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HOW MURRAY MANOR BECAME AN ETHNOGRAPHY

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Living and Dying at Murray Manor (Gubrium [1975]1997) is the first book-length ethnography of a nursing home. It is the touchstone for similar contributions dealing with what came to be called the "culture of long term care" (Henderson & Vesperi 1995). In revisiting the Murray Manor project, I'll describe how the research began, especially how I thought about the nursing home experience before the fieldwork started, and what led me to conceptualize how the organization of life and work in the nursing home was ethnographically accessible.

In the spirit of this collection, I focus on the developing analytic framework. While many memories of the Murray Manor fieldwork are personal and I'll touch on this, it is the evolution of a way of thinking about institutional life that eventually made the research and the book what they became. What will be apparent in my account is the increasing realization of the shortcomings of preconceived categories in coming to grips with the complexity of everyday life. Murray Manor became the site of ethnographic fieldwork and formed my ethnographic skills, as much from a shift in analytic perspective, as from a developing interest in the aging experience.

Beforehand

I was trained as a survey researcher. My dissertation, completed in 1970, dealt with the relationship between personal needs in old age and the resources available to elderly residents of varied living environments. I was especially concerned with the fit between needs and resources and how various combinations affected the quality of life. I was working with a person-environment fit model, which was popular in the late 1960s. The plan was to interview elderly men and women to see how different residential settings affected the quality of their lives. Despite the positivistic character of the project, even at that time I aimed to gather data about the quality of life as it was understood by the elderly themselves. I wanted to move beyond what standard modes of assessment

produced. So, while the intent was to survey residents in different settings, there was an inkling of interest in subjective understanding. Missing was an appropriate way of thinking about this and a method of procedure suitable to the task.

The dissertation research eventually was completed and led to articles whose frequencies, percentages, and cross-tabulations (remember this was the 1960s) displayed the results. Taking a job in 1970 as an assistant professor of sociology at Marquette University in Milwaukee, I was ready to extend the approach and my research skills to additional settings. I hadn't done interviews in care facilities and was curious about what I might find there about elderly residents' views of the quality of their lives. I started to develop a grant application based on my dissertation research and aimed to apply the model I'd been using together with survey methodology. The administrators of various nursing homes in the area were contacted to see if they'd participate in the study, which now centered on how residents viewed the quality of care as well as the quality of their lives in nursing homes. Until then, these factors were assessed by service providers, not by those who were provided the services. So I was about to enter new territory.

I did complete such a study, but not until twenty years later. Fortunately, my interpretive inclinations were better developed and more appropriate research skills were in place by then (Gubrium 1993). Meanwhile, back in my early Marquette years, I was aiming to construct an interview instrument that would fit the experience and circumstances of nursing home residents. It occurred to me that I had never been in a nursing home nor did I know anyone who lived in one. How was I to ask sensible questions in my interviews? None of the elderly residents I'd interviewed for the dissertation research was seriously ill and none appeared to be dying. Many had lived in their homes, apartments, or retirement communities for years, if not decades.

The quality life and of care for nursing home residents raised questions I wasn't prepared to handle. All residents had left their own homes and most faced the prospect of never returning to them. Many were seriously ill, disabled, or demented, and if they weren't sick, interacted daily with others who were. All of them to some degree were cared for by others, not themselves. The plain fact of the matter was that the key terms I was using—life, care, quality—to formulate the new project would flag a dramatically different circumstance when it came to person-environment fit. One question was how was this nursing home "person" to be understood in relation to the nursing home "environment," given that discontinuity in personhood for many residents would probably be an issue? And what could "fit" mean in the context of an environment that I guessed would, at best, be only home-like?

Enter Murray Manor

With such questions in view, I figured I should get a working sense of what nursing home life was like before I went any further. Several of the nursing

home administrators I'd contacted were willing to participate in the study, would facilitate access to residents, and expressed interest in the results. One, in particular, the administrator of Murray Manor, was disturbed by the continuing "bad press," as he called it, nursing homes were getting locally and across the nation. He viewed his facility as exemplary and was eager for the Manor to be the testing ground for an unbiased view. He didn't want anyone to "whitewash" what nursing home care was like, and added that, indeed, there were many "hellish" facilities, terms he used. In his opinion, a more balanced picture was needed. This administrator eventually became the Mr. Filstead featured in *Living and Dying at Murray Manor.* When I asked him whether I might casually talk to residents and staff members and get the feel of nursing home life before I started my project, he welcomed me aboard.

