Would You Rather: Be at Home or in a Home?

An Exploration and Comparison of Old-Age Social Connectedness

A Thesis Presented to the Department of Sociology
In Partial Fulfillment of the Requirement for the Degree of Bachelor of Arts with Honors

By Melissa Berlin
University of Michigan

April 2019

TABLE OF CONTENTS

Abstract ……………………………………………………………………………………...4

Acknowledgements……………………………………………………………………….5

Introduction……………………………………………………………………………….6

Literature Review………………………………………………………………….....8

Sociological Significance…………………………………………………………...23

Research Methods………………………………………………………………………..24

Introduction……………………………………………………………………….24

Participants………………………………………………………………………..25

Research Design…………………………………………………………………..30

Limitations………………………………………………………………………..33

Results and Analysis……………………………………………………………………..35

Part 1. Social Connectedness……………………………………………………...38

Interactions…………………………………………………………………..38

Relationships……………………………………………...………………...59

Belonging…………………………………………………………………...78

Section Conclusion…………………………………………………………90

Part 2. Perceived Isolation…………………………………………………………91

Discussion………………………………………………………………………………..94

References………………………………………………………………………………102

Appendix………………………………………………………………………………..105

A. Consent Form…………...………………………...………………………………106

B. Screening Questions……………………………………………………………....108

C. Qualitative Interview Guide……………………………………………………...110

D. Post-Interview Survey……………………………………………………………116
E. Assisted Living Recruitment Flyer…………………………………………………118
F. Assisted Living Recruitment Email Script………………………………………....119
G. Assisted Living Recruitment Phone Script…………………………………………121
H. Community Dwelling Recruitment Flyer…………………………………………..123
I. Community Dwelling Recruitment Email Script…………………………………...124
J. Community Dwelling Recruitment Phone Script…………………………………..126

ABSTRACT

Aging-related changes challenge older adults' experience of social connectedness and increase their risk of isolation and loneliness. As older adults cope with these changes, they often face the question of whether to age in place or move to a senior living facility. While many studies explore these scenarios separately, there is little research comparing these two living arrangements. Therefore, this study examined the following questions: *how do older women (75+ years) experience social connectedness and perceived isolation? How does this experience vary between older women living alone in private homes and those living in assisted living facilities?* I conducted 16 qualitative interviews with middle-old and old-old women (ages 75+) who lived alone in a private home or in an assisted living facility in southeast Michigan. The themes that emerged revealed differences in three aspects of social connectedness: interactions, relationships and belonging. Community dwelling (private home) interviewees' interactions were characterized by intentionality, with minimal investment in forging new or deeper relationships and an emphasis on belonging to the world in terms of awareness, contribution, and cognitive ability. Assisted living interviewees' experiences where characterized by availability of interactions and casual relationships within the facility and an emphasis on belonging to the facility community, while positioning oneself between the status of resident and staff. Surprisingly, most interviewees in both groups did not express feelings of perceived isolation. Both had adapted their social connectedness expectations to reflect their current situation. These findings have meaningful implications for older adults facing decisions about where to age, as well as for the communities that serve them.

ACKNOWLEDGEMENTS

It is a funny thing to thank people for a piece of writing, yet I have looked forward to the opportunity to do so for so long. This piece of writing is a reflection of not only my own passion for a question (or two), but of the many people who have motivated, inspired, and supported me, and especially of those who have helped me answer these questions.

First and foremost, this thesis is for Grandma Trudy. From the first time you called me a "poetress", I have wanted to write something for you. Thank you for talking me up and cheering me on over the years as I found my passions, and for being my guinea pig when I settled on older adults as my main interest. I value our conversations so much and have so much to thank you for. You can kiss the back of your hand now.

Mom, Dad and Hanna, I would never have been able to accomplish this without your unending love and support. Hanna, thank you for working hard to convince me that I was capable of completing this massive project since the first day I realized what lay ahead of me. Mom, thank you for helping in all your different ways, from finding people to interview, to listening to my setbacks and breakthroughs, to sharing my work with others. Dad, thank you for listening to me ramble about this thesis and for never letting me succumb to the imposter complex.

I am indebted to my advisors, Dr. Karin Martin and Angela Perone for their support. Karin, thank you for encouraging my ideas and pushing me to expand them. Angie, thank you for giving me the tools and information that helped this project flourish. To both of you, thank you for reading my very long drafts and for your wonderful guidance and mentorship.

To my role model and mentor, Dr. Abbie Lawrence-Jacobson. I am indebted to you for sowing the seeds of my career aspirations in aging research. Thank you for teaching me how to research compassionately and how to ask even more questions in the process of answering the first. I am so grateful for your guidance over the past two years.

Thank you to my proofreaders for helping with the herculean task of submitting this thesis (hopefully) free of typos. Thank you – and kudos – to my Sociology and Honors Summer Fellowships cohorts for your moral support and for sharing your impressive work with me as we tackled this experience together.

Thank you to my fellow Witness Theater members – in honor of Fred, Rene and Rose, in memory of Manya, Anne and Otto – for being my inspiration and for teaching me to value stories and intergenerational conversations.

A special thank you to the family, friends, advisors, community leaders and more who connected me to interviewees. Most importantly, thank you to the women who shared their lives with me. I can only begin to convey my gratitude to you for sharing your stories, at times so personal, and always so instrumental in answering these questions. I hope this work will do your stories justice by helping others like you.

As a teenager, I had the unique privilege to join a project which connected a small group of high school students and Holocaust survivors to learn each other's stories. Every Thursday of my sophomore year of high school, my parents dropped me off at the local senior residence, a multi-level care facility which housed much of the community's elderly. Two of the younger survivors, Fred and Rene, who lived out in the community, drove themselves to the meetings. Rene picked up a third survivor, Rose, from her home. Three more survivors, Otto, Manya and Anne, who lived in the facility, shuffled their walkers to the community room to join us. At the end of each meeting, an aide retrieved Otto to attend evening religious services in the facility chapel. We all exchanged farewell kisses, good wishes, and a "see you next week."

For six months, I shared in the pain and sorrow of my older friends. We reflected together on how the world has changed in their lifetimes, reminisced over memories of their long lost families and communities, and introduced each other to our loved ones. I pondered how I would have reacted in their shoes and compared my experience of youth to theirs. Despite the grievous foundation of our project, tears were sparse at our meetings, and laughter abundant.

My family poked fun at me about all my "new old friends." I laughed with them at the novelty of these relationships, but I wondered where all my peers were. I would have popped wheelchair wheelies and leapt over a football field of walkers to see those six friends. I dreaded living in a world without them. Now, after half of them have passed away, I wonder why explaining this experience feels like introducing imaginary friends. Why did Otto, Anne and Manya feel invisible when seeing them required a visit to the facility? How did Rose drop off our radar when one of the other survivors forgot to pick her up on his way to our one year reunion? What is it about my older friends that makes their participation in society inconsistent with that of my younger peers?

I doubt my dear older adult friends thought as children that they would see a day when

old age is so drawn out that researchers divide it into its own sub stages. Not only can most of us in developed countries expect to reach old age, but we are likely to experience the transitions between young-old, middle-old and old-old age. Public health and medicine appear to have crafted an immunization against death, or at least an extended delay, but this delay is rife with side effects. Growing very old is a thinning balance beam, increasingly trading quality of life for prolonged survival and vice versa.

The very-old-age social life can be characterized by three major transitions. The social network thins and intensifies as members pass away and social connection becomes more concentrated among the remaining members. The need for social support increases simultaneously with a decrease in available social support from the existing network because of its shrinkage. Again, greater pressure is concentrated on the remaining ties, particularly kin. Finally, the social network becomes more difficult to access as the aging often face functional limitations, such as cessation of driving (Isherwood, King, and Luszcz 2017). With this in mind, I ask, when the going gets tough, where do the elderly go?

Rose, widowed and unable to drive, stayed at home and looked to others for help. This aging model is often referred to as "aging in place". She benefited from the generosity of Rene, a more independent friend, who drove her to our weekly gatherings. Though I developed a close relationship with Rose during the program, I have only visited her once since it ended. Older adults like Rose who choose to age in place encounter challenges to their autonomy and sense of self. As social workers and informal and formal caregivers crowd their door, they risk losing sight of the world outside it, and the world losing sight of them.

Otto lived out his last years in an assisted living facility. He benefited from easy access to religious services, which helped him maintain a lifelong daily routine and a connection to his spirituality. He connected with friends with similar life experiences, like Manya and Anne. I was

curious to learn that Otto's children and grandchildren were largely unaware of Otto's participation in our project and absent from its culminating performance. Otto's death two years after the program ended rattled me. He was the first of our group to pass. I did not learn about his decline preceding his death until we held a memorial gathering in his honor. I heard so little about Otto, Manya, and Anne, all residents of the facility, in the time between the end of the program and their deaths. Our relationships were isolated in the time and place of this structured program. Older adults who live in assisted living facilities may benefit from the support and social opportunities offered by staff and fellow residents, but they risk falling out of touch with the outside world.

With their capacity to live independently in peril, their social networks deteriorating and their transportation options dwindling, many older adults face the question of where to age. Receiving care in old age can endanger social connectedness. It initiates the transition to an ambiguous state of loss of direction over one's own life (Barrett, Hale, and Gould 2012), loss of connection with the wider community, and shifting characteristics of relationship reciprocity. While many tout the benefits of aging in place as a solution of comfort and agency, perhaps being "put in a home" offers greater potential to maintain social activity and acquire new relationships. Therefore, this study asks the following questions: *How do older women (ages 75+) experience social connectedness and perceived isolation? How does this experience vary between older women living alone in private homes and older women living in assisted living facilities?*

LITERATURE REVIEW

Social Networks and Social Support

Social gerontologists recognize social networks as central to the individual and their

relationship with society, and thus, a channel for vulnerability in old age. Social network assessment is often accompanied by an analysis of available social support, which is characterized by how a network emotionally and instrumentally supports the central individual (Litwin and Landau 2000). These analyses are particularly interesting to researchers in the context of old age as a period of multiple converging factors; the shrinkage of social networks due to death, the inaccessibility of social networks due to mobility and other limitations, and a waning capacity for living independently which increases the need for social support (Isherwood et al. 2017).

Social Networks

Litwin and Landau (2000) defined the social network as a relational structure which the central individual is situated within. Kaufman (1990) and Perkins et al. (2012) extended this definition by explaining their measurements of social networks: Kaufman defined social networks as an individual's collection of relational ties. He characterized social networks by their intensity and subjective quality. Using a social work case management framework, he assessed the social network structure of community dwelling older adults by incorporating network size, composition and dispersion with the individual's subjective view of the character and strength of relationships, as well as monitoring changes over time. Kaufman (1990) emphasized the significance of individual coping styles and social network mobilization in times of need. Perkins et al. (2012) operationalized the social convoy model through an interactive diagram. They asked institutionalized older adults to fill three concentric circles with the initials of members of their social network according to the type of each relationship, the innermost circle being the most intimate, with the more outwardly circles reserved for weaker ties. Kaufman (1990) and Perkins et al. (2012) both highlighted the potential for social network size, characteristics, and associated

relationships to change over time, especially as network members die and others are distracted by their own life events.

Social Support

Researchers recognize an important relationship between social support (the provision of emotional and instrumental support to meet the central individual's needs and maintain their sense of self) and social networks. Larger social networks are associated with greater opportunity for the receipt of support by the central individual (Kaufman 1990; Lawrence and Schigelone 2002). However, as Kaufman noted, individuals cope with challenges differently, and therefore vary in how they mobilize available social support. Isherwood et al. (2017) and Lawrence and Schigelone (2002) cited gender, racial and cultural differences in how people provide and accept social support, as well as how they perceive social support recipients. In terms of provision of social support, women provide more emotional support than men do.

Social support recipients often prefer to receive certain types of support from formal care providers, as opposed to informal social support resources (Isherwood et al. 2017). For example, an elderly mother may prefer to receive assistance with bathing from a professional caregiver than from her adult child. Social network members can run into conflict when they stereotype against support recipients, such as prescribing to the notion that men are less able to cope with living alone than women. In such cases, network members may provide support that the recipient does not want. The recipient may refrain from refusing unwanted support for fear of offending the support provider and causing the withdrawal of other desired support (Isherwood et al. 2017).

In addition to macro-level variations in how people engage their social support resources, coping styles also vary by individual. Those with an external locus of control, who view conflicts as out of their control, rely more on social support to cope with their problems than those with an

internal locus of control, who see conflicts as within their control. Those who deny their problems receive lower levels of support than those who seek support in coping with their stressors (Litwin and Landau 2000).

Relationship reciprocity is a critical component for balancing support expended with support received in relationships. Uncompensated support can lead to inequitable relationships with dangerous power dynamics. The inability to reciprocate not only denies network members the reciprocal support they deserve, but can also place stress on the central individual, their identity and their sense of self-worth (Lawrence and Schigelone 2002). Lawrence and Schigelone explained the utility of support bank theory to accommodate for changing support needs and capacities: individuals accumulate support expenditure from formerly inequitable relationships, which they can later tap into when they are in need of support and unable to properly reciprocate. This is particularly relevant to relationships between aging parents and adult children.

Aging: Social Networks and Social Support

Social gerontologists concur that social networks and social support needs undergo unprecedented changes in old age. The same loss of functional abilities that inhibit social network access increase the need for social support. Since the social network is smaller, the demand for support becomes very concentrated in the remaining network ties. The literature explores the experience of social network and social support changes in old age, as well as how these changes play out in private home life, institutional life, and in the motivation for and response to the transition between these living arrangements.

Aging: Social Networks

Litwin and Landau (2000) first typified old age social networks in their study of European-born older adults living in Israel, where they identified four types of social networks: kin networks, friend-focused networks, diffuse-tie networks, and family intensive networks. Later, in a secondary analysis of the National Social Life, Health and Aging Project survey responses, Litwin and Shiovitz-Ezra (2011) found that American older adults replicated these social networks types, with the addition of one category; the congregant network. Furthering the recognition of unique old age social network characteristics, Isherwood et al. (2017) identified a pattern of intensification of family relationships among fourth age widows, a shift that occurs largely in response to the aging individual's limited access to remaining social network members and increasing needs for support. Older people facing a shrinking social network usually prefer to reinforce and maintain their current networks, rather than develop new relationships (Isherwood et al. 2017).This could have meaningful implications for those deciding whether to age in place, where they can stay in their home and bring in caregivers to meet their changing needs, or move to a residential facility, where they can access localized resources to meet these changing care needs alongside their aging peers.

Aging: Social Support

Older adults compensate for their smaller networks and greater needs by intensifying certain relationships (Isherwood et al. 2017). Relationally close ties bear the burden of increased emotional support needs. Geographically close ties are recruited to compensate for increased instrumental support needs, such as neighbors being called on for emergency support. Litwin and Landau (2000) and Litwin and Shiovitz-Ezra (2011) explained how the social support available to older adults varies based on their type of social network. Diffuse-tie networks, which are not

very intimate, but relatively diverse, offer the greatest level of social support, followed by kin networks, then friend-focused. Family intensive networks, highly concentrated with adult children, actually offered the least support (Litwin and Landau 2000).

Older adults are particularly vulnerable to inequitable relationships. Unbalanced relationships between older adults and their formal caregivers (caregiving services) or informal caregivers (family or friends) can make them vulnerable to physical or emotional elder abuse. Older adults can express their independence by providing alternative forms of relationship reciprocity, such as emotional or financial support, or by tapping into the social support bank, which is particularly relevant in relationships with adult children (Isherwood et al. 2017, Lawrence and Schigelone, 2002). As for relationships with other older adults, Lawrence and Schigelone applied a theory of communal coping to the context of aging together in institutions. Communal coping is a unique form of conflict management that mostly surfaces in the aftermath of natural disasters. It differs from social support in that a community views a problem as both "our problem" and "our responsibility", as opposed to an individual viewing a problem as "my problem" and engaging available social support as "our responsibility". Lawrence and Schigelone observed communal coping in their study of a multi-level care facility. Residents established support networks which adapted to and compensated for hindered functional capacities. For example, where one friend may have given another a ride while they could still drive, they might instead help a neighbor who struggles with arm pain to unhook her bra in exchange for some other type of support. They might also participate in the neighbor "buddy system" to check on each other every morning to make sure they got up safely (Lawrence and Schigelone 2002).

Environmental Gerontology

While research so far has been instrumental in characterizing the old age social transformation, its scope tends to frame the elderly individual as situated within a social network that manages the necessary support to meet the new limitations of aging. However, the research lacks a big picture analysis. As they accumulate limitations, what is the place of the aging individual within their community, or in broader society? How is their civic or cultural participation maintained when they no longer interact with their wider environment on a regular basis? What value does the community place on including those confined to their homes or institutions in normal society?

Environment and Community

Today's older adults are bound to have witnessed sociological shifts in their communities throughout their lifetime. Some perceived changes could be attributed to a cohort effect related to the cultural shift of the concept of community since the childhood of the current elderly cohort. Even as the sociological concept of community has remained relatively stable over recent decades, many of their current communities of residence have transformed in the years they have lived there. Gentrification and demographic shifts among neighbors can change the fabric of a neighborhood. These shifts, in combination with other factors like youth-oriented urban design, can leave the veteran resident with their head spinning in search of the community that welcomed them years ago (Phillipson 2007).

Van Regenmortel et al. (2016) argued for greater consideration of the environmental perspective in the study of the old-age social experience, especially in terms of social exclusion. They identified accessibility and mobility, spatial exclusion, rurality, and aging in place as key features of social exclusion. Older adults aging place in their own homes as they face functional

decline may notice their radius of action shrinking, meaning the distance they travel from their homes on a regular basis gets shorter as getting out becomes an increasingly difficult endeavor. The shrinking action radius mirrors the shrinking social network. Just as the shrinkage of the social network intensifies the central individual's close relationships, the shrinking action radius intensifies the significance of the individual's immediate environment. The close environment becomes critical to daily life and activities, feelings of safety and wellbeing, and identity and social participation (Phillipson 2007; Van Regenmortel et al. 2016).

When an individual's identity and surrounding community become misaligned, the fortunate ones can choose a new community and environment in a process called elective belonging (Phillipson 2007). In the Midwest, many older people join their snowbird friends in the South for the winter. City dwellers whose neighborhoods have changed can retreat to the suburbs with their old neighbors. Choosing a fitting environment for oneself is a powerful expression of agency and identity, but not everyone is so privileged. Certain limitations can bar people from engaging in elective belonging, leaving them disempowered by their inflexibility (Phillipson 2007). The inability to engage in elective belonging can challenge older adults who are not mobile enough to move or who cannot afford to move into an assisted living facility.

Aging in Place

Even as older adults begin to face functional limitations that make living independently at home a challenge, many prefer to remain at home rather than move to a senior residential facility. Seniorliving.org is one example of the many advocates for staying at home and bringing in care. An article on the website argues that home is more comfortable, more affordable, and preserves independence. Instead of moving to assisted living or a nursing home, older adults can utilize home and community-based care services (HCBS). HCBS offer a range of services,

including non-medical and companionship, medical care, assistance with activities of daily living (dressing, bathing, feeding, toileting, grooming, walking/using a wheelchair) or instrumental activities of daily living (housekeeping, laundry, shopping, transportation, meal preparation, managing money, managing medications), and respite services for those caring for loved ones with dementia. Home care agencies range in cost, licensing and certification, and types of professionals.

Accepting care in one's own home, whether by choice or necessity, initiates a major transition. Kaufman (1990) emphasized that the goal of aging in place should be to integrate informal support available from the existing social network with formal support from caregiving agencies. This "supplement rather than supplant" strategy alleviates pressure on informal caregivers without completely replacing their involvement in their loved one's life with formal caregivers. When properly integrated, this approach can help sustain healthy relationships between care recipients and their informal and formal caregivers (Kaufman 1990).

Barrett et al. (2012) reiterated the delicacy of the transition to receiving care. They emphasized that caregivers should support continuity in the individual's environment and independence in the community. They should aid the individual in maintaining control of their person, routine, and environment to avoid disruption. Reorganizing the home based on the individual's limitations, such as closing off upstairs bedrooms, highlights the disability and causes spatial disruption. The professional orientation of agency-based support can cause temporal disruption by forcing the individual to adapt their routine so they can receive support from agency caregivers during their mandated hours. Social disruption is prominent in this transition with its disruption of community networks, re-organization of family relationships, and adjustment to dependent relationships with caregivers (Barrett et al. 2012).

The care recipient cedes control to agency-based caregivers beginning with the initial

assessment of care needs (Barrett et al. 2012). From this moment on, strangers enter their life on a very personal, powerful level. Agencies that operate strictly according to their contracts tend to take a more task-focused approach toward relationships with care recipients. In such relationships, the care recipient is subordinate to the caregiver who manages their life. This inhibits intimacy and reinforces compliance, obedience, and passivity in the care recipient. Barrett et al. recommended that caregiving agencies should instead take a relational-focused approach. This type of relationship is more fluid and equitable than task-focused relationships. It grants the recipient directional autonomy and flexibility in the support they receive (Barrett et al. 2012).

