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Claire Biffl April 8, 2020

Experiences of Aging, Kinship, Death, and Independence in an Independent Living Facility

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Abstract

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The field of anthropology of aging is relevant now more than ever as the population of the United States is both growing bigger and living longer than past generations. This increase in lifespan has been achieved through a combination of environmental changes, advances in medicine and technology, and lifestyle changes. There exists a growing population of individuals requiring more direct care in late life, and thus an increase in the population residing in full-time independent or assisted living communities. As a result of this particular demographic's growth, there is an increased need for research into the concerns and experiences of older people in order to provide care in more efficient and effective ways. The field of anthropology is poised especially well to provide a useful framework for questions about aging and life in age-segregated communities through a focus on the everyday experiences of individuals. By combining medical and biological knowledge with this anthropological perspective, this thesis will attempt to orient aging in terms of individual experiences. This thesis will attempt to answer the question "How do people experience aging, kinship, care, independence, and death in an independent living or formal care community?" through an evaluation of both perceptions and experiences of residents in a long-term independent living facility. This thesis will additionally attempt to fill a gap in existing literature relating to the positive relationship between functional dependence of older people and their perceptions of their own independence within an independent living community. It is my hope that this research can contribute to tailoring care and services within independent living environments by studying residents' everyday needs, experiences, conflicts, hardships, and victories through an ethnographic lens.

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Chapter 1: Introduction

I. Anthropology as an Approach to Studying Aging

The field of anthropology of aging is relevant now more than ever. The population of the United States is both growing bigger and living longer than past generations. According to the World Bank, the average life expectancy in the United States in 2016 was 78.69 years (World Bank 2019). This is a marked increase from an average of 69.77 years in 1960 (World Bank 2019). This increase in lifespan has been achieved through a combination of environmental changes, advances in medicine and technology, and lifestyle changes. These changes have contributed to a growing population of individuals requiring more direct care, and thus an increase in the population residing in full-time independent or assisted living communities. As a result of this demographic growth, there is an increased need for research into the concerns and experiences of older people in order to provide care in more efficient and effective ways. The field of anthropology is poised especially well to provide a useful framework for questions about aging and life in age segregated communities. Anthropology of aging focuses on the everyday experiences of people, which offers an extremely useful lens for researchers to utilize. This lens can help pinpoint the areas of life that older individuals struggle the most with, value the most, and need more assistance with. By combining medical and biological knowledge with this anthropological perspective, aging can be reoriented around individual experiences. This research studies the experience of living and aging in a formal care setting. It is my hope that this research can contribute to tailoring care within independent living environments by learning from the residents about their everyday needs, experiences, conflicts, hardships, and victories.

As people age, they require, on average, an increasing level of medical or supportive care. Care can come in varying forms, but is generally understood to be an increased level of

dependence upon people or services. This increase in dependence, I go on to show, shifts some responsibilities away from the aging individual so that energy, time, and resources can be directed to other areas considered to be most important or valuable. In much of the United States, like the American south where this research is based, people highly value independence, and associate it with autonomy and freedom. As people age, they become more dependent, but their value of independence does not lessen. Rather, as I go on to demonstrate, its meaning shifts.

So what does the intersection of aging and independence actually look like in everyday settings? This research explores this question by examining how people live and thrive in an independent living community and by asking what it means to grow old physically, mentally, and socially. The main question this project will seek to answer is "How do people experience aging, kinship, care, independence, and death in an independent living or formal care community?". In order to do this, I will evaluate both the perceptions and the experiences of residents in a long-term independent living facility. It is my hope that this thesis can be used to better tailor some aspects of care within the independent living community.

At the crux of this thesis, and what I hope to draw out the most, is a relationship between dependence and independence that is missing from existing literature on aging. What I have found is that as dependence is accepted in some areas of life, the aging individual can actually preserve independence in other areas. This is to say that giving up some functional responsibilities, which are often seen as displays of independence, can actually help older people remain independent socially, emotionally, physically, and financially. Life in an independent living facility involves the giving up of certain responsibilities, like cooking or cleaning or yard work. However, eliminating those responsibilities leaves residents with the time, energy, and resources to direct towards other areas of their lives. The acceptance and utilization of

dependence as a tool for preserving independence is one of the biggest benefits of life in an independent living community.

To begin this project, it is first important to briefly paint a picture of residents of independent living facilities. It is often assumed that age-segregated housing is reserved for individuals who are either alone in the world, or require medical care. However, the diversity in identities within independent living communities is vast. I have spoken to poets, naval officers, engineers, homemakers, teachers, judo world champions, and artists. I have met married couples, widowed individuals, able-bodied people, people with disabilities, residents with pets, residents with jobs, and so many more factors. There is no one "type" of person in an independent living community. There is not any single factor that prompts someone to move into an independent living facility. Rather, it is a social setting in which people from similar generations can live and experience a well-rounded life, while still having extremely varied experiences.

Another assumption I wish to dispel about independent living communities is the idea that this is where people go to die. I have heard this frequently over the course of my research, either from people in my own life who know about this project, or in representations of age-segregated communities I have found. There is often not a distinction made between a place like an independent living facility and an assisted living facility. Most of the residents in independent living communities are there by choice, and view their physical homes as any other home. They do not view their homes as temporary, or as any sort of "final residence". Life does not stop when people move into an independent living facility, rather it continues to shift in extremely interesting ways.

II. Personal Interest

The main goal of this project stemmed from my own experience of helping my grandmother move into an independent living community. She lives about half an hour away from my college, so when she was hospitalized the summer before my junior year, and she and her children agreed that it was time for her to sell her house and move into an apartment in an age-segregated facility, I found myself spending most of my weekends assisting her and my aunts and uncles with her transition to her new apartment. This came in the form of helping her pack up her things from her home, moving them into her apartment, getting rid of things she no longer had room for, hosting an estate sale, and selling her house. It was a huge undertaking for her and her children, and a large part of that difficulty came from the downsizing that was required for the move. Getting rid of a lifetime of accumulated memories in the form of books, figurines, pictures, and even everyday items like dish towels is difficult. There were fights over what should stay, there was disagreement over whether she needed to invest in a storage unit, it seemed that every single detail involved some sort of conflict. My dad, her oldest child of six, felt very strongly that everything needed to stay in the family in some way. I was not primarily involved in any of these important negotiations, but as I wanted to support my dad, this meant I inherited a lot of kitchenware and picture frames that no one else, but he, felt were worth saving.

This is all to say that the transition of an older person to a retirement facility or an independent living facility affects entire families and entire kin networks in a variety of ways. At the center of this all was my grandmother, who was experiencing both the excitement of entering a new chapter in her social life, but also the difficulty of saying goodbye to a lot of important memories. I became deeply interested in the experience of growing older and what that looks like in the everyday setting because of my small role in my grandmother's transition. Each step of the moving process came with its own set of unique challenges, and by the end of the move, I felt a

sense of victory. I felt as if we had finished something. With that said, the transition was well from over for my grandmother, who was now entering an entirely new world. My dad, my grandmother and I joked that it was like sending her off to college. We were moving her into an apartment much smaller than what she was used to. She had to pack up and downsize to get there. She would be meeting all new people, she would not walk in the door with a single friend. She would meet people who had been there for years, and people who were just as new as she was. She would have to find people to eat lunch with (this was what I was most worried about because the idea of my sweet grandmother eating alone every day made me very anxious). She would have to join activities and clubs, and she would ultimately be around these people for most every day. She would make friends that she will know and be close to for the rest of her life. I asked my dad one day after dropping another load of boxes off at her apartment and meeting a couple of her neighbors if this is what it felt like to be a parent, worried that a child would not make friends or would feel lonely. This was pretty unfair to my grandmother, who is charming and has been navigating social spaces successfully for upwards of 80 years, but it was how I felt. I was most worried that she would feel lonely or isolated in her new environment.

However, as my dad accurately pointed out, there was also a lot to be excited about. My grandmother has lived alone since the death of her husband over 25 years ago. She moved out of upstate New York to Florida by herself, and then she ultimately ended up in Georgia to be closer to a couple of her children and grandchildren. She has lived in family neighborhoods, and her social network has primarily been made up of family members. Her life has revolved around her family for many years, and I do not remember the last time I heard about a friend of hers that was not related in some way. My dad was excited that she would be around people her own age, and would be able to enter back into social circles. This move was not intended to signal an end

to her independence, but rather a renewal of it. By sacrificing some functional autonomy, like hiring her own landscaper or cooking her own meals every day, my grandmother was hoping to gain some social autonomy. This trade-off of independence and dependence is a large part of this research's focus, and a large part of why I am so interested in studying this particular transition.

Chapter 2

A Review of the Literature on

Aging, Care, Independence, and Sociality in the United States

Before delving into my own research I want to frame this topic with some relevant background. I will be drawing from the fields of anthropology, gerontology, and sociology, as well as biology and the medical sciences. Drawing on studies and histories of aging, age-segregated housing, identity, and social theories, I will review the literature on what it means to age, and what it means to age in an age-segregated community. In addition, I will point out what I view as lacking in the literature on dependence as a tool for preserving independence.

I. Studies of Aging

The expectations and experiences of aging in the United States have changed significantly in the last century. The process by which people deal with growing older has, in large part, become more regulated, more medicalized, and more age-segregated. These changes are surrounded by the assumption that late aging processes are separated from other life or development processes. Historically, studies of childhood development have been viewed as entirely unrelated to studies of late life. This can be seen in the ways that the older population has become relegated to specific age-segregated spaces, like formal care communities or retirement facilities, hospitalized more regularly, and generally excluded from educational or workforce roles. Because of these trends, research in the realm of social gerontology has shifted to a greater focus on the entire life course in order to combat the notion that the process of aging is different during various life stages.

Where many important studies on aging have focused on aging processes as divided into different categories of biology, psychology, sociology, and other separate fields, gerontology

attempts to approach aging as a holistic process. Gerontology is defined as "the scientific study of the biological, psychological, and social aspects of aging," and is unique in its approach to aging from multidisciplinary perspectives (Harris 1988, 80). Gerontology research attempts to focus on the life course as a whole rather than dividing life into stages that are studied separately. Gerontological studies attempt to track human development and aging within the context of a greater life course as a means of establishing how aging fits into continuous progressions of growth and decline (Sttersten 2006, 3). It is insufficient to study late life without studying the entire life. Understanding the life course involves "describing individual and collective experiences and statuses over long stretches of time and explaining the short- and long-range causes and consequences of these patterns," (Stersten 2006, 4). In addition, it involves the specific social, historical, and cultural forces that influence the aging adult. Through a focus on the life course, studies of aging can describe and explain "along multiple dimensions" of life, decline and growth as co-existing developments, how prior experiences manifest in late life, and age as it is experienced differently across "cohort, sex, race, and social class groups, generations within families, and nations," (Sttersten 2006, 4). This ultimately allows researchers to study dynamic people and environments, and how changes in people and environments affect each other.

When gerontology is combined with anthropological approaches to research, quantitative approaches can work in tandem with the participant observation methodology characteristic of anthropological research in order to form engaging and compelling ethnographies about what aging looks like in specific contexts. The 1960s marked a significant shift in the discipline of anthropology to a different kind of ethnographic research on aging communities (Vesperi 1995, 12). Anthropological studies shifted from broad and holistic descriptions to much more focused

studies (Vesperi 1995, 12). In particular, ethnographic studies of nursing homes were rare prior to the 1960s, but extremely comprehensive, detailing "geography, history, language, physical type, economy, social organization, politics, religion, … [and] cultural change,"; these ethnographies attempted to portray the nursing home as a "microcosm of aging in the larger world" and extrapolate larger patterns of behavior and reality from that study (Vesperi 1995, 12). That has significantly changed, as contemporary ethnographies of age-segregated communities, like nursing homes, formal care facilities, or retirement communities, are now studied within the "social and economic context" that they exist in (Vesperi 1995, 13). These studies have also become much more popular in general, as anthropologists in the 1970s turned their attention towards "studying up" within the American context, and began conducting primary fieldwork within the United States (Vesperi 1995, 11-12). Since that period, it is generally understood within anthropological discourse that the conclusions about aging and behavior that are drawn within one specific context cannot be applied to other contexts, and aging processes and norms are viewed as extremely culturally-specific.

II. Age-Segregated Housing

The United States has entered a period in which age segregation of the older population has become entirely normalized. Age segregation is defined as "Residential areas, communities, services, and other facilities that limit interaction mainly to those individuals in the same age group. Segregation may be voluntary or involuntary," (Harris 1988, 13-14). Formal care communities, retirement homes, and independent or assisted senior living facilities are all classified as age-segregated communities because they are intended to house and cater to one age group. Age-segregated communities limit age integration, and as this becomes more popular in the United States, cross generational relationships are decreasing (Stamp 2018). In regard to the

benefits of age integration, one working assumption in the field of gerontology is that "age segregation generates conflict across cohorts, and that age integration generates cooperation," (Settersten et al. 2015, 16). This occurs because homogenous age cohort members will act in the best interest of the group, which will be organized by age before any other identifying factor. Conversely, age-diverse cohorts must act in the best interest of the entire group, and the needs and values of individuals across generational boundaries are sometimes conflicting (Settersten et al. 2015, 16).

