

“I don’t want to go up the hill”: Symbolic Boundary Work
Among Residents of an Assisted Living Community

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ABSTRACT

In this study I explore boundary work processes that older adults do which influences friendships among residents of a progressive care retirement community. Accounts of boundary work as mechanisms for including some and excluding other residents as potential friends were collected by using a combination of quantitative surveys and qualitative interviews from residents (age 65+) of a progressive care retirement community in the United States. First, a survey explored symbolic boundaries related to cultural capital, defined as music and leisure interest and participation, as well as structural and social aspects of friendships among residents (N=66). Second, in-depth interviews of a sub-sample of residents of an assisted living facility within the community (N=15), were conducted to examine older adults’ narratives of how they use cultural capital as a mechanism of symbolic boundary work that influences their friendships with others in the retirement community. The administrator of the assisted living facility (N=1) was also interviewed. Findings from this study suggested that cultural capital was associated with sociability which offers some support for the relational “tool kit” model of the theory. However, findings from in-depth interviews suggested that while music and leisure interests and participation may be important, valuations of bodies were more likely to influence “othering” of residents, although the two are related. This study enriches our understanding of how symbolic boundary use varies by group and context, as well as makes theoretical contributions to the literature on symbolic boundaries by exploring the ways in which aging may alter the use of boundaries.

TABLE OF CONTENTS

Abstract	ii
Table of Contents	iii
Chapter One: Introduction	1
Background of the Study	2
Cultural Capital as a Relational Tool	2
Cultural Capital and Aging Bodies	4
Statement of Problem	5
Description of this Study	5
Research Questions	6
Broader Impact	9
Overview of Methodology	10
Organization of the Dissertation	10
Chapter Two: Review of the Literature	11
Symbolic Boundaries	11
Lamont's Study	12
Symbolic Boundaries & Aging	12
Boundary Work & the Political Economy of Aging	14
Boundary Work & Bodies in Old Age	14
Ageism & Bodies & Boundary Work	15
Friendships in Later Life	15
Chapter Three: Methodology	17
Methodology Overview	17
Feminist Gerontology & Power Relations	19
Power & the Data Collection Process	20
Description of Retirement Community	22
Data Collection	25
Survey Sample	26
Other Characteristics of Survey Respondents	28
Survey Measures	28
Survey Methods	28
Interview Sample	29
Interview Measures	30
Interview Methods	30
Participant Observation	31
Debriefing Notes: Sample 1	33
Debriefing Notes: Sample 2	34

Textual Analysis: Charted v. Uncharted Life of Residents	35
Chapter Four: Survey Results	35
Variables	36
Musical Tastes	36
Leisure Activities	40
Chapter Five: Qualitative Data Results	45
Text: Analysis of the Functional Status Assessment	45
Text: Analysis of the Activities Calendar	48
The Activities Calendar and Friendships	49
Barriers to Participation in Leisure Activities	49
Choosing Not to Participate in Leisure Activities	52
Musical Tastes	53
The Context of Making Friends in Assisted Living	54
Meeting New Friends	56
Difficulties Visiting Friends	58
Activity Level & Boundary Work	59
Social Atmosphere Among Residents	60
Other Types of Boundary Work	63
Chapter Six: Discussions and Conclusions	65
Discussion	65
Practical Implications	68
Limitations and Suggestions for Future Research	68
References	71
List of Tables	
Table 1: Education of Survey Respondents	27
Table 2: Marital Status of Survey Respondents	27
Table 3: Length of Residence in Community	27
Table 4: Means and Standard Deviations for Musical Genres Liked in Ascending Order	37
Table 5: Means and Standard Deviations for Musical Genres Listened to in Ascending Order	38
Table 6: Means for How Much Respondents' Like Leisure Activity and How Often They Do It	42

Table 7: Pearson Correlations of Music and Leisure Interests and Participation, Talking to Friends about Music and Leisure, Importance that Friends Have Similar Interests in Music and Leisure, Satisfaction with Friends, and Number of Friends	44
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List of Figures:

Figure 1: Figure 1: Scatterplot of Liking Music and Listening to Music	39
Figure 2: Scatterplot of Leisure Activities Liked and Leisure Participation	43

References	71
Appendices:	
Appendix A-Functional Status Assessment	80
Appendix B-Sample of Activities Calendar from “The Log”	81
Appendix C-Survey	82
Appendix D-Interview Schedule	96

CHAPTER ONE: INTRODUCTION

This dissertation explores boundary work at the level of routine interaction among residents (age 65+) in a progressive care retirement community in the southeastern United States. Boundary work refers to the ways in which persons situate and define themselves, often symbolically, in relation to others (Friedland and Mohr 2004; Goffman 1959; Goffman 1963; Lamont 1992). For this study, I defined boundary work as “structures of thought” through which members of a group select, rank, and label the characteristics of others in ways that lead to exclusion (Lamont 1992:4). Broadly, I am interested in knowing more about how cultural capital as a mechanism of boundary work influences whom, among other residents, older adults perceive as “like themselves” and who is “an other” or not “one of them.”

Symbolic boundaries are cognitive distinctions that operate as invisible and often taken-for-granted mechanisms through which people draw boundaries between themselves and others (Lamont 1992; Lamont and Molnar 2002). There are many ways in which groups of people try to “symbolically concentrate themselves and separate themselves from others” (Lamont and Fournier 1992:1), as well as ways in which this is done for and to them by those in power. In sociology, boundary work between groups is often referred to as “us v. them” distinctions that manifest as “othering” people or groups based on symbolic difference(s). The terms “boundary work” and “exclusion” are often used interchangeably in the literature (Lamont 1992), to describe the relationship between boundaries and inequality at the macro-level. In other words, the referent attached to group differences such as race, class, gender, and sexuality has historically been used to create and reinforce structural power relations by emphasizing symbolic differences. Further, it has been argued that these boundaries are reified only when they are repeatedly enforced at an interactional level (Erikson 1966; Lamont 1992; West and Fenstermaker 1995; West and Zimmerman 1987).

The conceptual framework for this study is based on the feminist idea that social locations are not uniformly experienced (Calasanti and Slevin 2001; Calasanti and Slevin 2006; West and Fenstermaker 1995). Members of marginalized and privileged groups vary in how they experience their devalued or advantaged statuses. It is now well understood that social locations such as age, sexuality, gender, class and race intersect (Calasanti and Slevin 2001; Calasanti and Slevin 2006; West and Fenstermaker 1995). The embodiment of these social locations and their corresponding power differences occur simultaneously (Calasanti and Slevin 2001; Calasanti and Slevin 2006; West and Fenstermaker 1995). Thus, inequalities (advantages and disadvantages) are not experienced uniformly within any given category because categories overlap in complex ways. In this light, it is important to understand how the enactment of structures of thought or boundary work in routine interactions influence status (and exclusion) and the ways in which this process varies by group and context. For this study, I am interested in boundary work related to cultural capital as mechanisms by which older adults living in a progressive care community enact status and distinction as well as exclude certain “other” residents from their associations.

Background of the Study

My reviews of the literature of the sociology of culture and sociology of aging, which follow in more detail in chapter two, describe two of the ways in which people use cultural capital to distinguish themselves and exclude dissimilar “others,” in other words, enact symbolic boundaries. Because boundary work is related to delimiting who is “in” and who is not, it is directly related to aspects of social networks. In this study, I am interested in knowing more about how boundary work in the form of cultural capital influences the labeling of other residents in a progressive care retirement community as desirable and undesirable friends.