So I took time to hang around Murray Manor. Filstead eased my entry in many ways. He introduced me enthusiastically to those I eventually called the "top staff," which included the medical director, director of nursing, charge nurses on various floors, the dietitian, the social worker, and the activity director. They, in turn, introduced me to employees I called the "floor staff" (frontline workers) in the book, which included RNs (registered nurses), LPNs (licensed practical nurses), and NAs or nurses' aides. All helped with introductions to the residents. The introductions and the staff's continuing support were extraordinarily helpful in adjusting to the premises and in building rapport.

I was now ensconced in what eventually would become my field site, but with old analytic lenses. I figured that Filstead's welcome and the staff's follow-through to be points of departure for what I still planned to be a survey of the quality of life, and now also the quality of care. In anticipation of that, I would be getting to know about the nursing home as a living environment, how my future respondents figured in, and how the broad contours of life and care in nursing homes as opposed to other environments related to that. Becoming familiar with Murray Manor was to be a learning experience preliminary to the actual study I would conduct and the conclusions I would reach about person-environment fit in general.

There is a noteworthy lesson in this about the relationship between an analytic perspective and a method of procedure, which will become clearer as I move along. The lesson wasn't apparent then, and couldn't have been because I needed another viewpoint to recognize it. The lesson is marked by the words and categories I was using at the time to describe my research plans. That lesson is that the working language we use to refer to what we are doing is related to one's perspective on empirical material (Gubrium and Holstein 1997).

Let me explain. Murray Manor wasn't yet a field site and I didn't refer to it as such. Rather, I spoke of it as a source of background information. What I was doing wasn't fieldwork, but instead familiarizing myself with things

before the real (survey) research began. I wasn't yet using ethnographic lan-
guage to describe my activities, even while I was located in a kind of field
and conducting a form of empirical work within it. Systematic participant
observation was as far from my mind as the moon. Social interaction on the
premises and the contexts of meaning-making were, as yet, mostly unin-
teresting and certainly undocumented. Instead, the language of variables and
co-relationships was leading the way.

Enter Ethnography

Little did I know that what I was doing would lead to another form of
analysis and a different method of procedure. Instead and understandably, as
I got a feel for nursing home life, I thought ahead about how what I was
learning could be applied in my survey interviewing. Rather than ask resi-
dents directly about the quality of life, I would be able to specify, if needed,
to what aspects of daily life that could pertain. It seemed reasonable to do
this, because I began to learn that the residents and staff members would be
likely to have particular things in mind when they talked about the qualities
of care and of life at the Manor.

Listening to, and speaking with, residents and staff, I was gaining a more
nuanced understanding of what words such "quality," "life," and "care"
connoted in the context of the nursing home. "Care," "caregiving," and
"caring," in particular, were categories whose meanings seemed to shift,
depending on the circumstances. I was awed and rather dismayed at the
same time that the very words I was prepared to apply in formulating inter-
view questions were like semantic chameleons—changing contexts gave way
to complex practical meanings absent in other living environments.

These realizations didn't immediately change my conceptualization of the
project I was planning. Initially, awe signaled methodological difficulties and
empirical complexity. My concern was with how I was to formulate inter-
view items that would be validly sensitive to what I was hearing and obser-
ving at the Manor. I considered that perhaps more open-ended interviewing
might help. Structured and forced-choice response options would only hide
or marginalize variations in meaning, some of which would likely even con-
tradict others. I later came to know that without built-in context-specifying
mechanisms, differences in responses to the same question were likely to be
coded as contradictions by default. Looking back thirty-five years later, I'm
surprised at how analytically tenacious I was. Then again, I suppose most
serious researchers would be. One's methodological training and analytic
framework don't simply disappear when the going gets tough. One refines,
repairs, and adjusts one's understandings as well as one's skills for dealing
with the issues. Add to that the research track record in place, which
appropriately provides both direction and experience as a basis for continu-
ing with one's work. My published articles were based on survey material

and I expected future articles to be, which together would reflect an unfolding program of research.