In the last 100 years, age segregation has become a pervasive division in mainstream American society. This trend can be traced back to the United States' industrial boom, when "an assembly-line mentality led to grouping people by age, in the hopes of standardizing everything from the education of the young to the care for the elderly," (Stamp 2018). Prior to this development, children of all ages were taught in the same classrooms, the workforce consisted of adults in all stages of life, and retirement was mainly reserved for individuals who could no longer physically work. When the older population became unable to work or live alone, they typically lived with other family members and contributed to domestic functions like caring for children, cooking, and housework. This benefited the children that were regularly around older relatives because of the cultural transmission that was possible. The elderly have the most cultural and historical knowledge, which they pass on to younger generations through regular contact. However, this dynamic changed when age-segregated communities began being developed for the functional purpose of providing care services to the elderly, and this domestic role of the elderly has been decreasing since.

Throughout the 1900s, some significant developments to senior housing were made. Social welfare programs in the Western world began to develop (Anderson 2015). These

programs were significant because they provided income to older people who could no longer work and did not have the social support to survive without an income (Anderson, 2015). In 1935, Social Security passed as a core tenant of Franklin D. Roosevelt's New Deal, which was aimed at helping Americans recover after the Great Depression (Anderson 2015). Thirty years later, Medicare and Medicaid were instituted, allowing the elderly in the United States to pay for medical care (Anderson 2015). This was a significant shift in elder housing, as different types of senior care facilities were developed in the 1970s and beyond in order to accommodate specific needs, and because older Americans now had the money to pay for these services (Anderson 2015). Since then, the classical "institutional nursing homes" have been replaced by assisted living facilities, independent living facilities, memory care facilities, retirement communities, and other forms of age-segregated housing that often focus on senior care as an extension of medical care.

III. Identity Outside of the Workforce

Retirement plays a significant role in the aging process because of the shift in identity it has historically signified. The life course has traditionally been divided into three separate stages of activity: education, work, and leisure (Settersten 2006, 5). These stages have historically been assumed to be heavily age-segregated, with children existing in the educational state, adults in the work stage, and the elderly in the leisure stage (Settersten 2006, 5). However, with the shift to a greater focus on the life course as a whole in the field of gerontology, the boundaries between the three stages have been shifting as well. These stages are now understood to be more fluid, due to both choice and circumstance (Settersten 2006, 5). Specifically, the "leisure" stage of life has been broken down in recent decades. It is now understood that leisure can involve aspects of education and work concurrently. Ultimately, the life course is understood to be more

flexible in contemporary research (Settersten 2006, 5). Therefore, while retirement was once used to mark the formal and immediate transition from "work" to "leisure", it is now understood to be a transitional period in which work is gradually replaced with other priorities, for any number of reasons (Settersten 2006, 5).

At age 65, the United States government allows individuals to apply for Social Security benefits, making it a common, but not ubiquitous, age for retirement. Therefore, many people associate "old age" with the age of retirement, and therefore associate old age with the absence of work. The movement away from work is often tied to shifts in identity. As people move through adulthood, identity often becomes closely intertwined with career or employment. People can play clear roles in stable jobs, which contributes to a sense of purpose and motivation. The roles that are involved in a typical job are clearly defined and clearly carried out, which exists in opposition to the role of retirement. Retirement is often viewed as a "roleless role" in which older people exist for no functional or productive purpose, have no specific duties, and no specific rights (Atchley 2000, 115-116). The notion of the "roleless role" is simplistic in its ignorance of the valid roles that retired and elderly individuals fill as caregivers, community leaders, cultural transmitters, educators, and other social and functional beings (Atchley 2000, 116). Despite an absence of a formal job, retired people exist in a fluid space that allows the time and energy that was formerly devoted to a job to be devoted to other endeavors. This ties into variations of traditionally-understood "independence", and how that can shift in meaning throughout the life course.

IV. Experiencing Time through Losses and Gains

The meaning and perception of time is one aspect of life that changes significantly with age. As individuals age, their lives become less defined by chronology and more so by

significant life events (Karp 2000, 66). As children, time is perceived as a steady climb in a chronological direction, primarily because grade school moves parallel alongside birthdays, with each milestone being marked by a specific amount of time. Each year in school, and each birthday, marks the milestones that signify growth. As maturity is gradually reached, aging stops coinciding directly with such milestones and the process becomes marked by events like marriages, births, deaths, and other significant life events. This aging process causes a shift in focus from the individual's life to the individual's relation to others (Karp 2000, 65). This transition often occurs around the ages of 50 to 60 (Karp 2000, 65). At this time, significant life events in the individual's life become the primary organizer of time, and numerical age itself becomes secondary. These significant life events shift in late adulthood away from the individual and towards younger relatives. For example, after an adult has children, the life events that become most important to the adult are those of the children; birthdays, marriages, the birth of grandchildren all take a primary place in tracking time. By shifting the meaning of time away from the individual and placing it onto younger relatives, there develops a reliance from the older population on the younger for information, inclusion, and contact. Without being integrated into younger relatives' lives, the elderly can become not only socially distanced and isolated, but they can also experience a heavily negative perception of time.

Additionally, some of the biggest reminders that the aging process is occurring come from other external sources, resulting in a disconnect between an individual's age and notions of what that age entails, and how the individual actually feels (Karp 2000, 69). Older people are reminded through generational categories, contexts like social groups or work settings, and even their own bodies that their aging process is accompanied by a set of experiences and views to which they should subscribe (Karp 2000). Generally, these experiences and views relate heavily

to “loss”, and the aging process is characterized as overwhelmingly negative. Loss of function, loss of memory, loss of mobility, loss of friends, loss of family and other losses are all typically thought of when old age is addressed (Karp 2000, 69). This all contributes to the notion that aging is a negative process, and that individuals have little autonomy over how these losses will occur, or how aging will take place.

“The General Theory of Disengagement” was developed between 1957 and 1960 by sociologists who viewed the process of aging largely in terms of these losses (Cumming 2000, 25). According to this theory, the aging process involves a “mutual withdrawal or ‘disengagement’ between the ageing person and others in the social system to which he belongs - a withdrawal initiated by the individual himself, or by others in the system,” (Cumming 2000, 25). This theory rests upon the notions that as individuals age, they become less involved with the world or environment around them, their social networks shrink, and these changes are natural and unavoidable. This could relate to retirement, the deaths of friends or family members, or decreased physical ability leading to decreased engagement with activities that used to be common. This theory asserts that age is heavily characterized by a series of losses and withdrawals, and is popular in the way that retirement facilities in general have been represented and perceived by many Americans, even those living in them. This Theory of Disengagement reinforces to older people that withdrawal, loneliness, and unhappiness are normal parts of aging and as such, they are unavoidable.

However, there are other theories that acknowledge both losses and gains that are made simultaneously in the aging process. Specifically, “Activity Theory” developed as a response to the disengagement theory. Activity theory asserts that all individuals are engaged in specific activities throughout the life course, and those activities constitute and reflect a good portion of

the individual's identity and personality (Roth 2018, 2). Those activities could involve employment, hobbies, or recreational pursuits but generally encompass anything that the individual chooses to partake in outside of necessity. As individuals age, some activities that are no longer performable are given up, but they are replaced by other activities (Roth 2018, 3). Thus, the identity of the individual is made up of a dynamic array of activities, that shifts over the course of the life (Roth 2018, 4). For example, when an individual reaches the age of retirement and gives up an occupation, the time, energy, and resources that were once devoted to employment can now be allocated to other activities. This might mean the individual joins a social organization, has more time to spend with family members, or takes up a new hobby. Regardless of whichever activity or activities are adopted, the space left behind from the absence of a job will be filled by something else. This might involve a shifting in identity of the individual, but it does not involve a general disengagement from society or the environment. This activity theory reflects the framework from which this thesis will approach aging: as a transitioning array of gains and losses.

V. Social Connectivity Theories

Age-segregated communities provide unique settings for ethnographic research because of the heavy concentration of generational norms and values present. Barbara Myerhoff's ethnography *Number Our Days* is particularly well-equipped to exemplify anthropological study of an age-segregated community in its rich analysis of the Aliyah Senior Citizen's Center members (Meyerhoff 1978). Central to Myerhoff's goals as an ethnographer was her focus on analyzing what allows people to "age well", and why the Aliyah Senior Citizen's Center's elderly seemed to be, as a group, aging well, when popular discourse at the time focused on how the country was generally aging poorly (Meyerhoff 1978, 217). In comparison to the rest of the

country, the Center's elderly were in the late stage of life and still mobile, largely independent, and fully engaged socially (Meyerhoff 1978). Meyerhoff concludes that despite extreme old age, limited resources, and economic difficulty, the independent elderly can age well through participating in "an active social life and enjoying a culture built out of a cherished common pass, contributing to their continuing sense of purpose and vitality," (Meyerhoff 1978, 217-218). The social engagement of the elderly and the shared identity of Jewish culture held the Center members together and allowed for identities to be constructed around the Center's activities. This demonstrates that the social networks of the elderly, and the shared community values, are important indicators of larger health outcomes.

The social world of the older population is significant in its cultural variability, as well as the connection it holds to larger health outcomes. There is no one way in which older people embody their social roles. Rather, the social aspects of older people's lives are highly variable and highly subjective. One popular strain of aging theory related to this variability is "Theories of Social Connectedness and Aging" (Wong and Waite 2016, 349). These theories involve a focus on how differences in social connectedness affect the lived experience of aging (Wong and Waite 2016, 349). Specifically, analyzing the "number, type, and quality" of social relationships can give valuable insights into how social connectedness can influence physical, psychological, and emotional health (Wong and Waite 2016, 350). Studies on social connectedness have shown that marriage and romantic partnerships, strong social networks, and social participation positively influence well-being and health outcomes in late life (Wong and Waite 2016, 350-354).

Specifically relevant to this thesis is the work that has been done analyzing social networks of individuals in late life. One significant finding with regard to tracking social

networks is that as individuals get older, their social networks tend to decrease in size, but the contact these individuals have with each member of their networks increases (Song and Waite 2016, 351). This means that social capital, which has traditionally been measured with regard to size of social network and volume or frequency of contact with network members must be analyzed in more specific ways. This pattern in social networks can be explained by the disconnect that occurs when older individuals retire or move homes in late life. However, network loss is mitigated by network turnover, by which older individuals replace lost connections with new ones (Wong and Waite 2016, 352). This happens especially often in age-segregated communities, primarily because of proximity. In an age-homogenous residences, apartments or rooms that become vacant are filled with individuals of the same age as those who left. Therefore, new neighbors are coming into the social networks of residents regularly to replace those who have been lost.

The health benefits of strong social ties in the elderly have been extensively researched, and found to be deeply significant. Older individuals who work to create new social ties enjoy a number of physical health benefits, including decreased risk in functional impairments, increased physical and cognitive activity, and increased immune and cardiovascular health (Wong and Waite 2016, 352). Additionally, psychological benefits include decreased reports of depression, decreased stress, and increased self-esteem (Wong and Waite 2016, 352). With specific regard to depression, older individuals who engage in more physical social engagement experiences are significantly less likely to report loneliness, sadness, or depression (Wong and Waite 2016, 352). These factors all indicate that older individuals who work intentionally at engaging with social network members, and actively form new connections to replace lost ones are significantly benefiting physically, psychologically, cognitively, and emotionally (Wong and Waite 2016,

352). These factors are also why independent living facilities attempt to provide the elderly with as many opportunities to socialize as possible. One of the main draws to living in an age-segregated community is an increase and stabilization of social network ties, which will be addressed in greater detail in later chapters.

VI. Kinship and Dependence in Late Life

Kinship has historically been evaluated in anthropology with exclusive attention paid to blood relationships, marital relationships, and lines of descent or lineage (Peletz 1995, 351). However, contemporary studies of kinship have moved away from more rigid or formal kin structures, like those listed above, and towards more fluid models of kin relationships and kin construction (Peletz 1995, 351). When approaching a study of kinship, it is necessary first to distinguish it from other forms of relationships. David Schneider does this by engaging with exactly what factors of a relationship distinguish kinship from friendship, and how individuals can transition from a more casual friendship to a deeper kinship in an American setting (Schneider 1980). He asserts that "Friendship and kinship in American culture are both relationships of diffuse solidarity," (Schneider 1980, 53). Both relationships share the general assumption of solidarity, meaning that the members of the friend or kin relationship are "supportive, helpful, and cooperative; [they rest] on trust and that the other can be trusted," (Schneider 1980, 52). Additionally, both friends and kin share a diffuse set of goals that are not bound by any singular objective (Schneider 1980, 52). In this way, it can be seen that both friends and kin have the best interests of each other in mind and an obligation to help the other achieve goals. From this, a mutual moral obligation to help each other develops. The distinguishing factor for Schneider between friendship and kinship, however, is endurance (Schneider 1980, 52). Where friendships can dissolve over time because of geographic strains,

behavioral strains, or any other reason, kin relationships that have been established through blood, marriage, law, or a culturally-specified code of conduct endure those strains (Schneider 1980, 52).