Cultural Capital as a Relational Tool

Cultural capital is a theory used in the sociology of culture literature to explain patterns in the production and maintenance of class stratification among members in society. Although age is not critically analyzed in this theory, there is an implicit discussion of the salience of cultural capital over the life-course, the scope of which ends in middle age and ignores old age altogether. For Bourdieu (1990) patterns of privilege associated with cultural capital begins early in the life-course with being born into a cultivated family, being socialized to the values of the upper-class, demonstrating competencies of these values in institutions of school and work which, in turn, results in structural advantages. Persons then maintain those structural advantages by serving as cultural gatekeepers who only let in or share their advantages with others who know the codes associated with the upper-class and thus perpetuate a system of inequality under the premise of “natural” deservingness.

For example, Bourdieu (1990) argued that characteristics of elegance, charisma, and artistic competence of the educated middle-class are assumed to be natural rather than aspects of birth-right, training, social class, and inherited wealth. These characteristics not only constitute the privileged group, but create structural advantages for its members beginning at an early age. School children, Bourdieu (1990) argued, who display “cultivated dispositions”, that is, they demonstrate familiarity with the valued traits of the dominant classes, such as vocabulary words, music, and art, got more attention in schools than lower class children who did not know the codes (Lamont & Molnar, 2002). These advantages of class and social status, while structural, appear “natural” as they are enacted in everyday interpersonal interactions, such as those between teachers and students. To summarize, for Bourdieu (1990) cultural capital is linked to the reproduction of class-based stratification in society such that exhibiting membership in valued groups creates further economic and social advantage.

Recent research on cultural capital in the United States has found different patterns of cultural capital from those found by Bourdieu among French persons. Americans appear to distinguish themselves based on a broad, rather than limited, range of interests or “tastes” from available cultural menus. Cultural tastes, defined as portable knowledge of cultural fields, such as music, art, literature, movies, and television are used in self expression by individuals to symbolically declare their place in the world while interacting with others (Fiske 1987; Peterson 2005). Cultural tastes are part of an individual’s relational tool kit and are often the content of interpersonal exchanges (DiMaggio 1987; Fiske 1987; Swidler 1986). Talking about cultural tastes allows

individuals to describe, to others, aspects of social life that they find meaningful and satisfying (Fiske 1987).

Displays of culture capital are related to how we identify with others and compose our social networks. It has been argued that social interactions with network members are one of the mechanisms, through which cultural tastes are shaped and maintained (Bourdieu 1990; Erickson 1996; Mark 1998; Witte and Ryan 2004). Having certain cultural tastes creates opportunities for exposure to social contacts and exposure to social contacts creates further exposure to cultural tastes (Bourdieu 1990; Erickson 1996; Mark 1998; Witte and Ryan 2004). The exchange of tastes promotes sociability by allowing people to make connections and find commonalities with one another (DiMaggio 1987). For DiMaggio, “culture provides fodder for least-common denominator talk and gives strangers something to talk about, facilitating the sociable intercourse necessary for acquaintances to ripen into friendships” (443).

In his study of whether different types of cultural tastes lead to different types of network ties, Lizardo (2006) found that popular cultural tastes, such as movies and music concerts, create greater weak tie network density due to the generalized accessibility and appeal. He also found that highbrow cultural tastes, such as museum attendance, reading novels, poems, or plays, and listening to opera or classical music, increased greater strong tie density among respondents. Studies of the relationship between cultural capital and the composition of social networks have primarily focused on analysis of survey data where cultural capital is defined as degree and kind of musical tastes (Erickson 1996; Lizardo 2006; Mark 1998; Van Eijck 2000; Witte & Ryan 2004). In this study, I define this concept of cultural capital as a relational tool as affinity for and participation in music and leisure activities, in other words, as degree and kind of cultural tastes.

The exchange of cultural tastes as a relational tool is often referred to in the sociology of culture literature as the “tool kit” model of culture (Swidler 1986). In this model, cultural capital is viewed as a series of communication strategies which can be used to negotiate social situations (Swidler 1986). Having a “tool kit” of conversation topics to employ in various situational and receiver contexts is viewed as capital, particularly during times of transition or what Swidler (1986) called unsettled times.

Swidler (1986) argued that culture is more important during unsettled times because it makes possible new strategies of action for creating new versions of the self and new network ties (see also DiMaggio 1987). Given these assertions, it is interesting that studies of cultural capital in the United States have not focused on older adults in general, particularly those living in progressive care retirement communities, given the potential for the occurrence of unsettled periods in their lives such as social network disruption (e.g., death of spouses and friends), identity transformation, change in living arrangements and health status. Because functional and physical limitations, such as lack of transportation, and/or physical disability, may prevent actual cultural participation in old age, the degree to which older adults are conversant about and familiar with a range of tastes may be an important source of capital in their interactions with others. Predictably, individuals who have relational tools with which they can negotiate both fluid and static relationships associated with the comings and goings of residents, staff, visitors and volunteers in care communities are likely to have higher levels of social integration within the community, greater well-being and be better able to transcend the symbolic boundaries of “otherness” associated with old age.

Cultural Capital and Aging Bodies

The second type of cultural capital as a mechanism of boundary work explored in this study is aging bodies. Research on cultural capital as a type of boundary work among older adults is primarily limited to bodies although few studies, with the exception of Tulle (2003) theorize old bodies in this way. Tulle (2003) argued that Bourdieu's theory of cultural capital can also be ascribed to bodies in that our social locations are inscribed on our bodies and it is through our bodies, others interaction with and assessments of, that our capital varies. In other words, the way the body looks and functions (or not) can impact social status (Tulle 2003). Persons of similar social locations enact power in everyday interactions through displays and assessments of their bodies. Within racial minority groups, for example, light-skinned members have more power and status (Bonilla-Silva 2009). Research also indicates that social locations, such as gender and sexuality, influence how older adults assess and label each others bodies as being "old" or not (Hurd 1999; Minichiello, Browne, and Kendig 2000; Slevin 2006; Townsend, Jean, Godfrey, and Denby 2006; Twigg 2004).

Ageism, which refers to "a set of beliefs originating in the biological variation between people and relating to the ageing process" results in systematic exclusion based on age. This process of excluding others is not only enacted through social bodies (e.g., young and old), but also at the level of individual bodies, particularly negative labeling and exclusion of persons with "old" bodies (Bytheway 1995:14; Quadagno 2007). Aging is both an embodied and viewed experience (Featherstone and Hepworth 2005; Laz 2003). That is, experiences of aging are lived by individuals, at the same time, these experiences are viewed and evaluated by others (Calasanti and Slevin 2001; Featherstone and Hepworth 2005; Laws 1995; Laz 2003; Twigg 2004). Visual assessments of bodies by ourselves and others based on appearance and health are judged as positive or negative depending on the degree to which they are performing, healthy, thin, and young; that is to say, not aging (Calasanti and Slevin 2001; Featherstone and Hepworth 2005; Laws 1995; Laz 2003; Twigg 2004). In modern societies, old bodies "disrupt the visual field" of the ageist cultural gaze that values youth and beauty and are consequently negatively valued (Furman 1999; Twigg 2004:61) relative to young and mobile bodies which are more valued and have more cultural capital than old and immobile bodies (Tulle 2003).

Calasanti (2005) argued that in the contemporary culture of the United States, health, as it is assessed via bodily markers, is associated with goodness and moral virtues. Health is assumed to be under one's control, "therefore to appear unhealthy is to have failed and to deserve one's fate" (Calasanti 2005:9). When physical signs of aging, such as wrinkles and graying hair, for example, are treated as pathological and unhealthy, older adults whose bodies exhibit these symptoms of aging are most likely to be stigmatized and excluded (Calasanti 2005; Katz 2009).