Still, certain personal factors were starting to work against this commitment, which eventually would lead to a reconceptualization of the project. One was that, throughout my undergraduate college years, I had been fascinated by ethnographic fieldwork, both anthropological and sociological. Especially close to my heart was William Foote Whyte's (1943) book *Street Corner Society*, which is an ethnographic study of Cornerville, an Italian slum district in Boston. I regularly talked about it in class. I came alive with enthusiasm, as did my students, as I detailed the research's challenges for Whyte, its intellectual context, and its discoveries. I have to admit that I always was a closet constructionist, as I urged my students to think about how social life is assembled, structured, and sustained, and approached colleagues' work in the same manner. I had read Peter Berger and Thomas Luckmann's (1966) book *The Social Construction of Reality*, which in its own way contributed to a change in analytic commitment.

I don't recall having had a grand conversion to an ethnographic view. If anything, I slowly eased into what initially was only a whiff of fieldwork, done for ancillary purposes. Several weeks into this preliminary period, I remember Filstead stopping me just as I finished making the rounds of several residents' rooms with an aide I'd befriended. He asked how things were going and whether what I was finding was useful to me. He was a wonderfully curious and insightful man, eager to learn and open to a variety of perspectives. I had his full confidence and felt comfortable talking with him about my work. Not everything we shared bore directly on the Manor. He knew and appreciated that I was interested in the quality of life of elderly persons in general. We did talk about everyday life for residents, however, and what the quality of care meant from their point of view. I didn't know at the time that this was a nascent constructionist concern, one that eventually would ratchet upward conceptually into a project on the social organization of meaning in nursing homes.

Filstead encouraged me to become comfortable with the residents and staff members, and to nonjudgmentally seek to understand how they respectively fit into the scheme of things on the premises. (Neither of us knew it, but his use of the term "fit" was closer to my later sense of it than the person-environment fit model designated.) He reminded me that the transition to nursing home living was a challenge to most residents, but effectively working with them was a challenge to staff members as well. He kept noting that I mustn't forget that everyone, both the residents and the staff, were up against issues of quality care. Unknowingly, he was pointing me to the social context of quality, most especially to the institution in which all concerned were being brought together in different ways in this regard.

I started to think about institutional life, returned to earlier interests in local cultures, and continued to read related gerontological literature.

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Increasingly telling was how often I was saying to myself and to anyone who was curious about what I was doing, "that's not how it works" and "it's really more complicated than that." This loomed in importance as I thought about how perspective and social organization figured in matters of caregiving and the quality of life. I thought this way especially when stereotypic explanations were forthcoming, which were often individually focused. Bad care, for example, was commonly construed as a matter of bad care workers. I also realized that the model that had informed my gerontological research to date—person-environment fit—was too simple to capture what it means for anything to fit with anything else in various circumstances. Time and again, I noticed that the connotation of fitting itself was influenced by diverse sentiments and subject to negotiation in practice.

I started to realize that the "bad worker" couldn't be figured in relation to fixed criteria. Just as the "good worker" did, bad and good shifted in meaning depending on one's point of view. For example, if for some the bad worker was inefficient and didn't conform to established care regimens, the same characteristics could signal good work to a resident, say, who wanted a familiar face to "stay and visit for a spell." These were initially anecdotal noticings and only became analytically pertinent later as the fieldwork unfolded and the organizational dimensions of the quality of care grew in importance.

Then there was the matter of grant support; this, too, influenced my turn to ethnography. Preliminary discussions with funding agents were discouraging. Standard survey methodology was de rigueur in those days, especially for sociologists. My explanations about the complex and fluid meanings of the quality of life pretty much fell on deaf ears, or ears that acknowledged the issues but were uncertain whether such research was fundable. What broke the camel's back in this regard and pushed me over the edge was the sarcastic remark of one funding agent with whom I was acquainted. Following a rather tiresome conversation, he blurted, "No one's going to pay you, Jay, for just hanging around a nursing home."

It was clear that I wouldn't be funded for undertaking what I was increasingly comfortable doing and enthusiastic about, for seriously putting into place what I would eventually call an "everyday life" perspective in my observations. Summer was approaching and I was looking forward to the free time it would offer for research. In a moment of inspiration—which the combination of challenges I've just described certainly encouraged—I happened by Filstead's office and asked whether he'd be interested in my doing an ethnographic study of the Manor. I explained, "Kind of study it like a small society and write a book about it." I pointed out that no one had done such a study before. I felt confident that the results would help set the record straight about the complex world of the nursing home.