Aging, specifically aging that results in dependency, is generally thought of in terms of "loss". Dependence is often associated with loss of autonomy, loss of independence, and loss of personhood. This is particularly prevalent in Western contexts that place heavy value on things like self-reliance and personal control. These ideals result in a culture-wide hesitancy or resistance to accept dependent roles in old age. However, dependency can take many different forms in late life, and the "negative evaluation of dependency" stems primarily from the assumption that one form of dependency signifies other forms (Baltes 1996, 11). For example, physical dependence is domain-specific, but it is often equated with decisional dependence, whereby the dependent individual is thought to be "incompetent" entirely despite full cognitive function (Baltes 1996, 11). This is not a realistic view of dependency, and therefore researchers have devoted significant time and resources into examining the different variations of dependent needs and behaviors.

It is also important to note that while the "negative evaluation of dependency" is not entirely accurate, it is also negated directly by the social benefits of dependency (Baltes 1996, 11). Dependency, in many ways, can serve to strengthen social ties, family bonds, and friendships. For example, one study found that when forms of self-care dependency are evaluated in age-segregated or institutional settings, they are shown to be followed by social actions from other individuals, whereas "independent self-care behaviors are not" (Baltes 1996, 106). Older people who exhibit dependent behaviors are given more support and attention than are more independent individuals (Baltes 1996, 106). The implications of the studies that found

this information are significant because they demonstrate that elderly individuals who are comfortable asking for help in certain situations are much more socially connected than elderly individuals who either refuse help or do not need it to begin with. In addition, dependency can serve as the foundation of kin relationships. With regard to kin that are not related by blood or by marriage, a culturally-specified code of conduct dictates when a friendship turns into a kinship relationship. This happens typically when the roles and responsibilities of a kin member are adopted by a non-relation. In caring for the elderly, dependency can promote and strengthen kin relationships, as enduring, diffuse, solidarity is formed between individuals and the relationship goes beyond functional purposes.

VII. Perspectives on Death and Dying

It is well understood that one significant downside to aging is the ever-growing prospect of death. In comparison to other global approaches to death and dying, Western societies typically approach death with fear, apprehension and resistance. Research has even shown that when delivering the news of terminal illness to patients, oncologists will sometimes downplay the news with a focus on all of the advances in medicine that could cure the patient, even when the doctor knows that this is not possible (Gilligan 2017, 673).

Current approaches to death in the United States are heavily focused on autonomy, beneficence, and justice, as these values are in line with the current bioethics movement, but there is also currently an intentional ignorance of some of the more uncomfortable aspects of dying, both between medical practitioners and patients, as well as between family members (Beaty 2015, 302). In particular, autonomy is a major influence in outlining what dying looks like in the United States (Beath 2015, 302). Autonomy in the United States' elderly is often exclusively associated with the drafting of a last will and testament, which outlines what happens

to an individual's possessions when he or she dies. However, one study found that "Despite the wide-spread discussion and publicity about the patient self-determination in the United States, there are relatively few Americans who have executed an advance directive," (Beaty 2015, 313). An advance directive, or living will, is a legal document that specifies what an individual wants to happen medically if he or she is no longer able to make health-related decisions because of illness, incapacity, or another limiting factor. While the majority of Americans have wills, it is estimated that only 25% have living wills (Novotney 2010). This is primarily because "issues of how and where to die are often not discussed until the dying individual has a catastrophic illness which prevents rational discussion," (Beaty 2015, 313). Families in the United States approach death from practical and materialistic perspectives, making the drafting and discussing of wills regarding possessions much easier than the drafting and discussing of living wills.

In a comparative study of approaches to death and dying between the United States and Turkey, the United States was found to spend significantly more money on preventing death in elderly individuals and administer significantly more pain medicine to elderly individuals (Beaty 2015, 306-307). These two factors are indicative of the hyper-medicalized approach to aging that is found in Western contexts. Individuals in the United States spend massive amounts of time, resources, and money on preventing dying. This is in-part because death is so uncomfortable for people to cope with, and is almost seen as unnatural. Ultimately, death is something that is feared in the United States, contributing to a growing medical industry, a growing older population, and increased presence of age-segregated housing facilities across the country.

VIII. Concluding Thoughts on the Review of the Literature: The Need for Attention to Dependence and Independence

As shown in the previous section on Kinship and Dependency, there has been ample research done on social dependence in late life. There has also been ample research done on the declines and disengagements that are associated with advanced age. However, I contend that there is a missing element in the literature: the positive relationship between functional dependence and individual independence. This will be discussed in more detail in the following chapters, but this thesis aims at elucidating exactly how older people and residents of an independent living facility can maintain their sense of autonomy and independence while still growing increasingly more reliant upon services and people provided by an age-segregated care facility. It cannot be assumed that simply because people grow more dependent in their old age, they feel dependent. Rather, I am interested in how people feel about their own autonomy, independence, and dependence. Are all kinds of dependence viewed the same? Who is placing stigma on dependent behaviors? What do the actual residents of an independent living community feel makes their living situations "independent"? These are some questions that I hope to address in the following chapters.

Chapter 3: Methodology

I. Ethnographic Site - Pinewood

I first heard of Pinewood at Duluth when I was moving my grandmother into her new apartment. My grandmother had moved straight from the rehabilitation center she had been staying in after she left the hospital to Pinewood at Duluth. Pinewood at Duluth, shortened to just "Pinewood" by most residents and staff members, is situated on a relatively busy highway, but pushed back from the road and given a sense of privacy by the hedges that separate its parking lot from the passing traffic. The building is three stories tall, and separated into different wings that jut off in different directions, so it is difficult to gauge the actual size of the building from any one angle. Towers separate the wings, with large balconies above the entrances, giving the building an elegant and almost intimidating appearance. Smaller balconies are visible coming from most of the apartments, and many are decorated with potted plants, lounge chairs, and other personalized touches that all somehow work together to form a uniform facade. Pinewood almost looked like a country club to me the first time I saw it.

When you first arrive at Pinewood, you enter through the automated doors into a beautiful lobby, with a newly renovated sitting room to the right and a large multipurpose room used for movie screenings and parties to the left. Hanging from the ceiling is a massive, sparkly chandelier that draws the eye up towards the high ceiling and decorative balconies. During the holiday season, this area is decorated with wreaths and garlands and big red bows. There is always a large floral decoration on the table just inside the entrance. Straight ahead is the welcome desk that is manned 24 hours a day by the most friendly people. I am unsure of what their training entails, but by the second time I visited Pinewood, the receptionists knew my name and who I was there to see. "You're here to see your grandmother right? She was just down here

earlier before her book club meeting! We have her Walgreens prescription here if you want to take it up to her?" It was comforting as a family member to know that my grandmother was not going to be forgotten in this place.

In terms of demographics, the residents of Pinewood are between the ages of 76 and 99 years old. The community is age-restricted by a 55-year-old age requirement, but since opening in 2003, Pinewood's average age of residents has risen from somewhere in the 60s to now somewhere in the 80s. The Pinewood community is made up of primarily white, heterosexual, Christian men and women. Of the roughly 200 residents, there are two Asian residents, three African-American residents, and one Latino resident, with the rest being white. There are a total of 147 units in the community, and the majority of residents live alone. There are, however, many couples that live together at Pinewood.

Some residents have lived at Pinewood for over a decade, while others have just moved in recently. When an apartment becomes available, someone from the waiting list is called to move in. There are two different living areas within Pinewood. The first is independent living. In this area, residents have their own apartments and are provided voluntary services like exercise classes, physical therapists that come to their apartments, cleaning services, and 24/7 on-call assistance for either medical or functional problems. Pinewood at Duluth was originally designed to be a retirement community for fully independent individuals. However, as those people have aged within Pinewood, the community needed to adapt to their growing needs. Therefore, another wing was developed. The other living area is called "personal care" and this wing is designated for those who need more assistance. This is not an "assisted living" facility, however, as Pinewood does not provide full-time caretakers or any sort of medical assistance. Within the personal care wing, residents are given assistance with showering, clothing, and eating. The

personal care wing has its own dining room and public spaces, but there is no restriction on where residents are required to eat. In general though, most residents of the independent living wings take all of their meals in the main dining room. Despite the wing designation, the entire facility is considered by staff and residents to be an independent living community, and that language was made very clear to me when I first met with the General Manager. He said that staff members do not refer to Pinewood as a "facility" ever. He termed it the "f word", and said that "community" was what everyone is instructed to use. This draws out its social aspects, and eliminates the industrial complex that surrounds some perceptions of retirement homes.

Pinewood is designed for optimal visibility, so there are few public spaces that are closed off. On the third floor, just around the corner from the elevator, is the main dining room. This dining room is separated from the marble-floored atrium by several white pillars, and does not have any doors, so people can always see who is eating at any given time. Hanging from the ceiling are several delicate chandeliers, and there are matching sconces on all of the walls. When the weather is nice, the large french doors on the far wall of the room can open up onto a covered balcony outside where residents can take their meals in the fresh air. The dining room is filled with different sized tables, seating from two to eight to allow for residents to have the dining experience that suits their level of companionship. Every table is covered in a white table cloth, and full place settings. There is a dress code which forbids those in the dining room from wearing denim, shorts, or shirts without collars for men. I was intimidated when I first heard this, but I have found that family members that are visiting do not always adhere to the dress code, and the worst penalty an infraction might carry is some quiet gossip from a few residents. However, all of the residents adhere to the dress code and the dining room is comparable to a nice restaurant.

If Pinewood were empty, it might resemble a fancy hotel or apartment complex. However, there is evidence of the demographic in very specific places. During mealtimes, the open atrium outside of the dining room, which is home to a beautifully polished grand piano, is lined with walkers and mobility aids. It resembles a small parking lot. The outdoor pool has a mobility chair to lift and lower residents into the pool. There are calendars advertising the weekly activities written in an extremely large font, and in each of the public bathrooms' stalls there is an emergency call cord. All of these details mark the facility as one targeting an elder population.

Across from the dining room is a lounge that is essentially always in use. It is situated directly across from both the elevator and the dining room so that occupants can see who is coming, going, and dining through the windowed walls. This room is so popular because it has card tables, and bridge is the game of choice for most residents. I always feel just a little self conscious walking past that room because I know visitors are a topic of conversation. However, the more I have visited Pinewood, the more faces I recognize in this lounge.

The apartments in Pinewood resemble any luxury apartments, but with the addition of emergency call and daily check-in systems. Apartments are offered in various one or two bedroom floorplans. Additionally, some have dens, sunrooms, or balconies. All have full, if small, kitchens. However, the majority of residents purchase the meal plan that allows them to eat all of their meals in the dining room. As a result, most of the kitchens are rarely used for any regular cooking outside of sandwiches or light breakfasts. Each apartment also has its own laundry machine and dryer.

Each day, the schedule of activities offered is posted on stands outside the elevator, inside the elevator, on a large calendar on the first floor, and on a TV that scrolls all day long through

the events coming up. The main calendar on the first floor is titled something like “Ageless Living!” each month and it decoratively displays the entire month. All of the schedules and calendars are color coded to denote the type of activity as well as where in Pinewood it is taking place. Some activities, like the bus services to doctors appointments or the grocery store, are recurring. Bridge group, puzzle group, needlework group, Mahjong club, and a wide variety of others are all offered based on resident interest and day of the week. Each day, the schedule has at least five activities posted. There are also special events posted, like birthday parties. Activities offered every day include a social hour, a movie screening, and some sort of gym or fitness activity. If a resident desired, he or she could spend every hour of the day going to different events, clubs, and social activities.

If a resident wants to leave the grounds of Pinewood, the only option is by personal car, Pinewood bus, or car-sharing service. There is nowhere to walk. Pinewood sits on a busy highway, with restaurants and shops on just the other side. However, there is no streetlight outside of Pinewood, and no sidewalk that residents could use to reach the closest crosswalk. Accessibility is therefore limited.

Cost plays a large role in distinguishing the demographic of residents that Pinewood caters to. Pinewood at Duluth is an expensive place to live. The cost of apartments depends upon square footage. Independent living apartments range from $2,750 to $7,200 per month. Personal care apartments range from $4,450 to $7,250 per month. Meal plans are customizable for the independent living wing, but each unit comes with one meal per day. This cost is included in the cost of rent. If residents want to add another meal, it’s another $900 per year. Personal care residents receive three meals a day and this cost is included in their rent. All Pinewood activities are included in the fees. If a resident requires any type of home health service, they generally

hire one through a home health company and that cost is independent of Pinewood. The cost of Pinewood significantly limits the kind of resident housed there. This is a place for wealthier-than-average individuals to retire. As a result, Pinewood is filled with middle to upper-class, college-educated men and women, and this heavily shapes the aesthetic and norms of the site to adhere to what this demographic is familiar with.

II. Ethnographic Methods

My aim as a researcher was to conduct an ethnography that focused on the lives and everyday experiences of residents in order to better understand what it means to age in an independent living community. My main research question, "How do people experience aging, kinship, care, independence, and death in an independent living or formal care community?" requires a focus on the person. I felt it was therefore necessary to give participants the space to fully reflect on their experiences with as little guidance from me as possible. I conducted loosely structured interviews that focused on the general topics of everyday life before, during, and after moving into Pinewood, social ties between residents, family members, and staff, the experience of loneliness, and preparing for death in a community of older-aged individuals. After the first few interviews I conducted, I realized that it was best to simply guide the conversation during lulls, but let the resident speak freely for the most part.