People resist the cultural images of aging and their meanings because they are trying to avoid the label of "old" and the devalued status and social exclusion that accompany it (Calasanti and King 2007). Because "it is the bodily appearance of the old person that places them in the category of old" (Twigg 2006:45) efforts to avoid the label of "old" and the exclusion that accompanies it often involve the body as an anti-aging project or site (Calasanti 2005; Hurd and Griffin 2007; Oberg 1996; Turner 1995).

Researchers of aging bodies have described the expectation in western societies to defer or prevent being labeled as old by managing bodies via appearance, health, and

activity as a moral imperative or obligation, something that we all know we should do (Calasanti and Slevin 2001; Katz and Marshall 2003; Katz 2005; Katz 2009; Vincent 2007). However, as Calasanti and Slevin (2006) argued, this moral imperative is ageist in that not doing the “right” kinds of body work (e.g., youthful and age defying) will result in the label of old and subsequent exclusion, although this varies by race, class, gender, and sexual orientation.

Further, the recent medicalization of ageing in western cultures blends the boundaries of moral imperatives about defying age with technology and science (Vincent 2007). Anti-aging medicine boasts promises of alleviating the symptoms of aging (e.g., looking old and feeling old), extending life expectancy and even eliminating mortality all together (Vincent 2007). The underlying messages of these anti-aging medicines are that being old is a condition that people should not want to achieve and do not have to if they do the right things. Ultimately, doing the right thing as an individual (e.g., not being or looking old) results in greater cultural capital and prevents a person from being labeled old and excluded, in other words ageism.

Statement of Problem

Previous studies of exclusion among older adults living in care communities have focused on bodies as a type of cultural capital that influences status and exclusion (although not necessarily theorizing it this way) while ignoring other types of boundary work related to cultural capital such as interests in music and leisure activities (e.g., Gamliel and Hazan 2006). Similarly, previous studies of cultural capital and boundary work related to music and leisure activities have ignored older adults and later life in general (e.g., Lamont 1992). When cultural capital is theorized as a relational tool to employ as conversation topics related to music and leisure, the theory lacks scope related to relationships and living arrangements in later life. Older adults, particularly those who move into a retirement community, are likely to find the strategy of having something to talk about a key tool in their transition. In addition, progressive care communities generally market themselves as a place to meet people through various organized activities and events. Thus, it is likely that residents who attend activities discuss their interests and hobbies, yet we know very little about what these interactions look like.

We also know very little about bodies as a source of cultural capital for residents in these types of communities. Tulle (2003) argued that the pervasiveness of ageism in social science research agendas clouds our view of the diversity of old bodies as a degree and kind of cultural capital. Studies of bodies are rarely studies of able bodies, but rather limited to later life or persons with disabilities and therefore are not defined as a type of cultural capital that can influence social status (Tulle 2003). That is, although age relations may prevent young persons from conceiving of old bodies as having cultural capital, old persons make distinctions in status between themselves and other old persons based on valuations of each others old bodies, although this varies by race, class, gender, and sexuality (e.g., Dobbs et al. 2008; Gamliel and Hazan 2006; Hurd 1999; Minichiello et al. 2000; Slevin 2006; Townsend et al. 2006).

Description of this Study

This study is unique in that it measures cultural capital in two ways; first as preferences for music and leisure activities as a relational tool and second as the display,

enactment, and perception of aging bodies among residents 65+ of a progressive care retirement community in the United States. This study explores individual boundary work by asking residents to describe themselves, their friends, and qualities of other residents with whom they would not want to be friends using quantitative and qualitative measures of cultural capital, specifically music, leisure interests, and aging bodies. In this study, I do not attempt a formal network structural analysis or network mapping of friendships among residents. Rather I use the term as a reference group that is generally conceptualized as other people with whom a person would like to engage in mutual interaction. It follows the definition used by Shea, Thompson, and Blieszner (1988) in their study of processes by which residents in a retirement community developed friendships after relocating there. Exploring how older adults use boundary work to sort residents into categories of desirable and undesirable friends allows us to understand how symbolic boundaries can threaten or enhance social integration in residential communities.

Labels that lead to exclusion in this environment are particularly important given research that likens friendships in old age to human medical insurance (Fincham and Weber 2000). Friendships combat isolation and loneliness (Andrews, Gavin, Begley, and Brodie 2003) predict subjective well-being and happiness (McNeill 1995) and buffer stressors and adaptations to having an “old” identity (Stevens 2001). In this way, symbolic distinctions may have *real* consequences for the integration and well-being of residents. Although relocation can influence the development and loss of friendships at any stage in the life course, relocation to a progressive care retirement community in old age is unique in that the need to interact and talk with others may be heightened in certain situational contexts, such as assisted living settings, where residents often encounter the same people repeatedly and spend time in common spaces. In addition, although volunteers, staff, and visitors often enter and leave these communities, the composition of residents is relatively static. Thus, being labeled as desirable or undesirable may have long-term consequences for interactional opportunities among residents.

Research Questions

To summarize, we know very little about the use of boundary work and older adults in part because the literatures on symbolic boundaries and aging are in different disciplines. Specifically, symbolic boundary research in sociology rarely considers aging, and when it does it usually focuses on youth culture (e.g., Bennett 1999; Williams 2006). Theory and research on aging that explores symbolic boundaries does not incorporate the sociology of culture literature on boundary work. Studies of boundary work are often limited to sociology of culture and stratification (Lamont and Molnar 2002) and age is often ignored by both areas as a source of inequality. The gerontology literature terms the “us” versus “them” distinctions older adults use to differentiate themselves from “others” as stigmas or labels (Dobbs et al. 2008) or dialectical contradictions (Williams and Guendouzi 2000) rather than symbolic boundary work. However, all of these terms describe structures of thought that lead to exclusion. This study synthesizes the two literatures in order to better understand in-group social acceptance and exclusion among residents of progressive care communities. I explore the following research questions:

- 1) Do older adults living in this progressive care retirement community use symbolic boundaries to define themselves in relation to other residents?
- 2) In what ways are symbolic boundaries used to disassociate or exclude other residents as potential associates or friends?
- 3) What is the content of each type of boundary work (music, leisure, and aging bodies) and what is the relationship among them?
 - a. What are the musical tastes (leisure interests) of residents?
 - b. How often do residents listen to music? Participate in leisure activities?
 - c. How important is it to residents that their friends like the same music (leisure activities) as they do?
 - d. How often do they talk about music (leisure activities) with friends?
 - e. In what ways do residents describe their bodies relative to bodies of other residents?
 - f. What valuations, if any, of bodies influence inclusion? Exclusion?
 - g. What is the relationship between bodies (e.g., health status, disability) and music/leisure interests and participation?
- 4) How does the organizational setting of the progressive care community influence boundary work among residents?

The first and second research questions were informed by literature on age relations within the context of a specific environment, a residential setting for older adults. It appears that residents in care communities do use symbolic boundaries associated with bodies to distinguish themselves and exclude “other” residents. For example, in a study of stigma and ageism in residential and assisted living communities for older adults in Maryland, Dobbs et al. (2008) found that residents differentiated themselves from others of their same age based on physical and cognitive symptoms associated with aging, such as frailty or dementia. For example one resident described the “us” verses “them” distinction in the following manner:

Assisted living is best for somebody like me...some of them don't belong in here...they belong in a nursing home, or whatever you call it, where you have problems with your head...or something like that...I think. Now that's my opinion...a lot of them, I say, don't know what they are talking about...and I just think they should be separate from us” (Dobbs et al. 2008:521).