Barrett et al. (2012) applied a rites of passage framework to the transition from living independently at home to receiving care at home. Passage through all three stages (separation, liminality, and reconnection) indicates a successful transition. The first care needs assessment initiates the separation stage. Now that the individual must be passive to the direction and expectations of formal caregivers, they experience a disconnect from their old life and removal from their former social status. As the caregiving routine takes shape, they transition into liminality. They no longer fit their old self-concept, but have not yet constructed a new self-concept or reinstated normal social contact. They continue to float in an ambiguous state. Here lies the danger. Formal caregivers who work according to the contractual framework, who maintain a task-oriented relationship and withhold emotional support, may cause the recipient to stagnate in a stage of permanent liminality. A care recipient who fails to reach the stage of reconnection suffers an indefinite separation from the self and society. In contrast, formal caregivers who take a relational-focused approach can help the recipient achieve reconnection. The care recipient incorporates their changing abilities and the support they receive (which they can manage under their own direction) into a new self-concept (Barrett et al. 2012).

Aging in Institutions

Moving to a senior residential facility is another common option for older adults who find it difficult to live at home independently. This study will focus on assisted living facilities in particular. Though there is much variation in the characteristics and services offered by assisted living facilities, The Assisted Living Quality Coalition published a definition in 2003: an assisted living facility provides 24/7 services and oversight, provides services to meet the scheduled and unscheduled needs of residents and facilitate aging in place, provides or arranges care and services to promote independence, emphasizes consumer autonomy, dignity and choice, and emphasizes privacy and a homelike environment (Hawes 2003). According to Hawes, assisted living facilities should provide at least a basic level of services, including 24/7 oversight, housekeeping, at least two meals a day, and assistance with at least two activities of daily living. Facilities vary on the level of services and privacy offered, but the prices are consistently high. According to aplaceformom.com, Michigan makes the list of five states with the least expensive assisted living costs at a median monthly price of $2,850 as of January 2018. That comes out to $34,200 a year, which Medicare does not cover.

Researchers have studied social networks as both a cause and effect of institutionalization. Désesquelles, Brouard and Hayford (2003) argued that inadequacies in available social support related to a higher likelihood for disabled people to be institutionalized. Eschewing the determinants of their institutionalization, researchers have theorized about older adults' adaptation to institutional life through the development of internal (inside the institution) social networks and how changes in engagement with internal social networks may reflect transformations of external (outside the institution) social networks (Lawrence and Schigelone 2002; Powers 1992; Rossen and Knafl 2003).

Relocation to an institution triggers a different redefinition of the social world than aging in place with care. The move can magnify the inaccessibility of external social networks. Maintaining connection to these external relationships, especially to family, is an important factor in resident wellbeing (Perkins et al. 2013). Those whose external relationships weaken tend to fill the void by integrating more fully into the internal social network. This is especially evident in residents who leverage relationships with staff to fill the void of emotional and instrumental support (Powers 1992).

Powers (1992) distinguished four different social network types among institutionalized elderly and their goals in fostering relationships with staff. Residents with institution-centered networks sought material resources and emotional attention from staff, while balanced networks leveraged informal staff relationships for power. Residents with kin-centered and small-cluster networks only engaged with staff "out of necessity". Perkins et al. (2013) similarly categorized social network type in relation to co-residents and the goals of those relationships. Friendship networks formed common bonds, while helping/neighbor relationships developed based on superficial exchanges. Adversarial relationships sometimes formed out of conflicts.

Rossen and Knafl (2003) observed how new residents varied in their integration into institutional social life (full integration, minimal integration and partial integration). The types of internal networks residents developed often reflected the strength of their ties to external social networks and fluxed alongside them (Perkins et al. 2013; Powers 1992). For example, residents with institution-centered networks sought emotional attention from staff to fill a void unmet by external social networks. Likewise, if residents with kin-centered networks faced decreasing contact with family members, they began to participate more actively in social activities within the institution, instead of disengaging between family visits. Lawrence and Schigelone (2002) also observed how the shared challenge of coping with age-related limitations helped form intra-

institutional social networks.

Social Connectedness and Perceived Isolation

This study will focus on social connectedness and perceived isolation as concepts that capture a person's integration into the social world and their subjective evaluation of their current state of connectedness. The literature frequently ties these two concepts to each other. Zavaleta, Samuel & Mills et al. (2014) defined social connectedness as the quantity and quality of social relations, as opposed to social isolation, which they defined as the deprivation of social connectedness. They measured social isolation on four levels; individual (spouse, family members, coworkers, friends), group (church, trade union, club), community (neighborhood, village, ethnic community), and the larger social environment (regional identity, institutions, politics). Cornwell and Waite (2009) distinguished the concepts of social connectedness and social isolation from each other. They use the term social disconnectedness to describe a lack of connectedness to individuals and social groups. They argue for the evaluation of *perceived* isolation to measure the perceived inadequacy of the quantity and quality of a person's social relations relative to their desired quantity and quality of social relations. Lest researchers further muddle similar concepts, Andersson (1998) differentiated isolation from loneliness, which he defined as an unpleasant state of psychological distress that results from a discrepancy between the actual and desired quantity and quality of social relations. Although loneliness will not be used as a key concept in this study, it is caused by perceived isolation, and thus an important indicator of the concept.

Zavaleta et al. (2014) highlighted both external and internal characteristics that contribute to social connectedness. External characteristics include frequency of social contact and the support offered by a social network. Internal characteristics include satisfaction with social

relations, a sense of relatedness, a feeling of belonging to one's neighborhood, village or community, trust, and a lack of loneliness. Satisfaction with these components of social connectedness in one's life is relative to the cultural ideal.

Cornwell and Waite (2009) evoked Kaufman's (1990) argument about individual variance in coping styles. Perceived isolation can be difficult to capture because it depends on the individual's subjective evaluation of the discrepancy between their actual and ideal social connectedness. A person could be perfectly content with a very small social network. More important than the quantity of network members or frequency of contact are feelings of social integration and the availability of companionship or an emotional attachment figure. Zavaleta et al. (2014) echoed the sentiment that being alone is not equal to being isolated. An individual can be alone while feeling socially connected, or they can feel isolated while surrounded by others. Although perceived isolation is difficult to evaluate from an objective perspective, it is nonetheless significant to understanding social experiences from the point of view of the population of interest. Especially in the case of a population such as older adults who are believed to be at greater risk of isolation and loneliness, it is important for researchers to take individual, subjective experiences into account to understand how circumstances affect individuals' evaluation of their lives, and how this evaluation affects their approach to managing their social connectedness.

Old Age: Social Connectedness and Perceived Isolation

No matter where they age, older people with functional limitations experience a shrinking action radius and loss of power over their lives, leaving them vulnerable to detachment from the social world. The literature presents a lengthy list of risk factors and adverse effects of social isolation. Old age directly and indirectly increases the risk for isolation and loneliness. Risk for

loneliness peaks in adolescence, dips for most of the adult life, then peaks again in old age (Andersson 1998; Yang 2017). Andersson placed the cutoff at about 75 years, meaning those 75 years of age and older are at an increased risk for loneliness. This encompasses both the middle-old (75-84) and old-old (85+) age groups, but excludes the young-old (65-74) (Little).

Various factors indirectly link old age with an increased risk for isolation and loneliness. Cornwell and Waite (2009) included a small social network and infrequent participation in social groups and social activities as indicators of social disconnectedness. Considering the loss of social network members in old age and the transportation and mobility limitations that can limit social participation, older adults are prone to experience these indicators. However, Cornwell and Waite claimed that older adults tend to counteract this pattern by optimizing their available social resources and adjusting their expectations of connectedness. Still, the loss of social roles and increasing health problems can increase risk.

Poor mental and physical health are both risk factors and potential outcomes of isolation (Andersson 1998; Cornwell 2009; Yang 2017). In addition to poor physical health, Yang listed being female, widowed or not married, lacking social relations, and perceiving oneself as old as risk factors for loneliness. However, none of these factors alone cause loneliness. Yang claimed that only a combination of three specific factors can be a causal condition for loneliness: not living with a spouse or partner, not being healthy, and not being social with others. Andersson listed similar demographic characteristics for those at an increased risk of loneliness; adolescent or about 75 years old or older, female, non-married, lower income, and poor health.

It is important to expand upon some of these characteristics as they relate this study's sample. Although Yang (2017) listed being female as a risk factor for loneliness, there is little consensus about the relationship between gender and risk for loneliness. Many studies have found women to be at a higher risk, but this is not always consistent. Women may more readily

disclose their feelings of loneliness than men, which could influence such findings. Yang also listed being widowed or not married as a risk factor for loneliness. Among those who are not married, non-married men are at greater risk for loneliness than non-married women, compared to married women who are at greater risk than married men. As aforementioned, the direction of the relationship between poor health and isolation is unclear. It could be both a risk factor and an outcome. Taken together, the risk factors of gender, marital status, poor physical health, and self-identification as old frame this sample's study as one at an increased risk for loneliness. Yet, these risk factors can be counterintuitive. For example, studying only women means the sample is at an increased risk of loneliness, as does studying only widowed or non-married women. However, non-married women are at a lower risk for loneliness than non-married men. Regardless of some of these counterintuitive factors, these risk factors for loneliness helped influence the parameters for this study's sample.

SOCIOLOGICAL SIGNIFICANCE

Aging is the next frontier of sociology, a novel demographic phenomenon when living past the age of independence is the rule, not the exception. Advances in public health and medicine have effectively created an entirely new sector of society, plagued by conflicting sociological trends, such as the Western idealized preservation of independence alongside expectations preserved from the youth of the current elderly cohort which emphasize the responsibility of the family and the cohesion of the community in supporting its ailing members. Without active community efforts to integrate elderly members, many of those who face limitations in accessing the social world are subject to either stay at home and shrink from natural society or be transplanted into the artificial society of a senior residential facility.

According to Emile Durkheim’s theory of egoistic suicide, social integration assigns

meaning to our lives (Durkheim 1897). Though Durkheim incorrectly asserts that the elderly are among the least likely to commit suicide (Livne 2018), his model of social disintegration in old age motivates the curiosity of whether elderly residential institutions reinforce or reject feelings of social connectedness for a population vulnerable to isolation. Is it preferable to remain at home, facing a shrinking social network and severed access to community connections, or to relocate to an institution with unhindered access to a homogeneously old and disabled social world, and face the potential for waning connections with the outside world? Is it better to be alone at home, or in a home?

The literature is saturated with studies of the old age social network and how older adults access social support. Researchers have dissected models of aging so that we might understand the transition to receiving care at home and the social world inside institutions. Yet, there has been little effort so far to connect the links between old age, the living environment, and the social world. There is a significant gap in the research regarding the comparison between the social worlds of older adults living in their own homes and those living in senior residential institutions. Given the literature reviewed above, this project will explore the following questions: *How do older women (75+ years) experience social connectedness and perceived isolation? How does this experience vary between older women living alone in private homes and older women living in assisted living facilities?*

METHODS

For the purposes of this study, social connectedness will be defined as the quantity and quality of social relations on the level of the individual, group, community and larger social environment, based on Zavaleta's (2014) review of social isolation literature. Perceived isolation is indicated by the degree of misalignment between actual and desired quantity and quality of

social relations on the same levels, based on Cornwell and Waite's (2009) analysis of social connectedness and perceived isolation data from the National Social Life, Health and Aging Project. Through in-depth qualitative interviews, I asked participants to construct a narrative of their daily life and current relationships and how these were influenced by their aging-related challenges (i.e., health challenges, cessation of driving) and living arrangements. Following the qualitative interview, I administered a survey which documented ongoing health concerns, sources of transportation, characteristics of their close social network, their social participation in groups, and demographic characteristics.

This study compares the experience of social connectedness between older women who live alone in their own home and older women who live in assisted living facilities by analyzing the objective characteristics and interviewees' subjective understanding of their experiences of social connectedness, and the perceived discrepancy between their actual and desired social connectedness. The interview questions were in part adapted from quantitative questions proposed by Zavaleta (2014) to measure social isolation, a social disconnectedness scale by Cornwell and Waite (2009), and two previous studies I have worked on. One of these studies assessed the needs and coping resources of vulnerable older adults (Lawrence-Jacobson 2018). The other study explored how older adults' social networks changed after moving to an assisted living facility (Berlin 2018). This qualitative approach highlighted the depth and complexity of relationships to one's self, surroundings, and others in old age while allowing interviewees to impart their own subjective understanding of their experiences of social connectedness and perceived isolation.

Participants

To narrow the focus of this study, especially considering older adults' diverse

experiences, interviewees were restricted to women who fell into the middle-old (75-84 years) or old-old age categories (85+ years). These age groups are associated with higher rates of loneliness than the young-old age group (age 65-74 years) (Little 2014, Andersson 1998). The study excluded men because the complex differences between female and male experiences of the old age social world are beyond the study's scope. Women tend to live longer than men and are thus more likely to benefit from research that seeks to understand their social vulnerabilities when they are alone in old age. Many studies have found that women are more susceptible to loneliness than men, although this may be complicated by confounding factors, such as women more readily disclosing their experience of loneliness than men (Andersson 1998; Yang 2017). In particular, this study limited interviewees to women who lived alone and were not married at the time (single, separated, divorced, or widowed). Non-married status is associated with greater risk of loneliness (Andersson 1998). Although living alone does not automatically equate to loneliness, it is critical to one of the goals of this study; to explore how older adults maintain social connectedness despite barriers to its accessibility.

The study screened against women who were "living apart together" from significant others (see Appendix B for screening questions), a phenomenon where older adults maintain serious romantic relationships with one another without remarrying in order to protect their social security or pension benefits from a deceased spouse (Angela Perone, personal communication, April 23, 2018). All interviewees appeared reasonably cognitively stable, although no screening tool was used to identify interviewees who may have had less apparent cognitive disabilities. It is possible that some of the women interviewed experienced some form of cognitive disability that was not immediately obvious, which could have increased the potential for inaccurate reporting.

I conducted a total of 19 interviews. One interviewee was a pilot interview which was

excluded because of subsequent changes to the interview protocol and because the interviewee's living arrangement did not match either category. Two other interviews were excluded from the study after data collection concluded. One interviewee did not meet the age nor living arrangement criteria. The other interviewee also did not meet the living arrangement criteria. The final study included 16 interviewees. See Table 1 for a description of demographic characteristics, as well as driving status.

Table 1. Demographic Characteristics

		Community Dwelling	Assisted Living
Age	Range	75-88 years	79-93 years
	Average	82.38 years	86.5 years
Marital Status	Widowed	8	7
	Divorced or Separated	0	1*
	Single, never married	0	1
Employment Status	Retired	7	7
	Former Homemaker or Stay-at-home Parent	2**	1
Driving Status	Drives	4	2
	Does not drive	4	6
Sexual Orientation	Straight	7	8
	No Answer	1	
Race	White/Caucasian	7	8
	Black/African American	1	0
Ethnicity	Hispanic, Latino or Spanish Origin	0	0
	Middle Eastern or Arab Origin	0	0
	Not Applicable	7	8
	No Answer	1	0
Field of Work	Healthcare	0	1
	Administration	4	3
	Education	4	1
	Information Services	0	1
	Social Services	0	1
	Music	0	1

Community Dwelling (Private Home)

This study included interviews with eight women who lived alone in their own homes. All of the interviewees lived in a condo or standalone house. I attempted to recruit interviewees who met the typical demographic characteristics of an assisted living residents. However, there is no clear consensus on these criteria making it is difficult to identify such people. Therefore, the community dwelling interviewees tended to lead more independent lifestyles relative to the assisted living interviewees. For example, half of the community dwelling interviewees still drove, while only two assisted living interviewees still drove. All community dwelling interviewees met at least one of the following criteria: received assistance with at least one activity of daily living (dressing, bathing, feeding, toileting, grooming, oral care, walking or using a wheelchair), received assistance with at least one instrumental activity of daily living (housekeeping, laundry, changing linens, shopping, transportation, meal preparation, managing money, managing medications), received in-home care, or had previously or were currently considering moving to an assisted living facility. None of the interviewees required 24-hour care. All appeared reasonably cognitively stable.

Recruiting community dwelling interviewees was slower and more challenging than assisted living interviewees. Considering the nature of this study, the people I hoped to interview were difficult to access. I contacted community leaders and senior service professionals at social service agencies, religious institutions, or other organizations that serve older adults in some capacity (i.e., senior centers). Some of these contacts posted the recruitment flyer in public spaces. Some connected me with people who they believed fit the study criteria. One interviewee

---

*One interviewee was widowed and had also been divorced from a previous partner
**One interviewee was both retired and a former homemaker or stay-at-home parent

had been a participant in a study I had previously worked on. Many of the interviewees were recommended through personal connections or by other interviewees (see Appendices H, I and J for community dwelling recruitment materials).

The community dwelling interviewees ranged from 75 to 88 years of age. All eight were widowed. Seven interviewees identified as straight (one did not answer). Seven interviewees identified as white/Caucasian and one as Black/African American. Seven interviewees identified as not of Hispanic, Latino or Spanish origin of or Middle Eastern or Arab origin (one did not answer). Seven interviewees were retired. Two were former homemakers or stay-at-home parents (with one considering herself both retired and a former homemaker or stay-at-home-parent). Their fields of work included four in administration and four in education.

Assisted Living

This study included interviews with eight women who lived in assisted living facilities or the assisted living section of multi-level care facilities. To recruit these interviewees, I sent an explanation of the study to local assisted living and multi-level care facility administrators asking them to post the recruitment flyer in their facility or to recommend specific residents who met the study criteria. Two facility administrators recommended interviewees. A third administrator communicated with a potential interviewee who declined to participate. One facility administrator posted the flyer. Seven other facilities did not respond, although they may have posted the flyer without informing me. All eight interviewees were recommended by facility administrators, saw the flyer posted, or were recommended by other interviewees in their facility (see Appendices E, F and G for assisted living recruitment materials).

The eight interviewees lived in three different facilities. The study excluded higher level senior residential care facilities, such as skilled nursing homes. Assisted living facilities fall on

the lower end of the caregiving spectrum, meaning most residents should be able to complete at least some activities of daily living independently. The assisted living interviewees ranged in age from 79 to 95 years old. Seven interviewees were widowed, one of whom was also divorced. One interviewee was single and had never married. All eight interviewees identified as straight, White/Caucasian, and not of Hispanic, Latino or Spanish origin or of Middle Eastern or Arab origin. Seven of the interviewees were retired, although one was a notably active volunteer. One was a former homemaker or stay-at-home parent, although she had previously worked for about 10 years. Their fields of work included three in administration and one each in healthcare, social services, information services, music, and education.

It is important to consider that community dwelling and assisted living are not static categories. Even recruiting community dwelling interviewees took the transition between categories into account by listing one of the possible criteria for eligibility as "has previously or is currently considering moving to an assisted living facility." Although it is more likely that the community dwelling interviewees would eventually transition to assisted living, some of the assisted living interviewees viewed their statuses as temporary as they retained hope that they would eventually return home after recovering from some physical injuries. Some had only recently moved to the assisted living facilities and were still transitioning to this new identity as assisted living residents.

Research Design

All interviews took place in interviewees' homes or their rooms in their assisted living or multi-level care facility. Interviewees received a $15 Visa gift card as compensation for their participation. This study received Institutional Review Board exemption. I conducted one initial pilot interview, then adapted the interview design based on the pilot interviewee's feedback. After

obtaining informed consent from interviewees, I conducted one- to two-hour qualitative interviews using a detailed interview guide (see Appendix A for consent form and Appendix C for the qualitative interview guide). The qualitative interview guide consisted of the following sections: framing the interview, social connectedness, perceived isolation, and wrap up, followed by a post-interview survey. The framing section began by asking interviewees to discuss where they currently lived and related decisions and transitions (especially if they lived in or had considered moving to assisted living), then explain how their daily life played out inside and outside the home, and touch on any challenges that limited their daily activities. The social connectedness section asked about interviewees' relationships with individuals, groups, communities, and the larger social environment. Within these topics of social connectedness, the individuals section included subsections on family and caregivers (including aides at assisted living facilities) and the groups section included subsections on formal and informal groups. Each social connectedness section examined the characteristics of the individuals, groups, communities, and aspects of the larger social environment that interviewees felt connected to, how those relationships played out in their current life, how they had changed as they aged (or since they had moved to assisted living), and how they compared to interviewees' desired level of connectedness. The perceived isolation section asked about lack of desired connectedness or feelings of loneliness. The interview concluded by asking interviewees if they would like to add or elaborate on anything else about their feelings of social connectedness.

After the qualitative interview, I administered a brief survey to collect demographic information, as well as information about the quantity and types of connections in interviewees' close social networks and to groups, their current sources of transportation, and any health challenges that limited their daily actives (see Appendix D for post-interview survey).

Analysis

After each interview, I wrote a brief memo describing the interviewee, how the interview went, and any interesting observations. I transcribed all 19 interviews, although only 16 were included in the final study. As I transcribed, I made annotations about emerging themes and comparisons to early interviews, both within and between groups. After the transcriptions were complete, I read through several interviews from each group and made another round of thematic annotations. I expanded on these themes in detailed memos. After outlining my argument, I reread all interviews to confirm evidence of my argument, as well as take note of any data that contrasted my argument and examine any contextual differences that could explain why that data deviated from the argument. I chose to include data from a subset of the survey questions in this study and excluded the rest, as the qualitative data already substantially covered those topics.