My interviews and approach to this ethnography were heavily influenced by anthropological ethnographies that have resonated with me like *Number Our Days* and *Righteous Dopefiend*, which both paint extremely detailed pictures of real people through their utilization of loosely structured interviews. If nothing else, I wanted to give the residents I interviewed the space and freedom to talk about what was on their minds. As a result, I tried to let interviews flow as freely as possible. This meant that sometimes I spent half an hour talking about a

resident's extended family members, but it also meant that I was focusing on what was interesting and relevant to the residents themselves. I tried to give them the freedom to theorize about their own lives, which often yielded the most interesting points.

When I first approached the staff of Pinewood, asking to conduct research there, I met Mary, the Wellness and Engagement Director. She was extremely receptive to the idea and an integral help in recruiting participants. I put together a simple recruitment flyer, which Mary posted, distributed to interested residents, and spoke about individually. I also spoke clearly with Mary about the kind of people I was looking to interview. I wanted a broad spectrum of voices to come out in this research, so I asked to talk to some people who were married, some single, some who had lived at Pinewood for years, others who had just moved in. I wanted to see a variation in closeness with family members, friendships within Pinewood, and involvement in Pinewood activities. I also made it clear that I would not be able to interview anyone who was not of sound mind, which was a limiting factor as many residents of Pinewood are in various stages of dementia, although still fully functioning and independent. All-in-all, Mary had a very clear picture of who I was looking to speak with. Mary collected the names and phone numbers of eight interested residents, and sent that list to me. I interviewed all but one of those individuals for a total of seven. I will discuss this in more detail later, but this small sample size is a limitation to this research. However I did try to overcome the small sample size with intensive and extensive interviews, as well as a year and a half of participant-observation.

Working to find participants through Mary posed both beneficial as well as limiting. Primarily, it was beneficial because Mary has significantly more access to the residents than I do, and she was able to reach out to them comfortably. With the amount of solicitations older people get, it would have been very difficult for me, as a complete stranger, to recruit participants. Even

when I was just calling to schedule interviews, the first minute or so of each phone call was extremely tense as I had to convince the resident that I was not asking for money or their personal information. I would regularly reference Mary in a bid to authenticate my call. In addition, residents were more likely to participate in something that Mary was endorsing, as she was a known face and name in the community.

Mary's role as a gatekeeper was, however, limiting to the kind of resident that I interviewed. She, as an employee of Pinewood, would not have any interest in directing me towards the unhappiest members of the community, as that might reflect poorly on Pinewood as a whole. Therefore, some of my conversations about loneliness and isolation were limited. In general, I spoke with Pinewood residents who were engaged in a variety of activities, had strong family and friendship ties, and were content with their lives at Pinewood. Their regular references to others in the community who were not as happy served as evidence that these were not the people that I was talking to, but as I was only able to conduct research at Pinewood because Mary advocated for me, I felt uncomfortable going around her to recruit members of the community that were less engaged, as well as concerned that if I did so my permission to conduct research at Pinewood would be rescinded.

I interviewed a total of seven Pinewood residents. These interviews lasted between one and two hours long, and each of them took place in the participant's apartment. At first I felt as if I were invading the privacy of the residents by coming into their own homes within the community I was studying. I scheduled all of my interviews over the phone speaking directly with the residents, and I made sure to always set up a location by asking where within Pinewood they would like to meet. Each individual volunteered his or her apartment in response to my open-ended question, and I always asked again if they would be comfortable with conducting an

interview there, and each said yes. The only hesitation I encountered was when one woman asked if I would be ok if her carpet had several stains on it, because if that bothered me she would move up her carpet cleaning appointment to before I visited; I said that stains would be fine with me.

During the interviews, I would ask each participant to tell me about their backgrounds, their families, their lives outside of Pinewood, their lives within Pinewood, and several other topics. I anticipated that residents would be uncomfortable talking about topics like loneliness and death, but in each interview, it was only me that was uncomfortable with these topics. Still, I approached them delicately, making sure to stress the participant's right to refuse to answer any question. No one I interviewed ever refused to answer a question I asked or took me up on that offer, which is testament to the openness I found at Pinewood.

I also engaged in participant observation over the course of a year and a half. As soon as I decided I wanted to study Pinewood, I began making notes on anything that I found interesting. This participant observation primarily took place in the main dining room at Pinewood, which was convenient for a number of reasons. One was I could be in that space regularly, as I would often eat there with my grandmother when I would visit. Second was it allowed me to see how residents interact socially while not overly influencing them by my presence. Visitors and family members are regularly in the dining room, so my presence did not significantly impact anyone's behavior. My presence in more closed activities like the book club or a needlework group would have shaped the situation differently, as those were settings that I very much did not belong in.

Third, and perhaps most importantly, was the presence of my own grandmother, who unintentionally acted as a pull for residents to come say hello to us, and also gave me deeper insights into some of the social workings of the community. When other residents would come

say hello to her, she would always introduce me and we would usually have a short conversation with the other resident. Then, when he or she would leave our table, my grandmother would tell me a little about that person, who he or she was within the community, and any other background she could think of. She acted as an intermediary between me and the residents in a natural and non-invasive way.

I chose not to interview my grandmother mainly because I felt my relationship with her might influence her responses to certain questions, and although she and I have talked openly about topics like loneliness, I did not want her to feel uncomfortable sharing her responses in a publicly-accessible thesis. I have chosen to include some of her experiences and perspectives as part of my research, but I did not formally interview her.

For the purpose of protecting the privacy of residents, I have changed the names of each person I interviewed. Some residents were excited for their friends to find them in the finished product of this thesis, but I have made sure to exclude the majority of identifying information they volunteered to me. I will discuss privacy at Pinewood in more detail later, but in an administrative and research capacity, I found it very difficult to keep the identities of the residents I was interviewing private, mostly because participants themselves would tell others, including my grandmother. I made a point to never mention who I was interviewing when I would visit my grandmother before or after an interview, but I found that she often knew just from word of mouth. In general, residents were excited to participate in this study, and were more than willing to bring it up to others as a casual topic of conversation and I became somewhat of a known face around Pinewood.

Chapter 4: "Susan"

In order to give a more holistic portrait of what life might look like for a resident of Pinewood, I have chosen to delve more deeply into the life of Susan, and my experience with her. It is my hope that this chapter will elucidate some of the topics that will be covered later by putting a real voice behind this analysis.

Susan lives alone in a two-bedroom apartment that has been decorated for Christmas to within an inch of its life. When I arrive to talk to her in mid-December, the first thing I notice is the massive array of holiday-themed figurines on every surface of her home. There is everything from a miniature Christmas tree on her table, to a tissue box that is decorated in a hand-knitted Christmas sleeve. She is festivity personified. On someone else, her bright red Christmas sweater with three dancing cartoon reindeer, or her reindeer earrings made from clothespins might look kitschy, but on her they look natural and fun, as simply an extension of her big personality. There is a complete continuity between Susan's apartment and her appearance and both are fully done up for the holidays. At 75 years old, Susan is one of the younger individuals I have interviewed, and maybe that is to credit for the amount of energy she has. Perhaps it is just her though.

Susan communicates through gesticulation almost as much as she does verbally. Her gentle southern twang and permanent smile make her appear warm and inviting, and I do not once question if she is comfortable talking to me, in fact I wonder during our interview if she has ever been uncomfortable talking to someone in her life. She is so animated that when she gets truly excited about something she is saying, both of her hands leave the arms of her teal recliner and her bright red nails sparkle through the air. On each ring finger is a delicate snowflake painted over the red nail polish. Susan laughs when I compliment her nails, and says that this is

one of her indulgences. She loves to have her nails done so she goes to a salon every couple of weeks.

When I ask Susan to tell me a little bit about her life, the first thing she says is, “My life is in a 50 mile radius, kind of boring if you think of it that way!”. She laughs, but sounds almost defensive, so I ask if she thinks of it “that way” and she instantly responds “Oh no!”. She is proud of the fact that her kids are still friends with people they knew in Kindergarten. She is proud of the fact that her children never had to move homes. And she is proud that she has stayed close to where she grew up. Susan has three children, two biological and one step-daughter. She grew up in Buckhead, she attended the University of Georgia and studied education, “like most girls did”, and at 24 she married and had children. After college, she taught fourth grade for four years, but eventually stopped working when she got pregnant with her first child. She has never moved from the area.

Susan was 24 when she was married, her husband Fred was 30. She mentioned that she was a little bit disappointed that she did not find a husband while she was in college, as that had been one of her original goals. However, she met Fred while square dancing when she was teaching fourth grade. Fred used to call her apartment and either she or her roommate would answer the phone, and he would take whichever one answered the phone out on a date. Susan jokes that she probably just answered the phone more than her roommate did and that’s why he married her.

Fred had been divorced already when he met Susan, and he had a 5 year old daughter that he brought into their marriage. Despite the non-biological relationship, Susan says “I feel like she’s mine… she’s been mine for a long time”. This family construction was extremely uncommon at the time, and something that Susan had to overcome in order for her own parents

to fully welcome her new husband into the fold. Her father even felt he had to run a bit of a background check on Fred to make sure his divorce was not indicative of a pattern, so he reached out to his work associates to make his own assessment of Fred's character. Of all of the people that I spoke to at Pinewood, Susan was the only one that had any sort of experience with divorce or marital separation.

Fred died in their Georgia home three years ago, at age 78, from a combination of Parkinson's and Alzheimer's disease. She had some help during his last year, both at night and during the day, but she was his primary caregiver until his death. She was not working at the time his health started to deteriorate, which is the main reason she was able to "keep him at home." Susan stayed in the house for two years by herself because "they always say don't do anything, don't make any drastic moves because… you need a time to adjust and also, where would I move? I didn't want to move to my children's houses!" Two years was the recommended waiting period according to an unspecified authority of Susan's, and so she waited that long and it seems not a moment longer.

Unlike many residents who end up at Pinewood because of the advice of children, Susan was fully in charge of her own move. "I told them, in fact I shocked them last February! I mean they knew I was going to do something… but last February I was sitting in the chair, in this recliner and I said 'I am *tired* of living in this house by myself, cooking, the yard work - I mean I didn't do the yard work but I had to get somebody to do the yard work - and upkeep, and the house needed some repairs. It needed new carpet, it needed new paint, and I just think I didn't want to do it! So I got up from my chair - it was on a Sunday, I remember it - and I went to the computer and I pulled up ten retirement places. I called them and made an appointment for two. Monday I went to visit two places and on Tuesday I went to a third. And I said 'I'm moving!'.

So I told my children 'I'm moving!' And they were like "*Mom?*". Now, my son could care less, but the girls, they were a little like, 'Why so fast?' and I said 'At my age how long are you wanting me to wait?!' I said I'm tired of this and so I left."

Susan visited a total of three retirement homes in the area, and ended up in Pinewood because she liked the apartment setup and the lack of traffic in the area best "And so this place was just perfect. I wish it had not been so far out, but you can't have everything… So anyway I liked this place, so I told the girls." Susan waited about a week for a two-bedroom apartment to become available and she moved in one month later. This sort of transition is not entirely uncommon for residents of Pinewood. Some residents decide they want to move in without input from children or family members. Susan's transition highlights the autonomy that these residents feel in making this move, and it can be placed in opposition to residents who did not make this decision for themselves.

Downsizing posed a small hurdle, because "getting rid of stuff is an ordeal… I gave the kids some stuff, and then we had a yard sale -" we pause our conversation so she can answer her ringing phone. She talks to a telemarketer for a moment and then hangs up. "Let's see, what was I saying? Oh yeah, I had the yard sale to get rid of a lot of stuff and then the good kidney foundation took the rest of the stuff!" Susan was proud to tell me that she fit the majority of the material things she cared about into her apartment.

When she is taking on a tour later, she shows me her neat master bedroom and bathroom, and then her "junk room" and second bathroom that she has converted into another closet. She said that she needed the second bedroom because she hated the idea of trying to squeeze everything into one room. "Everybody needs a junk room!" Susan's junk room is home to her desk and computer, a trundle bed, and more lego sets than I have ever seen before. She loves

putting them together, “They’re just 3-D puzzles!” and has kept the ones she and her grandchildren have done together in windowed cabinets and displayed on shelves.

Susan still drives, so when I asked what errands or events she leaves the facility for, she immediately started talking about one of her biggest passions: bridge. “Well I play bridge. I’m an *avid* bridge player. I play duplicate bridge, which is a little bit more than just going to somebody’s house and just playing bridge; we may have 15 to 20 tables. It’s in a business place, it’s a business really. You have a director, and like I say you have 20 tables. We play bridge, and we go to tournaments. We go out of town to play and it’s, you know, pretty involved. And I’ve been doing that for 30 years, and I didn’t want to give that up. So that was one reason I play outside of here three days a week, Monday, Wednesday, and Thursday I drive off of I-285 to my bridge club and play there and I do play bridge here, but it’s *totally* different, … They don’t have rules and stuff. I call it ‘party bridge’ and it’s just hit-or-miss and I’m just not real sure what they have when they bid. They probably don’t know what I bid, it’s just not structured like duplicate bridge is. But I do play here and to me it’s just another game.”