Williams and Guendouzi (2000) interviewed residents (ages 78-90, N=15) of a retirement community on the U.S. West Coast and found a “dialectical contradiction” among respondents that reflects a tension between saying they want to make friends with other residents and, at the same time, distancing themselves from similar aged-peers who are physical and cognitively impaired to avoid stigma by association. One respondent described her thoughts about “senile” residents in this way, “I’m as nice to them as I can be, but (er) I don’t want to eat with them” (Williams and Guendouzi 2000:79).

Similar findings regarding distancing and stigma associated with disease and illness were found by Gamliel and Hazan (2006) in their study of old age homes and assisted living communities in Israel. The authors describe the old age home as an “identity vacuum” that cleaned residents of previous identities and replaced them with depersonalized labels compared to residents of assisted living who were able to shape their identities around their previous roles in society (e.g., occupational status). In the assisted living setting, for example, someone who had been a director of a synagogue in middle age continued that role by assisting with religious services in the community. Another resident, who was a former lawyer, served as an advisor to other residents. In their study, class and functional health status differences between assisted living and nursing home residents influenced the ways in which residents could preserve their middle age identities.

Consistent with the literature on old age homes (or nursing homes) as total institutions, (Diamond 1995; Gamliel and Hazan 2006; Quadagno 2007) nursing home residents in this study were dehumanized receivers of care. However, the authors discovered that labels and stigmas served as a sort of language game among nursing home residents to negotiate their new depersonalized and roleless identities (Gamliel and Hazan 2006). The authors’ findings support Goffman’s (1963) assertion that stigma, or what Goffman called spoiled status, can have a positive impact on a person’s identity. In this study, nursing home residents reclaimed their spoiled statuses of being old, frail and dependent as well as their corresponding pejorative labels. Among nursing home residents, for example, being labeled as “small and mean” or “crazy” by other residents, was better than having no identity at all, something that is characteristic of total institutions that care for persons facing imminent death (Gamliel and Hazan 2006).

Findings from these studies suggest that boundary work related to the capital of aging bodies does indeed occur among older adults in care settings. However, since we do not know if residents use other types of cultural capital (e.g., music and leisure interests) as a type of boundary work, the first and second research questions were written as exploratory in nature.

The third research question explores the degrees and kinds of ways that boundary work related to aging bodies interact with other types of cultural capital boundary work. Displaying knowledge of cultural codes via bodies, including etiquette, posture, and clothing have historically signaled a type of boundary work associated with cultural capital and socioeconomic status (Elias 1978; Ikegami 2005; Katz 2009). Moral and cultural boundaries interact in ways that influence bodies. Priests, for example, use their bodies, particularly sexual chastity, as a moral-cultural display. At certain points in history in the U.S., women who revealed too much skin by wearing short skirts were said to have low morals. Cultural capital associated with bodily displays also changes with age, particularly with regard to clothing (Calasanti and Slevin 2001; Twigg 2007). Calasanti and Slevin (2001) argued that although old women *can* wear mini-skirts, for example, our culture says that they *shouldn’t* wear one (emphasis mine). Additionally, bodies that do not maintain cultural standards of health and youth are negatively assessed and valued relative to bodies that do maintain these standards (Calasanti and Slevin 2001; Calasanti and Slevin 2006; Twigg 2006).

How does boundary work related to aging bodies rank among other types of boundary work (e.g., music and leisure interests and participation) and how does that

vary by social location? Women, for example, are labeled old sooner than men and expectations for body work intersect with race, class, gender, and sexuality (Calasanti and Slevin 2001; Clarke and Griffin 2007). The distribution of leisure time and disposable income varies by race, class, and gender (Biggs 1999; Calasanti and Slevin 2001; Calasanti and Slevin 2006; Katz 2009; Laz 2003) and is likely to influence older adults' stock of cultural capital. For older residents who cannot afford, do not value, and/or physically cannot engage in body work, what other types of boundary work do they employ in their everyday interactions with others? Are residents with the greatest physical limitations more likely to employ conversations about music and leisure as a source of cultural capital? How does this impact status among other residents? The literature suggests that frail bodies are devalued and have little capital (Tulle 2003; Twigg 2004). Do music and leisure interests mitigate this devaluation of status?

Many of the respondents in this sample are 75+. Twigg (2004) argued that during this time of frailty, referred to as the "Fourth Age" or "deep old age", the body dominates individual experiences and is a major determinant of morale and well-being. Bodily difficulties such as mobility and frailty often begin their onset during this phase of life especially for old women (Twigg 2004). What is the content of body work (e.g., hair dyeing, activity level, maintaining health status) in this organizational setting? What is the content of music and leisure interests and participation as boundary work among residents? How important is body work, relative to music and leisure interests and participation, to residents of a progressive care retirement community whose physical bodies are in deep old age?

Finally, institutional segregation of older adults based on classifications of their bodily capacities and deficits in various housing arrangements and treatment facilities has been noted by Katz (1996). Indeed, for this setting, organizational imperatives influence social arrangements. In the dining room, for example, residents are assigned seats based on dietary needs. This type of forced interaction is likely to influence the use of music and leisure as a conversational tool as well as visually highlight and spatially group residents to some degree based on their bodies. The fourth research question explores the ways in which these organizational imperatives impact boundary work of residents in this setting.

Broader Impact

These research questions are of practical importance for social scientists, older adults and providers of long-term care. Although there are many stakeholders in the social integration of older adults, we know very little about how this population uses symbolic boundaries as bases to construct ideals about who would be desirable and undesirable friends among this population. Research that provides substantive knowledge about social networks and well-being from older adults in progressive care communities is important for public policy because it indicates how well society is meeting the needs of this population, something that will be of increasing importance as baby boomers transition into old age and, for some, become residents of these communities. Thus, this study represents a unique opportunity to enrich our understanding of how symbolic boundary use varies by group and context, as well as makes theoretical contributions to the literature on symbolic boundaries by exploring the ways in which aging may alter the use of boundaries.

Overview of Methodology

For this study, I collected accounts of moral symbolic boundaries (being good, honest, religious) as well as moral imperatives about how to age (staying active, productive, and healthy), cultural boundaries (having similar interests in leisure activities and music), and socio-economic boundaries (occupational status, education, income) as mechanisms for including and excluding others as potential friends using a combination of quantitative surveys and qualitative techniques (interviews, participant observation, and analysis of organizational texts) from a sample of residents (age 65+) of a progressive care retirement community in the United States. Aside from the category related to moral imperatives about aging, these types of boundaries replicate those used in Lamont's (1992) seminal study of within-group symbolic boundary use among upper-middle class French and American men.

First, a survey designed to explore leisure activities, musical tastes, as well as structural and social aspects of friendships was distributed to approximately 350 residents of independent and assisted living portions of the retirement community. Because survey data do not fully allow us to understand how symbolic boundaries are used in everyday assessments of others to develop and maintain friendships I complemented the quantitative analysis of the surveys with directed, in-depth qualitative examination of a sub-sample of assisted living residents' (N=15). In these interviews, I used measures of boundary work taken directly from Lamont's (1992) interview schedule and rewording items, when necessary, for this sample. A coding system from the interviews was developed inductively using constant comparative method of qualitative analysis (Glaser 1965).

In addition to collecting original survey and interview data, I employed the "nested cases" technique suggested by the National Science Foundation for qualitative research (NSF 2004) to examine symbolic boundaries and friendships among a particular group and context, residents of a progressive care retirement community. Nested cases serve as a multi-dimensional approach to exploring concepts. For this study I have cases of people (residents), settings (an assisted living facility nested within a larger rural progressive care retirement community), and texts (documents such as the activities calendar that orchestrates the organizational imperatives associated with care of older adults in this setting and images distributed by the organization depicting friendships among residents). Texts serve as a construction of daily life from the organizational viewpoint to which I compare observations and descriptions of daily life from the standpoint of residents. A more detailed description of methodology used in this study is found in chapter three.