Reflexivity

It is important to consider how my identity relative to interviewees' identities influenced data collection. I believe my age and gender had the greatest influence on interviewees' perceptions of me. I carefully explained the interview process in detail before meeting interviewees in person to try to set up their expectations of the process as professional and in-depth. Still, interviewees often seemed to carry an initial perception of me as a naive youth working on a school project into the interview. Their confusion of how to understand my identity and the interview process came through in their hesitance when answering the first few questions. As the interviews progressed, I prodded them to expand upon their responses. This helped build rapport with the interviewees as they began to understand the extent and sincerity of my interest in their experiences. By the conclusion of the interview, my relationship with the interviewee often felt more serious and candid as the interviewees' perception of me had

transitioned from a grandchild figure to that of an academic researcher.

Ultimately, I believe the age difference between myself and the interviewees helped collect more robust data. As the interviewees came to understand the extent of my interest in their experiences, they also understood that I could not relate to their experiences in the same way the peers they usually discussed them with could. Therefore, they explained their experiences in greater detail. My identity as a woman likely also aided data collection as the stereotype of female empathy may have put interviewees at ease to share more personal and honest accounts of their experiences with me.

My racial and ethnic identity was largely a nonissue in my relationship with interviewees. Only one interviewee identified as a different race from my own, which may have somewhat affected her answers, but I believe my age and gender were more influential in that relationship, as she appeared very comfortable talking about her life with me. My religious identity did appear to enhance my relationships with interviewees of the same religious identity. Since much of the recruitment depended on personal connections, several of the community dwelling interviewees came from within this community. Some even knew my family. This shared connection seemed to enhance their level of trust and comfort with me, even with agreeing to the interview in the first place. These interviewees may have spoken more freely than others as they had the added familiarity of tapping into cultural slang and other references they knew I would understand.

Limitations

This study contributes a valuable perspective to gerontology research because it gives voice to the perspective of a difficult to access population: namely, middle-old and old-old non-married women. Those who live alone in private homes are especially difficult to access. However, the experiences of the most vulnerable of this population are underrepresented in this

study given recruitment challenges. Most interviewees were recruited through some sort of gatekeeper, who may have withheld individuals they perceived as too vulnerable from participation in the study. This could include facility administrators who may have withheld information about their residents, assisted living interviewees who refrained from recommending certain others, or the family or friends of potential interviewees. The delicate nature of this study was evident when I connected with one interviewee through her son, who asked to see the interview questions before providing his mother's contact information and made clear his expectation that an interview with an elderly woman living alone should be handled delicately. Other community leaders and facility administrators also asked to see the interview materials before agreeing or declining to help recruit potential interviewees. These gatekeepers were understandably hesitant to facilitate a situation in which an interviewer would enter the home of an older woman who lived alone to glean information about her daily activities and challenges, which someone with malicious intent could exploit.

It is important to note that coping with aging-related challenges is expensive. Assisted living facilities are private pay, meaning the assisted living interviewees were likely higher income than the general population. Community dwelling interviewees who received in-home care also may have had higher incomes to be able to afford the resources that helped them remain in their homes. This is a speculation based on interview content and interviewees' circumstances. Future research should collect information on socioeconomic status and attempt to represent a greater diversity of financial experiences. Individuals with more limited financial resources may not be able to afford suitable care in their home or to move to an assisted living facility, which could produce a very different experience than those of this study's interviewees.

All but one interviewee identified as White/Caucasian. None of the interviewees identified as of Hispanic, Latino or Spanish origin of Middle Eastern or Arab origin. One

interviewee identified as Black/African American. Subsequent research should include more racially diverse participants to reflect the role of race and ethnicity in the experience of social connectedness and perceived isolation among older women.

Although all interviewees appeared reasonably cognitively stable, no measure was taken of cognitive ability. It is possible that interviewees had some level of cognitive disability that caused them to report inaccurate data about their daily lives. Future studies should take this into consideration and build a cognitive assessment into the screening procedure to exclude participants who may report their experiences inaccurately or whose experience would be affected by cognitive disability as a confounding factor. Future studies may also choose to focus on how cognitively disabled residents experience social connectedness and perceived isolation when living in their own homes or in senior living facilities.

RESULTS AND ANALYSIS

This comparative study revealed different experiences of social connectedness between community dwelling and assisted living interviewees and a similar experience of perceived isolation. This study defined social connectedness as the quantity and quality of social relations in a person's life and perceived isolation as the perceived discrepancy between the desired quantity and quality and the actual quantity and quality of social relations in their life. Three main aspects of social connectedness emerged in the interviews: interactions, relationships and belonging. Interactions included situations in which interviewees engaged with others. Relationships included ongoing ties between the interviewee and individuals, groups or communities they engaged with. Belonging included interviewees' feelings about being part of something larger than themselves. Interviewees' experiences in these different aspects of social connectedness often overlapped between social connectedness categories. I will provide a brief

overview of the comparative findings before delving into an in-depth analysis. These findings are also outlined in Table 2.

Social Connectedness

Community dwelling interviewees' experiences of social connectedness were largely characterized by intentionality. Engaging in **interactions** required devoting attention and resources to overcome their own barriers to interactions (often aging-related, such as driving) and others' barriers to interacting with them (also often aging-related). Assisted living interviewees' experiences of social connectedness were largely characterized by the availability of **interactions** within the assisted living facility. The structure of the facility provided an abundance of people to interact with, plus spaces and opportunities for interaction. The assisted living facility eliminated many of the barriers to interaction that living alone at home highlighted for community dwelling interviewees (i.e.,, need for transportation).

Control and reciprocity functioned as important and meaningful qualities for community dwelling interviewees to maintain in their **relationships**. Although the way they expressed these qualities varied between types of relationships, the ability to do so was important to their sense of self and feelings of belonging. Assisted living interviewees similarly valued control and reciprocity in their **relationships**, but the way they managed these qualities in their relationships differed from community dwelling interviewees. They strategically organized their relationships with staff and fellow residents and found creative ways to contribute to these relationships. Similar to community dwelling interviewees' experiences of relationships, control and reciprocity in relationships were meaningful to assisted living interviewees' sense of self and feelings of belonging.

There were two important aspects to community dwelling interviewees' feelings of

belonging to the larger social environment: staying informed about what was happening in the world and maintaining the cognitive ability to understand what was happening. Cognitive presence was paramount to community dwelling interviewees' ability to maintain their status as functioning members of society. While **belonging** to the larger social environment did hold significance to assisted living interviewees, they tended to place more emphasis on how they belonged to the assisted living facility. This meant positioning themselves as individuals who belonged to the facility community, both as members of the resident community and as individuals in positions superior to the rest of the resident community. This perceived in-between status helped assisted living interviewees maintain a sense of belonging to the larger social environment, as did imitating other aspects of the external social world within the facility.

Perceived Isolation

Most community dwelling interviewees reported a lack of perceived isolation. Although their social relations were often smaller in quantity than those of assisted living interviewees or what might be expected from younger adults, community dwelling intervieews had usually adapted their expectations of their quantity of social relations to meet their current situation. Many also discussed their acceptance of the loss of previous significant relationships in their lives and the corresponding adjustment of their expectations for the quality of their current social relations. While assisted living interviewees often had access to a greater quantity of social relations within the facility than community dwelling interviewees had access to, they expressed a similar adjustment of expectations to meet the quality of social relations available to them in their current situations.

Table 2. Summary of Findings

	COMMUNITY DWELLING	ASSISTED LIVING
Social Connectedness		
Interactions	Based in intentionality	Assisted living facility is a framework of available interactions
	Overcoming barriers to interaction	
Relationships	Control over depth of and commitment to relationships	Strategic management of control and reciprocity to relate to residents and staff
	Maintaining reciprocity in different types of relationships	Maintaining a degree of separation from residents
Belonging	Desire to keep informed about the world	Emphasis on belonging to the assisted living community while positioning self between status of resident and staff
	Significance of cognitive ability to feelings of belonging	Belonging to the assisted living community while maintaining connection to the external social environment
Perceived isolation	Adjusted expectations of quantity and quality of relations to meet current availability	High quantity of social relations
		Adjusted expectations of quality of relations

PART 1. SOCIAL CONNECTEDNESS

In this section, I will present the similarities and differences between community dwelling and assisted living interviewees' experiences in these three main aspects of social connectedness: interactions, relationships and perceived isolation.

Interactions

The interactions category explores how interviewees engaged with others. It examines the availability of interaction opportunities, barriers to interaction, how interviewees overcame these barriers to achieve interaction and the implications when interviewees did not overcome these

barriers. This section will also explore how the experience of interactions influenced interviewees' relationships.

Interactions: Community Dwelling

Community dwelling interviewees' interactions were characterized by an intentionality of self and others to overcome barriers to interaction. These interviewees usually faced some barriers directly or indirectly related to aging that challenged their ease of interacting. It was important to interviewees to overcome these barriers to achieve their desired quantity and quality of social relations. Naturally, the scale and nature of these barriers varied, but most interviewees explained ways they structured and organized their interactions to overcome some form of barrier. When they could not sufficiently overcome these barriers, they often expressed altered expectations of social connectedness.

The most prevalent barriers to interactions related to driving. Four of the eight community dwelling interviewees still drove. Of the four who did still drive, three listed ways their driving was restricted by specific conditions such as night blindness or by their own anxieties about driving. One interviewee had recently caused a car accident. She had been anxious about driving since the accident, which influenced her to limit her driving as much as possible. Another interviewee had experienced a medical emergency while far from home, which influenced her to stay as close to home as possible when driving herself. Three of the interviewees who still drove did not or preferred not to drive at night because of difficulty with their night vision and the dark roads. Other driving restrictions included not driving during inclement weather, avoiding expressways because their reaction speeds were not quick enough, and certain routes (one interviewee avoided any route that took her through a roundabout). These factors form a lengthy list of driving-related barriers to interactions for those who drive

themselves; time of day, season (which affects inclement weather and the onset of darkness), distance from home, familiarity of the area and characteristics of the driving route.

Barriers related to transportation were even more absolute for those who did not drive at all. To interact with others, they either needed a ride somewhere, or someone needed to drive to their home. Spontaneous and casual interactions became a rarity. When community dwelling interviewees who did not drive did get a ride somewhere, they often faced other challenges that made it difficult for them to go somewhere alone or for others to accommodate them in an outing. Katie[2] shared that while she was grateful to her friends for taking her out to places like the movie theater, she felt bothered when she felt that she could walk, but the friends that took her out wanted her to use a wheelchair. Ultimately, Katie would concede to their requests because, she said, "I don't want them to quit taking me places." Besides being able to just get out and about, having transportation to an interaction was important for interviewees to maintain relationships. As Debbie said, "Friendship is hard to keep up once you give up driving."

Other barriers to interaction for community dwelling interviewees included not feeling well, being too busy or a lack of interest in activities. Katie shared how winter weather caused her to miss more meetings with her writing and book groups. The cold was hard on her breathing, which could drain her energy for several days after going out in the winter. She also worried about the ice and snow. Katie accepted how these challenges affected her activities: "I've gotten so I don't worry about missing those things." Susan, on the other hand, already spent a lot of her time out and about. She was selective about her interactions based on her energy and desire to participate in them. In speaking about a small group of women she regularly went out to dinner with, Susan explained that she sometimes chose to skip dinner if she had been out all day. At those times, she preferred to stay home than to spend her energy on an interaction she was not

[2] Interviewee names have been changed

enthusiastic about. April also maintained a rather full schedule. However, living alone meant she was solely responsible for making sure home repairs were taken care of. When her heat was not working properly the weekend of our interview, she had to forego her usual schedule of attending religious services and going to the health club to wait at home for the repair people. These examples exhibit the myriad barriers community dwelling interviewees faced to interactions. The barriers were not always directly related to aging but could include how interviewees chose to spend their time and energy, responsibilities and commitments that took away from interactions they would otherwise like to participate in, and the physical accessibility of interactions beyond the issue of transportation.

Overcoming Barriers

The barriers to interaction aggregated to create a social playing field that required great intentionality for community dwelling interviewees remain a player in the game. I will first examine the case of barriers related to driving, which often had an easy fix. When interviewees could not drive themselves somewhere, whether they did not drive at all, did not drive at night, the event was too far, etc., they turned to several options: get a ride to some interaction with someone else who was attending the interaction, get a ride from a family member or friend who was not attending that interaction but could drop them off, or pay a third party to drive them.

Katie's writing group worked hard to accommodate her non-driving status. It was important to the group to help Katie overcome this barrier to interaction so she could participate in their meetings. Katie spoke of an upcoming meeting at one of the member's houses. The member who was to host the meeting usually drove Katie to meetings. Instead, it had been arranged that a different group member would pick Katie up for this meeting. Even if that person had not been available, Katie knew of another member who would "drop everything and pick me

up," or that the member who was hosting the meeting would pick her up and take her back to her house, which she had done before. Rita also spoke about getting rides to and from an event. Rita did drive, but her son had recently borrowed her car. When she did not have her car to drive herself to an evening event, she called a nearby cousin. The cousin picked her up and drove her to the event, although he did not attend the event himself. Once at the event, she found some people she knew who offered her a ride home.

Edith and Susan spoke about their decisions to hire drivers instead of driving themselves. Susan did still drive, but placed certain restrictions on herself, such as not driving to the airport. When she went to the airport or someone flew in from out of town to visit her, she called a driving company. Edith chose to give up driving entirely about a year prior. She explained how she had adapted to this new barrier:

> *I have a driver, but of course, she has other customers too. So, if I make an appointment at the doctor's, then I may call her and tell her, and it's not good for her. So, I have to kind of coordinate things more than I used to. So that's a challenge. But then I'm not as interested in running around as I used to be. So, it's a challenge, but generally with a little planning it works out.*

Not Overcoming Barriers

Interviewees were not always able to leverage enough resources or social support to overcome these barriers to interactions, nor did they always want to. Sometimes they could not find a ride or felt like a nuisance by requesting one. Other times, their physical wellbeing took precedent over their social life. Still other times, they simply did not want to go. They were tired, had other commitments, or just didn't feel like it. While some of this reasoning sounds reminiscent of experiences at other life stages, community dwelling interviewees managed their

social commitments with special attention to their energy levels and the cost of certain commitments to other important aspects of their life, such as grandchildren. April explained how she carefully balanced her commitments to interactions, so she was always available to participate in the interactions that were most meaningful to her:

> *I don't think I'm at a point in my life when I want to take on any other commitments. If something was asked of me and I'm able to do it, I would participate. But to reach out, I don't think I would. Because I also have children. And out-of-the-blue they'll call, "Bubbe, I want to come over for lunch or for dinner or something." Or, "Come on, let's go here and here." And I'll drop everything. So, I don't want to take on anything that I cannot call and say, "Look, I'm not going to be there. Someone I know can step in." So, I don't get involved in anything that I cannot get out of because my grandchildren are more important to me than anything else, the link I want to maintain as long as I can.*

Others' Barriers

Even when interviewees overcame their own barriers to interaction, they could not always control others' barriers to interact with them. In the case of other older people, this often included similar barriers, such as not feeling well or lack of transportation. In the case of younger people, especially interviewees' children and their families, their barriers were often associated with availability. Interviewees often assumed much younger people were too busy with their jobs and families to devote more time to interactions with them. Susan said about calling her adult sons, "I don't call the guys because they're busy with their jobs." They also often perceived people who were slightly younger than them, or just in different situations as being too busy for them because they could drive, or they were busy with their spouses and families in a way the interviewees were not. Debbie, who did not drive, spoke about her friends in town who did not

have much time to spend with her: "Everyone is busy with their husbands, their vacations, and driving."

Many interviewees spoke of people with whom their interactions had decreased since those people moved away, moved to assisted living or left seasonally to winter in Florida. In these cases, interviewees' visits to and from long distance friends had often decreased in recent years as both parties' mobility became more restricted. In some cases, family members or other caregivers were able to accompany them on travel to these far-away connections, but this was more common for deep-seated relationships or special events, such as attending a family member's wedding or funeral. In many cases, it was just too difficult to visit. Debbie's closest friend, on her children's insistence, had moved out of Michigan to an assisted living facility near her children. It was nearly impossible for either friend to travel to visit each other, so phone calls were their only option to maintain contact. Bonnie also spoke about how her interactions had changed with some friends since they moved away:

> *I had two friends who lived close. They were college friends, but they lived within five minutes of me here. One moved to Tennessee, and then South Carolina. And the other one moved up to Port Huron. So, we hear from each other at Christmas or whatever, but we don't hang out.*

Sometimes, others' barriers to interactions were rooted in aging itself. Older adult peers went to the hospital or got sick and became housebound. Some faced cognitive decline that caused them to forget about planned outings with interviewees, or even caused the deterioration of relationships. For example, since Debbie had had some negative interactions with her neighbor who had dementia, she had begun to avoid interactions with the neighbor altogether. There was also the obvious and prevalent barrier to interacting with people who interviewees cared deeply about: death. Death was a common reason for interviewees engaging in fewer

interactions than before. The people they used to interact with simply were not around anymore. In addition to her friends who moved away, Bonnie spoke about a few other groups and individuals with whom her interactions had ceased in recent years:

> *I was in a bridge group years ago. Not a competitive group, but more we ate snacks and gabbed. The three other gals have all died. I hung around with two other ex-teacher friends of mine. They've both died. And I haven't made new friends along the way.*

Overcoming Others' Barriers

With the obvious exception of death, community dwelling interviewees frequently tried to accommodate for others' barriers to interacting with them. In the case of driving, they offered rides or arranged rides via other resources (i.e., drivers or other individuals who were attending a certain interaction). Edith was savvy with utilizing her own resources to help others overcome their barriers to interacting with her. Edith occasionally met for lunch with a friend who lived at a nearby assisted living facility. Edith would have her driver would pick up both her and her friend, then drop them off at a restaurant for lunch. Edith also had a friend who had been starting to lose her short term memory. She had had some trouble recently with making plans with this friend. At one point, the friend did not remember making plans with Edith. Edith was both anxious about having that friend drive her (she was supposed to pick her up) and about being in a restaurant with the friend, in case the friend went to the bathroom and forgot where they were sitting. Edith had created a plan to use her own resources to accommodate this friend's aging-related barrier to interaction. She decided she would invite the driver, who happened to be acquainted with the friend, to join them for lunch the next time. That way, the friend would not drive, and the driver would be able to help take care of the friend at the restaurant. Regularly scheduled interactions were a common example of community dwelling interviewees'

intentionality to overcoming barriers to interaction (the barriers in this case often being others' availability). These interactions could be formally or informally scheduled, in person or over the phone. April went to the health club three days a week to exercise. Every time she went, she hung around in the lounge after exercising to drink coffee and chat with the other women there. Debbie had dinner with her son's family every Friday night. Edith and Susan both spoke about going out to meals with a certain group of friends on a weekly or monthly basis. Susan and April kept in touch with family via regularly scheduled phone calls. April and her sister-in-law called each other every single morning around the same time to check on the other's wellbeing. Though Susan did not organize this herself, her children had each adopted their own schedule of when they called her. During our interview, one of her children called right on schedule.

At times, community dwelling interviewees overcame their and others' barriers to interactions in unexpected, sometimes unplanned ways. Since Katie's mobility was limited, she did not spend much time outside her house chatting with neighbors. She mostly spoke to her next door neighbor on the phone, and mostly about practical topics, such as putting plants in. However, Katie had an aide who did spend time outside Katie's house taking the trash out and getting the mail and such. The aide would see Katie's neighbor outside and converse with her. She brought information from these conversations to Katie about when the neighbors were getting married, when they were expecting their baby, and even the woman's feelings about her life. In this case, the aide acted as a stand-in for Katie's interactions with the neighbor and brought her information she would not otherwise have gleaned. Edith also had an experience with a service provider where she gained information about someone via a substitute interaction. In Edith's case, her housecleaner, who also worked for Edith's granddaughter, let the secret slip that her granddaughter was pregnant.

Sometimes barriers to interactions could not be overcome. Community dwelling

interviewees often perceived others' barriers to interactions as out of their (interviewees') control, especially in the case of others' availability. In such cases, they usually waited for those people to initiate contact. For example, many interviewees acknowledged their children's busy schedules, so they tried not to bother them with phone calls, and instead waited for their children to call them. Other times, interviewees acknowledged that others' barriers to interactions with them were too pronounced for the interviewees to try to overcome. They saw these people as too busy with their own families, their jobs, or just their own aches and pains to pay much attention to them. In these cases, interviewees used language such as "being a bother" or "being a nuisance" to describe their negative feelings about attempting to overcome others' barriers to interactions when they did not perceive those attempts as welcome.