Susan is engaged in a number of other Pinewood activities, but not at the same level of commitment she has to her bridge club. “I play mahjong, I play hand and foot, and I play Rummikub. I play anything that they play. I do exercise a couple of days a week, I would do more if I was here but I’m gone three days a week from about 10:15 till 3pm, so there’s a lot of things that go on that I’m not able to participate in. So the exercises, like I did this morning cause I didn’t play bridge today so I did exercise. I did love water aerobics. I did that all summer. It was twice a week and it was like nine o’clock in the morning and we have a pool here, and it’s heated. And there was a group of us that we would do water - and I loved that oh I just looked forward to it Monday and Wednesday mornings. And of course now we’re not doing it ‘cause

it's too cold, but I hope to get that back up next spring. But I did enjoy that. I've gone to some of the functions, they've brought people in to talk, lecture. Of course right now we're getting so many musical groups. Choirs, school choirs, church choirs, children. They all feel like they need to come to the old folk's home and entertain them for Christmas like it's their Christian duty! And it's great, we had a group this Sunday of little children, and they were just precious. And I enjoyed that very much. They have movies here but I don't go that often because I'm usually playing bridge. And I do play bingo, and I eat. They have good food."

The topic of dining has come up with Susan as it has in all of my other interviews, but Susan chooses to focus on the social aspect of dining rather than the quality of the food as many other residents do. "I basically eat one meal a day here, dinner. I'm not here three days a week cause I'm not here at lunchtime. Breakfast, I just fix me a cup of coffee and just a bowl of cereal here in the apartment as opposed to going to get dressed and going to the dining room. So I really don't eat breakfast there. I'm only on a one, well, two meal is my plan, and one of those is breakfast. So I either have to choose lunch or dinner, I can't have both cause I don't pay the extra. But unless I'm gone for a week (visiting a daughter) … and I'm not eating any meals a week, I don't mind going and having lunch one day."

I ask if she prefers to eat with the same people every day. "There's some that eat with the same group every day. I, when I first got here I didn't know anybody here. I mean, this was my thing, so I just started eating with different people. And I do that, and I really enjoy eating with different people. Now there's some, I have several, I'll say several 'groups', … and sometimes I just go in and sit down! I don't like eating by myself." Susan shares this in common with most residents at Pinewood, and the topic of meal companions is extremely relevant in this setting and will be discussed in greater detail later.

Over the course of a two-hour interview, Susan's landline rings eight times. Every time, she picks up, "Hello?" pause, "Yes, but I'm not interested thank you," and hangs up. Then she laughs, rolls her eyes, and comments on the number of "robo calls" she gets every day. "I'm almost going to get rid of this phone. I use my cell phone and really, this phone, it's just too many. It's all robo calls." After the fourth call, I ask her why she keeps picking up if she knows they are robo calls. She just laughs and says "You know, I really don't know, I just always have."

There is a slight disconnect between Susan and the other residents of Pinewood because of two factors. The first is a financial difference and the second is an autonomous decision. "I think, I've just noticed, I think most of 'em [other residents] come from a little better background financially than I do. I mean I am bare bottom to here, I mean costing and everything, whereas I think these have had a little bit more leeway to get here. And so I think they have a little more there but none of 'em, like, show it off. You know we're all in the same boat: we're here, we're old and that kind of thing. But I just listen to them, where they come from, their travels, and they've just done so much more than me. They came here because, and now this is another thing. I chose to come here. There's a lot of women here, I say women but I'm sure it's men too, their children said 'You need to come here,'. Now I find some of them are very resentful because they didn't want to move. And there's one here, I mean I think she came here for a visit from Virginia and her daughter wouldn't take her back."

Susan is significantly more independent than the average Pinewood resident. The fact that she still drives regularly alone gives her a freedom that many do not have. Her choice to move into Pinewood before it became medically necessary for her to do so has allowed her to adjust to the environment on her own terms as opposed to some residents who, as she mentioned,

have been all but forced into their new homes. Susan did not have to give anything up because this was her decision, and that has significantly impacted her happiness and her life at Pinewood.

Every day of the week, Susan has something to do, so when I ask her if she ever gets lonely, we both end up laughing at her look of incredulity. She has spent the past 40 minutes telling me about all of the activities and groups she is involved with, so it was perhaps a redundant question for me to have asked. She says she is the opposite of lonely, and feels relief when she gets a day off of her busy schedule. Bridge takes up the majority of her social calendar, but on days she is at Pinewood, she goes to her exercise classes, eats in the dining room with her friends, plays games in the evening, and talks on the phone to her family members. Susan's life is far from boring and her routine is the only way she can fit everything she wants to get done each day. Susan is unique in that she has a life outside of Pinewood. She worries about the time when she has to stop driving, because that will mean she will have to give up duplicate bridge, but she is happy where she is for now, and she hopes this is the last home she will ever have. Susan's involvement in Pinewood activities alongside her off-site activities has provided her with a good cushion to fall back on when she reaches a point where she has to give up playing bridge. She will not be isolated, but rather her activities will simply reorganize around other groups.

Susan misses Fred every day and looking at the married couples at Pinewood, she wonders if they know how lucky they are, because she herself did not fully grasp it until after Fred died. Mostly, she misses having someone to share the everyday with. Without my prompting, she jokes that she hasn't found anyone at Pinewood she is romantically interested in yet, but that it is not entirely out of the realm of possibility. Pinewood is a social space, and it is

not uncommon for couples to form here. Susan has been living at Pinewood for less than a year, so she does not know what the future will hold for her, but she is excited to find out.

We talk about death briefly during our two-hour long conversation, but Susan does not have too much to say on the topic. She approaches this topic from a very practical position. She has her will set up, her family knows what she wants for her funeral, and she already has a burial plot waiting for her, right next to Fred. She will share a headstone with Fred, and her name is actually already engraved with her birthdate, "It just doesn't have the last date, but we had it made a long time ago." Susan is not afraid to die. "I hope it's quick and painless. It'll just happen … but I feel like I'm pretty much a long ways from there." She says with a smile "I have no problems about dying. I know I'm going to heaven, there's no doubt in my mind. So I have peace with that." By no means is Susan ready to die, or even leave Pinewood, she has a lot of life to live and is finding new joys every day. "I have everything I need here. I know I'm going to get to a point where I'm not going to be able to drive. But I have everything here for now!"

Chapter 5: Ethnography

I. Pinewood as a Social Space

One of the main motivations that older people have in moving into an independent living community like Pinewood is the increased potential for social interaction. As discussed in the literature, older individuals experience a shrinkage of social networks as they age. Friends and family members move away, die, or just become immersed in their own families or lives. Independent living communities offer an appealing alternative to this trend, as they provide regular social engagement in an environment that stays consistent in size. After Susan's husband died, she moved into Pinewood because she did not like living alone and wanted the neighbors, the friends, and the engagement. She still leaves the facility regularly to play bridge with an off-site group, and socializes with other people, but her living environment is now a social world.

The more time I spent at Pinewood, the more clear it became to me that Pinewood operates under a very specific set of norms as a social space. Specifically, cleanliness, friendliness, and openness are core tenets of Pinewood. As soon as residents step out of their apartments, they are in a public setting. Perhaps because of the norms this generation grew up with, this means everyone is always dressed, with hair done, and clear effort put into their appearances. Some residents even discussed with me how they are sometimes deterred from leaving their apartments for breakfast because they know if they are in the dining room, they must be "dressed up" and do not want to go through the "hassle" so early in the morning.

Friendliness is another distinguishing feature of the Pinewood environment. From the first time I visited, every person I would pass in the hallways would smile, make direct eye contact, and greet me. I learned early on that it was considered rude to pass someone without acknowledging them in a clear and direct way. Luckily I did not make the mistake myself, but

rather overheard a woman talking in the lobby one day about a rude visitor who "just ran right past without even looking at me, meanwhile I'm smiling at him like a fool". After that, I made an effort to put any self-conscious nature aside and engage directly with each of the residents I saw. Some of the more curious residents did not hesitate to ask who I was there to visit, or how old I was, or even to comment on my physical appearance. As I was passing a public lounge late one evening, I made eye contact and smiled at one woman and she said "Hello" back. Then she simply said "You look beautiful today," in such a familiar way that I was, for a moment, confused as to whether I knew this woman or not. She was a complete stranger, who was comfortable expressing her friendliness in the form of compliments. The only parallel I could draw in my mind to this interaction was the experience of being catcalled, as I have grown up thinking that unsolicited compliments are rude. However, this woman was not rude, she just did not see anything uncomfortable with this sort of comment.

Openness, which I will discuss in more depth later, is another aspect of Pinewood's social field that surprised me. This relates closely to friendliness, but with the key difference being reciprocity. Pinewood residents are very comfortable asking what I would consider to be uncomfortable questions. This applies to both residents and visitors. On one occasion, I stepped off of the elevator into the open area outside of the dining room, and a woman greeted me politely. She had stopped walking, so I knew she would probably want to make a little small talk so I said hello and told her that I was there to take my grandmother out for lunch. She asked which restaurant we were going to and I told her. Then, switching topics without missing a beat, she asked "Are you seeing anyone? I have a handsome grandson about your age. He's a student at Georgia Tech and I just know he'd love to take you out." I had to pause for a moment to make sure I had heard her correctly; I am not used to being set up on blind dates by grandmothers. I

laughed and told her politely that unfortunately, I was seeing someone and we parted ways with a few more niceties. This incident brought a few things to the forefront of my understanding of Pinewood. First was the distinction between genuine curiosity and invasion of privacy. I understand that some residents of Pinewood appear to the newcomer to be nosy in that they will ask questions like "Are you seeing anyone?" and then expect an answer that matches their openness. However, in this specific environment, the lives of residents are essentially public knowledge, and therefore this occasionally extends to visitors in the environment as well. There is very little privacy, mainly because people ask about each other. Second, this incident exemplified the presence that familial relationships have in this space where they are rarely physically present. Even residents with children and grandchildren that cannot visit Pinewood regularly think and talk about their family members more than any other topic.

The expectations that residents and visitors of Pinewood will always be dressed up, friendly, and ready to engage openly all serve as ways to resist the diminishing of social networks. By putting effort into their appearances, Pinewood residents are signalling that they are dressing up for each other, and for social interactions. This implies a level of respect that is awarded to every member of the community. By greeting every person they see, residents are expanding their social circles to the entire community rather than just the people that they might eat their meals with or live near. And by asking what I would consider to be uncomfortable questions, residents are letting themselves engage fully with people. There is reciprocity between residents that implies a long-term friendship. Whether that friendship has grown over years or not is irrelevant because residents act as if it has, and therefore it exists.

II. Shifting Family Relationships

The vast majority of Pinewood residents have been, or are currently, married with children. I only met one man who had been married but had no children. I did not talk to any residents who had never been married at all. The presence of strong family bonds is one unifier among residents, so it was not surprising that over the course of my research I heard just as much about children and grandchildren as I did about the actual residents. Despite many residents not seeing family members regularly, I would always get an update on some new development in a grandson's career, or a daughter's plan to visit soon. It seemed to me that geographical or emotional distance did not matter when residents were establishing who they felt closest connections with; as long as the individual was a blood relative, he or she was given special status within the social network of residents.

This notion exists in contradiction to the actual amount of time residents spent with family members as opposed to with other residents. When approaching this project, I assumed that some sort of kin networks would develop between residents. I assumed that living and working in such close proximity to each other would foster strong bonds that might even rival those between residents and distant family members. However, it became clear to me over time that this was not the case. Residents overwhelmingly feel closest to their relatives, and those who are closest to them are more likely to talk about their satisfaction with their social lives. In opposition, residents with limited contact with their relatives still feel closest to those relatives, but are more likely to talk about being lonely or socially disengaged.

In order to evaluate the self-identified social networks of residents, I would like to draw attention to some patterns that emerged over the course of my research. I interviewed residents who had varying levels of in-person and over-the-phone contact with relatives, and then established multiple levels of familial bonds depending on the ways that residents spoke about

their family members and how often they were visited or called. The most common form of interaction between residents and family members were in-person visits and conversations over the phone, so these two factors were what I used when thinking about level of contact.

Those with the most contact had children who lived in the area and those children visited multiple times per week. When they could not visit, they would call regularly. Next were those who might have had relatives in different states, or who did not visit Pinewood regularly, but called daily or at least a few times per week. Third were residents whose family members either only visited or called occasionally. "Occasionally" is difficult to define because some residents saw their children once a week for a short amount of time but wanted more, and others saw them only a few times a year and were similarly dissatisfied. I have found these three tiers of family engagement are helpful in explaining, in part, why Pinewood residents have not formed the type of kin bonds that might be expected in such close living quarters.

Those who have family members that visit regularly rely on those people for the majority of their emotional needs. For example, when Helen's daughter comes to take her grocery shopping every week, she is renewing her social and functional ties to her mother. The interdependent relationship that has been ongoing for all of Helen's daughter's lifetime is not diminishing, and Helen gets to remain independent from many of Pinewood's services through her daughter's assistance. Keeping up to date with family events is also easy with this close connection, thus keeping Helen connected to updates on her grandchildren's lives through her daughter. Drawing back to the literature on dependence as a strengthener of social relationships, by asking her daughter for help, their relationship is actually becoming stronger, and not strained as one might assume. Despite not living with her family members, Helen is still an active

participant in her family through this strong relationship with her daughter, who acts as a reinforcing bridge to other family members.