Organization of the Dissertation

This dissertation is organized as follows. A review of the literature, which includes more in-depth discussion of the concepts and theories in this introduction, follows in chapter two. A review of my methodology for analyzing surveys and interviews follows in chapter three. That chapter also includes information about the participants of this study, and the retirement community in which they live. Chapter four describes findings from my analysis of original survey data collected for this study. Findings from the qualitative data follow in chapter five. Finally, chapter six reviews the findings from this study in relation to my research questions and their implication for

theories of symbolic boundaries, cultural capital and aging. It also describes limitations of the study and suggestions for further research.

CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter reviews the literature related to prior studies, concepts, and theories that inform this study. I begin with an examination of symbolic boundary use as a mechanism for exclusion including Lamont's (1992) study of symbolic boundary use among upper-middle class French and American men, briefly mentioned in the previous chapter, which provides a model for this research project. Next, I review the concepts of age relations, ageism, and the field of study known as feminist gerontology with a particular focus of how these influence research on aging bodies. I review empirical studies of boundary work among older adults living in age-segregated communities related to these concepts. Finally, I review the literature of friendships in old age.

Symbolic Boundaries

For quite some time understanding how the classification of groups is related to social organization has been an interest of sociologists (Lamont and Fournier 1992). For example, processes of symbolic boundary work can be traced back to Durkheim and Marx, who categorized what it meant to be sacred in relation to profane, and proletariat in relation to bourgeoisie (Friedland and Mohr 2004; Lamont and Molnar 2002). These moral and socioeconomic distinctions not only delimit the social spaces, expectations, roles, and life chances of group members, but also serve as a way to maintain solidarity through collective representation; that is who is "one of us" or "one of them" (Lamont and Fournier 1992).

From a classic functionalist perspective, symbolic boundaries serve positive functions for society in that they highlight what is acceptable or normative and what is not. For Durkheim, labeling others as deviant bonded the rest of society together in opposition to the deviant group and reminded members of society what the consequences were for not following the rules (Durkheim 1947; Hawdon and Ryan 2009). From a classic conflict perspective, boundary work maintains power and inequality among groups in society. Examples of individual and group level use of boundaries follow.

At the micro level individuals use symbolic distinctions to define who they are and to situate themselves in relation to others in society (Friedland and Mohr 2004; Goffman 1959; Goffman 1963; Lamont 1992). According to Lamont (1992), at the meso and macro levels, symbolic boundaries reinforce general organizing practices such as collective norms, social codes, and behaviors. Not only do symbolic boundaries allow individuals to define who they are, they also define groups of people in society, and, as a result of defining who is part of a group, they simultaneously define who is not a member. Thus, symbolic boundaries are related to patterns of inequality in that groups use symbolic differences to justify and maintain their status, monopolize resources, and minimize threats to their advantage and structural positions (Lamont 1992; Lamont and Fournier 1992; Lamont and Molnar 2002). That is, ways of enacting boundaries occurs in everyday interactions with others in relation to the rules and regulations of institutions (West and Fenstermaker 1995).

Lamont's Study

In her study of upper-middle class French and American men, Lamont (1992) explored the reproduction of elite status groups (white, upper-middle-class, males) in various regions of France and the United States. Because upper-middle class males have considerable decision making power, especially in the workplace, the structures of thought by which they categorize persons can influence the life chances of others (Lamont 1992). Interestingly, unlike Bourdieu's assertion that the dominant class shares and values a cultivated disposition by which they know who is like them or not, Lamont (1992) found that upper-middle class French and American men did not share a collective disposition. Lamont (1992) investigated the structures of thought these men used to separate themselves and other upper-middle class persons from everyone else. She found various nuanced forms of boundary work (moral, cultural, and socioeconomic) used to make these distinctions. These forms of boundary work were influenced by the country and region in which the respondents lived.

For example, national differences in boundary work were found between male respondents in France and the United States. Frenchmen were more likely to make cultural distinctions, valuing traits such as intellectualism and knowledge of high culture in identifying others like themselves. Americans were more likely to make socioeconomic distinctions based on being a good provider, owning a nice car, or having a house in a nice neighborhood. Men who lived in cultural centers like Paris and New York had more cultural resources (access to art and leisure activities) at their disposal and were more likely to engage in cultural boundary work than men living in cultural peripheries, like Indianapolis or Clermont-Ferrand, a suburb of Paris. The type of residence respondents lived in (e.g., suburb or city) and their occupational status also influenced the type of boundary work respondents in Lamont's study performed. For example, men living in the suburbs of Indiana were more likely to value moral characteristics like being honest and hardworking, traits they equated with socioeconomic success. This ideology was not found among men living in Paris who were more likely to describe money and success as corrupting rather than a result of moral status.

To summarize, Lamont's study highlights the ways in which nuanced symbolic distinctions can influence the life chances of persons to the degree that males in her study had hiring power in organizations and used decisions about who is like them and who is not in their hiring and firing practices. All the men in Lamont's sample shared similar upper-middle-class status, but, they did not share the same collective boundary work. This finding is particularly relevant to the present study because it demonstrates the concept that social locations and their power differentials are not uniformly experienced. Similar assumptions about the homogeneity of experiences and group collectivity among persons who share old age as a social location has also been challenged (Calasanti and Slevin 2001; Calasanti and Slevin 2006). Next I review the literature on symbolic boundary work and aging. While aging is a biological condition, referents to aging and distinctions made among and between age groups in society are also rooted in symbolic differences.

Symbolic Boundaries & Aging

While not all symbolic distinctions matter equally in their effect on power relations, social constructions of "difference" have historically been used to stratify

groups in society based on gender, sexual orientation, and race. This is also true for age. A feminist gerontology approach allows us to also see that individuals use boundaries to constitute the self in relation to others as well as drawn for others by those in power. The ability to reinforce age relations and old age as a form of inequality is based on the use of symbolic boundaries or structures of thought by those in power as they are carried out in routine interaction at the individual and group levels.

Because age is used as a basis to organize societies (Calasanti and Slevin 2006; McMullin 2000; Riley, Johnson, and Foner 1972), symbolic boundaries operate at the micro, meso, and macro levels throughout the life course. For example, teenagers often perform cultural boundary work at the micro level of presentation of self, such as musical tastes and clothing, to make distinctions at the meso-level of group memberships (Williams 2006). At the same time, macro political and economic forces categorize teens as a group entitled to education and parental support until age 18.

The political economic perspective highlights the ways in which age stratification intersects with other social locations (gender, race, marital status, etc.) both over the life course and in old age (Kail, Quadagno, and Keene 2008). A life course approach to understanding political and economic impacts on individuals in old age uses a theory of cumulative (dis)advantage to explain the impact of accrued effects of (dis)advantage over the life course and their impact in later life (Kail, Quadagno, and Keene 2008). These effects are evaluated in the socio-historical context of age relations. For example, social constructions of what old age is, what it means, and when it occurs influence decision-making, policies and resources that impact experiences of older adults in different ways throughout history (Calasanti and Slevin 2001; 2006; McMullin 2000).

These constructions of old age influence the economic status of older adults to the degree that they inform policy decisions (Hendricks 2005). Further, these ageist ideologies become incorporated into the social consciousness, reinforcing ageism, and negatively impacting well-being of older adults. Ageism is not only enacted through social bodies, but also at the level of the individual body, particularly negative labeling and exclusion of persons with “old” bodies (Bytheway 1995). The political-economic decision to entitle persons age 65 and over to Social Security benefits provides an arbitrary chronological age at which old age begins, but at the level of interpersonal interaction, people use qualitative assessments of the body to mark someone as old (Laz 2003; Twigg 2006).