Sarah frequently raised these feelings in our interview. The closest living family member that Sarah discussed her relationship with was her sister-in-law, who would take Sarah grocery shopping once a month and occasionally help her with tasks like laundry. Other than her sister-in-law, Sarah did not really have any ongoing relationships. She had previously been involved in a senior center and at her church. She had a group of friends at the senior center and called out the bingo numbers there. Since she stopped driving about a year prior, Sarah had pretty much lost contact with her friends from the senior center. She had gotten rides to her church early on, but those rides had stopped. Other than her sister-in-law, Sarah felt that anyone she could think of calling on for some interaction would feel bothered by her reaching out. Below are some quotes from Sarah's interview that exemplify what it felt like to Sarah when everyone in her life seemed too busy to interact with her.

> *Like I said, everyone has their own family and I don't have nobody, so I don't bother nobody.*
>
> *Well, the thing is that they're all older people and stuff. And they got aches and pains and*

stuff. And some of them are worse than I am. So, why burden anybody with my aches and pains when they got a lot more stuff?

Well, it's lonely being by yourself, you know. I mean, you have friends and everything, but they all have their own families and stuff and I don't like bothering anybody. I like to be more or less independent, try to do everything myself.

In cases such as Sarah's, these weakening relationships became a loop. With Sarah's friends from the senior center and her church community, the relationships did not feel strong enough to Sarah for her to impede on their daily lives. She imagined they had so many other people and burdens to deal with that her reaching out would be received as a bother. Over time, this lack of outreach led to increasingly distanced relationships.

Interactions and Relationships

This "feeling like a bother" theme represented how a lack of interaction can reinforce the weakening of relationships. In contrast, more active relationships can overlap with interactions via a theme I call "mediated interactions": when a pre-existing relationship aids or prevents an interaction. Mediated interactions can be positive or negative. Positive mediated interactions occur when a pre-existing relationship gives rise to an interaction that a person otherwise would not have engaged in. Negative mediated interactions occur when someone with whom an individual has a pre-existing relationship intervenes to prevent the individual from interacting with someone else. Community dwelling interviewees often engaged in positive mediated interactions, which were commonly related to their interactions with groups or communities. Interviewees tended to interact with groups or communities when individuals they had pre-existing relationships with also interacted with a particular group or community. In many cases, the interviewee had already belonged to that group or community, but their relationship with the

individual who mediated the interaction helped them maintain their interactions with the group or community that might otherwise have fallen off as their barriers to interaction accumulated. The mediated interaction could be functional, such as an individual giving the interviewee a ride to interact with the group or community, or it could take the form of emotional support, with the presence of the individual providing the interviewee the comfort of knowing they would have familiar people to interact with in the presence of the group or community.

This theme often appeared in the case of participation in a religious community. Debbie gave an example of only participating in events at her synagogue when her son also participated:

> *I don't go to services all the time, but I do like to go. And I like to go to some of the talks they have. And every once in a while, something comes up through the University. But by the time I get around to thinking about it, I can't find anyone that's going. Or I don't bother trying. A lot of times in the community, I'll ask my son if he's going. And if he's going, I'll ask if I can go with him. But otherwise, not that much.*

There are some interesting exceptions to this theme. Susan went to services at her synagogue on a regular basis. Sometimes, she gave other people rides, including a woman who lived in an independent living facility and could not drive. In this case, Susan served as the mediator of interaction for someone else. It is understandable that Susan did not require mediated interactions to participate in her synagogue because the interactions were within her driving parameters; nearby, on a familiar route and in the daytime. There were no barriers for her to overcome to participate in those interactions.

Katie and Sarah exhibited how a lack of mediated interactions affected their interactions with groups. Katie spoke about her reluctance to accept help from people she did not already have pre-existing relationship with to get to church;

> *I think that there are a lot of people formally and informally who would've seen to it that*

I got there. And I… I didn't want to do that somehow, unless it was already a friend. I didn't want the group that reaches out and helps people.

Sarah also discussed her inability to participate in her church:

Well, everything has changed now. Our church is like a clique. And if you're not in a clique, you don't belong. Like I said, everyone has their own family and I don't have nobody, so I don't bother nobody.

Both Katie and Sarah lacked meaningful pre-existing relationships with individuals who might have helped them interact with these groups. This is not to say they did not have any relationships within those groups, but that they did not want to or feel they could rely on other individuals from the groups to help facilitate those interactions. Their lack of connectedness to their churches reinforced itself. It contributed to their lack of interaction with the churches, which in turn made them feel even less connected.

Edith shared an experience that drives home the meaning of mediated interactions to interviewees:

I still am a member of Temple A[3]*. And even though I haven't been in attendance the last couple years – because even for the holidays, the walking is just difficult for me – I'll just tune in to Temple B*[4]*. I'll stream their services ... But at Temple A, even though I haven't attended the last two years, I still pay my annual dues. But this year, [my daughter] was thinking she might not be a member anymore at Temple A anymore. And I was thinking, well, maybe it doesn't make sense for me to still remain a member if my own daughter isn't even a member. And I was thinking I still would like to give somebody the benefit of my membership. And I was thinking maybe I should just be a member at my son's Temple.*

[3] Names of temples redacted

[4] Temple B was Edith's son's temple, which was located out of state

I mean, my son is the rabbi. So as long as I'm supporting a temple, I might as well support the temple that has the most meaning for me rather than the one that I never go to. I might as well go to the temple where my son is the rabbi and I know a number of the members and when I'm in town there I go to services.

Edith's story exhibits a few aspects of mediated interactions. In the case of Temple A, Edith no longer attended services very often because it was difficult for her to get there. Her daughter served as a mediated interaction to Temple A. However, with her daughter considering leaving Temple A, Edith would lose that mediated interaction. On the other hand, Edith's son served as a mediated interaction to Temple B, as well as some other individuals she knew there. Edith was considering formally changing her interactions with these groups based on the mediated interactions available at each.

In sum, community dwelling interviewees lived in a social world that was built for the interaction of the young, busy and able. Especially in the suburbs, casual and spontaneous interaction was hard for them to come by without a car and an unrestricted driver's license. Beyond transportation, interviewees faced barriers (often aging-related challenges) that made it difficult to interact with others. Even when they overcame their own personal barriers, they often had to extend themselves even further to overcome others' barriers to interacting with them. To overcome barriers of the self and others, community dwelling interviewees had to expend physical, mental and emotional resources to achieve interaction.

Interactions: Assisted Living

While community dwelling interviewees' interactions were characterized by intentionality and the need to overcome barriers to interaction, assisted living interviewees' interactions were characterized by availability. The assisted living environment presented a

framework of available interaction, built to eliminate the barriers to interaction that older adults tend to encounter. The structure of the assisted living facilities, both their physical structure and the structure of their routines and activities, exposed interviewees to people every time they left their rooms.

Lack of Barriers to Interaction

Transportation was a major barrier for community dwelling interviewees. Those who did not drive faced the most obvious barrier, as they had to find alternative forms of transportation to attend interactions outside their home. Those who did drive often still faced transportation-related challenges. Some community dwelling interviewees' driving was limited to daylight, good weather and familiar routes. Assisted living interviewees did not need to consider transportation to interactions unless the interactions occurred outside the facility. Since most of their meals, activities, and often even religious services took place inside the facility, transportation was not a very prevalent issue for engaging in interactions. No matter the time of day or season, assisted living interviewees could attend activities within the facility, or just go to a common area to chat with staff and fellow residents.

Wendy gave an example of the ease with which she arranged her interactions with others in the facility:

> *I enjoy dinner cause I like the contact with the other people. And I always invite – most people just go down. They routinely eat with the same people. I like to eat with different people. So, I make my own plans. I keep a calendar and I invite people to join me for dinner. And that works out very well for me.*

Availability of Interactions

In assisted living facilities, everything interviewees did outside their rooms triggered interaction. Eating, exercising, learning about current events, and more often happened with others. Just going about their daily lives induced interactions. When I asked Arlene how she had met a fellow resident she considered a good friend, Arlene replied, "she lives right around the corner. I don't know. I really don't remember … Probably just standing out there waiting for the elevator. Last fall, one elevator was out of commission. And it took a long time to fix it. So, there was a lot of waiting for the elevator." The trivial task of waiting for the elevator, which took longer while the other elevator was out of commission, created a space for interactions that led to a friendship between two residents.

Wendy, the assisted living interviewee who liked to plan to have meals with others, presented an exception to this theme of casual interactions. Although Wendy did not have to overcome the same barriers as community dwelling interviewees to interactions, she still presented a similar intentionality to engaging in interactions as most community dwelling interviewees, especially in how she arranged her plans to eat dinner with people inside the facility, in addition to arranging for people outside the facility to come eat dinner with her and another resident those people knew. Wendy's intentionality could potentially be explained by the length of her tenure at the facility. Wendy had lived in the facility for 14 years. Although she had moved from the independent living building to the assisted living building about four years prior, she had nonetheless developed a very robust community within both sections of the facility. She appeared to make sense of that deeply entrenched community in a way that mimicked outside society, a theme which will be further explored later.

While assisted living interviewees found interaction easy to seek, it was not always so easy to avoid. Assisted living interviewees reflected the concerns of many community dwelling

interviewees that moving to an assisted living facility would present an overabundance of interactions. While they could escape many unwanted interactions with residents by staying in their room and shutting the door, this was not effective in shutting staff out. Staff entered their rooms freely to administer medications or check on residents. Their entrance was not always anticipated and at times unwelcome. Lydia shared her experience with facility staff entering her room:

> Lydia*: Usually, I just lock my door. But they have a key. They can come in any time. One time they came in, I was sitting on the toilet. But they were just checking to see if I was okay.*
>
> Melissa*: Yeah. Do they do that often? Just check?*
>
> Lydia*: Um… I hope not. [laughs] A couple times, they've come in and I had had my door locked. They have a key that they can open the door.*
>
> Melissa*: Right. So, how do you feel having them coming and checking in?*
>
> Lydia*: Kind of surprised when they do that [laughs]. It depends. Like when I was on the toilet, I was quite surprised.*

Most assisted living interviewees did not evaluate their interactions with staff negatively, even if their unexpected visits could be annoying. More concerning to assisted living interviewees was unwanted or negative interactions with other residents. This included people with more severe disabilities who could be difficult to communicate with or cause disturbances in public areas. Lydia described one of the people she usually ate with; "He can't hear. He has something like that machine that he pushes at and waves it around so he can hear." Arlene explained some of the issues she had with taking her meals in the facility dining room; "It is difficult for me to talk to people that are deaf. And so many people are deaf." Beatrice discussed what it was like to sit with different people at meals:

I have been at meals where nobody spoke at all. You say, "nice day" and "how are you feeling" and when you're done with that, you're all done. Cause they're really not up to more than that. Well, that's alright. I can be quiet, too. I don't mind. I don't feel deprived. And also, I can't force myself on somebody else. They either can converse, or they can't. If I start a conversation and they can't pick it up, well that's the end of that. So, there's a lot of that. Say three out of four people here is really not capable of being sociable. So, a lot majority – or they wouldn't be here frankly.

Assisted living interviewees were also disturbed by other residents who treated staff poorly. Lydia shared an exchange she witnessed between a staff member and another resident:

One person was hollering, "Don't! No! Don't! No!" quite often. And he is no longer here because he disrupted too many people. We didn't know what he was going to – if he was going to become violent or something like that, start throwing things.

Some assisted living interviewees reported negative or burdensome relationships with certain other residents. Arlene had been welcoming to one resident when the resident initially moved in but found that the woman had struggled to adapt to life in the assisted living facility and continued to cling to her. As reported by most assisted living interviewees, Arlene said that it was unusual for other residents to casually visit with her in her room. This woman violated that norm. The woman continued to come to Arlene's room, where she would repeat the same complaints about living in the assisted living facility. She once inserted herself at Arlene's dinner table when Arlene had arranged to sit with a few other women for a particular meal. As Arlene and I discussed her relationship with this resident, she continued to brainstorm ways she could help the women adapt to her new lifestyle so she would no longer feel the need to cling to Arlene. Arlene's most recent idea was to show the woman the large print books in the library, as the woman had shared that she had trouble reading due to her declining eyesight. Arlene hoped

this would occupy the woman and give her something else to do with herself other than come bother her.

While community dwelling interviewees wielded a reasonable degree of control over their ability to avoid unwanted interactions, assisted living interviewees had less freedom because they shared a living space with the people they wanted to avoid. In these situations, assisted living interviewees often shared experiences of *negative* mediated interactions. In contrast to community dwelling interviewees' frequent experiences of *positive* mediated interactions, when pre-existing relationships helped facilitate interactions they would not otherwise have engaged in, *negative* mediated interactions occur when an existing relationship makes it possible for an individual to avoid an unwanted interaction they otherwise might not have been able to avoid. Assisted living interviewees leveraged their relationships with staff to manage undesirable interactions with other residents. Since the staff had more control over the facility dynamics, they could either directly manipulate certain interactions (i.e., planning where residents sat at meals) or speak with residents who caused disturbances. Rose gave a couple examples of negative mediated interactions. She requested not to sit with a specific resident who made her uncomfortable at meals. Staff were able to accommodate this request, except at breakfast when residents could choose their own seats. Rose also exemplified a negative mediated interaction when a fellow resident asked her out. The other resident actually asked a staff member to ask Rose on his behalf. Rose was uninterested in the request and decided with the staff member that it would be a bad idea. Since the man had asked Rose via the staff, Rose was able to avoid directly interacting with him to turn down his request.

Margaret also leveraged her relationship with a staff member to deal with a man she had negative interactions with. She described this man as “nasty”. He made inappropriate comments and treated the staff members poorly, but Margaret drew the line when he made sexual comments

to her daughter who was visiting her. Margaret brought this issue to a staff member's attention, who discussed the issue with other staff and talked to the man about it. Apparently the issue was successfully addressed, as Margaret said, "that problem is gone now."

Interactions Outside Assisted Living

In contrast to community dwelling interviewees' barriers to interaction, assisted living interviewees were situated in a framework of available interactions that made regular and casual interactions easy to come by. However, interacting outside the facility or with others who did not live in the facility mirrored the intentionality necessary for community dwelling interviewees to achieve interactions. Still, this intentionality appeared less urgent from the perspective of assisted living interviewees than community dwelling interviewees, perhaps because the casual interaction available within the facility replaced some of the need for casual interaction outside the facility. Therefore, interaction that did happen outside of the facility or with others from outside of the facility was more meaningful, more worth the intentionality to accomplish it, and in some cases more easily achieved due to the resources available to them.

One resource that facilities offered to help interviewees participate in interactions outside the facility were field trips. The field trips usually went to places that many residents valued being able to access, often certain stores or religious services. Arlene, for example, was able to attend weekly services at her long-time church because her facility sent a bus there every Sunday. Margaret took advantage of field trips to a local grocery store. Rose especially exemplified the meaning of these trips to assisted living interviewees when she shared her disappointment that the field trips were on hold while the facility bus was under repair. She showed me the list she was preparing for the next trip.

In addition to facility-sanctioned field trips, assisted living interviewees organized their

own resources by sticking to routines with certain visitors (usually their children) to visit external venues, such as going out to eat or to stores or salons. These outings were a sort of in-between situation. The assisted living facilities did not offer field trips to these specific venues, presumably because those trips were not highly valued by enough residents, but they held enough value for these interviewees to want to visit them on a regular basis. The people who did take them on these outings represented a *positive* mediated interaction. They were usually people who had meaningful relationships to the interviewee and were willing to aid them in this intentionality to attend interactions they valued outside the facility.

Interactions and Relationships

With the exception of going to the store and medical appointments, the individuals, groups and communities outside of assisted living facilities that interviewees engaged in usually represented deep relationships. The individuals and groups were often people who valued their relationships with the interviewees enough to go out of their way to take them somewhere or to visit them at the facility; usually family members, especially adult children, or long-term groups of friends. Arlene, for example, had recently entertained a few friends from a group of former neighbors she was close to. Sally had hosted a few friends from a long-time group of teacher friends for lunch the morning of our interview. Communities that interviewees engaged in outside of assisted living facilities especially represented deep relationships and/or the availability of positive mediated interactions. Arlene again exemplified this theme through her connection to her long-time church, although her weekly attendance at that church was also aided by the availability of a facility bus that transported residents to their services every Sunday.

Assisted living residents who still drove were an exception to this theme. They remained more engaged in the social life they maintained before moving to assisted living, which included

engaging in more casual interactions outside of the facility, and often engaging less in casual interactions inside the facility. Diane and Beatrice both drove and exemplified this exception. Diane had originally moved to assisted living with her husband who had suffered from dementia and had since passed away. Although Diane had some restrictions to her driving (not driving on expressways or at night), she did still drive herself to many activities outside the facility. She was deeply engaged in a couple meditation and spirituality groups. She even taught meditation classes. Although Diane still got rides some places, such as to a friend's party that was hosted in another town at night, she maintained an active social life in groups and communities outside her assisted living facility.

Beatrice's driving was in flux at the time of our interview. She had not yet "made up my mind to the extent that I'm back to fully driving" since the occurrence of the injury that had influenced her very recent move to assisted living. Although she frequently got rides to her activities, it seemed that her perception of herself as a driver helped her see herself as someone who was still active in the community outside the assisted living facility. She also was likely influenced by her deep engagement in local politics, which made her very connected to people and invested in the local community to begin with. Beatrice viewed most of her former activities and participation in external groups and communities as still accessible to her and more worth the investment of her time and energy than the community within the assisted living facility. Beatrice summed up her lack of desire to form serious connections within the facility: "I have enough going on of my old life that I'm not feeling a need to make a whole lot of new friends or anything. I would very easily do it if I felt the need for it, but I don't."

Relationships

The relationships category explores ongoing ties between interviewees and the

individuals, groups and communities they engaged with. This section will explore the similarities and differences between how community dwelling and assisted living interviewees expressed control of relationships, engaged in relationship reciprocity, and how their relationships mediated their sense of belonging to groups, communities and the larger social environment.

Relationships: Community Dwelling

Control: Depth of Relationships

The intentionality of community dwelling interviewees' interactions extended to their relationships. They were effortful about maintaining control in their relationships, including in managing the depth of some less desirable relationships that they preferred to keep at a distance. In such cases, these interviewees reflected that they already had their very close, very meaningful relationships. These were usually adult children, deceased spouses, siblings and parents, and living or deceased close friends or family members. Beyond those meaningful relationships, new relationships and current relationships that were not very close to begin with were viewed as somewhat optional, sort of the frills of their social life, but not its main sustenance. Some interviewees implied that they engaged in these frill relationships to indulge others but made sure to keep them at an arm's length. Bonnie spoke about a couple who were friends of her late husband. She was fond of the man, but less so of his wife, who tended to make cutting remarks towards Bonnie. Bonnie considered the couple her late husband's friends, not her own. She explained her reluctant relationship with them:

> *I don't pursue anything with them. If they call, I invite them, "come on over." Sometimes, they'll pick up a lunch and bring it in. And they're nice people. But I'm not gonna pursue anything with them.*

Later in the interview, Bonnie elaborated on why she did not feel the need to pursue these

peripheral relationships, despite her limited quantity of social relations:

> Bonnie*:[laughs] I feel lonely a lot. But I'm finding… I've gotten quite judgmental. Like the one I was describing to you that just is too honest* [woman described above]. *I don't need that in my life. I'm finding I'm too critical of people […] So, there are people that I just am not interested in pursuing a relationship with them. I'm finding too much fault. I don't need that.*
>
> Melissa*: Why do you think it is that you've become more critical?*
>
> Bonnie*: Hmm. [sigh] Because I feel I don't need the social interaction. If I have social interaction, I want it to be top notch. And you don't find that many top notch people in your life, really quality people. And I've had some really quality people in my life. And a lot of these others don't measure up. And I'm telling you right now, a lot of the ones I met in college are the ones that I'm measuring by. Super people. Kind, smart, funny.*

Bonnie exemplified the lack of motivation to deepen unimportant relationships that many community dwelling interviewees shared because they did not feel a need to replace past meaningful relationships. Others refrained from wasting energy on less significant relationships because they preferred to invest that energy in current significant relationships, such as with their grandchildren.

Bonnie's experiences exemplify the theme of community dwelling interviewees managing the depth of relationships they do not value very much. Community dwelling interviewees also had to manage relationships they valued more highly with people who could sometimes provoke negative interactions. While assisted living interviewees could engage in negative mediated interactions to avoid negative interactions, community dwelling interviewees had to tread more carefully to manage negative interactions without damaging relationships they valued. If these negative interactions occurred with people whose relationships they valued less,

it would likely be easier for community dwelling than assisted living interviewees to avoid interacting with those people altogether. Edith shared an experience of weighing the stress of negative interactions with the value of her relationships. While out to lunch with a group of friends, one of Edith's friends expressed a political opinion quite contrary to her own. Although Edith disagreed with the friend's opinion and knew her other friends disagreed as well, it was "a very congenial group" and Edith preferred to maintain the peace. Considering these factors, Edith said, "the three Democrats [herself included] just nodded. And we all had a very pleasant time."