The second tier of family engagement, regularly talking to family members but not seeing them in person as often, also allows residents of Pinewood to remain close to their blood relations, but without the added benefit of functional assistance. Regular phone calls let the residents feel that they are a part of everyday life for their children and other relatives. I have found that one unifying behavior among every resident of Pinewood that I spoke to was the unwavering willingness to always answer their phones, despite being harassed by upwards of 20 scam callers per day. This is because talking over the phone is one of the primary forms of communication for residents to family members. It allows the younger relation the comfort of not having to visit the facility directly while still interacting for as much time as a few hours per day. One resident I spoke with told me that she has three children and she tries to talk to each of them over the phone for upwards of one hour each. She generally knits or works on embroidery during these phone calls and as a result, her apartment is covered in crafting supplies and homemade works of art. Her activities exist around her everyday relationships with her relatives.

On the other end of the spectrum are residents who talk to their family members regularly, but for much shorter amounts of time. Several residents I spoke with reported that they talk to a family member for at least five minutes every day. Five minutes did not seem like a lot to me at first, but it is enough to get updates on what the family member is doing that day, news on other family members, like grandchildren, and keep up to date with ongoing problems or developments. It is also important because it keeps the connection at the forefront of both parties' minds. For example, I asked Anne what she talked to her children, who were spread out over several states, about every day. She said it depended on the child. With one daughter, she spoke

about work, with another about grandchildren and great-grandchildren, and with a son she just spoke about daily schedules. She was partaking in their lives in a non-invasive way while still contributing advice and "motherly wisdom" from a distance. This level of engagement indicates a level of emotional reliance, while foregoing the functional reliance that other members have when their children take them to doctors appointments or grocery shopping regularly.

Residents who exist in the third tier of engagement, rarely seeing family members in person and speaking over the phone occasionally or without a regular schedule, would seem to be the most likely to form stronger bonds with other residents. This is because they do not have the familial support as readily available to them on an everyday basis. However, in my experience, I have found that rather than form new kin bonds with individuals who are in similar social situations, residents either revert to solitude and wait for family members to reach out, or forego those closest bonds all together and remain nostalgic for the times when they felt closest to their family members. I heard from Susan about one resident of Pinewood whose daughter visits for lunch once a week. This is about how often other residents see their children so I was not initially surprised, until she told me that this is his only social interaction for the week, and that he is extremely unhappy because he wants her there every day. Unfortunately, she does not have the time with her work schedule, but he is suffering because of his emotional attachment and social reliance upon her, and her inability to reciprocate to the extent that he is expecting.

III. "If you're lonely here, it's because you're not doing it right." - Loneliness

"Loneliness" is a challenging word to bring up in Pinewood. It is a known feeling in the community, primarily because most residents live alone, and have at some point experienced loneliness. Most have been married. Many have had spouses that have passed away. All of the residents have experienced the deaths of parents. Many have experienced the deaths of siblings.

All have lost friends, either to geography, time, or death. Some have even lost children. Social circles shrink in later life, and this phenomena is concentrated in a place like an independent living community. Therefore, loneliness becomes more common in old age, but is still almost stigmatized at Pinewood because of what it represents.

Loneliness represents a failure to engage at Pinewood. The downside to Pinewood offering so many social activities and opportunities for engagement is that this implies that those who are lonely are simply not partaking in the activities, or putting in the effort to engage with other residents. There are a few reasons why this might not be the case though. First, physical disabilities are a limiting factor to social engagement, and many residents of Pinewood are disabled. I spoke to one resident who had experienced a severe loss of mobility within the past year, which has ultimately confined her to a wheelchair. (Here, I use "confined" because it is how this resident described her own situation.) She used to enjoy the outings that she and her friends would take on the Pinewood bus. They would go out to lunch, or see a movie together regularly. However, she now needs mobility assistance in public spaces and her friends are not equipped to aid her, and Pinewood does not offer any sort of companion for traveling. Her friends cannot push her wheelchair, and she cannot move it herself for anything greater than short distances. As a result, her friends have stopped inviting her out with them altogether. She was hurt by this, primarily because it took the decision to engage out of her control. She told me, almost urgently, that if they invited her, she would decline because of the burden it would pose. She did not want to inconvenience anyone else, but it would be nice to be invited so that she could make that decision for herself. Her loneliness is not at all her own choice.

Another reason that failure to engage is not always a choice is the effect that caring for a spouse has on people. It is unfortunately more common than not that married couples in late life

experience physical decline at different rates. John, who was 92 years old, was in perfect health when I interviewed him. His wife, Jane, had died just six months before, after physically suffering for years. During his wife's decline John spent most of his days caring for her. His life revolved around organizing caretakers to come help her, and making sure she was fed, clean, happy, and in as little pain as possible. The stress that accompanies the long-term suffering of a spouse, or any loved one, makes finding the will to go upstairs to play bridge, or engage socially with other residents on even smaller levels, very difficult. As a result, there is often loneliness amongst caretaking residents.

Loneliness is not simply a failure to engage. Rather it is the result of a multitude of factors that are, in large part, uncontrollable. These factors are not always addressed because they often involve the most uncomfortable topics - illness, physical decline, mental decline, and death - but these are important to consider when thinking about the types of activities offered in independent living communities, and how those activities might be exclusive or limiting to some residents.

I have found that those most willing to speak on the topic of loneliness are those who experience it the least. For example, married couples that I spoke to do not often experience loneliness because they are living with a partner. Marie and Joseph, who live together in their two-bedroom apartment, rarely experience loneliness. This is not just because they have each other around at all times, as they often engage socially as individuals. For example, Joseph often eats in the dining room without Marie. However, he finds other people to dine with because he has met them through his social partner. Marie and Joseph are very outgoing, but they also have each other to rely on in social situations. A spouse can almost be thought of as a social crutch because it is a connection that an individual walks into Pinewood with that other new residents

do not have. The majority of other residents move into the facility not knowing anyone, and have to navigate the social space without a partner. Marie and Joseph were clear when speaking about loneliness. They asserted that residents who were lonely were also the ones not attending activities, or joining clubs, or taking meals in the social dining room. They saw loneliness as a choice. Marie said that when Joseph is busy watching TV or is not in a social mood, she herself gets lonely. When she feels lonely she will just leave the apartment and she usually bumps into someone she knows, or she pops into one of many activities offered every day. She is able to choose when she wants to mitigate loneliness, and she is able to do so on her own terms. I have wondered, however, if what Marie considers loneliness is truly the loneliness that other, more isolated, residents are feeling if it can be avoided. Unfortunately I do not have a definitive answer to that question.

The residents that experience what I would consider loneliness are those who have neither strong family connections, nor a broad network of friends within the Pinewood community. It is not easy to become popular with many people at Pinewood without engaging regularly in an outgoing manner. If something like a natural introverted personality is combined with some sort of physical disability that limits movement or mobility, being a social being becomes even more difficult. Without the crutch of a spouse, or the emotional support of family members, loneliness can be one of the most difficult feelings to process and live with, and it is a large contributor to stress in older people. As mentioned before, the health benefits of social engagement are numerous and significant, so social isolation not only affects mentality on a daily basis, it affects life expectancy and physical health as well.

Residents who experience loneliness the most are often the least likely to address it. One conversation in particular exemplifies this best. I was speaking to a woman who lived by herself

at Pinewood. Joann was slightly hesitant to talk to me, as she was worried her interview would get out to other residents, and her reputation was very important to her because of the lack of complete privacy at Pinewood. I reassured her repeatedly at multiple points during our conversation that I would change her name for the purposes of the study and I would leave out all identifying information from her interview. When we started talking about loneliness, she was hesitant to reflect on her own life, and kept talking generally about how other Pinewood residents feel. However, as our conversation progressed, she became more willing to reflect on her own life. I asked her how she experienced loneliness in her life. "I am lonely, but I'm lonely for my family … I'm talking about my immediate family. My sons, my grandchildren. They all have busy lives and so I'm not high on their totem pole. I'm one of the lower people." I asked if she thought about all of the time and effort she put into raising her children and supporting them through all the stages of her life. I asked if it ever hurt her feelings to be neglected. She paused for a long time before she simply responded "Yes, but I understand."

What Joann understood was that this loneliness she was experiencing was the natural progression of life. She had the idea, as many people do, that as people age, they are supposed to become less contributing members of society. This draws back to the Theory of Disengagement, by which older people naturally disengage from society. They stop working, their social circles shrink, they fade away from the forefront of younger people's minds. Her loneliness was understandable to her because it existed in accordance with what she perceived old age to be. According to this mentality, the life course can be mapped as a bell curve. The peak of life would be mid-adulthood, when people have successful careers, established families, thriving social lives, and are fully contributing members of society. The expression "over the hill" is applicable here, as it describes the period of decline after this peak. That decline eventually culminates in

death, with no more upward movement anywhere along the way. This is not an uncommon notion to have of late life, and it is possibly one reason that Joann was so accepting of her children's infrequent contact and her growing social isolation.

However, as discussed earlier, other people subscribe to the alternative Social Activity Theory. This theory defines late life in terms of gains and losses. There is no general decline here, there is just a shift of priorities, activities, and abilities. This theory is popular among the most active and engaged residents of Pinewood, and it is what Pinewood as a facility promotes through the abundance of activities and services offered. Loneliness is not encouraged by any means at Pinewood. However, uncontrollable factors sometimes make it impossible to avoid.

The ugly side to loneliness that residents do not often want to talk too deeply about is the effect it has on the psyche. Anne told me about one particularly upsetting incident at Pinewood in which a man committed suicide. "I've seen people die here before. Two doors down I had a man commit suicide here. He put a gun in his mouth and pulled the trigger. When was that? Oh that's probably about 10 years ago. I knew him as well as anyone else. I think he was lonely. His wife had died, unhappy. He was old and like what was there for him to do? And he wasn't able to get around too well. He had a wheelchair and he was just, life wasn't like it used to be."

This is what Pinewood attempts to avoid through the abundance of activities offered, and safeguards put in place like the Ambassadors program. Ambassadors greet new residents to the community and show them around soon after they move in. This might involve asking the new resident to join them for meals, getting the new resident to sign up for a couple of new activities, or just becoming a familiar face for the new resident. It is the hope of the program that this will mitigate the transitional period and perhaps decrease feelings of loneliness before they manifest themselves in truly damaging ways.

IV. Privacy and Gossip

I arrived at Pinewood one afternoon, scheduled to interview a couple living there, and then meet my grandmother for lunch. I exited the elevator on the third floor, and headed down one wing looking for their room. I passed the dining room on one side of me and the glass-windowed lounge on the other, and because I did not recognize anyone in either space, I did not greet anyone and kept moving briskly. As soon as I realized the room numbers on that wing were not moving in the direction I was looking for, I turned around and walked back past the dining room and lounge to look in another wing, where I found the correct apartment. This little turnabout all took place in the span of about 30 seconds.

When my interviews finished about two hours later, I walked to my grandmother's apartment to take her out for lunch, and the first thing she said was "Oh three different people came up to me and told me you were lost up here earlier!" I was surprised by this because I had not stopped to talk to anyone except for the couple that I had interviewed, and I knew they could not have beat me over to my grandmother's place because I took a straight shot there. So, I asked my grandmother how people knew who I was, and who came up to her. She said that the people sitting in the lounge playing bridge keep a close watch over the elevator and take note of all of the visitors that come into Pinewood. They knew that a student from Emory was interviewing residents, and they knew what I looked like because other residents had talked about me before. It was easy to put two and two together for them, and then they wanted to make sure that my grandmother knew that they saw me and that I looked lost.

This insignificant anecdote serves the purpose of demonstrating one thing: there is very little privacy at Pinewood. If a visitor that only several residents had ever met before, as this was still relatively early on in my research, was watched and noted to this extent, I could not imagine

the sort of things that the residents noted about each other. The speed with which news travels around Pinewood is astonishing. If I thought news traveled fast at the all-girls high school I attended, Pinewood at Duluth taught me about an entirely new level of speed.

I hesitate to use the word "gossip", even though many residents openly talked about how "gossipy" Pinewood is, because of the negative connotation of the word. Gossip implies a certain degree of pettiness, which I do not feel is entirely representative of Pinewood's atmosphere. There are absolutely times where gossip at Pinewood is negative, and even nasty. However, for the most part, people at Pinewood just like to keep up-to-date with the people in the building. For lack of a better word, I will be referring to gossip in this analysis, but I would like to remove the bulk of the negative connotation going forward.

Because of the high level of communication and openness both between and about residents, there is very little privacy within Pinewood. Residents are not always uncomfortable asking what I would consider to be uncomfortable or intimate questions. These might be questions like "Is your husband dead?" or "What kind of cancer do you have?". They are not always phrased in such blunt ways, but nonetheless they are asked and answered regularly. Then, this information spreads to second and third tiers of interaction. It can be assumed that most people at Pinewood take an interest in their community members, so this open spread of communication is the norm. This kind of communication has some benefits and some downsides.