Research indicates that old persons engage in identity work and group distinction between themselves and others their same age based on their assessment of each others bodies as “old” (Dobbs et al. 2008; Gamliel and Hazan 2006; Hurd 1999; Minichiello et al. 2000; Townsend et al. 2006) at the same time, political and economic discourse shapes boundaries and power differentials between age groups in society.

Next, I briefly review the use of symbolic distinctions in the political economy of aging framework. I explain that structures of thought at the political and economic level influence power differentials and variable access to resources both over the life course and in old age that consequently inform ageist boundary work, the ways in which we view our “old” selves (Hendricks 2005) and experience old age and old bodies (Calasanti 2005). Although the relationship between structures of thought and inequality cannot be explained causally, Alexander (1990) has argued that structures of thought are culturally defined and engage in dynamic and mutually reinforcing relationships with structure.

Boundary Work & the Political Economy of Aging

According to Laz (2003), we “do” age in various ways over the life course: age is both accomplished and embodied. Age accomplishment occurs as a result of the dynamic process between age and social structure (Laz 2003; Riley 1987). The ranking of chronological age groups in relation to other age groups in society impacts roles, statuses, and opportunities in the social structure (e.g., education, work, and family). For example, a person’s chronological age generates certain roles and expectations for labor force participation that results in differential economic rewards (McMullin 2000). Membership in social categories associated with labor force participation and production also influence notions of identity and status (Hendricks 2005). Age is accomplished as individuals and cohorts move through social structures, and their associated roles and statuses, over the life course (Quadagno 2007; Riley 1987). The relationship between age accomplishment and social structure is dynamic. The age at which one begins school, can be married, have children, begin and end work has varied historically. In the United States the chronological age at which old age begins is generally considered to be 65. Although many people continue to work, age accomplishment associated with being 65 implies a separation from work and an entry into retirement. The relationship between the arbitrary age of 65 and political-economic decision making has varied historically over time depending on the structures of thought used by those in power to classify old persons as a group relative to others who need governmental resources.

For example, in the early days of Social Security legislation, compassionate ageism towards older adults impacted policies and the distribution of resources by lumping older adults into one homogenous group with similar characteristics of frailty, poor, and dependent, but also deserving (Binstock 2005). These ideologies about old age shifted in the 1970s as older adults were depicted as dependent and “greedy geezers” who took resources away from children (Binstock 2005). Debates about intergenerational equity and depictions of the baby boom cohort as a demographic threat to the federal budget led to the creation of a moral economy approach to justify differential economic supports in old age (Binstock 2005; Kail, Quadagno, and Keene 2008; Minkler and Cole 1999). The moral economy approach highlights how social constructions of “deservingness” impact eligibility for and entitlement to resources (Kail, Quadagno, and Keene 2008). These distinctions of “deservingness” represent boundary work or structures of thought that inform who is entitled to and who is excluded from old age benefits and programs. In this way, statuses intersect (e.g., being old and poor) in much the same way as statuses intersect in informing boundaries associated with bodywork in old age (e.g., being old, “but not really looking it”).

Boundary Work & Bodies in Old Age

A consideration of aging and boundary work is not limited to old age. Age appropriate behaviors, norms, roles, and their accompanying power differences correspond with chronological ages across the life course. In modern societies, negative referents are commonly attached to the condition of being old, although when and how this occurs varies by race, class, gender and sexuality (Bytheway 1995; Calasanti and Slevin 2001; 2006; Falk 2001). Old age unique from other ages in these societies, in that it is portrayed as a package of disease and memory loss, as laughable, infantilized, and as something persons should all try to avoid, fight, and defy through activity and

consumption (Calasanti 2008; Twigg 2006). The material reality of bodies is that they wear out, yet despite this reality, there are moral imperatives to defy aging, more specifically to not become old (Calasanti and Slevin 2001; Calasanti 2003; Calasanti and Slevin 2006; Calasanti 2008; Katz 2000). As a result the burden to defy aging becomes a moral obligation (Calasanti and Slevin 2001; Katz 2000; Katz and Marshall 2003) and, despite our efforts, when we inevitably become old, we feel guilty about it (Calasanti 2005).

Ageism & Bodies & Boundary Work

In today's society, ageism, which refers to "a set of beliefs originating in the biological variation between people and relating to the ageing process" and that results in systematic exclusion, is often present in two forms related to old age (Bytheway 1995:14; Quadagno 2007). One form of ageism occurs when older adults are portrayed as being disabled and diseased (Bytheway 1995; Calasanti 2008; Twigg 2004). The second form of ageism, which is often overlooked, is that old people who are like young people (e.g., still active, in style, cognitively "with it") are okay. The message in both forms of ageism is that being old is bad and not acceptable (Calasanti and Slevin 2006; Calasanti 2008). Central to both forms of ageism is the role of the evaluating the corporeal body by social groups, or what Bytheway terms social bodies (Bytheway 1995; Katz 2009). Ageism is learned at young ages and does not disappear in old age (Calasanti and Slevin 2006; Twigg 2004). Research indicates that old persons also engage in ageist boundary work to distinguish between themselves and others their same age often based on who is (not) displaying bodily markers of old age (Gamliel and Hazan 2006; Hurd 1999; Minichiello et al. 2000; Slevin 2006; Townsend et al. 2006).

This study employs a feminist gerontology theoretical approach to understand how age structures social bodies in ways that devalue old age and old bodies while conferring less power to those labeled as old (Bytheway 1995; Calasanti and Slevin 2001; Calasanti and Slevin 2006). For this study, a consideration of the broader context of discrimination and exclusion based on age (Bytheway 1995; Calasanti and Slevin 2006) is expected to also inform boundary work among and between old persons themselves. A review of the literature on friendships in old age follows.

Friendships in Later Life

Friendships, defined as a mutually rewarding freely chosen bond between individuals, appears to be a universal process across the life course that involves the sharing of resources, affection, and self-disclosure (Shea et al. 1988). Friendships in old age, however, are unique in several ways. First, friendships become an important source of information, affection, and support as family and career relationships diminish and cannot be replaced (Shea et al. 1988). Although family support is still the most preferred by older adults for instrumental support and care giving, particularly from spouses and children, friendships provide intimacy in the form of voluntary and mutual engagement with other people and influence well-being (Connidis 2001; Hanssen and Carpenter 1994; Roberto 1996). Second, friendships in old age provide status, in the form of a favorable evaluation by someone else, something that diminishes when career, family, and civic roles decline (Shea et al. 1988). This finding suggests that the status aspect of friendship may be particularly important to older adults living in certain situation contexts where

roles, identity, and favorable evaluations may decline as a result of the institutional organization of care in those settings (Diamond 1995).

Third, the length of friendship is related to level of affection and intimacy between individuals (Shea et al. 1988). Friendships that begin in old age have a limited time period in which they can develop and grow. Awareness of limited time may vary by individual and context depending on health status and residential setting, for example (Carstensen 1992).

Finally, later life is unique in that as person ages his or her support network ages as well, often diminishing in size and capacity (Dykstra, van Tilburg, and de Jong Gierveld 2005). In general, older adults are more likely to have to cope with the illness and death of their friends (Hanssen and Carpenter 1994). Older adults with a high level of functioning find making friends in an age-homogenous environment easier than very old persons with decreased capacities (Hanssen and Carpenter 1994). To summarize, friendships are important across the life course. Later life is a life course stage that provides a unique context to friendships in that there are likely to be decreases in social network size, time constraints, and, for some older adults, residential changes that impact friendships. It would be incorrect, however, to equate old age as a time of loneliness or lack of friends (Dykstra et al. 2005). Despite these constraints, research indicates that aspects of later life such as retirement, increases in leisure time, and new partnerships after widowhood provides opportunities for older adults to rekindle ties with old friends or make new ones, although this varies by health status (Dykstra et al. 2005). And as, Calasanti (2007) has pointed out, not all older adults enjoy the luxury of retirement and increased leisure time in old age.