Commitment of Self

Community dwelling interviewees treated their input into social connectedness like finite capital. They often gave the impression that they had already spent plenty of this capital during their life and only had so much left they were willing to give away. Their reluctance to deplete their social capital resources translated to carefully moderated commitments of themselves to relationships, whether with individuals, groups or communities. Community dwelling interviewees felt more comfortable accepting commitments if they knew they could be replaced in the case that they broke that commitment. For example, Edith spoke about her commitment to a group of bridge players:

> *The only obligation you have is like at the bridge game, you don't want to break it up if you can. Like sometimes, you have to make a doctor's appointment on that day or something. We say in advance and someone can cover."*

Some community dwelling interviewees were reluctant to make strong commitments because they saw that connectedness capital as better spent elsewhere, whether toward more meaningful relationships (such as April and her grandchildren) or toward time for themselves, as

Edith expressed in this excerpt about breaking her commitment to a group she regularly went out to eat with:

> *Sometimes I don't want to go [laughs]. It's dark and cold. I was out all day. I'm happy to stay home. So sometimes I tell her not this week. I'm sorry. "You guys go ahead!" It's not my favorite thing to do, but it's fun. But if I've done stuff during the day, I'm just as happy to come home. Who wants to go out again?*

Relationship Reciprocity

This effort to maintain influence over their relationships translated to creative means of preserving relationship reciprocity. Relationship reciprocity, the equal input and output by both parties in a relationship, could be a complicated endeavor for community dwelling interviewees. They worked to maintain equitable relationships with older adult peers who were more dependent than them, older adult peers who were more independent than them, service providers and caregivers whose roles were to cater to the interviewees' needs and challenges, and adult children who often held some authority in how interviewees lived their lives. Community dwelling interviewees shared examples of how they leveraged resources, and often the influence of their own health and degree of independence in comparison to others, to contribute equally to their relationships.

Interviewees usually had something to say about how challenged their older adult friends were by aging-related limitations in comparison to themselves. One would assume that maintaining relationship reciprocity with those were more dependent than them would be easy for interviewees. However, those relationships represented a delicate balance of interviewees contributing to the relationships while trying to downplay their contribution to make the relation feel equitable. Interviewees gave examples of helping their older adult friends cope with

challenges while trying to refrain from making those challenges too prevalent in their friends' minds for fear of making those friends feel inferior, and thus throwing off the balance of an equitable relationship.

Two community dwelling interviewees spoke about their efforts to help their friends who were dealing with memory loss without making them feel inferior. As discussed earlier, Edith had resolved to have her driver join her and her friend who was losing her short term memory for their next lunch date. The goal was for the driver to help Edith monitor her friend. However, Edith had no intention of sharing this motivation to invite the driver to lunch with her friend. Since the driver happened to know the friend's son, she would frame it as a friendly invitation to the driver to join their date. Rita frequently spoke to the man she was dating on the phone. The two of them openly broached the topic of his memory loss, but Rita tried to make him feel more confident about it. She said, "he fusses a lot about his memory. But I told him I think it's getting better. I just communicate and make him discuss history and things that he's learned from the past and what he used to do with his job."

Susan gave an example of what relationship reciprocity looks like with less independent friends in terms of more instrumental help. She spoke about giving rides to friends who no longer drove, and how one friend compensated to maintain the equity of the relationship: "They said I should put a thing in my car like for a cab [laughs]. There's two or three of them. In fact, one of them has me for dinner every so often as payback for picking her up." These small contributions that community dwelling interviewees could accept from their friends in exchange for their help, as well as the creatives strategies they employed to downplay their friends' challenges were paramount to maintaining feelings of reciprocity between community dwelling interviewees and their more dependent friends.

Community dwelling interviewees could not do as much on their end to maintain

relationship reciprocity with other older adult friends who were more independent than them. They could invite such friends to join them for activities that did not require certain resources for the interviewee, such as inviting a friend over for a cup of tea, as Debbie liked to do. They could take advantage of the resources their friends provided, which often mediated an interaction (i.e., getting rides). Still, this was often too delicate a balance. Interviewees spoke about trying not to take advantage of their friends as resources lest they ruin the relationship. For example, when Katie's friends implored her to use a wheelchair on their outings even though she preferred to walk, Katie thought of another friend who had trouble with mobility that they used to take out (before she passed away) who would also insist on walking. That friend's stubbornness slowed the rest of them down and limited their activities. Recalling that experience, Katie would concede to using a wheelchair when her friends took her out because she feared they would stop taking her out if she refused.

Katie's story is one example of community dwelling interviewees' anxiety over receiving resources from friends who were more independent than them. In other cases, interviewees were hesitant to accept these contributions from friends and family at all. As it became more difficult for community dwelling interviewees to interact with the people in their lives and they hesitated to accept unequal effort from others when they could not return in kind, those relationships tended to fade. Debbie spoke about her reluctance to ask friends, many of whom were younger than her, to take time out of their busy lives to spend time with her:

> *But my other friends have children. They're younger. They're not a lot younger. They're a good ten years younger than I am. And they're not home. They're driving. So, sometimes, they'll come over here. But if they invite me over there, it's a nuisance. They have to come get me, bring me back, and then bring me home. And that's a nuisance. That may happen on a holiday, but for a cup of coffee?*

As Debbie's example implies, community dwelling interviewees were reluctant to initiate casual interactions if it meant soliciting a ride from a friend or asking them to go out of their way to visit them. Relationships tended to fade with individuals, groups, and communities that interviewees did not want to bother. Sarah's interview completely embodied this theme. Aside from occasional rides to the grocery store from her sister-in-law, Sarah did not want to bother anybody. She perceived everybody in her life as too busy with their families and their own lives to take the time out of their day give her a ride or a call. So, she kept to herself: "everyone has their own family and I don't have nobody, so I don't bother nobody."

Caregivers and Service Providers

Relationship reciprocity with caregivers and service providers presents an interesting case because the contribution to these relationships is largely unidirectional, with only monetary compensation expected in return. Caregivers and service providers were in community dwelling interviewees' lives to help them. Still, interviewees gave many examples of exchanges that made them feel as if they were contributing more to the relationship than money. Creatively contributing to these relationships beyond monetary compensation represented a form of relationship reciprocity that was meaningful to community dwelling interviewees' experience of social connectedness.

One way that community dwelling interviewees made these relationships feel more equitable was by giving caregivers and service providers material resources (even to those who brought material resources to them). Edith spoke about her driver sometimes picking up groceries for her. However, when she brought Edith some canned food that was too high in sodium for her diet, Edith gifted the canned food back to her driver, as well as to her housecleaner. Edith said that both her driver and housecleaner expressed their gratitude for these

small gifts, which made Edith feel good.

Sometimes, community dwelling interviewees did personal favors for caregivers and service providers. Susan's housecleaner asked her to sew a Boy Scout patch for her step-grandson. Susan was happy to help but felt uncomfortable accepting the restaurant gift card that her housecleaner gave her as thanks for the favor.

Some interviewees shared how they granted trust and freedom to their service providers in return for their service. April trusted her housecleaner enough to leave her notes with instructions instead of staying to monitor her work. Edith spoke about sometimes letting her housecleaner leave early:

> *And, like, once a month I'll say, 'you know what, you don't have to do the upstairs. Why don't you do some gardening instead?' […] So, she'll do some gardening for me, which I don't have anybody do. And she'll do a very good job. She'll do 40 minutes of gardening. And if I feel she's done extra gardening, I'll pay her a little extra, which she doesn't expect because she hasn't done the upstairs. So, it works out so she's happy. I'm happy.*

Debbie spoke about how she contributed to positive relationships with her caregivers by moderating her expectations of them:

> *I come from a working family. I don't look at people as working. They have a job to do. I believe they come when they can, and they leave when they're finished. And I don't believe in trying to squeeze them until they bleed.*

Between these exchanges and the time caregivers and service providers spent with interviewees, these formal relationships tended to morph into pseudo-friendships. Interviewees often knew details of their caregivers' and service providers' lives, including how their time with the interviewee fit into their personal lives. Bonnie and Debbie both spoke about their housecleaner and caregiver respectively leaving their work with them to take care of their own

families.

Interviewees expressed a dedication to these caregivers and service providers that influenced them to go out of their way to enhance the relationship, such as hiring caregivers they were loyal to under the table outside of the agency or recommending their services to friends and family. Edith's family practically sustained her housecleaner's employment between all the people she had referred her to. This theme reflects the desire for control that appeared to dictate community dwelling interviewees' perceptions of their relationships. The idea of caregivers and service providers as providers only labeled interviewees as the recipients of care, a title that would characterize them as dependent people. By creatively contributing to and embellishing these provider-recipient relationships, they maintained an identity as both recipient and contributor, and therefore protected their social status.

Family Members

Relationship reciprocity with family members (mostly with adult children) were also a unique situation relative to relationship reciprocity with friends. As the literature suggests, older adults have already banked plenty of social support in their relationships with their adult children while they were growing up, meaning the need for equitable input into relationships with adult children is less pronounced than it is in relationships with peers. Still, community dwelling interviewees found creative ways to make their relationships with their adult children feel reciprocal. One of these strategies was reception: reception of advice and reception of people into their home.

Reception of advice was evident in how community dwelling interviewees described instances of making some sort of adaptation in their life, often related to driving or adapting the house, at the suggestion of their children. Some interviewees stopped driving altogether at their

children's insistence. Some considered the idea of moving to assisted living, going so far as to tour facilities with their children. Some modified their homes to make their children feel more at ease about their safety, as April did by adding a chairlift to get to the laundry in her basement. By responding to their children's desires for them to adapt their lives for their safety, interviewees allowed their children to maintain a sense of control over the relationship by knowing that their parent would heed their advice. In a subtle way, these actions preserved community dwelling interviewees' agency in these relationships because they were able to keep their kids' concerns at bay.

A more obvious version of reception had to do with opening the physical space of interviewees' homes to their family. Many shared instances of children and grandchildren visiting them from out of town and staying at their houses, sometimes on a very regular basis. Edith's out-of-state son stayed with her every time there was a football game at the local university. Community dwelling interviewees' homes were often holding spaces for children's belongings, whether from their youth or between moves, and for their memories. The house as a storage space also helped interviewees contribute to relationships with their adult children by offering them the opportunity to revisit their youth through old artifacts, as well as several interviewees who had begun decluttering to try to reduce the mess their children would inherit when they passed away or moved out.

Hosting

Houses as a place to receive others played a part in community dwelling interviewees' relationships beyond family members. Interviewees spoke of different groups, often card game or study groups, that group members had rotated hosting for many years. Although the group makeup had often changed (most notably with the death of group members), the meetings

continued. Interviewees spoke about how the meetings were now different, such as meeting more frequently or entirely at assisted living or other senior living facilities for the convenience of certain members. In some cases, the hosts had reduced their contribution, such as from cooking full meals to just putting out dessert. Nonetheless, hosting others in their home was a source of pride for interviewees. In their own home, it was easy for them to contribute to relationships. Susan, for example, had limited opportunities to see her children because they all lived out of town. She said about the ability to host them when they come into town: "I love having the house because when they come in I have room for them, and they stay with me."

Bonnie exhibited how hosting others in one's own home gave interviewees the opportunity to contribute to relationships in ways they otherwise might not have been able. From a meta-analysis perspective, I, as the interviewer, had greater control over Bonnie and my relationship because I was the one asking questions and directing the conversation. I knew what was expected from our relationship, which may have made Bonnie feel like she was engaging in an unequal relationship. This could help explain her excitement to offer me cookies she had baked, drinks, and a tour of the house. In this way, Bonnie was able to contribute to our relationship with the resources at her disposal. Hosting the interview in her home gave her some control over the relationship that she might have lacked in a different environment.

Relationships and Belonging

In exploring community dwelling interviewees' experiences of social connectedness in terms of interactions and relationships, we have established that the challenges to interaction that interviewees faced affected how they interacted with groups, as did the challenges other group members faced. Most notably, the actual group makeup often changed as members passed away. For example, Susan couples' bridge group had become a group of widows. Edith's group

mahjong group that used to rotate hosting games at their houses had begun holding all their games at the assisted living facility where one of their members now lived. When Katie was at a rehabilitation facility a few years prior, her writing group chose to meet at her facility a few times. When they did not meet there, a fellow member came to the facility to video call into the meeting with Katie. Since Katie had returned home and stopped driving, the group had consistently arranged rides to get her to meetings at members' houses. The accommodations their groups made to address their members' challenges enhanced community dwelling interviewees' feelings of belonging to those groups. The groups' adaptations to theirs and other members' challenges reinforced the feeling that their participation in those groups was highly valued.

The groups mentioned above are examples of resilient groups that were receptive to their members' changing needs, but groups can only change so much. In some cases, the changes and losses were beyond accommodation. Interviewees spoke of previous groups of which they were the sole surviving member. Bonnie experienced this twice over:

> *I was in a bridge group years ago [laughs]. Not a competitive group, but more we ate snacks and gabbed. The three other gals have all died. I hung around with two other ex-teacher friends of mine. They've both died.*

Often, there were no other groups in the interviewees' lives to replace the belonging they felt to their past groups. Even if the group remained intact, the loss of its members changed the meaning of the group to interviewees. April and her husband had been dedicated members of their synagogue for years. However, since April's husband passed away a few years before, April had felt somewhat disconnected from the synagogue community. This disconnectedness was enhanced by changes within the synagogue community. April said, "[My husband] and I used to be much more active in the synagogue. And I don't feel as comfortable there now. I mean, it's not that anybody said anything or did anything or hasn't been nice to me in any way. It's me. And you

know, things are changing." Rita reflected on her feelings of disconnectedness at her old church and the renewed connectedness she felt to her new church in recent years, which influenced her decision to join a different church:

> *I don't know if it was the distance or that the people are spread out, and it could be that the people I was closest to – they all died. The Minister's wife died. She was awesome. One of the guys that painted my house, he's passed away. So, I think I needed a new beginning. Because that was so sad. I go in there and I'm thinking, 'Lord, everybody that I knew when I first started there in 1999, a lot of those people are gone.' And so, at the [new] one that I go to, some of the people that are there are people that I knew when they were young […] I have a connection with them that goes back. And I love the connections with people. And you're in some settings where everybody's already got their little group and they're very cliquish. I don't really like cliques that well because sometimes you can't get into a clique. You can be there forever, but you're always an outsider. And right now, I don't feel that way. I didn't feel that way when everybody I knew was alive, but when they died, things changed because they are no longer there. It's hard to make new friends. With my new place, I still have people that I know.*

These changes in relationships that occurred beyond interviewees' control, such as death of group members, changes in the organization of a community, or the formation of cliques, endangered community dwelling interviewees' feelings of belonging to groups and communities. Interviewees managed these feelings by adapting their expectations, accepting their changing feelings of belonging, asserting their control to change how they engaged with groups or communities, or even by changing which groups and communities to which they belonged.

Sometimes, the breakdown or changes in these groups led to the formation of new groups of people in similar positions. Several interviewees spoke of one particular type of group that had

formed in their lives, which one interviewee dubbed “widow companies.” Susan said of this experience: "You know, you become a widow, and there's, like, widow companies, little groups. So, they like to eat dinner out once a month or so.” These newly formed “widow companies” created spaces for interviewees and their acquaintances (both new and old) to bond over their common experience of widowhood and find a sense of belonging among similar others.

Relationships: Assisted Living

As with community dwelling interviewees, assisted living interviewees valued control and reciprocity in relationships. It makes sense for both these groups of older adults to want to maintain their own and others’ perceptions of their agency in relationships, especially considering the newfound challenges to their independence that many of them faced. For assisted living interviewees, however, control and reciprocity in relationships was more about how residents related to the staff and other residents in their assisted living facility as a community than their relationships with individuals outside the facility. The way assisted living interviewees engaged in these relationships often revolved around the contributions they made to the relationships, meaning how they helped fellow residents and staff.

Relationships with Other Residents

As discussed earlier, part of managing relationships for community dwelling interviewees dealt with helping more dependent friends in a way that aided them, without drawing undue attention to their challenges. This way, interviewees could maintain relationships that felt equitable. Assisted living interviewees placed less emphasis on preventing embarrassment for the people they helped cope with challenges. Rose discussed her efforts to help a man she sat with at meals who had poor eyesight:

I'd be able to say, and a lot of the girls would say, 'your meat's at 12 o'clock' and all that that they teach us to say. But then, when they [staff] would be busy or something, they couldn't have somebody doing that all the time. And when I was there, I'd say, 'Bill, where did I say was –' and we'd kid about that. And then, he'd [say], 'oh, I remember now.' And so, he would know where his food was and that kind of stuff. So, I sat with him.

It is important to note that assisted living interviewees placed less emphasis on preventing the people they helped from fixating on their challenges in *comparison* to the emphasis community dwelling interviewees placed on such minimization. A quote from Rose serves as a reminder that assisted living interviewees were not oblivious to how helping other residents with their challenges made them feel: "I think people that have those disabilities don't wanna be reminded of it all the time." While assisted living interviewees were cognizant of how other residents felt, they did not usually go out of their way to downplay the ways they helped other residents. Consider community dwelling interviewees Edith and April. Edith had thought up a scheme to bring her driver to lunch with her friend who was losing her memory and an explanation she planned to give to avoid making her friend aware of her motivation for bringing the driver. April spoke of a time she coaxed a friend into going out. She even accepted a ride from the friend, despite the fact April could drive herself, to motivate the friend to join. While assisted living interviewees did recognize that their fellow residents were not exactly keen to have their challenges highlighted, they did not employ the same level of strategy as community dwelling interviewees to help their peers while downplaying their challenges.

The assisted living facility as a community of older adults in similar positions meant that assisted living interviewees could often relate to their fellow residents' experiences. This sometimes represented a tool for assisted living interviewees to wield some power in their relationships with other residents, especially when helping them cope with a challenge the

interviewee had faced before. This theme was evident in the case of interviewees helping fellow residents cope with loss. Margaret described how her own experience with the loss of her husband gave her something to contribute to her relationship with her assisted living neighbor:

> *Oh, that's where I can shine [laughs]. For instance, the lady in the next room. Her husband was an orthopedic surgeon. He has a neurological imbalance […] And their older son, 45, had a heart attack and died. So, I have something to offer her if she's feeling like she needs a hug or something. I look forward to her coming and visiting sometime.*

Sometimes, helping others represented a burden to assisted living interviewees. The language assisted living interviewees used to describe helping others signified a sense of control in how they contributed and to which relationships they contributed. Arlene described a woman who received help from other residents: "She doesn't see well at all. But she's such a dear and everybody loves her and she's so gracious about letting you help her that usually somebody's with her."

In a similar vein, assisted living interviewees exerted control in their relationships with other residents by informing them when their help was unwanted. Margaret, who had leveraged her prior experience with loss to help a fellow resident, had previously been on the receiving end of similar help: "I had a wonderful friend who took me… not aside, but she saw what I needed. She experienced the same thing a couple years before me. So, she was such a great help, such a great help. And that worked out very well." As Margaret's grief subsided, she felt smothered by the friend's support and took initiative to regain equity in the relationship:

> *And then, as I got stronger, I kind of felt crowded by that friendship. And I simply said, 'I'm going to need more space and more time if you would do that for me.' So, as a good friend, she did. And it took me a couple of weeks to figure out because I had turned a*

corner from heavy grieving to a better place, more content, happy place. And I wrote her a little note that said, 'thank you for the time and space.'

Assisted living interviewees who received more support than they contributed to their relationships within the facility expressed discomfort. This was especially evident in relationships with staff, who by nature were contracted to offer, not receive, support. Rose described the lack of control she felt when staff poorly communicated what time they would help her shower and dress in the morning. There was little she could do to resolve the situation independently. Her son involved himself to try to sort out better communication between the staff and Rose. Almost immediately following this description of a distressing imbalance in Rose's relationship with staff, she shared a story of learning that staff had planned to bring in a psychiatrist for another resident and imploring the staff not to follow through with this plan. Considered together, these stories exemplify two aspects of this theme: Rose's lack of control in her relationship with staff, and how she tried to insert a sense of control into her relationship with staff by advocating on behalf of another resident.

Relationships with Staff

The desire for relationship reciprocity is evident in the way assisted living interviewees rushed to list their contributions to help fellow residents cope with their respective challenges. In this way, they maintained a sense of superiority over their aging and disabled peers – an excuse for separating themselves from that image. Assisted living interviewees similarly attempted to leverage their position in relationship to staff. This mirrors the theme among community dwelling interviewees to creatively contribute to their relationships with caregivers and service providers to make the relationships feel more equitable. However, this equity was even more difficult for assisted living interviewees to achieve, especially considering residents do not

usually pay staff directly, but rather via assisted living fees. It was less practical for assisted living interviewees to give material gifts or do personal favors for every staff member considering the sheer amount of staff and the limited access to outside goods. The staff, after all, was responsible for meeting most of the residents' basic necessities. Instead, interviewees creatively adapted ways to make their relationships with facility staff feel more equitable. Sally, for example, offered several recipes to the kitchen staff when she noticed residents were not eating some of their blander food. Rose tried to look out for a pregnant staff member by asking her not to help transfer her to the shower.