He was immediately receptive to the idea and asked me to come in and talk about it. I was quite open with my thoughts and intentions. What I proposed certainly wouldn't be an exposé, but serious research of the kind

our continuing conversations implied was needed. I mentioned that every-thing I wrote about the Manor would be anonymous and that, in that sense, the Manor and its people wouldn't get credit for what was produced. At the same time, in as much as the social organization of the Manor reflected the organization of everyday life and work in similar facilities, an ethnography of the Manor would be a contribution to general knowledge about residential care. I recall him saying something like "My blessings, Jay. Full-speed ahead and all the best in this endeavor."

Shifting Gears

It was time to shift gears on two fronts. One was a shift in the way I was keeping track of my observations. Initially, I was pretty haphazard about this, because I figured that what I was learning was not data as such, but in support of the data I would collect. Whatever was written down about what I learned, it certainly wasn't thought of as fieldnotes. If anything, it was a laundry list of things to take into account in formulating good interview questions. Now I needed to keep careful and systematic track of what I was viewing and hearing, as well as of my developing perspective. It was only then that I began to take proper fieldnotes, and refer to them in this way.

The early 1970s was still a time when fieldnotes took the form of written accounts in notebooks, which were completed later in the day after the researcher left the field. The current distinction between jottings, which are brief mnemonic notes written in the field, and full-blown fieldnotes, which are extended descriptions of the day's thoughts and events, was nonexistent (see Emerson *et al.* 1995). The representational issues that arose much later in social research, centered on the relationship between empirical matters, jottings, fieldnotes, and ethnographic writing, were yet to be raised (see Clifford and Marcus 1986). Mostly, like other ethnographic fieldworkers, I took field-notes to be an experience-near means of collecting the empirical material I would use to present my findings. I hardly reflected on them, their precursors, or what followed in any way other than to assume that the better notes I had, the more valid and compelling my presentations and publications would be.

This accompanied another, more analytic shift. Pen in hand, paper at the ready, typewriter available when I returned home, were not enough. I saw and heard many things as I wandered Manor hallways, sat in rooms and chatted with residents, shadowed nurses and aides on their rounds, visited in lounges and ate with residents in the dining room, interacted with families, and participated in staff meetings called "patient care conferences." What was it about all of these things I should record in my jottings and later ela-borate upon in fieldnotes? What was significant about them? What wasn't significant and needn't be viewed as empirically relevant? I was facing one of the most important problems any observational researcher encounters as he or she settles into the field. That is the problem of needing a framework to

give direction to one's observations and notetaking, and to provide a way of understanding results.

It's one thing to be in the thick of things and be able to hear different voices and observe interaction as it unfolds; it's quite another to have some basis for sorting what is significant from what is not. Was extended time spent by an aide in a resident's room a form of malingering and work inefficiency? Or was it an informal sign of the quality of care? Was how I heard staff members describe residents in patient care conferences a matter of being more or less accurate about caregiving? Or did what staff members say relate as much to their accountability to superiors, families, other agencies, and the public at large? The meaning of what I was observing and hearing up-close wasn't obvious, even while I was a direct witness to everything. I needed analytic guidance, some way of determining what was and what wasn't important in the scheme of things.

After several weeks of taking voluminous fieldnotes without direction, the analytic shift I needed came when I started to concertedly consider that matters such as quality, life, and care had distinctive terms of reference and practical sensibilities from the points of view of those concerned. To move from seeing things "from their points of view" as being a matter of rapport and preliminary to asking locally relevant questions, to conceiving viewpoints as having separate social bearings, was a leap in analytic imagination. It was exactly what I was looking for. It was a way of moving beyond empathetic observation to conceptual understanding.

A New Analytic Framework

The new analytic framework took shape as I started to take notice of, and to take fieldnotes about, the particular words and associated meanings that various groups used to refer to matters of quality in life and care. I couldn't altogether leave my initial terms of reference behind, because I needed them in order to relate to an informing literature and to research colleagues. But I did start to catalog the ordinary connotations of quality and their accompanying points of reference. I became especially interested in the events and circumstances residents, staff members, and relatives referred to when they described and offered judgments about the quality of life and of care. This was now analytically important, not just window-dressing. I was fascinated that, at times, good care could be referenced in terms of how "sweet" an aide was because the aide bothered to ask about an enlisted son's framed photograph on a resident's bureau..To the resident, this could mean that the aide was taking a personal interest in her and wasn't just "running around with her head chopped off," as it was sometimes put.