Later life is also unique in that the prevailing ideology about aging in the United States is to avoid this life stage or at minimum to continue as many aspects of middle age as long as possible (Estes, Biggs, and Phillipson 2003). The ageism associated with being labeled old creates challenges for friendships among same aged peers. In their interviews with residents of a U.S. retirement community on the west coast (N=15, ages 78-90years), Williams and Guendouzi (2000), found that respondents found it difficult to transition to the retirement community, communicate with others and make new friends despite the fact that the community was marketed as a place where like-minded people can share their interests and past experiences. Impersonal pronouns such as “they” or “these people” were used to distinguish between peer groups and often related to perceived or real negative associations to age. For example, in referring to persons with symptoms of dementia one respondent commented, “they forget what time they got to go to dinner” (Williams and Guendouzi 2000:75). In this study, relational difficulties in making new friends were informed by residents’ desires to disassociate themselves from negative associations with old age. In this light, residential communities for older adults may represent a difficult and paradoxical context in which to make friends in that, despite not wanting to associate with people who show signs of aging, aging persons are often the only options for peers. These findings support those of previous studies that suggest that although older adults prefer existing friendships to the prospect of making new ones (Chown 1981; Carstensen 1992), they find that new friendships are necessary and desirable when relocating (Adams 1985).

The purpose of this chapter was to briefly review the literature on symbolic boundary work, ageing bodies, and friendships in later life. This study explores the

dynamic relationships between these concepts among residents of a comprehensive retirement community. A review of methodology used in this study follows.

CHAPTER THREE- METHODOLOGY

Methodology Overview

Data for this study were collected at a rural comprehensive retirement community in the southeastern United States over the period of one year. Following Denzin's (1978) suggestion for triangulating data with multiple data collection methods, this project employed both quantitative and qualitative methods. Quantitative data collection involved the collection of original survey data of residents (age 65+) in independent and assisted living portions of the community. Qualitative data for this study was collected following guidelines for qualitative research released by the National Science Foundation (NSF 2004). This included data collected using 1) in-depth interviews with residents of assisted living; 2) participant observation of residents and staff in their everyday interactions within the setting of assisted living; 3) analysis of the "functional status assessment", an internal text document used to determine cost of residency for assisted living residents (see Appendix A), and the activities calendar (see Appendix B).

This type of qualitative analysis is referred to as "nested cases" technique because it uses multiple cases to explore concepts within one larger umbrella case. In this study, I begin with the larger case of a rural comprehensive retirement community, within which, I explore the nested cases of residents, the culture of the assisted living in this community, and the text of organizational documents.

At the outset of this study I had two broad research objectives. First, do older adults living in this progressive care retirement community use symbolic boundaries to define themselves in relation to others? Second, in what ways are symbolic boundaries used to disassociate or exclude other residents as potential friends?

One of the mechanisms of symbolic boundary work is cultural capital. Following Bourdieu (1990), Peterson (2005), Witte and Ryan (2004) and other cultural capital researchers, I defined cultural capital as interest and participation in music and leisure activities. I operationalized cultural capital using the following survey items: What are the musical tastes and leisure interests of residents? How often do residents listen to music? Participate in leisure activities? How important is it that close and casual friends (not) living in the community like the same music and leisure activities? How often do residents talk with close and casual friends about the music and leisure activities they enjoy? For this study, many of these items, including the list of musical genres and leisure activities were taken from the Survey for Public Participation in the Arts.

I chose to measure musical tastes for three reasons. First, I have an interest in music personally, as well as, professionally as part of my long-term research agenda. Second, studies of culture capital have often relied on musical tastes as an indicator of culture capital in general, following Bourdieu's (1990) assertion that musical tastes are one of the primary ways that people display status, however recent studies show that this varies by country (cf. Van Eijck 2001). Finally, DeNora (2000) argued that music is a social force in society that has the power to structure emotions, identities, bodies, and behavior in a variety of contexts across the life course. For example, music can get us in and out of moods, relax us, motivate us, inspire us, scare us, remind us of memories, lull

us to sleep, wake us up in the morning, and accompany worship, all of which influence individual experiences in daily life (DeNora 2000). These examples of music's power may vary in later life in the context of life review, personal fulfillment, and coping with loss and death. For these reasons, I am interested in music as an important leisure activity, whether done alone or in a group, for residents of assisted living.

Although the study of musical tastes in later life is neglected, leisure interests and participation patterns of older adults are unique and important for health promotion and sociability. Participation in leisure activities, which are organized around tastes, can be viewed from a health promotion perspective (Agahi and Parker 2005). Cultural tastes are portable because they are embodied, meaning they exist after the consumption or experience is over. Additionally, cultural tastes are embodied in that they can require physicality and activity in attending an event and/or during it. In studies of aging and the body, health promotion through activity is one strategy that can be used to defy aging. "Busy bodies" are not old bodies (Katz 2000). Activity, both physical and social, is rooted in conceptions of successful aging. This research suggests a possible relationship between cultural participation and perceptions of worth among older adults given that "active" seniors are often those who have the most tastes, group memberships and engage in leisure activities.

Next, it has been argued that social interaction with network members is one mechanism, through which tastes are shaped and maintained (Erickson 1996; Mark 1998; Witte and Ryan 2004). Tastes can prompt interaction in several ways depending on the context. First, the exchange of tastes promotes sociability by allowing people to make connections with one another (Dimaggio 1987; Lizardo 2006). Because functional and physical limitations, such as institutionalization, lack of transportation, and/or disability, may prevent actual cultural participation in old age, the degree to which older adults are conversant about and familiar with a range of tastes can be viewed as capital. In later life, the need to interact and talk with others may be heightened in certain situational contexts, such as assisted living settings, where residents often encounter the same people repeatedly and spend time in common spaces. In addition, the entry and exit by volunteers, staff, and visitors in these communities is often dynamic, the composition of residents is relatively static. Cultural capital theory would predict that individuals who have relational tools with which they can negotiate both fluid and static relationships are likely to have higher levels of social integration within the community, greater well-being and be better able to transcend the symbolic boundaries of "otherness" associated with old age.

A second way in which tastes promote sociability is by prompting engagement with others through organized activities. It has been argued that older adults residing in organized communities are more likely to have better access to leisure and social activities than older adults living in non-organized residential settings (Agahi and Parker 2005). In this way, participation in activities may be driven by tastes, by the desire to interact with others, or both. Networks are dynamic, and relatively unstable, across the life course (Lizardo 2006). This is especially true in old age. Loss of ties in old age is a material reality, particularly for women. Old women are more likely than men to live alone, without a spouse, or in an institution. Activities organized around tastes provide a time and place for socializing with others who have similar interests allowing older adults to recruit replacement relationships as their networks shrink. Further, Mark (1998)

argued that a taste that a person does not express in social interaction over time will be lost. Thus, tastes are not rooted only in individual cognitive schema. There are performative and sociability components as well. Performance of tastes can be limited by bodies and their functional capacities in old age.

