomas, K., & Dawson, W. C. (2008). Does Family Group Decision Making affect child welfare outcomes? Findings form a randomized control study. *Child Welfare*, *87*(4), 35–54.

de Jong, G., & Schout, G. (2013). Ogenschijnlijk mislukte Eigen Kracht-conferenties bij mensen met beperkte hulpbronnen [Seemingly failed Family Group Conferences for people with limited resources]. *Journal of Social Intervention: Theory and Practice*, *22*(1), 21–38.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, *12*(2), 219–245.

Janssen, B. M., van Regenmortel, T., & Abma, T. A. (2011). Identifying sources of strength: Processes of resilience among older people living in the community who receive care. *European Journal of Ageing*, *8*, 145–156.

Kvale, S. (1996). *The interview*. Thousand Oaks: Sage.

Lamb, S. (2014). Permanent personhood or meaningful decline? Toward a critical anthropology of successful aging. *Journal of Aging Studies*, *29*, 41–52.

MacKenzie, C. (2008). Relational autonomy, normative authority and perfectionism. *Journal of Social Philosophy*, *39*(4), 512–533.

Masten, A. S., Garmezy, N., Tellegen, A., Pellegrini, D. S., Larkin, K., & Larsen, A. (1988). Competence and stress in school children: The moderating effects of individual and family qualities. *Journal of Child Psychology and Psychiatry*, *29*, 745–764.

Metze, R. N., Kwekkeboom, R. H., & Abma, T. A. (2013). Family Group Conferencing: A theoretical underpinning. *Health Care Analysis*. http://dx.doi.org/10.1007/s10728-013-0263-2 (published online August).

Schipper, K., Widdershoven, G. A. M., & Abma, T. A. (2011). Citizenship and autonomy in acquired brain injury. *Nursing Ethics*, *18*, 526–536.

Shenton, A. K. (2004). Ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*, 63–75.

Stake, R. E. (2006). *Multiple case study analysis*. New York: The Guilford Press.

van Beek, F. (2013). *De kleine gids, Eigen Kracht-conferentie 2013The small guide, Family Group Conferencing 2013*. Kluwer BV (ISBN/EAN: 9789013115819).

van Pagée, R. (2006). Versterking van burgerschap, Eigen Kracht-conferenties geven gezinnen de regie terug [Strengthening citizenship, Family Group Conferencing returns control to families]. *Maatwerk*, *7*, 15–17.

Verkerk, M. A. (2001). The care perspective and autonomy. *Medicine, Health Care and Philosophy*, *4*, 289–294.

WHO (2002). *The World Health Report 2002: Reducing risks, promoting healthy life*. World Health Organisation (ISBN 92 4 156207 2).