While aides who spent time with residents instead of "running around with their heads chopped off" were appreciated by the residents, it was just as clear that it could make quite different sense to the aides and their

supervisors. The aides weren't just caregivers, but also held jobs in a service organization. They were accountable not only to residents for the quality of their work, but simultaneously to the administrative staff who evaluated quality in their own terms, such as job completion. The floor staff not only offered cares, but were paid to do so. In the context of work, the quality of care was as much a matter of time given over to assigned tasks, as it was a matter of caring for those in need of caregiving.

An important activity for the floor staff was keeping the premises neat and orderly and the residents clean. I coined a catchy term for this, calling it "bed-and-body work." It was a handy way of referring to what floor staff was up against in matters of quality care. If, to residents, "staying a spell" and otherwise being attuned to personal needs signaled good care, the nurses' and aides' bed-and-body work was equally at the forefront for them. Keeping bedding clean and odor-free, keeping beds made and the surroundings otherwise attractive, keeping residents' skins and clothing free of bodily wastes and their appearance attractive—these were important signs of good care for everyone. According to the administrative staff, families, and those residents who could care about it, follow-through on this front surely improved the quality of residential life.

But it wasn't so much these dimensions of care in their own right that differentiated staff, family, and residents' understandings. Rather, the working sense of for whom these were being accomplished was always in view. For example, when residents perceived bed-and-body work as being a matter of getting the work done as opposed to contributing to the quality of the residents' care, it was viewed negatively by residents. No set of quality criteria worked under all circumstances, because circumstances could shift the meaning of quality indicators when various points of view and purposes were taken into account.

Alternative senses of time were an important ingredient of such differences. Time for residents largely centered on passing time, which related to endless daily cycles of sleeping, waking, eating, walking, sitting, watching, visiting, and talking about the mundane happenings of residential life. Residents didn't so much keep time, which the staff certainly did, as their lives drifted along with the recurrent rhythms of life on the premises. Time wasn't so much kept, as it moved along, mostly unnoticed and ungauged. It was beholden to nothing other than itself—its passing paces. This contrasted sharply with staff's sense of time, which related to job descriptions, work shifts, and caregiving loads, among other dimensions of employment, all of which were noticeable and metered, sometimes excruciatingly.

In this context, when a resident asked an aide to "come sit for a spell," for the resident it referred to a very slow form of time, which was enjoyed and evaluated in terms of its simply passing along in the often silently attentive company of someone else. The aide who indulged this risked running out of the time organizationally allocated to her. To the resident, as time ran out

for the staff member, it was easy for "sitting a spell" to leap into the perception of the staff member as "running around with your head chopped off." On the other hand, "running around" doing one's job could lapse into a staff member "sitting a spell," which risked drifting too far into the *world* of passing time. Simple as these ordinary expressions and related sentiments were, they grew in importance as I systematically took note of how they related to different perspectives on the quality of life and of care, which would otherwise seem to have similar ingredients to everyone. I emphasize the word "world" because, as I'll soon explain, the idea that the ordinary could be embedded in distinctively different social logics was just on the horizon for me.

Regular reviews of my fieldnotes and ongoing participant observation made it evident that it wasn't just the ingredients of care, work, and quality that I needed to document, but what meanings were being assigned to them and how these operated from varied points of view. Looking ahead at the time, I decided I needed to document how common terms of reference figured in practice in the scheme of things. Regularly looking ahead actually became a useful way of systematically pushing the analysis forward. As I moved along, I asked myself over and over what would I need to write an article or a book or to present to an interested audience that demonstrated the importance of meaning and circumstance as these related to common terms of reference? How did one's standpoint figure in discerning the quality of life and of care in a nursing home? How did social interaction and circumstances work to bring about different versions of the "same" things?

What I initially referred to as the "scheme of things" was a short step away from referring to the social organization of everyday life. Common terms of reference needed to be connected with what those using them were indicating and what the consequences for them were of reckoning things the way they did. What I was observing day-in and day-out in many telling circumstances was how much the application of different frames of reference and related purposes sorted the meaning of things in distinctive ways. I started to document how terms of reference in their varied social contexts took on their meanings, formed particular understandings, related to alternative interests, and spawned separate consequences.