Assisted living interviewees often inverted the mediated interaction theme by acting as the mediator to help staff deal with other residents. This theme is particularly interesting because it both evidences the way assisted living interviewees attempted to help staff to make their relationship feel more equitable, and it gave assisted living interviewees the opportunity to exert power in the assisted living community, which helped them situate themselves in between staff and residents; neither as dependent as the rest of the residents, or in control as the staff. Diane explained how she engaged her understanding of another resident's situation to make a staff member's job easier:

> Diane*: The one who grew up in Montana was sharper when I came in. She has deteriorated, also, but she's just such a sweet, kind person. And she can get kind of cantankerous with some of the aides when they want her to do something that she's not ready to do yet. And I can always help them get her to do what needs to be done.*
>
> Melissa*: How do you do that?*
>
> Diane*: Just by engaging with her. The other day, I was sitting in the TV room waiting to go into dinner. And she came in. I always say hi and we talk. And she was going to sit down. And the aide was with her. And I knew that if she sat down, it would be very hard*

to get her into the dining room. So, I just got up before she sat down and said, 'you know, it's really good to see ya. I was just walking into dinner. Why don't we walk in together?' And the aide's sitting back there saying 'thank you'. But it's easy to do that. And it's much easier on her.

It was not always clear how interviewees perceived the efficacy of their attempts at relationship reciprocity. Some interviewees shared examples of staff thanking them for their help, as Diane shared. Others admitted that staff ignored their attempts at contribution. Sally, for example, admitted that the kitchen staff never used the recipe she offered them. She was not bothered because "it's hard to cook for this many people."

Belonging

This section will explore interviewees' feelings about being part of something larger than themselves. It will analyze the similarities and differences between how community dwelling and assisted living interviewees related to the larger social environment, the communities or the aspects of the larger social environment that they emphasized belonging to, and the strategies they employed to enhance their feelings of belonging.

Belonging: Community Dwelling

Community dwelling interviewees implicitly valued a sense of belonging to the world, and they wove their efforts to maintain this sense of belonging into their daily lives. To community dwelling interviewees, belonging to the world meant knowing what was going on around them, with an emphasis on both *what was going on* and *knowing*. I emphasize this language to help break community dwelling interviewees' understanding of belonging into a few pieces: learning information about the world, discussing this information with others, and

maintaining the cognitive ability to understand this information.

Keeping Informed

Community dwelling interviewees kept up with the world in the same ways as most other adults. They read, watched and listened to the news. In some cases, they watched the news without listening, or listened without necessarily watching. In the case of the former, to keep up with the information without bogging themselves down with over-inundation of potentially negative news. In the case of the latter, to comfort themselves with the company of voices in their home without fully engaging themselves in the news program. Many listed favorite televised news programs or their loyalty to certain newspaper and magazine subscriptions, with *The New York Times* among the most common. Community dwelling interviewees valued news because it kept them informed about the world and reinforced their sense of belonging to it.

Community dwelling interviewees read newsletters to keep up with information of special interest. The newsletters sometimes complemented, and often replaced, other interactions with groups and communities in which interviewees had once more actively participated. Through newsletters, interviewees could learn about upcoming events they may want to attend, or just learn what was going on in that group or community without the need to attend.

While reading newsletters only functioned unidirectionally to replace interaction between community dwelling interviewees and certain groups or communities, donations represented a tool to maintain community dwelling interviewees' contributions to groups and communities. As interacting in person with these groups and communities had become more difficult or less worth the requisite intentionality to community dwelling interviewees, they spoke of donating as a way to maintain their sense of belonging to them. In some cases, interviewees donated to support certain causes (i.e., political affiliations, charities). In other cases, money directly represented

their membership to a group, especially in the case of religious communities. For example, Sarah had stopped attending services at her church since she stopped driving, but she still paid her membership dues. Even if community dwelling interviewees no longer interacted with the group or community, as with Sarah, they paid to belong, and therefore saw themselves as participating members. Despite the lack of in-person interaction, the fact that they contributed in some way to these communities allowed donating to function from their point of view as a symbol of community and of their belonging to something larger than themselves.

Sharing Information

For community dwelling interviewees, discussing current events with people in their lives reinforced their self-concept as people who held their own opinions and therefore could still hold their own as members of society. Sharing opinions with others also helped reinforce feelings of belonging via a sense of solidarity. Katie shared a story about her reaction to the 2016 election results:

> *Two days after the election, I got a bloody nose. And it wouldn't stop. And I was bleeding so profusely. I called [my sister] and she came over. She couldn't' stop it. We called the EMTs. They were here. There were two of them here in an hour. They could not stop it bleeding. So, I went to the ER. The doctor could not stop it. So, they put some kind of a very uncomfortable contraption in my nose and they kept me over night and most of the next day. And several staff members said, 'you know, we've had so many people after the election who were upset about it and came in.' Because I'd been crying for a couple of days. I mean, this was Thursday. The election was Tuesday. For a day? Now, when I went to the eye, ear, nose and throat woman a couple days later to take out the contraption, she said 'no. It's dry air.' Because the weather had changed, and the furnaces were going*

on. But most people think I – [laughs].

Katie's nose bleed story exhibited a few themes. The nose bleed that was supposedly triggered by her reaction to current events initiated a series of interactions with different people: her sister, emergency responders, hospital staff, and a medical specialist. Her conversation with the nurse about her nose bleed possibly being triggered by her reaction to the election, and her subsequent conversation with the ear nose and throat specialist that that was not the case indicate that she discussed current events with both of them. Katie's subscription to the idea that she, along with others, sought medical treatment for the shared experience of a physical manifestation of their negative emotional reactions to a current event exhibited a sense of solidarity with others that Katie gleaned from this whole experience.

Ability to be Informed

Community dwelling interviewees tended to describe their peers who were no longer "with it" as no longer with the world. This fueled their own fear about losing touch with their mental faculties and subsequently with their sense of belonging to the world. To prevent this loss, they engaged in some activities, especially solo activities, more for the intellectual benefits than for actual entertainment. Sarah, for example, was working her way through the stacks of crossword puzzle books she had inherited from her husband. Edith worked on the New York Times crossword puzzles, and had even invented her own solo version of mahjong:

> *I've got it set up on a tray on the dining room table. And during the commercial or if there's a program that I don't like, I'll just play a couple games of mahj. And it's stimulating because you are still thinking, 'what should I discard? What should I keep?' Just like if you were playing mahj with somebody else. And it is a challenge. But when I feel I've done pretty well, it's a feeling of satisfaction.*

Edith obviously valued mentally belonging to the world. She said later in the interview:

> *I do thank God that, you know. I pretty much know what's going on in the world. When I hear the news, I know what's happening. And I may not remember names like I used to, but I have my friend who cannot remember what she did yesterday. To me, that's so sad.*

Rita also described the actions she took to engage her mind:

> *You know, when you're living by yourself, you really have to communicate with people. Otherwise, I can imagine you just won't – if you're not thinking – because I used to do sudoku and puzzles like that, crossword puzzles. Now I just play Words with Friends.*

By keeping their brains active, community dwelling interviewees separated themselves from other older adults who were losing their cognitive capabilities. Interviewees viewed themselves as "with it." The desire to stay "with it" reflected community dwelling interviewees' anxieties about not seeming to themselves and others like they belong in the world of normal functioning adults. Cognitive functioning was a major source of this anxiety. Interviewees described other people they knew had lost their former cognitive capacities and thus a space in the normally functioning social world.

Beyond fears of cognitive decline, community dwelling interviewees took other steps to prove that they still belonged in the world of normally functioning adults. Rita gave an example of trying to keep up with those around her: "And I don't drive that slow. I made a point not to drive slowly because that's expected of older people that they're going to drive slowly. And I try not to do that. I zip around."

In addition to cognitive health, community dwelling interviewees also discussed their routines to maintain their physical health, especially their strength. Physical capabilities were important to community dwelling interviewees as a symbol of independence, a sign they could still manage their lives as older adults living alone. Katie explained her motivation for resuming

her exercise routine to prevent any more falls. She explained what happened the last time she had fallen:

> *The people gave me more pressure about going into assisted [living]. Cause it was a fall after I hadn't fallen. And I know at that time I felt I would simply die. I would just shrivel up and die."*

Katie's anxiety summed up the fear many community dwelling interviewees assigned to the prospect of losing their current status in the world, whether cognitively, physically, or just in keeping up with everyone else, such as with driving. They feared where a loss of status might land them.

Relationships: Assisted Living

Assisted living interviewees mirrored community dwelling interviewees' consumption of news, whether in print, online, or on TV, as a tool to maintain their sense of belonging to the larger social environment. However, the motivation to maintain a sense of belonging to the larger social environment was peripheral to managing their sense of belonging within the assisted living community. Their sense of belonging within the facility was rather precarious. While assisted living interviewees valued a sense of belonging to the community, they revealed an underlying resistance to belonging to the stereotypical image of an assisted living resident. As discussed in the relationships section, they engaged in creative efforts to sculpt an image of themselves as belonging to the facility community at large, while maintaining a degree of separation from the rest of the resident community. Some interviewees also expressed wariness about the artificiality of the facility as a community.

Belonging to the Inside World

When asked which communities they felt a part of, the assisted living facility was an easy answer for most assisted living interviewees. Yet, belonging to the facility community was a complex experience. Although they placed less emphasis on a sense of belonging to the larger social environment than community dwelling interviewees, their efforts to distinguish themselves within the facility community represented a desire to maintain their sense of belonging to the larger social environment. This is a magnified version of the theme of interviewees leveraging relationships with other residents and staff to situate themselves in a position between the two. Their fellow residents represented a community within the facility, a sense of comfort and solidarity in their shared challenges as older adults. The staff represented the larger social environment beyond the facility, a superior status of fully participating members of society in a position to care for the older, less able bodies around them.

There were several components to the sense of belonging assisted living interviewees felt to their facility community. One component involved finding their place within the community. Two important symbols of a place within the community included groups to eat meals with and finding the groups that matched interviewees' intellectual and physical abilities. For example, Beatrice described her motivation for joining a specific group within the facility: "well, also they have a writing group. And the reason I'm going to that is it's got all the brains in the place."

Interviewees who were unable to find a group they fit into within the facility struggled to attain a sense of belonging to the community. Sally described how her education level in comparison with other residents made it challenging for her to fit in:

> *Although, I must tell you, so many here have doctorates and their education […] Other residents, yeah. It's amazing. I mean, they all seem to know each other, too, from years ago. It's amazing. That was a little threatening to me at first. But, they're people. Some people are a little haughty. That's okay. My education is I have only two years of college.*

Sally also described the process of finding a group to eat meals with that matched her physical abilities:

> *Well, there's another table that I started with. There was a group of about 16. More than half of them were hard of hearing. And that's a problem. And they didn't know what you said half the time and I have a soft voice. And that has been difficult. So, I stopped going to that table. I went to another table, very early in the game, where they could hear me.*

When interviewees did fit into these organically formed informal groups, it enhanced their sense of belonging to the facility community. The groups with which interviewees ate meals were especially meaningful to this sense of belonging. In some cases, those groups extended beyond the dining room to other informal activities, such as watching the news in the lobby together or to individual friendships. Interviewees' persistence in seeking these groups revealed the significance they held in mediating a sense of belonging to the facility community.

In addition to the formation of these groups, the substance of conversations between residents also reflected the vitality of maintaining a feeling of belonging to the facility community, especially in the case of discussing politics. Most assisted living interviewees had a sense of other residents' political views. Yet, most interviewees reported a tendency among residents to avoid the topic. Some interviewees explicitly described the differences between their political views and those of some of their fellow residents, sometimes even facility staff. The desire to maintain the peace seemed to supersede any wish to discuss their personal views. Had political fault lines divided residents, their sense of belonging to the facility community may have been disrupted.

Bringing the Outside Inside

Another way that assisted living interviewees leveraged their sense of belonging to both

the assisted living facility community and the larger social environment was by bringing the outside world in. They did this in a few senses: by literally bringing in people from outside the facility, by mimicking the outside world inside the facility, and by proving to the outside world that living inside the facility did not cut them off from it.

Representatives of the larger social environment visited the assisted living facilities in formal and informal capacities. Formal visits included activities like pastors visiting church members, professors giving lectures, and musicians giving performances. Though visitors usually came at the invitation of facility staff, not of the residents themselves, interviewees spoke about these functions with a sense of pride.

Assisted living interviewees also discussed visits from friends and family members. However, the assisted living facility structure sometimes made it difficult to host visitors in the same way community dwelling interviewees could in their private homes. Rose reasoned that out of town visitors did not want to stay with her over night because "no one wants to stay on this couch". Beatrice explained how challenging it was for her friend to visit her because of facility hours. Beatrice liked to stay up late and her friend liked to visit late, but the friend could not enter the building after the doors locked at 8:00 pm. Arlene reasoned that her old neighbors did not visit her much because "they're all like me. They're either dead or gone to a home some place." One interviewee did provide contrasting evidence to this theme of the challenges to receiving visitors. Her particular facility rented out rooms for residents who had out of town guests staying overnight, although she herself had never taken advantage of the rooms.

Mimicking the Outside

Some of the assisted living interviewees' actions, or lack thereof, appeared to counteract these deviations from the typical home environment to mimic the external social environment.

This often related to moderating the over-availability of interactions. The most prominent example of this theme was the consistent report that residents rarely visited each other in their rooms. At first glance, this finding seemed odd. In a place full of available interactions and potential relationships, it would seem natural for individuals to take this extra step to deepen relationships. Upon closer analysis, however, this theme did mimic community dwelling interviewees' desire to preserve their home as a personal bubble from which they could maintain a sense of social independence. The lack of intra-facility visiting afforded interviewees a way to preserve a private space and maintain a barrier between alone time and social time. While community dwelling interviewees faced barriers to achieving interaction when they sought it, this private space for assisted living interviewees functioned as protection against over-interaction, which could erode a sense of agency in their social lives.

In some cases, assisted living interviewees worked to mimic the outside world within the facility as a show to outside visitors. Sally's examples of sharing spaces and events within the facility with her outside visitors exemplifies how assisted living interviewees worked to convince outsiders that the facility was not such a foreign, isolated place:

> *Like at [the cafe], they have wonderful chicken quesadillas. Try it [laughs]. They're big. My grandson lives in the area. Six foot four and red hair. And I always invite him for lunch. I order a quesadilla and there's always enough for me and left over for him. So, I can always go down there. Like when my [friends] came, that's where we went.*

Interviewees from this facility frequently mentioned the cafe. It served as a space to find food outside of dining hall hours, and to eat something different than what was offered in the dining hall. It was a space for routine gathering of groups of friends within the facility, and to bring outside visitors. One interviewee even implored me to visit the cafe myself for lunch. The cafe appeared to mimic going out to eat outside the facility, and the interviewees embraced that

as a way to relate to outsiders.

Another example from Sally showed a very direct effort to share the facility with her outside friend and to get that friend to relate to the facility community:

> *The music is wonderful. They have such a check with the University and the people that come with that. I have a friend that I played golf with, good friend of mine. She used to play the violin. This [musician] comes twice a month. And I'm not a musician, but I know good music when I hear it. So, I invited her to come.*

Wendy exhibited a deep sense of belonging to her assisted living community. She had lived at the facility for 14 years. During that time, she had moved from one section of the facility to another. Her extreme sense of belonging to the facility community was evident in how she organized her interactions like a community dwelling interviewee might, by scheduling her calendar full of different dates to eat dinner with different friends in the facility. In a sense, Wendy reversed the feelings of belonging that other assisted living interviewees prioritized. Instead of trying to mimic the larger social environment within the facility community, she tried to extend her internal community to incorporate some aspects of the larger social environment within it. She incorporated her connections to the outside world into the internal community by inviting her sister and brother-in-law to occasionally join some people they knew for dinner at the facility. Wendy had also worked on the board of the facility's foundation for the past three years, which helped her invest even more deeply into the facility as a community. Furthering this reversal of belonging, Wendy described how working on the board with others from the local community helped her make contacts with "some of the outsiders."

Beatrice, on the other hand, exhibited a limited sense of belonging to the facility community, possibly because of her short tenure at the facility of only about five weeks. She also had not yet decided whether she would give up driving or not. These factors contributed to her

robust sense of belonging to the larger social environment and her lack of motivation to deepen her sense of belonging to the facility community. She explained her views about coming to the facility:

> *I had a friend say, 'Oh, you're gonna love it. It's gonna be all those new people you can make friends.' I thought, 'No. I neglect my friends. I have so many friends I should see more often, I should write more letters to. No, I'm not looking to add to that. That's the last thing I'm looking to add to.' But since I'm here, I will be nice to people and get acquainted to people and try to fit in because I wouldn't want to do otherwise. I'm not shunning anybody. I'm not a snob about people. So, I'll be glad to be working with whoever's here. But it's not what I'm here for is to know more people.'*

Although most assisted living interviewees easily listed the facility as a community they belonged to, it was apparent the facility did not necessarily feel like an organic community to them. Diane made a poignant observation about what she viewed as the artificiality of the facility community:

> *It's an in-place community. I mean, it… it just is. [laughs] I mean, here we are. It's a very loose community. And it's… because it's a business, as well [as] a community of people, there's a little artificiality to it being a community. But they do a good job. They work hard on a family feeling. For instance, when the air conditioners went off, I mean that's very serious in a place like this where you have some people who are very sick. In the middle of the night, the whole administrative staff was here. I mean, right from the owner down to the receptionist. And the aides come in in the middle of the night just to check on people, make sure that they were okay. That's pretty impressive I think. […] It is a business. You know, they're responsible to us because of an exchange of goods, money. So, that's a very different relationship that a friendship relationship. They're very*

friendly. I don't mean to imply they aren't. But the fact of the matter is we pay them to be friendly [laughs]. That's the first time I've ever even thought of saying.

Section Conclusion

While the similarities and differences between community dwelling and assisted living interviewees in their experiences of social connectedness are complex and nuanced, the overarching ideas to note in this comparison are the key words "intentionality" and "availability". Community dwelling interviewees approached their interactions with individuals, groups and communities with the intentionality necessary to overcome theirs and others' barriers to interaction. This intentional approach to interactions carried over to how community dwelling interviewees controlled the depth of and their commitment to relationships and maintained relationship reciprocity. They also applied this intentionality to keeping informed about the world and exercising their cognitive abilities to reinforce their feelings of belonging to the larger social environment.

Assisted living interviewees did not need to approach most of their interactions with such intentionality because the framework of the assisted living facility provided a constant presence of individuals to interact with and reduced or eliminated many of the barriers to interaction that community dwelling interviewees needed to overcome. This availability of interaction still required strategy for the assisted living interviewees to navigate their experience of social connectedness. Just as community dwelling interviewees worked on control and reciprocity in their relationships, assisted living interviewees also used these relationship characteristics to relate to staff and fellow residents, especially to manage the sometimes negative or overwhelming relationships with other residents. In contrast to the similarities between how community dwelling and assisted living interviewees managed their relationships, the belonging

aspect of social connectedness reveals some of the nuance in this comparison. While community dwelling interviewees focused primarily on belonging as functioning members of society, assisted living interviewees emphasized belonging to the facility community while still distancing themselves enough from the status of resident to feel like they also still belonged to the larger social environment, as opposed to just the isolated entity of the facility.

PART 2. PERCEIVED ISOLATION

Having covered these two groups' experiences of the quantity and quality of their social relations in these different living environments, I will now examine how these interviewees evaluated the perceived discrepancy, or lack thereof, between their actual and their desired social connectedness.

Perceived Isolation: Community Dwelling

Community dwelling interviewees reported little perceived isolation. For the most part, the quantity and quality of social relations in their lives met their current expectations. They may have had different expectations at an earlier point in time that their current social connectedness would not have aligned with, but as they had aged and faced the changes that accompany aging, many had adapted their expectations in kind. Most had at least a few very meaningful relationships. These consisted mostly of children, as well as a few friends, siblings, or other relatives. Other than those few significant relationships, most community dwelling interviewees had a number of relationships that were less meaningful, but sufficient to meet their expectations. Many community dwelling interviewees reflected on the meaningful relationships in their lives with people who had passed away and accepted that they did not expect to find relationships to replace those. Bonnie explained that while she felt lonely a lot, she did not feel the need to seek

higher quality relationships, which translated to a more critical perspective of the people she engaged with. Bonnie explained:

> *I feel I don't need the social interaction. If I have social interaction, I want it to be top notch. And you don't find that many top-notch people in your life, really quality people. And I've had some really quality people in my life. And a lot of these others don't measure up. And I'm telling you right now, a lot of the ones I met in college are the ones that I'm measuring by. Super people. Kind, smart, funny.*

Susan also elaborated on her lack of motivation to replace the significant relationships in her life:

> *Actually, my sister was my best friend. She was just a year older than I. So, we were almost like twins. And I really miss her. She's gone six years. And she was my best friend. And a lot of my friends have died. I'm 85, so a number of them died sooner than I did. My husband was my also best friend. So, the friends I have now are pretty much just friends. Nobody really that I would say I'm close with.*

Two community dwelling interviewees did express feelings of perceived isolation. Notably, neither of these interviewees drove. While other community dwelling interviewees who did not drive did not report much perceived isolation, these two interviewees had some extra constraints. One had some cumbersome health challenges that made mobility difficult. She relied mostly on her adult son and her aides for transportation. Her son had a busy schedule and she had to get rides approved in advance for her aides to drive her. The other had very few relationships left in her life. Her interactions had become extremely restricted since she stopped driving, and she struggled to maintain connections with individuals, groups and communities. Both of these interviewees reported feeling like a bother or a nuisance when trying to initiate interactions that would require others to go out of the way to visit them or give them a ride.