Benefits of this are the openness with which people can talk at Pinewood, the normalization of difficult but shared experiences, and the help that comes with others knowing when something is wrong. Another benefit is the authenticity of the bonds that form as a result of having conversations about personal, if sometimes uncomfortable, topics. I have found that most residents report being able to count on at least two friends to help them if they need something.

This is a major positive for the community, because it means that people are connected in real and authentic ways that involve more than just surface small talk. When John's wife's health was declining, his friends were aware of his situation, whether he told them directly or they heard through others. They offered him comfort and sympathy, and those who had gone through similar situations were able to offer advice. This was comforting to John because it was a major hardship for him, and it was signifying a major life change. He was given support through others knowing about his situation.

There are, however, some significant downsides to the lack of privacy at Pinewood. One downside would be the pressure it puts on residents to hide aspects of their lives that they are not comfortable with the entire community knowing about. This might result in inauthentic relationships, which is unfortunate because that limits the amount of social engagement that is possible. When the majority of Pinewood residents feel comfortable sharing information about both themselves and others, this free and open exchange of knowledge might deter others from sharing even smaller pieces of information for fear of their privacy being compromised. Some people value privacy more than others, but Pinewood is not an environment in which that is always rewarded. Another downside is the petty side to gossip that several residents I spoke with referenced. One woman said she avoids talking to certain people in the community altogether because she has learned that anything she says to them will be misconstrued and spread around faster than she could ever get ahead of it. I do not think that residents here mean to engage in intentionally hurtful ways, but unfortunately it does happen and it does limit social engagement to a degree.

In regard to gendered activities, gossip seems to be perceived mainly as a feminine activity. One woman said she and her husband enjoy eating with new people every day, but that

she prefers to eat with men rather than women. When I asked her why, she said "The men aren't as gossipy I guess. I mean women- 'did you see what so-and-so had on today? -I mean who cares? We have some that are very very busybody [people here]." She said that some women at Pinewood gossip about dress, behavior, background, and many other factors. Those who enjoy this sort of conversation are grouped into one category while others distinguish themselves in opposition.

V. "Just take us to a table for four and bring us somebody fun!" - The Dining Room as the Epicenter of Social Life at Pinewood

The majority of public social engagement takes place in the main dining room at Pinewood during dinnertime. When you walk into the dining room, you walk into a schoolroom cafeteria. There are various cliques that occupy the space, and there are rules for behavior as well. The first thing one might notice are the big tables that seat up to eight people. There are often a couple of these tables filled up during each meal, and always a dinnertime. These tables are generally occupied by some of the most outgoing residents. When the large tables are in use, there is often also a rotating crowd of secondary members that walk over to say hello and make small talk during meals.

Who residents eat with is strongly indicative of social engagement. Tables are mainly grouped together based on friendships, but the dining room is also a space to make friends. Some residents eat with the same specific group for every single meal, while others schedule meals with specific people. Residents who eat with the same group every day are generally less likely to admit that Pinewood has cliques, so the majority of the information that I have gathered about these tight-knit groups has come from outsiders to them. However, one woman I spoke with was very open about her strong preference for eating with the same group every day. She said that her

current group has been eating together for a "couple of years" but "In another group I sat with them for at least ten years... I think that we become cliquish." Her own reflection on the preferences of older people was that as people age, they want to be around their own age group more often. In a non-age-segregated setting, this might be a broader generational category of all retired people, or people over a certain age. However, since Pinewood residents are exclusively older people, all over the age of retirement, that demographic is then broken down even further to people who are a few years apart.

Some of the most social residents are those who resist the cliquish behavior and work to meet new people, and the dining room is a great place for that. Helen was one of the most involved residents that I met and she and her husband Bill often trust the hostess to seat them with new people. She regularly tells the hostess "Just take us to a table for four and bring us somebody fun!" Helen and Bill have a regular group of friends that they play bridge with, and attend different clubs with even more friends. Helen is an ambassador for Pinewood so she helps welcome new residents to the community and get them involved. As such an involved figure, she does not feel the need to eat with the same people every night and enjoys the possibility of meeting new people.

In contrast, some married couples have the tendency to associate most with other married couples and are hesitant to expand their social circle. Meal times are a social time reminiscent of dinner parties and game nights that these couples hosted and attended earlier in adulthood. The couples have engaged socially as partners for so long that to disassociate or to begin friendships with non-married residents has the potential to create an imbalance in their own partnership. The majority of single residents I spoke to reported that married couples mostly eat with other married couples, while the actual couples that I interviewed said they ate with a mix of couples

and singles. This might be because single residents feel intimidated and do not want to sit with married couples for fear of being partner-less in a partnered setting. Or it might just be because it is noticeable when married couples spend significant amounts of time together, because then it appears to be intentional. Whatever the case, there were mixed reports on the social preferences of couples.

VI. Physical Health - Exercise and Nutrition

The physical process of aging can take place in many different ways. One aspect that I want to focus on because of the amount of attention residents gave to it during their conversations with me is pain. Pain is often a part of everyday life for the residents of Pinewood, but their lives are not put on hold because of it. Much of the pain that residents talked about came from just growing old. Pain in joints, pain in muscles, pain from sitting too long, pain from standing too long; pain from simply existing as an older person is not uncommon.

Pinewood provides a number of physical services in an attempt to counter these physical pains. These include exercise services and fitness classes. These services are included in the resident's fees and it is up to the resident to decide which, if any classes, he or she wants to attend. Fitness classes can take the form of seated aerobics, Wii bowling, or even exercise classes in the outdoor pool. The pool is beautiful and secluded, but I have never seen it in use. I have only heard from one resident that she enjoyed using the pool, and she was the youngest member of the community. Perhaps age is a deterrent to using the pool. Pinewood also hires physical therapists who make room visits and can assist residents with more targeted problems. All of this is intended to be as convenient as possible for residents, and it seems to be working because the Pinewood staff report that some of the most popular activities are the fitness classes.

However, by far the most popular exercise activity at Pinewood is walking. Simply walking is an accessible form of exercise that can be combined with a social aspect, resulting in its popularity with residents. Helen, who is involved with several fitness classes, says that she walks around the entire facility every single day with a friend of hers, and this is how they stay active. There are also people at Pinewood that spend the majority of their days just walking the halls. Many residents have walkers or other mobility aids, so the flat and smooth hallways provide good spaces for this low-impact activity.

Food is another major influence on physical health. The food is probably the most talked about feature of Pinewood amongst the residents. When I ask how people enjoy their lives here, I am often led into a conversation about the food. I have found that the residents who have lived in other similar communities before coming to Pinewood are the happiest with the meals. Those with complaints are often those who have just moved from their own houses and are transitioning away from cooking for themselves for the first time in their lives. Each apartment has a full kitchen, as mentioned before, but due to the social draw of the dining room as well as the time, energy, and resources that go into cooking consistently for one's self every day, the vast majority of residents do not use their kitchens for elaborate meals. Residents mainly utilize their kitchens for making tea or coffee, sandwiches if they need lunch and do not want to go to the dining room, light breakfasts like cereal or fruit, and snacks throughout the day. Joann said when I asked her about her meal habits "I haven't cooked in about 15 years because they give us our meals," which is not an uncommon response at Pinewood. This is often an adjustment for newer residents, but Pinewood attempts to give residents as much freedom in food choice as possible. For example, every meal has a menu of specials for the day. This includes a soup or salad, a couple of entreé choices, and a dessert. There is also a large menu that residents can

always order from. The menu is extensive, but if a particular resident has a craving for something that is not listed, he or she can ask their server if the chef could make something else, and the chef will accommodate the request. Ultimately, residents can order from on or off the menu, and as long as the request is reasonable, the kitchen will serve it.

On Sundays, Pinewood provides one large buffet brunch as the only meal of the day. This might seem restrictive, but again, it is far from it. There are long tables of hot plates from which residents can special order omelets, crepes, and other breakfast foods from chefs in crisp white jackets and toques blanche. There are to-go boxes provided so that residents can take food home for lunch and dinner if they need to. Residents often bring family members to this brunch, and it is formal but highly social time, reminiscent of after-church meals.

Aside from the Sunday brunch, most meals during the week consist of multiple courses, and these courses are all included in the meal plan, so residents do not have any financial motivation to limit food consumption. They are not required to order all courses, but since most do, that has become the status quo. This can potentially negatively impact health. I have heard from many residents that there is a stereotype around Pinewood that most people gain weight after moving into the community, and this is in large part because of the food. Without regular exercise, the effects of the readily accessible food are hard to mitigate.

Helen was proud to report to me that “I’m probably the only one here that lost weight instead of gaining it,”. She credited her daily exercise routine and her diet for her weight loss. Her exercise routine, which consists of both group fitness classes and a daily walk around Pinewood, is something that she does not necessarily find fun, but she finds integral to maintaining her normal habits and routines. She, like many residents of Pinewood, has found specific ways to preserve her own sense of independence in such a heavily coordinated

environment. Her food intake is her own way of shaping her health, and it is an expression of her independence and autonomy.

VII. Care - The Intersection of Dependence and Independence

One of my goals for this thesis was to evaluate how residents of Pinewood express and experience independence in their everyday lives while simultaneously becoming more dependent. The vast majority of Pinewood residents value their independence, while at the same time honestly acknowledging any limitations they might have. Joann encapsulated this idea well when I asked her how she felt and she said "I'm old chronologically, but I'm young in spirit." She has a significant mobility impairment and requires a certain level of functional dependence, but her mind is sharp, she is fully autonomous, and she does not feel that she has lost her independence. This is why many Pinewood residents choose this particular community. "Independent" is in the very name that Pinewood uses to distinguish its community, and there are many ways that this is expressed. Residents live in their own apartments, they can leave in their own cars or on the Pinewood bus to run their own errands. They go to their doctors appointments off-site. They truly have lives outside of the community. However, there is a level of dependence that is recognized at Pinewood. Residents who are not able to drive have to rely on Pinewood services of family members to transport them to hair appointments or the grocery store. Residents who cannot change their own lightbulbs call maintenance to help them. There is a cleaning service included in apartment fees so residents do not do their own vacuuming or cleaning. Pinewood provides many other services to assist residents with activities that are no longer easy.

To some outsiders, a call button in the shower for falls might seem like an invasion of autonomy - as if it assumes that an individual can no longer shower without being fully

independent. However, to most residents, the services that Pinewood provides are seen as helpful care, and are ignored if they are not needed, and adopted as they become necessary. Dependence is not stigmatized within Pinewood as it is in the rest of the world. Residents share the common situation of increasing dependency, but I have heard from most residents that giving up something like driving is worth it when the trade-off is the independence that the decreased risk gives them.

At the intersection of this increasing functional dependence and sustained value of independence is Pinewood's version of "care". Care here means assistance to the extent that the individual resident needs, and no more or no less. To do less would be inadequate care. To do more would infringe upon the individual's autonomy. This delicate balance is walked carefully by the staff at Pinewood, and it is usually upheld well. If a resident has a complaint or a concern, there are multiple outlets through which he or she can voice displeasure. The General Manager of Pinewood is often approached by residents directly, as are other staff members. This is all done in an attempt to tailor care to exactly what residents need.

The most problems arise within the Personal Care wing of Pinewood, because that is where residents need the most assistance, and after a certain point, Pinewood cannot provide adequate care to residents. The residents that I interviewed that were the most knowledgeable about the personal care wing were in general the most critical of its shortcomings. "It's called personal care - that's a joke because they don't give much personal care." This came from a woman who requires more care because of increasing physical issues. She is generally unhappy with the care she is receiving because she feels that the staff are not as educated or knowledgable as they could be to truly provide her with help in an everyday setting. She recognizes that Pinewood's personal care wing is not synonymous with assisted living, but asserts that having to

move out of Pinewood poses too big of a hurdle so she has to make do with what Pinewood does offer.

As primarily an independent living community, Pinewood does not offer the kind of intensive daily care or end-of-life medical care that other facilities do. However, some of the residents of Pinewood, who might have moved in while fully independent, now need this kind of care. As a result, there exists the unspoken understanding amongst residents that some residents of personal care are not having all of their needs met. Anne, who has lived at Pinewood for over a decade, told me once of a woman who has been developing dementia has recently had to have her kitchen stove and oven disabled for her own safety. Her husband has taken to locking the doors of their home from the inside at night to prevent her from leaving the apartment, because he is unsure if she would be able to find her way back safely. Residents have to either decide to move to an entirely new community, or make do with the services that Pinewood does provide to them. The most common reason that residents need to move to more intensive care facilities is that they develop some sort of cognitive problem that requires specific memory care services.

My understanding of this dynamic is that often the Pinewood staff members are fully aware of the shortcomings of care, but they are limited by what they offer and what they can do to move the resident. When the Pinewood staff become aware that perhaps a resident needs to move to a memory care facility, they reach out to the resident's family. This is often where they experience resistance, as some family members do not want to go through the hassle of moving the resident again, or do not see how her needs are not met in what they assumed was an all-encompassing "old age home". One woman said very bluntly of her family's response to her wanting to move "Moving is not easy and my family, my boys would say, 'Don't move mom'... They say 'At your age don't move.' I'd make friends, period. But it's not an easy ordeal."