At just about this time, an otherwise mundane incident combined with an emerging way of thinking to clarify my analytic framework. In most nursing homes, the day shift starts at 7am. It is the responsibility of night-shift staff, who leave at 7:30am or thereabouts, to begin waking up the residents, getting them out of bed, and ready for the day before they leave work and the day shift starts. Bed-and-body work features much of this, even while breakfasting and the distribution of medications are part of the process. On one occasion, a resident who was returning from breakfast, stopped by the nurses' station to chat with me and said that she was really tired that morning, she hadn't slept well, and just wanted to take a "cozy nap" in her room.

I knew that the staff on the floor was shorthanded that day, which wasn't especially unusual at the Manor, nor for that matter in most nursing homes. The resident's bed had been made for the day, or so it was assumed by the aide assigned to the resident's room. When the aide later discovered that the resident was sleeping not on, but in, the bed, with the covers in disarray, it caused quite a stir. The aide complained that she "didn't need this," because remaking the bed and tidying things up took time away from her other duties. To aides and overseeing charge nurses, made beds were sure signs of work completed, and of quality care. A distinctive moral order was in effect for the aide in the circumstances and was now casting her negatively.

Soon enough, another moral order informed the audibly annoyed resident who, according to the resident, had been "very rudely" thrown out of her room as a result. I recall the resident shouting at the nurses' station something like, "That's my room. That's my bed. And I have a right to sleep in it whenever I please. I pay a lot here and I'm going to report it!" A contrasting standard for the quality of care was at stake for the resident. She valued cleanliness and tidiness as much as anyone, but the circumstances had altered their meaning for her. If the moral order deployed by the aide and nursing staff was presented in the language of tidiness and work completed, it was now deployed by the resident in the language of rights and privacy.

Events such as this made visible the complex working meanings of common terms of reference. It seemed as if terms of reference for the quality of care and life were part of different social worlds, all operating within a single setting. Yes, Murray Manor was one nursing home. It was a discernible institution, had an organizational chart, and job descriptions. One could imagine that accountability within an organization would center on a more or less uniform set of standards or expectations. But endless, ethnographically witnessable events such as took place in the untidy room incident provided evidence for a contrasting view. Apparent contradictions in terms of usage and application in various situations seemed consistent and reasonable from their separate viewpoints, but inconsistent and at considerable odds from a uniform organizational perspective.

What finally capped the study and the ethnography analytically was the concept of "social worlds," which Anselm Strauss (1978) and his research associates were developing. I had started to informally use the term before that to highlight differences in everyday understanding, but it became the way I eventually would formally conceptualize living and dying at Murray Manor. Well into the fieldwork, I began to view the Manor as an organization that deployed distinctive social worlds. What was important in practice about the quality of care and of life was that these matters couldn't be understood separate from the moral orders of their respective social worlds. It wasn't this or that particular ingredient of quality that was important, so much as it was how social worlds and the circumstances of everyday life related to it.

These social worlds had distinct operating logics, their own senses of justice, and particular consequences for those concerned. The title of science fiction writers Philip Gordon Wylie and Edwin Balmer's book *When Worlds Collide* helped me to understand conflict and contention between social worlds as they operated in the setting. As long as the Manor's indigenous social worlds were separate and didn't collide, there was relative peace on the premises. When social worlds collided, as they did in the untidy room incident, issues of the quality of care and of life came to head, boldly exposing the seen but unnoticed social organization of the nursing home. It is something a survey with its uniform coding practices could never reveal and that interviews, as open-ended as they might be, could only hint at.

I don't mean to suggest that there is no room for improvement in the quality of care as a result, but only that social worlds need to be taken into account in quality improvement decisions. Surely, being kept personally clean, the premises odor-free, and otherwise tidy and attractive are valued by everyone. Any survey would reveal as much. At the same time, the competing demands and definitions of various social worlds come into play as interpretive challenges. Orientations to uniform meaning, such as approaching quality in terms of formal standards, don't take social worlds into account and risk becoming undone in the everyday scheme of things.

Conclusion

Analytically, the Murray Manor project was a long road traveled. It was an amazingly enriching research experience, as it turned my attention to the dead ends that come with preconceived and uniformly coded empirical material. My fieldwork opened to view varied possibilities for the meaning of the matters with which I was concerned. I'm glad that I took the opportunity to think differently, because it launched my career as an ethnographer and as a constructionist. In time, *Living and Dying at Murray Manor* became part of the literature supporting the venerable view that experience can be put together in many ways and that researchers might very well try to examine how these operate and relate to each other in order to understand the complex worlds of everyday life.

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