Perceived Isolation: Assisted Living

Assisted living interviewees also reported minimal perceived isolation. This finding is in line with the theme of availability of interactions for assisted living interviewees. They did not lack for quantity of social relations. Although most of the relationships within the assisted living facilities tended to lack depth, their quantity, in concert with the availability of some higher quality relationships with people outside the facility, offered assisted living interviewees sufficient social relations to meet their expectations.

Assisted living interviewees mirrored the theme among community dwelling interviewees that many of their highest quality relationships had been lost to the death of loved ones. As with community dwelling interviewees, assisted living interviewees demonstrated a remarkable sense of acceptance for these losses. Margaret, for example, spoke of carving out time for herself when she felt a bout of grief for her husband coming on. She allowed herself time to be sad, then resume her normal social life again.

As has been discussed, that normal social life for assisted living interviewees was characterized by availability. A few interviewees discussed the actions they took when they felt a need for contact:

> Beatrice: *"I still feel I have control over my life. That if I was lonely, I could just go find a friend. Just get on the phone and talk to someone."*
>
> Arlene: *"All you have to do is walk out and be involved in something. I have had days when I'm just really tired, just from talking."*

This analysis began with the theme of availability and intentionality. While I initially applied this theme to interactions under the lens of social connectedness, it applies to perceived isolation as well. Assisted living interviewees reported minimal perceived isolation because they lacked *isolation*. They had constant access to people. Community dwelling interviewees reported

minimal perceived isolation because they did not *perceive* isolation. Although they may have experienced more objective isolation than assisted living interviewees or than other populations, such as younger adults or married older adults, their intentionality with achieving interactions translated to how they perceived their own social connectedness. They adapted their expectations to minimize the discrepancy between their actual and desired social connectedness.

DISCUSSION

This study reiterated much of the current older adult social connectedness literature while bringing two distinct camps of gerontology research into conversation with each other: assisted living and aging in place (in one's own home). This study asked the research questions: *How do older women (75+ years) experience social connectedness and perceived isolation? How does this experience vary between older women living alone in their homes and older women living in assisted living facilities?* The experiences of the women interviewed revealed differences in three main aspects of social connectedness: interactions, relationships and belonging.

Community dwelling interviewees' experiences of social connectedness were largely characterized by intentionality, which reflected Isherwood et al.'s (2017) argument that old age social networks tend to shrink and intensify as social network members die or become more difficult to access. Indeed, community dwelling interviewees channeled much of their energy into overcoming those barriers that made their social networks difficult to access. This intentionality also spoke to Isherwood et al.'s (2017) argument that older people who face a shrinking social network tend to prefer to focus their energy on maintaining current meaningful relationships than to develop new relationships. Community dwelling interviewees' very intentional interactions helped them maintain the more meaningful relationships in their lives (to individuals, groups and communities), but they did not form many new relationships and put less

energy into less meaningful relationships.

This study also reflected earlier research on the social networks of institutionalized older adults. Assisted living interviewees reflected themes found by Rossen and Knafl (2003), Perkins et al. (2013) and Powers (1992) that the accessibility of external social networks relates to residents' integration into internal social networks; those who are more integrated into external social networks tend to be less integrated into the internal social network, and vice versa. This accessibility, or rather, availability, was key to assisted living interviewees' experiences of social connectedness. The internal social network was constantly available while the external social network usually required intentionality to engage with. The lack of barriers to interaction within the facility, in combination with the constant presence of others and structured and unstructured engagement with them, offered unlimited opportunity for assisted living interviewees to engage with others within the walls of the facility. Engaging in interactions outside the assisted living facility required similar intentionality to that which characterized community dwelling interviewees' experiences of interaction.

Naturally, these experiences varied greatly with the scale and nature of each interviewees' challenges. One exception to these findings were assisted living interviewees who drove. These interviewees (there were two of them) had more interactions and engaged in a higher quantity of meaningful relationships outside the facility than other assisted living interviewees. Their experiences of social connectedness were more similar to those of community dwelling interviewees than other assisted living interviewees were. However, community dwelling interviewees who did not drive were not more similar to assisted living interviewees. In this case, their experiences of social connectedness were characterized by an even higher degree of intentionality, as they did not experience the same accessibility of social connectedness as assisted living interviewees.

Interviewees in both groups revealed patterns around the role social support plays in social connectedness, which spoke to previous literature on social support in old age. As argued by Isherwood et al. (2017) and Lawrence and Schigelone (2002), relationship reciprocity, or relationships that involve a balanced input and output of support for both parties, are extremely important to older adults as a way to express their independence. The themes in this study reflected these researchers' findings about older adults' tendencies to adapt the ways they provide support in order to maintain equitable relationships. This ranged from offering rides to fellow community dwelling older adults to offering recipes to the cook in assisted living facilities.

The literature does not touch much on older adults' feelings of belonging. This study revealed this aspect of social connectedness as sort of an extension and a by-product of interactions and relationships. For community dwelling interviewees, this meant a combination of their intentionality approach to interactions and the creative strategies they employed to maintain control and reciprocity in relationships. They strategized about which groups and causes to commit themselves to, how to stay up to date with current events, and often played brain games to keep their minds active, all of which helped reinforce their sense of belonging to the world in terms of awareness, contribution, and cognitive presence. Assisted living interviewees focused more on how they belonged to the assisted living community than their sense of belonging to the larger social environment. They engaged in different tactics to leverage their position as both belonging and not belonging to the assisted living community. They viewed themselves as part of the resident community, and yet, superior to the rest of the residents, whether in physical ability, cognitive ability, or connection to life outside the facility.

Surprisingly, most interviewees expressed a lack of perceived isolation, which was remarkably similar between the two groups. There were only two notable exceptions, both in the community dwelling group. These findings both reflect and challenge previous research on

perceived isolation in old age. As Cornwell and Waite (2009) argued, the two interviewees who did experience perceived isolation had smaller social networks and less frequent participation in social groups and activities than other interviewees. These interviewees struggled more than other community dwelling interviewees to overcome barriers to interaction and therefore perceived a higher discrepancy between their actual and desired social connectedness than the other interviewees.

While Cornwell and Waite (2009) found transportation and mobility limitations and loss of social network members to put people at increased risk for perceived isolation, most interviewees (who mostly did experience these risk factors) were more likely to reflect Cornwell and Waite's (2009) finding that older adults tend to counteract these risk factors by optimizing their available social resources and adjusting their expectations of connectedness. The key factor was adjusted expectations. Although interviewees often acknowledged feelings of loneliness when thinking about the loss of loved ones, they had adapted to this new normal by allowing themselves time to sit with their grief as it came to them and by accepting that their current selves had different standards for what social connectedness meant to them.

Instead of perceiving a discrepancy between their actual and desired degree of the quantity and quality of their social relations, interviewees revealed how their expectations had changed as they came to terms with their new experiences of social connectedness. They often discussed missing important people in their lives who had passed away but accepted those feelings and allowed themselves time to feel sadness for those losses. However, they usually did not feel the need to replace those lost relationships, or to fill all of their time with interactions.

This surprising similarity between these two groups in their experience of perceived isolation highlights the significance of this study as one that brings into conversation two camps of gerontology research (assisted living and aging in place) that so far have been studied

separately from one another. I argue that the social experience appears so distinct between the assisted living and the aging in place literature because the old age social experience is primarily about the aging individual defining and redefining social connectedness for themselves. Where Isherwood et al. (2017) describes a shrinking, intensifying, more difficult to access social network for all older adults and Kaufman (1990) explains the transition to redefining one's self-concept as they begin to receive care at home, the community dwelling interviewees explained a process of approaching the newfound barriers to interaction that accompany aging with intentionality. They described their creative strategies for engaging in relationship reciprocity and the different ways they defined themselves as part of something larger than themselves. Where once they had been workers or congregants, they now proclaimed themselves members of a community because they donated instead of participating and members of society because they were the ones who were mentally "with it". Meanwhile, assisted living interviewees redefined their entire social world. The facility community represented the rest of society – something to belong to, and yet a sea of similarity within which they strived to define themselves as individuals. They merged their internal and external social worlds by inviting others in and making the inside feel like the outside.

I designed this study in a way that allowed the interviewees to define their social world in their own words, right down to the wording of the questions. I never defined terms like "community" for the interviewees. Instead, I gave examples and asked interviewees to tell me what felt like a community to them. Given the space to define their own social world, most of these women did not define themselves as isolated by their own perspective. I argue that this is the most significant contribution of this study and of this comparative approach: that the old age social experience is about redefining social connectedness based on the availability of social relations in quantity and quality, that this redefinition is ongoing throughout old age, and that it is

influenced by older adults' living arrangements.

These interviews give invaluable insight into the experience of the difficult to access population of middle-old and old-old non-married women, especially those who live alone in their own home and are therefore even more difficult to access. This population stands to benefit greatly from such research. However, the interviewees were rather homogenous in socioeconomic status. Although I did not take any measure of income, it is apparent that the women interviewed were for the most part middle class. This could have afforded them a certain level of freedom in how they approached social connectedness that other older women may not have. For example, many of the community dwelling interviewees could afford service providers such as housecleaners and drivers, which made it easier to direct their energy toward the intentionality required to maintain the social connectedness that they did. Similarly, the assisted living interviewees could afford to live in their assisted living facilities, which gave them access to that availability of social connectedness. As Phillipson (2007) argued with the concept of elective belonging, not everyone is so fortunate to be able to choose where they live as these women could. Social connectedness may look different for older women who cannot engage in elective belonging or cannot afford the resources that would help them adapt to their living environment.

In addition to socioeconomic status, future research should take into account some other methodological limitations of this study. Future research could include more diverse perspectives in terms of race and ethnicity. Some cultures favor older adults living with their adult children, which could certainly add a new perspective. Besides diverse individuals, future research should also include greater diversity of assisted living facilities to account for different facility structures and environments that may impact the experience of social connectedness. This research could also be expanded to incorporate other living environments, such as independent living facilities,

senior-only or retirement communities, or living with family members. Future research could even use different comparison groups, such as comparisons based on race or ethnicity or socioeconomic status.

This study has direct implications for older adults, those who support them in making decisions about where to live (including family members, friends, social workers, and more), assisted living facilities, and communities at large. It can inform decisions not only about the social opportunities available in different living environments, but also how they adapt their approach to social connectedness based on their living arrangements and available resources. Assisted living facilities can use this research to enhance their facility environments to feel more connected to the larger social environment, as opposed to a separate and isolated entity that many older adults wish to avoid. Communities can utilize this research to develop infrastructure and resources that help older adults overcome barriers to social connectedness as they face aging-related challenges, especially those related to transportation and mobility. Within communities, the loved ones of older adults, especially of those facing transportation and mobility limitations, can learn from this research to be more proactive in helping them overcome barriers to interaction so their loved ones do not feel like they are "being a bother" by asking for that help.

Most significantly, this study is important for older adults. As I wrote in my acknowledgements, it is a funny thing to thank people for a piece of writing... until I think of it as thanking people for helping to shape this piece of writing. Gerontology is such an important field because it is an ode to the generation who shaped the world we live in. Yet this is a population that is so often othered, isolated and ignored in the constant furthering of society. This study's comparative design and the surprising finding that most of the women I interviewed did not experience perceived isolation simply because they had redefined what social connectedness meant to them reinforced the motivation for this research. Diane's reflections as we wrapped up

our interview embody this conclusion:

> *One thing that I've become aware of lately is less need to have lots of connections. I think it kind of goes along with aging. The general slowing down of life means less need for social contact. It's okay not to have every moment filled with something to do.*

Diane's words serve as a reminder that older adults are never finished defining the world for themselves and their successive generations, nor are they finished defying our expectations. There is still much work to be done to better understand the old age social experience. It is essential for future research to approach these questions with consideration for older adults' own perspectives.

REFERENCES

Andersson, L. 1998. “Loneliness research and intervention: a review of the literature.” *Aging and Mental Health* 2(4): 264-274

Barrett, Patrick, Beatrice Hale, and Robin Gauld. 2012. “Social Inclusion Through Ageing-in-Place with Care?” *Ageing & Society* 32:361–78.

Berlin, Melissa. 2018. “*The Social Circle of Life: How Social Networks Change After the Move to Assisted Living.*” Sociology, University of Michigan, Ann Arbor, Michigan. Unpublished manuscript.

Cornwell, Erin Y. and Linda J. Waite. 2009. “Social Disconnectedness, Perceived Isolation, and Health among Older Adults” *Journal of Health and Social Behavior* 50(1): 31-48.

Durkheim, Emile. 1897. *Suicide: A Study in Sociology*. New York: Free Press.

Désesquelles, Aline, Nicolas Brouard and Sarah R. Hayford. 2003. “The Family Networks of People Aged 60 and over Living at Home or in an Institution.” *Population-E* 58(2): 181-206.

Hawes, Catherine, Charles D. Phillips, Miriam Rose, Scott Holan, and Michael Sherman. 2003. “A National Survey of Assisted Living Facilities.” *The Gerontologist* 43(6): 875-882

Isherwood, L. M., D. S. King, and M. A. Luszcz. 2017. “Widowhood in the Fourth Age: Support Exchange, Relationships and Social Participation.” *Ageing and Society* 37(1):188–212.

Kaufman, Allan V. 1990. “Social Network Assessment: A Critical Component in Case Management for Functionally Impaired Older Persons Case Managers and Social Networks.” *J. Aging and Human Development* 30(1):63–75. Retrieved February 8, 2018 (http://baywood.com).

Lawrence-Jacobson, Abigail. 2018. “*Vulnerable Older Adults and Caregivers in Washtenaw County: A Qualitative Study*.” Ann Arbor Area Community Foundation, Ann Arbor,

Michigan. Unpublished manuscript.

Lawrence, Abigail R. and Amy R.Schille. Schigelone. 2002. “Reciprocity beyond Dyadic Relationships: Aging-Related Communal Coping.” *Research on Aging* 24(6): 684-704.

Little, William and Ron McGivern. 2014. “Aging and the Elderly” in *Introduction to Sociology.*

Litwin, Howard and Ruth Landau. 2000. “Social Network Type and Social Support Among the Old-Old.” *Journal of Aging Studies* 14(2):213–28. Retrieved February 2, 2018 (https://ac.els-cdn.com/S0890406500800122/1-s2.0-S0890406500800122-main.pdf?_tid=f062cefc-082b-11e8-bfcc-00000aacb360&acdnat=1517584724_2548300004946a8e080011070f0062e5).

Litwin, Howard and Sharon Shiovitz-Ezra. 2011. “Social Network Type and Subjective Well-Being in a National Sample of Older Americans.” *The Gerontologist* 51(3):379–88. Retrieved February 1, 2018 (https://watermark.silverchair.com/gnq094.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAc0wggHJBgkqhkiG9w0BBwagggG6MIIBtgIBADCCAa8GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMcuKCPtVnf6_WFz9BAgEQgIIBgAmKQ2lbTwqFnKwdQkxFZFDDroZL2RIuxllM4ZRhFPZ5Irsb).

Livne, R. (2018). *Death and Society* [PowerPoint Slides]. Retrieved from https://umich.instructure.com/courses/192212/files/folder/Slides

Perkins, Molly M., Mary M. Ball, Candace L. Kemp, Carole Hollingsworth, and Rachel Pruchno. 2013. “Social Relations and Resident Health in Assisted Living: An Application of the Convoy Model.” *The Gerontologist* 53(3):495–507. Retrieved February 8, 2018 (https://watermark.silverchair.com/gns124.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAc0wggHJBgkqhkiG9w0BBwagggG6MIIBtgIBADCCAa8GCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQM4ofblcjgZ_qku-

U4AgEQgIIBgPVK9fRdOvHdP0mf-HNZaA7JB63T-TTiEYkvdtZpGbbB8lFJ).

Phillipson, Chris. 2007. “The ‘Elected’ and the ‘Excluded’: Sociological Perspectives on the Experience of Place and Community in Old Age.” *Ageing and Society* 27(3):321–42.

Powers, Bethel Ann. 1992. “The Roles Staff Play in the Social Networks of Elderly Institutionalized People.” *Social Science and Medicine* 34(12):1335–43. Retrieved February 2, 2018 (https://ac.els-cdn.com/027795369290142D/1-s2.0-027795369290142D-main.pdf?_tid=50d82884-085b-11e8-a93d-00000aab0f6b&acdnat=1517605073_9b56587c121dc87e899a9466e91794d2).

Rossen, Eileen K. and Kathleen A. Knafl. 2003. “Older Women’s Response to Residential Relocation: Description of Transition Styles.” *Qualitative Health Research* 13(1):20–36. Retrieved January 24, 2018 (http://journals.sagepub.com/doi/pdf/10.1177/1049732302239409).

Silver, Hillary. 2007. “Social Exclusion.” *Blackwell Encyclopedia of Sociology Online*. Retrieved (http://www.sociologyencyclopedia.com.proxy.lib.umich.edu/subscriber/uid=79/tocnode?id=g9781405124331_yr2012_chunk_g978140512433125_ss1-150).

Van Regenmortel, Sofie, Liesbeth De Donder, An-Sofie Smetcoren, Deborah Lambotte, Nico De Witte, and Dominique Verté. 2017. “Accumulation of Disadvantages: Prevalence and Categories of Old-Age Social Exclusion in Belgium.” *Social Indicators Research*. Retrieved February 8, 2018 (https://link-springer-com.proxy.lib.umich.edu/content/pdf/10.1007%2Fs11205-017-1817-8.pdf).

Van Regenmortel, Sofie Liesbeth De Doner, Sarah Dury, An-Sofie Smetcoren, Nice De Witte, and Dominique Verté. 2016. *Social Exclusion in Later Life: A Systematic Review of the Literature*. Journal of Population Ageing. Retrieved (http://link.springer.com/10.1007/s12062-016-9145-3).

Yang, Keming. 2017. “Causal conditions for loneliness: a set-theoretic analysis on an adult sample in the UK.” Quality and Quantity 52: 685-701.

Zavaleta, Diego, Kim Samuel, and China T. Mills. 2014. “Social Isolation: A Conceptual and Measurement Proposal.” Department of International Development, University of Oxford. Working Paper.

Appendix A. Consent Form

INFORMATION SHEET

Would you rather: be at home or in a home? An exploration of old age social connectedness

HUM# 00144950

Principal Investigator: Melissa Berlin, Undergraduate student, University of Michigan
Faculty Advisor: Karin Martin, Professor and Department Chair of Sociology, University of Michigan

You are invited to participate in a research study about how older adults experience social connectedness and how this experience varies between older adults living alone at home and older adults living in assisted living facilities.

If you agree to be part of the research study, you will be asked to complete a brief questionnaire and a 1-2 hour interview. You will receive a $15 gift card upon completion of the interview as compensation for your time.

There are no direct benefits to you, but the knowledge obtained in this study could ultimately benefit older adults like yourself. You may also find it a valuable experience to talk about your life.

Answering questions about these issues can sometimes be difficult. You may choose not to answer any interview question and you can stop your participation in the research at any time.

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. If you decide to withdraw after the interview has begun, you will still receive the $15 gift card.

Information collected in this project may be shared with other researchers, but we will not share any information that could identify you.

If you have questions about this research study, please contact **Melissa Berlin,**

msber@umich.edu, 248-504-1528 or the faculty advisor, Karin Martin, kamartin@umich.edu, 734-764-5554.

The University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences has determined that this study is exempt from IRB oversight.

I agree to participate in the study.

____

Print Name

____ ______________________

Signature Date

I agree to be audiotaped as part of the study.

____ ______________________

Signature Date

Appendix B. Screening Questions

Screening Questions

Name ____________________________

Phone Number _____________________

Respondent Number ________________

DNQ = Does not qualify

- What is your gender?
  - Female
  - Male: **DNQ**
- How old are you? _______
  - Younger than 75: **DNQ**
- What is your marital status?
  - Married: **DNQ**
  - Single
  - Divorced/separated
  - Widowed
- Are you in a serious romantic relationship?
  - How serious/how long? ______________________________
  - If it is a serious relationship, **DNQ** (at researcher's discretion)
- What type of housing do you currently live in?
  - Private home (owned or rented)
  - Assisted living facility
    - Specify: ____________________
  - Assisted living component of multi-level care facility
    - Specify: ____________________
  - Other: **DNQ**
- Assisted living
  - Do you live with a roommate?
  - Do you live with anyone other than a facility assigned roommate?
    - If yes: **DNQ**
- Private home

- Does anybody else live in your home full time?
    - If yes: **DNQ**
- Answer yes to at least one (If no to all, **DNQ**):
    - Does somebody assist you with at least two activities of daily living (dressing, bathing, feeding, toileting, grooming, oral care, walking/using a wheelchair)
    - Does somebody assist you with at least two instrumental activities of daily living (housekeeping, laundry, changing linens, shopping, transportation, meal preparation, managing money, managing medications)
    - Receive any in-home care
        - Prompt: home or community-based care services, Medicare certified home health agencies, state licensed home care agencies, non-medical home care agencies, home care employment agencies, **informal caregivers (friends or family)**
    - Have you previously or are you currently considering moving to an assisted living facility?
- Do you receive 24-hour care?
    - If yes: **DNQ**

Date of interview: ________________________________

Location of interview: _____________________________

Appendix C. Qualitative Interview Guide

Framing the Interview

We will cover a few different topics in this interview. We will talk about your where you live, challenges you face and resources for coping with them, your experience and feelings of social connectedness and of perceived isolation. We will touch on a few different types of social connectedness, including individuals, groups, community, and the larger social environment. To give you an idea of how to distinguish these categories, here is how they would apply to my life: ***individuals in my life are many of my friends and family***. I belong to some ***formal groups, like the yoga club***, and some ***informal groups, like the group of friends I made in the dorm***. A ***community that I belong to is the University of Michigan***. One ***connection I feel to the larger social environment or society is my identity as a student***. Please let me know if you would like me to clarify any of these as we go along, but also feel welcome them to interpret them as you feel they apply to your life. The goal of this interview is to learn about *your* experience and feelings of social connectedness.