Despite the fact that her needs were not being fully met by Pinewood services, she has been advised against a move by her children. Unfortunately, this kind of tension leaves some residents in limbo while not receiving adequate care on a daily basis.

Despite this limitation, the majority of Pinewood residents take from Pinewood services exactly what they need. They feel cared for, they feel independent, and they feel satisfied with their experience aging. Through accepting the services that Pinewood provides, they can concentrate independence in areas of life that matter to them most. For example, in giving up doing his own yard work, Joseph has saved money, time, and energy that can now be devoted to his social experience at Pinewood. He might miss the physical activity or the satisfaction that comes with getting a job done well, but this is a tradeoff that was his own to make, and he was not forced into it by some dramatic incident. I have found that all of the residents talk about their own choice when referring to things they have had to give up. Specifically, driving is one aspect of independent life that many residents say that they have given up. This is often for safety reasons, as reaction times and eyesight deteriorates in later life. However, they still have access to vehicles, and can take Pinewood-provided transportation most places they need to go. By allowing themselves to depend on Pinewood for more functional services, like transportation, cooking, and cleaning, residents free up their own lives to preserve independent social relationships, financial decisions, and family ties.

VIII. "Old age sucks, but the alternative is worse!" - Death

Something that all members of Pinewood have thought about is death, and the process of dying. I was nervous to bring up the topic with this demographic because I did not want to appear insensitive or callous by asking people about their end-of-life plans or even preferences on how they would like to die. I had assumed that the closer a person came to death, the more

uncomfortable they would be discussing the topic. This is a heavy topic that I was not always prepared for. However, I did not meet one resident who was unwilling, or even uncomfortable, sharing his or her feelings on the topic. It is often where I found the most humor in residents. One woman, who had been experiencing declining health for the last decade said in our interview " I say to some people, old age sucks but the alternative is worse! And one of my - not a real friend - said to me one day 'How do you know it sucks?' I said 'Well you go find out, I don't want to find out!' She was so angry with me." This phrase encompases how many residents approach the topic of death. They are happy to live, they find joy in everyday life, but they are not fearful of death and are not afraid to address it or joke about it with their families, friends, and even relative strangers like me.

Death is a natural part of life, and we often focus so heavily on ways to avoid it that we forget from time to time that it is inevitable and unavoidable. The older population at Pinewood are aware of this mentality, and often work to normalize death to their family members and friends. I have heard from many residents that they are "prepared to die". This means several things. One interpretation is that they are logistically prepared. Every person I spoke to had a last will and testament prepared, and a living will as well. Their families know what they want to happen to their homes, possessions, and bodies. They have picked out where they want to be buried or cremated. Those who want a burial have even purchased plots, often with other family members. There is a large amount of preparation that goes into dying and most find comfort in knowing everything is taken care of so that their families do not have to wonder or guess at their desires.

Another interpretation of being "prepared" to die is more emotionally-rooted. Some residents find solace in religion. I heard the phrase "I'm not afraid to die. I know I'm going to

heaven," from Susan as we were flipping through photographs of her and her late husband when they were out dancing together one night. She talked a lot about her husband and the effect his death had on her. She was "over the moon" about him, and his long decline with both Parkinson's disease and Alzheimer's was hard for her to watch as a wife. When he could no longer drive, she knew that the end was close, and had to really start thinking about what it would be like to live without her husband. As discussed earlier, her decision to move to Pinewood was largely influenced by the death of Fred, who had been her partner for decades.

Susan did not fear death so much as the painful process of dying. She, like many others at Pinewood, expressed that she wants to go quickly and quietly in her own bed, and her biggest hope is that she will not be in pain for long, as some of her friends have been. This would cause the least amount of suffering possible. The process of dying instills a certain amount of realistic fear in residents of Pinewood. They do not fear the unknown, as many younger people do, but rather the doctors appointments, the waiting rooms, the pain, and the battle mentality of fighting off death for as long as possible. Multiple residents expressed to me that they were "fighting" or "struggling with" some physical ailment. This kind of language is common in Pinewood from both the residents and the staff members.

Those who have been experiencing the more painful sides of aging are those with degenerative conditions that are known to be incurable and are only treatable to a palliative extent. One difficult conversation that I had with a resident addressed this. She said very bluntly, "I have a couple of friends who I think really want to die". I asked if she had talked to them about why they felt this way, or why she thought they felt this way and her explanation stemmed mainly from the long-term toll it takes to age and the losses that are associated with aging. "They have a lot of sorrow now and they did in the past. For example one of my friends is sick all the

time and so she wants to leave this world. Yeah she's tired." Some residents of Pinewood reach this point in life at which death seems so close it becomes desirable. When life is so painful, as it unfortunately was for this woman, it becomes difficult to find value in it. This is what Pinewood residents are scared of, not of death itself but of a life that makes death seem desirable.

Additionally, cognitive decline or dementia is another big fear for many residents. Again, residents approach this somewhat heavy topic with a certain degree of dark humor. One woman asked if I could send her a copy of my research but quipped "If you take too long I might be dead!" Another woman who is in a wheelchair full-time said in an interview "Now this is a joke but I said to my sons oh a couple of years ago 'When I lose my mind, lose my marbles, take me out to the barn and shoot me.'" I found it interesting that a physical impairment was something that could easily be dealt with in the Pinewood environment, but the bigger fear was cognitive decline. In general, as long as residents feel that their minds are stable and working, they feel happy.

Although not a physical burden, losing loved ones also sometimes takes such a toll on people that they feel less desire to live as long as possible, and start to almost appreciate what death offers them in terms of peace and freedom from loneliness. This is difficult to process for those of us who have not experienced a lifetime of losing parents, friends, siblings, and even children. However, the residents I spoke to who were most familiar with death were those who often said they were not scared of it. Joann said that as she has watched many friends and family members pass away, "I think I've learned how to cope with it. I accept death… death is inevitable." Susan is even excited to see her husband "in heaven", and while she definitely does not look forward to death because she still lives an active and joyful life in so many ways, she does not fear it as I might have expected. In addition, Joann told me explicitly that death has

become much easier for her to process because the vast majority of her friends and relatives are dead. It seems much less daunting to her because she would not be the first to go.

Pinewood as a community deals with death in a supportive, if perhaps limited, manner. When John's wife, Jane, was dying, he had to hire caregivers because Pinewood as a facility does not offer end of life services. This is a limiting factor because it means residents have to hire and pay for their own services to come into their apartments and give whatever care is needed. Pinewood can and does make service recommendations but that is the extent of their involvement. However, Pinewood as a community of residents was there for John to offer support in whatever ways he needed. After Jane passed away, John had much more free time and found himself with much more time and space to play bridge, spend time with his nephew, and engage socially. People reached out to him because it might have been easy to lose a spouse and then lose the will to continue living a fulfilling life. This happens to residents sometimes as well. However, John was a success story in terms of remaining socially engaged after the death of a spouse. He now has a friend whose wife is dying, and John is there for him as a support. John knows what it feels like to lose a partner of over 70 years, and how to keep living afterwards.

Chapter 6: Implications, Limitations, and Directions for Future Research

In this thesis, I have attempted to portray a snapshot of what some of everyday life is like for the aging residents of Pinewood at Duluth. This involves their social habits, their struggles with loneliness, their judgments of themselves and others, their perceptions of independence in late life, and their relationships with death. In examining the question "What are the lived experiences of aging, kinship, care, independence, and death in an independent living or formal care community?" I have attempted to address the specific ways in which life is shaped by the Pinewood environment, and how dependence can be utilized as a tool for preserving and prioritizing the most important areas of independent life.

However, there are some significant limitations to this research that I wish to address. Primarily, my small sample size of seven residents makes some of the conclusions I have drawn here extremely limited. Ultimately, I contend that the depth into which the seven I spoke with went into their lives and the lives of others is valuable for ethnographic research, but nothing here would be considered statistically significant in a quantitative study. I met with each resident once, so I was not able to follow-up on any thoughts they had after we spoke, which might be another limitation.

Another significant limitation was the intermediary of Mary in selecting residents to interview. I would think she would want to choose the most involved or outgoing people, as those would be the people that would best represent Pinewood, and be most willing to participate in a stranger's research. A third limitation is my own positionality within the environment of Pinewood. Residents were aware that I have a grandmother who lives there, and perhaps this information might have discouraged them from disclosing certain unhappinesses with me. I did

my best to reassure each resident I interviewed that I would not be discussing anything that they said with anyone else, and I would protect their identities when I wrote about their interviews. However, I do not know the extent to which they felt limited by my position.

Ultimately, I feel that the significance of studying this particular population is not diminished by these limitations. Rather, these limitations present potential new directions for further research. In particular, exploring Pinewood through the lens of gender might be an interesting project. There were many gendered activities that I did not have the time or ability to explore. This also might involve looking at the romantic relationships that grow between residents of Pinewood, which I know exist but left out of this research because I was not able to interview anyone engaged in a romantic relationship directly. All of my information came from other residents speculating about these partners. This direction might involve a look into the sexual lives of older people, whether between married partners or residents who met within the independent living community.

Another interesting direction for study, which I originally intended to tackle, would be exploring the relationships between the staff members and residents. For example, Pinewood has a "no tipping" policy in the dining room that forbids residents from tipping servers they feel do a particularly good job. There is also a clear racial division between the majority white residents and the majority black staff members. Expanding research to the surrounding area in Georgia, this demographic evaluation might be an interesting direction for future research.

A final direction for future research would be an in-depth look at what is perhaps the most drastic change that Pinewood has undergone in recent years. That is the recent response to the coronavirus pandemic. It is well understood that the elderly are at a significantly heightened risk of dying as a result of the virus. As a result, Pinewood has shut down all visitation, which

eliminates the in-person contact that residents have with their family members. This contact is something that residents are extremely reliant on for social engagement, so a deeper look into this one specific aspect of Pinewood's coronavirus response would be an interesting direction for study.

Chapter 7: Conclusion

It has been just over a year and a half since my grandmother moved into Pinewood and much in her life has changed. There are some losses; she now uses a walker full-time and she recently gave up her car because she no longer drives. But there are significant gains as well. She has friends, she has a social life with people her own age, and she has fully adopted the highly regimented schedule of Pinewood life. She has joined clubs, she is on committees, and she has even started her own needlework group with several of her friends because it is something she has always wanted to learn. Her life is extremely different, but so is the way that she talks about her experience.

When we were helping her move in, much of her focus was on preserving her life prior to the move. When she was asked how she liked the apartment, she would talk about how she liked that she was able to fit most of the things that she really cared about. When she was asked which groups she was thinking about joining she talked about games that she already knew how to play, and she was not extremely interested in anything too far outside of her norm. When I asked her if she was happy at Pinewood she talked about the cleaning services, the meal plan, and the physical therapy that were more accessible to her.

When I spoke to her a couple of weeks ago about how she was doing and if anything in her life had changed, she told me for the first time that when she first moved in she hated her new normal. She missed her freedom, she missed being around family, and she missed her old lifestyle. She felt trapped and pressured by the medical professionals that recommended the move, and was altogether not happy because she felt that the independence, autonomy, and freedom that she valued so highly in her life were being taken away. However, a year and a half away from that move, she says that she does not miss her old house, or her old lifestyle anymore.

She credits this to the engagement that she has found at Pinewood, and the new ways in which she can experience independence.

The transition was difficult for my grandmother, as it is difficult for most older people. In a practical sense, it is not possible to preserve every single aspect of an old lifestyle within the confines of an independent living community. There are real limitations to the care and services that Pinewood, and other independent living communities, can provide. One of those limitations is related to the perceived autonomy of the individual. The residents at Pinewood are educated, established, competent men and women who have accumulated a lifetime of knowledge and skills, and any perceived diminishing of that is seen as a significant blow to the sense of self for many residents. That is one cause for some of the unhappiness that my own grandmother was feeling when she moved in. However, when the limitations of the community are acknowledged, and residents are given a real sense of autonomy through being able to influence the community, the meals, the activities, and their own lifestyles, some of this dependence is replaced with new areas of independence. This is what my grandmother has found, and she is now much happier with her own situation.

My hope for this research is that it can be utilized to help older people prepare for and experience the transition to an independent living community in a more educated manner. The experiences I document here are by no means representative of anyone's experience except of the individuals I have interviewed. But when I asked each resident to give me some sort of advice that they would have liked to hear when they were moving in, every single one of them referenced social engagement through the joining of activities. "Stay active and make friends even if it's difficult, even if it's part of a group… Be active. That's the most important part of living in your elder years, to be active." This draws back to Activity Theory, which asserts that

the identities of older people are not only attached to activities they can no longer perform, but rather they shift and evolve according to what people can actually engage in. Older people need to engage socially, mentally, emotionally, and physically with others; it is crucial for health and well-being. Instead of approaching the transition towards later life with the mentality that losses are all that wait ahead, it is important to remember that there are significant gains that can be made along the way as well. Finally, I want to dispel the myth of aging as inherently and naturally linked to decreased independence, and instead replace it with the idea that as people age into late life, they can maintain independence through the acceptance of specific kinds of functional dependence, and an independent living community that offers these functional services is a fantastic option for many older people.

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