Housing

- Can you tell me about where you live?
  - What type of housing is it?
  - Why do you live here?
  - What are the challenges to living here?
  - What are the benefits to living here?

Assisted Living

- Can you walk me through the process of moving here, beginning with the decision to move?
  Prompt: health events, influence from adult children
  - Who was part of the decision? The transition?
  - Were there any challenges in the decision to move to assisted living?
    Prompt: stigma, giving up belongings, familiarity of home
  - Were there any challenges in the transition to assisted living?
    Prompt: giving up belongings, meeting new people
  - What were your thoughts and feelings throughout the process?
- What are the challenges to living here?
- What are the benefits to living here?
- What are your thoughts and feelings now about living here?

Private Home

- Have you ever considered moving to assisted living?
- Has anyone else ever encouraged you to move to assisted living?

If yes

- Can you walk me through that decision process?
  - Why did you consider/were encouraged to consider this?
    Prompt: burden on children/informal caregivers, social opportunities, other friends moving
- Why did you decide not to move?
  Prompt: giving up belongings, cost, health challenges, connection

to home
    - What were your thoughts and feelings about this decision process?

    If no
    - Is there a specific reason you have not considered this?
    - Could you see yourself ever moving to assisted living in the future?
        - What would your hesitations be?

- I would like to get a sense of a typical day in your life. Can you walk me through today?
    - What have you done today since you woke up?
    - What do you think will happen the rest of the day until you go to sleep?
    - Can you tell me about your meals?
      Prompt: who prepares them, who you eat with
    - What have you done for entertainment?
      Prompt: watch TV, read the newspaper, read books, cook, craft
    - What have you done to relax?
      Prompt: sleep, watch TV, listen to music, meditate, write
    - Where do you do these things (entertainment and relax)?
      Prompt: bedroom, living room, lobby, front porch
    - Has anyone come to your home today?
      Prompt: family, friends, caregivers, staff, delivery person
        - What did you do with them?
          Prompt: chat, housework
    - Have you left your house/room?
        - Have you been outside/around the facility?
          Prompt: porch, neighborhood, facility hallways
        - Have you gone out to somewhere?
          Prompt: community center, lobby, other people's homes
        - What did you do?
        - How did you get there?
        - Who did you see?
    - Have you spoken to anyone on the phone or computer today?
- Can you tell me about any challenges that limit your daily activities?
  Prompt: health, mobility, energy, mental health
    - How have these challenges limited your activities today?
    - Do you get any professional help for dealing with these limitations?
    - Is there anybody else in your life who helps you cope with these limitations?

<u>Social Connectedness</u>

- I would like to get a better sense of your activities and interactions. Can you walk me through where you have been in the past week?
    - How did you get there?
    - Who did you see when you went out?
    - Who did you go with?
- Who did you talk to around your neighborhood/facility?
- Who came to your home?
- Who did you talk to on the phone or computer?
- How did the challenges you mentioned affect where you went in the past week?
- How did the challenges you mentioned affect who you saw in the past week?

Individual

- You mentioned some people you saw or spoke to today or over the past week, including: _______________. Can you tell me about any other important individuals in your life?
  Prompt: family, friends, neighbors, church members, volunteers, caregivers
  - In what situations might you see these people?
  - How do you keep in touch with them?
- Can you tell me about any relationships with people in a different age group than you?
  - How are those relationships different than with people around your age?
- Can you tell me about any new relationships you have formed in the past few years?
  Prompt: caregivers, assisted living aides, assisted living neighbors
  - <u>How have you formed new relationships since you moved?</u>
  - How did these relationships form?
- Can you tell me about any relationships that have fallen off in the past few years?
  - <u>Who have you lost touch with since you moved?</u>
  - Why do you think you lost touch with them?
- How are your long term relationships now different than they were five or ten years ago?
  Prompt: family, friends, neighbors, church friends
- <u>How have your long term relationships changed since you moved?</u>
- How does your current connectedness to individuals compare to your ideal connectedness to individuals?

Family

- Can you tell me about any close relationships you have with family members?
  Prompt: children, grandchildren, cousins, nieces/nephews, in laws
- How do you keep in touch with your family?
  Prompt: visit each other, talk on the phone, get together for holidays/celebrations, cards
- How are your relationships with family different than your relationships with peers?
- How are your relationships with family now different than they were 5-10 years ago?
  - What are your thoughts and feelings about that?
- <u>How have your relationships with your family changed since you moved?</u>

Caregivers

- Can you tell me about any formal caregivers or staff who help you with the limitations that affect your daily activities?
  - How do they support you?
    Prompt: housekeeping, cooking, personal care, errands, transportation
  - Can you tell me about your relationships with caregivers?
- Who else in your life helps you with these limitations?
  Prompt: family, friends, neighbors
  - How do they support you?
  - How does receiving help from them affect your relationships?
- How does receiving support from formal and informal caregivers affects your feelings of social connectedness?

Important Matters

- Who do you feel like you can discuss important matters with?
  - How do they support you in discussing these matters?

- How have those relationships changed as you have gotten older?
- <u>How have those relationships changed since you moved?</u>

If none

- Why do you think that is?
- Have there been people in the past you could discuss important matters with?
  - What happened to those relationships?
- What are your thoughts and feelings about that?

- Who comes to you to discuss important matters in their lives?
  - How do you support them?
  - How has your ability to support them changed as you have gotten older?
  - <u>How has your ability to support them changed since you moved?</u>

  If none

  - Why do you think that is?
  - Have there been people in the past who would discuss important matters in their life with you?
    - What happened to those relationships?

  - What are your thoughts and feelings about that?

Group

- You mentioned some organized groups, including: __________. Can you tell me about the organized groups you are part of?

  Prompt: church, volunteer, community centers, congregate meals, learning, meditation
  - Why do you enjoy being part of these groups?
  - What is challenging about being part of these groups?

  If none

  - What prevents you from being involved in groups?

    Prompt: no interest, don't know of any, transportation, health, cost
  - Have you been involved with any organized groups in the past?
    - Why are you no longer involved in them?

- You mentioned being part of some informal groups, like ______ (group of friends, etc.). Are there any other informal groups you are part of?

  Prompt: card groups, coffee groups, walking or exercise groups, groups of church friends
  - How did these groups form or how did you join them?
  - Why do you enjoy being part of these groups?
  - What is challenging about being part of these groups?

  If none

  - What prevents you from being involved in groups?

    Prompt: no interest, don't know of any, transportation, health, cost
  - Have you been involved with any informal groups in the past?
    - Why are you no longer involved in them?

- How do you feel your connection to these groups has changed as you have gotten older?
- <u>How do you feel your connection to these groups has changed since you moved?</u>
- How does your connection to these groups compare to your ideal connection to these or other groups?

Community

We've talked about the individuals in your life and the groups you participate in, now I would like to talk about the communities that you are a part of. I know a community can be difficult to define. To give you some examples, I would say I feel a part of the University of Michigan student community. I also belong to a ***religious community***. Even within the University of Michigan, I feel a part of the community of students writing senior theses. Others might include ***social action groups***, their ***occupation***, their ***neighborhood***, or even their ***assisted living facility***, to name a few examples. Ultimately, it is up to you to define the communities in your life.

- Can you tell me about the communities that you feel a part of?
- How do you engage with these communities?
  Prompt: attend events, talk to leaders, keep up with news, talk to others about community
  - How do you interact with others in these communities?
  - How do you stay up to date with these communities?
  - How do you support these communities?
    Prompt: volunteer, donate, organize groups or activities
- What are the benefits to being part of these communities?
  - How does being part of these communities enhance your life mentally or emotionally?
    Prompt: social interaction, religious connection, being part of something
  - How do these communities offer you support?
    Prompt: personal guidance, transportation, food pantry, social opportunities
- What are the challenges to being part of these communities?
  Prompt: transportation, not feeling welcome, not worth the effort
- How do you feel your connection to these communities has changed as you have gotten older?
- <u>How do you feel your connection to these communities has changed since your move?</u>
- How do you feel your current connection to community compares to your ideal connection to community?

Larger Social Environment

I would to talk about your connection to the larger social environment, which you can also think of as your connection to society. This is a bit different than the pieces we have talked about so far. To give you an example, while I am part of the community of University of Michigan students, I would consider my identity as a student one of my connections to larger society. Other connections to society might include ***religious identity, political participation, veteran status, age, gender, civic engagement, connection to an institution, social causes*** and so on.

- Can you tell me about your connections to society that are important to you?
- Can you tell me about how you engage with these connections to society?
  - How do stay informed about what is happening locally, nationally or worldwide?
    Prompt: news, social media, talking to others, current events groups
  - How do you express your thoughts about matters that interest or concern you?
    Prompt: talking to others, social media, protest, consumer decisions, voting

- Can you tell me about what makes you feel included or valued in society?
  Prompt: asked for opinion, advertisements targeted toward you, transportation options
  - How do you feel your voice and your interests are represented in society?
    Prompt: community services targeted toward you, representation in media
- Can you tell me about a time when you have felt that you were not welcome or not considered in the larger social environment?
  - Can you tell me about a time you have felt physically excluded or like you could not access a space?
  - How do you feel the media represents you and your interests?
  - Do you ever feel misrepresented or ignored in matters that interest/concern you?
- How do you feel your connections to the larger social environment/society have changed as you have gotten older?
- <u>How do you feel these connections to the larger social environment/society have changed since your move?</u>
- How do you feel your current connections to the larger social environment/society compares to your ideal connection to the larger social environment?

<u>Perceived Isolation</u>

- Can you tell me about a time recently when you felt lonely, or like you wish you had more contact with people?
- What are the challenges to having more contact with people right now?
- What would be the benefits of having more contact?
- How do you feel your feelings of loneliness have changed as you have gotten older?
- <u>How do you feel your feelings of loneliness have changed since you moved?</u>

<u>Wrap Up</u>

- As we wrap up the interview, is there anything you would like to share or elaborate about your experience of social connectedness, or how it relates to your living arrangements?

Appendix D. Post-Interview Quantitative Questionnaire and Demographic Questions

Quantitative Questionnaire/Demographic Sheet

1. We talked about several individuals who are part of your life. I want to make sure I have everyone listed and their relationship to you.

Name	Relationship	Name	Relationship
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________
______________________	__________	______________________	__________

2. We also talked about organized groups you are a part of. I want to make sure I have those all listed here.

Group	Type of Group
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________
_______________________	_____________

3. You mentioned some of the ways you get around. I want to make sure I have all of the types of transportation you use listed.

___ Drive yourself
___ Rides from friends or family
___ Public transportation (i.e., bus)
___ Taxis
___ Transportation provided by service agencies (i.e., JFS Care Van)
___ Transportation provided by assisted living facility
___ Other (Please explain _______________________)

4. You mentioned some ongoing health concerns that limit your daily activities. I want to make sure I have all of those health concerns listed here.

______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________

5. I have a few demographic questions to ask you before we finish.
   a. What is your age? _____
   b. **AL only:** what was the type of housing of your last permanent residence before moving here?
   c. What is your marital status?
      - Single, never married
      - Divorced or separated
      - Widowed
      - Other (please explain: _______________)
   d. Do you identify as straight, gay or lesbian, bisexual, or other (please explain: _______________)? (circle one)
   e. Ethnicity
      - Are you Hispanic, Latino, or of Spanish origin?
      - Are you of Middle Eastern or Arab origin?
      - N/A
   f. How would you describe your race? (may choose more than one)
      - White/Caucasian
      - Black/African American
      - East Asian or Asian American
      - South Asian or Indian American
      - Native American or Alaskan Native
      - Native Hawaiian or other Pacific Islander
      - Bi- or multiracial (specify: _______________)
   g. What is your employment status?
      - Working full-time
      - Working part-time
      - Retired
      - Former homemaker or stay-at-home parent
      - Unemployed and looking for work
      - Disability
   h. In what field did you work when you were working? _______________

Appendix E. Assisted Living Recruitment Flyer

Undergraduate Thesis: Older Adult Social Connectedness

University of Michigan Sociology student seeks women ages 75 and older who:

- Live alone in an assisted living facility *or*
- Live in an assisted living section of a multi-level care facility

to participate in an interview.

Time Required: 1-2 hours
Compensation: $15 gift card

For more information please contact:
Melissa Berlin
248-504-1528
msber@umich.edu
IRB # HUM00144950

Principal Investigator: Melissa Berlin
Faculty Advisor: Karin Martin

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Appendix F. Assisted Living Recruitment Email Script

Dear [facility administrator],

I am an undergraduate student at the University of Michigan conducting an honors thesis in sociology. The purpose of this study is to compare the experience of social connectedness between older adults who live in assisted living facilities and older adults who live alone at home. Your facility was identified/recommended by _____ because it is an assisted living facility/a multi-level care facility with an assisted living section. This study is seeking women age 75 or older who live in an assisted living facility or assisted living section of a multi-level care facility, who either live alone or with a facility-assigned roommate (not with a spouse), and who are cognitively stable. Will you connect me with residents of your facility who meet these criteria?

Participation in this study involves a 1-2 hour interview in the interviewee's room or another private meeting space at the facility.

There are several options for how you can connect me with residents:

- Speak to eligible residents about the study. If they express interest, you can:
    - Share my contact information with them to answer screening questions and coordinate an interview time
    - Share their contact information with me
    - Contact me to answer screening questions and coordinate an interview time on their behalf

- Distribute the attached recruitment flyer around your facility

• Allow me to come distribute the flyer at your facility

For more information about this study, please contact the principal investigator, Melissa Berlin, by phone at 248-504-1528 or email at msber@umich.edu.

You may also contact the faculty advisor, Karin Martin, by phone at 734-764-5554 or email at kamartin@umich.edu.

Thank you,

Melissa Berlin
Principal Investigator

Study Title: Would you rather be at home or in a home? An exploration of old age social connectedness

Appendix G. Assisted Living Recruitment Phone Script

Hello [facility administrator],

My name is Melissa Berlin. I am an undergraduate student at the University of Michigan conducting an honors thesis in sociology. The purpose of this study is to compare the experience of social connectedness between older adults who live in assisted living facilities and older adults who live alone at home.

I am contacting you today because [____ recommended] your facility as/is an assisted living facility/a multi-level care facility with an assisted living section. This study is seeking women age 75 or older who live in an assisted living facility or assisted living section of a multi-level care facility. Would you be willing to help me connect with residents who may be interested in participating in this study?

Potential interviewees should be women age 75 or older, who either live alone or with a facility-assigned roommate (not with a spouse), and who are cognitively stable.

Participation in this study involves a 1-2 hour interview in the interviewee's room or another private meeting space at the facility.

There are several ways you can help connect me with residents:

- Speak to eligible residents about the study. If they express interest, you can:
    - Give them my contact information to answer screening questions and coordinate

an interview time

    - Give me their contact information (with their permission)
    - Contact me to answer screening questions and coordinate an interview time on their behalf

- Distribute a recruitment flyer around your facility
- Allow me to come distribute a recruitment flyer at your facility

Can you provide an email address, so I can share the recruitment flyer and my contact information with you?

What is the best way to contact you?

As a reminder, my name is Melissa Berlin. I am the principal investigator for this study. You can contact me by phone at 248-504-1528 or email at msber@umich.edu.

You may also contact my faculty advisor, Karin Martin, by phone at 734-764-5554 or email at kamartin@umich.edu.

Thank you for your help in completing this study!

Appendix H. Community Dwelling Recruitment Flyer

Undergraduate Thesis: Older Adult Social Connectedness

University of Michigan Sociology student seeks women ages 75 and older who:

- Live alone in a private home (apartments excluded)
- Meet *at least one* of the following criteria
  - Somebody assists you with at least two activities of daily living (dressing, bathing, feeding, toileting, grooming, oral care, walking/using a wheelchair)
  - Somebody assists you with at least two instrumental activities of daily living (housekeeping, laundry, changing linens, shopping, transportation, meal preparation, managing money, managing medications)
  - Receive any in-home care (can be from family members or friends)
  - Have previously or are currently considering moving to an assisted living facility

to participate in an interview.

Time Required: 1-2 hours
Compensation: $15 gift card

For more information please contact:
Melissa Berlin
248-504-1528
msber@umich.edu
IRB # HUM00144950

Principal Investigator: Melissa Berlin
Faculty Advisor: Karin Martin

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Older adult social connectedness study
Contact: Melissa Berlin
248-504-1528

Appendix I. Community Dwelling Recruitment Email Script

Dear [administrator],

I am an undergraduate student at the University of Michigan conducting an honors thesis in sociology. The purpose of this study is to compare the experience of social connectedness between older adults who live in assisted living facilities and older adults who live alone at home. Your center/organization was identified/recommended by _____ because it serves older adults who may be eligible for this study. This study is seeking women age 75 or older who live alone at home, are cognitively stable, and meet *at least one* of the following criteria:

- Somebody assists them with at least two activities of daily living (dressing, bathing, feeding, toileting, grooming, oral care, walking/using a wheelchair)
- Somebody assists them with at least two instrumental activities of daily living (housekeeping, laundry, changing linens, shopping, transportation, meal preparation, managing money, managing medications)
- Receive any in-home care (can be from family members or friends)
- Have previously or are currently considering moving to an assisted living facility

Participation in this study involves a 1-2 hour interview.

Will you help me connect with community dwelling older adults who meet these criteria?

There are several options to help me connect with eligible older adults:

- Speak to people you know who meet these criteria about the study. If they express

interest, you can:

  - Share my contact information with them to answer screening questions and coordinate an interview time
  - Share their contact information with me
- Distribute the attached recruitment flyer around your facility and/or to email/mail rosters
- Allow me to come distribute the flyer at your facility

I know it is difficult to find participants who meet these criteria, which is why I am looking for all the help I can get. Please do pass this information along to other organizations you can think of or share recommendations with me.

For more information about this study, please contact the principal investigator, Melissa Berlin, by phone at 248-504-1528 or email at msber@umich.edu.

You may also contact the faculty advisor, Karin Martin, by phone at 734-764-5554 or email at kamartin@umich.edu.

Thank you,

Melissa Berlin
Principal Investigator

Study Title: Would you rather be at home or in a home? An exploration of old age social connectedness

Appendix J. Community Dwelling Recruitment Phone Script

Hello [administrator],

My name is Melissa Berlin. I am an undergraduate student at the University of Michigan conducting an honors thesis in sociology. The purpose of this study is to compare the experience of social connectedness between older adults who live in assisted living facilities and older adults who live alone at home.

I am contacting you today because [____ recommended] your center/organization serves older adults who may be eligible for this study. This study is seeking women age 75 or older who live alone at home and are cognitively stable and meet some further criteria. Participation in this study involves a 1-2 hour interview. Would you be willing to help me connect with community dwelling older adults who meet these criteria?

There are several ways you can help connect me with eligible older adults:

- Speak to people you know who meet these criteria about the study. If they express interest, you can:
    - Share my contact information with them to answer screening questions and coordinate an interview time
    - Share their contact information with me
- Distribute the attached recruitment flyer around your facility and/or to email/mail rosters
- Allow me to come distribute the flyer at your facility

In addition to being female, 75 or older, living alone in a private home, and being cognitively stable, eligible participants should meet at least one of the following criteria:

- Somebody assists them with at least two activities of daily living (dressing, bathing, feeding, toileting, grooming, oral care, walking/using a wheelchair)
- Somebody assists them with at least two instrumental activities of daily living (housekeeping, laundry, changing linens, shopping, transportation, meal preparation, managing money, managing medications)
- Receive any in-home care (can be from family members or friends)
- Have previously or are currently considering moving to an assisted living facility

I know it is difficult to find participants who meet these criteria, which is why I am looking for all the help I can get. Please do pass this information along to other organizations you can think of or share recommendations with me.

Can you provide an email address, so I can share the recruitment flyer and my contact information with you?

What is the best way to contact you?

As a reminder, my name is Melissa Berlin. I am the principal investigator for this study.

You can contact me by phone at 248-504-1528 or email at msber@umich.edu.

You may also contact my faculty advisor, Karin Martin, by phone at 734-764-5554 or email at kamartin@umich.edu.

Thank you for your help in completing this study!