For example, very early in my study, prior to distributing the surveys, I noticed an early emergent finding. As I interacted with residents and asked them about their music and leisure interests and participation, they would often say things like, “I used to love to read, but now I can’t see well enough to do it.” The relationship between interest and participation in activities and bodies was clearly important. I adapted my research design to include research questions related to bodies as cultural capital (Tulle 2003), as well as, the influence of bodies with leisure and music interest and participation. I explored the following research questions in in-depth interviews with residents:

RQ: In what ways do residents describe their bodies relative to bodies of other residents?

RQ: What valuations of bodies, if any, influence inclusion and exclusion?

RQ: What is the relationship between bodies (e.g, health status, disability) and music and leisure interests and participation?

I operationalized the concepts in these research questions using the following items: In what ways are you similar (different) from other residents? In the media, we hear messages that you should “stay active” as you age. Have you heard those messages? If so, what do you think about them? What do you think about people who do not “stay active”? How do you feel about residents here that do not participate in the leisure activities offered? Without telling me their names, who here gets on your nerves or is a person you do not want to be around? Why?

The purpose of this section was to review my methodology and research questions. In the following section, I describe examples of power relations in the data collection process.

Feminist Gerontology & Power Relations

This dissertation research is unique in that it deviates from the traditional focus on boundary work as processes used by privileged groups to maintain their advantage and distinction in society (Bourdieu 1984; Lamont 1992; Lamont and Fournier 1992; Lamont and Molnar 2002) and begins from the standpoint of a marginalized group. Methodologically, I employ a feminist gerontology approach. Briefly, feminist gerontology focuses on the power differentials based on gender and age and then further explores how inequalities related to race, class, and sexual orientation shape experiences over the life course and in old age (Calasanti and Slevin 2001; Katz 2009).

Biggs (2004) argued that feminist approaches grapple with the negotiations of personal and structural identity and are well suited for qualitative research because “the personal is infused with power relationships” (Biggs 2004:45). Undertaking research that explores the ways in which people describe their stories, performances, and experiences as they live structurally bound lives with intersections of race, class, gender, and sexuality can help us understand the tension between personal and structural, in other words, power relations (Biggs 2004). For these reasons, I use a qualitative feminist

approach to explore boundary work from the standpoint of old age and a consideration of age relations. That is, I consider age relations to be one of the major systems of power through which individuals must pass through during their lifetime (Calasanti and Slevin 2001; Calasanti and Slevin 2006). Barring early death, it is inevitable, that all persons will experience power differentials associated with being young, middle age, and old. These age relations will intersect with other social locations over the life course to influence lived experiences (Calasanti and Slevin 2001; Calasanti and Slevin 2006).

Being labeled as old, for example, confers a loss of power regardless of being advantaged by other social locations (Calasanti and Slevin 2001; Calasanti and Slevin 2006). Although old age is a marginalized status in the United States, labels and experiences of old age vary by gender, race, class and sexual orientation (Calasanti and Slevin 2001; Calasanti and Slevin 2006). Further, age relations inform the use and label of “old” in two ways. First, compared to those who are old, persons who are not old have more power in society because their status is not devalued (e.g., they are not old). Although this power intersects with other statuses, those who are not old get to decide who is, when it occurs, what old age looks like, and what the implications of the label are (Calasanti and Slevin 2001; Calasanti and Slevin 2006). In this sense, age relations are a rooted in power differentials between those who are not labeled old and those who are.

A second conception of age relations has been noted in several empirical studies cited earlier in the literature review. These authors collectively note that power differentials from age relations also occur among older adults and their same age peers. That is, older adults, draw upon prevalent conceptions of age and use these to evaluate same age peers. Evaluation may include those who are best able to approximate a young identity, such as, not looking old (cf. Hurd 1999) and staying active (cf. Katz 2000). Some attempt to gain status over peers by continuing to identify with aspects of their middle age self, such as occupation (cf. Gamliel and Hazan 2006). All of this is part of a struggle to get to decide who is old, when it occurs, what it looks like, and what the implications are.

Power & the Data Collection Process

Feminist gerontology’s attention to power relations informs my understanding of the subject matter that I am studying and also my relationship to those I sample. For example, Jaffe and Miller (1994) argue that social science researchers who engage in gerontology research can subordinate their research participants by nature of the power differentials associated with age and occupational status. These structural relations further impact the creation of research problems, their meanings, and the creation of knowledge (Jaffe and Miller 1994). As a thirty-one year old graduate student, I am aware of the power differentials suggested by these authors. Indeed, during one interview with Donna¹, a 95 year old female resident who is almost totally blind, I was challenged about my intentions. She said that “no one really wants to hear about what it’s like to be 90 years old.” When I told her that I did, she said, “because you have to. You wouldn’t have done this if it you didn’t have to for your class, now you needn’t tell me you wouldn’t.” When I assured her that I had chosen to specialize in studying aging and enjoyed it, she backed down a bit, and explained:

¹ All names are pseudonyms

Donna: Well, we always enjoy the visits with the young ones that come, you know, if they seem to enjoy talking to us. But, you'd be surprised that some of them are much better talkers to old people and they should learn to listen. And they should learn to carry on a conversation and some of them are missing that somewhere in their education at {name of local university}. Don't say I said so, but they are.

Interviewer: So, you feel like they don't have anything to talk about?

Donna: That's right. Or think that we're so old and stupid that we don't know what the heck we're talking about and we're not. Because after all, if you have children and grandchildren you know well what's going on in two, three, four, five generations.

Donna's comments highlight power differentials associated with broad age groups such as "old" relative to "young." These power differentials are not only rooted in chronological age differences and respective labels, but also in the physical conditions associated with being old. Similar to other groups in society who are stigmatized for their physical condition, such as disability (Falk 2001), several interviewees seemed to anticipate the social discomfort associated with their condition and felt the need to explain in an attempt to relieve the discomfort. An example of this follows.

In her interview, Anna, 70, divorced, a retired reservationist for a major US airline, who has lived in assisted living for 5 years, described herself as having dementia and bipolar disorder which made her cry several times during the interview. Anna has three daughters, one of whom is handicapped. She lives in a small studio apartment with barely enough room for a twin bed, clothing dresser, and a recliner. When I interviewed Anna we sat on her bed, upon which she sleeps with no bedding. She told me she just grabs the blanket from her recliner each night. Her two cats played about the apartment during our interview. Anna loves playing cards and described herself as the most active person in the community. Her decision to move to assisted living was heavily influenced by her daughters, who grew concerned when she could not remember the directions for driving to work. She would drive the car around the city and then come home, feeling, she described, scared and upset. During our interview, Anna cried several times. She explained, "by the way, it's the medicine that makes me cry a little bit."

Several weeks later, Anna, approached me with an armful of my surveys. "I got 25 surveys for you." Anna had taken on my survey data collection as her own personal project. She had mentioned several times that she had been asked by the administrators to stop pestering other residents to participate. Apparently, Anna would grab a handful of extra surveys I had left in the lobby and go around to residents' apartments and ask them to fill it out. On those occasions I thanked her and told her that she didn't need to worry about doing that. So, when Anna gave me the 25 surveys, I assumed she had collected them from residents. During data entry, however, I noticed that there were several surveys back-to-back that had the same response for items such as: What is your date of birth?, What was your occupation before retirement? The short answer questions at the end of the survey also had the same handwriting. After close examination, I realized that Anna had filled out 25 surveys herself. Methodologically, I decided to remove Anna as a survey case since her responses to items were not consistent across the 25 surveys.

During data collection I had to be mindful of power differentials, the context of the study, including the potential physical conditions associated with older adults living in a care setting. Similar to other sociological research methods involving marginalized groups, the authors suggest taking on the role of the other; to consider viewing the world through an “old age” lens, rather than my own. This process is one of the goals of a feminist gerontology approach.

To re-distribute the power differentials between myself and participants of this study, I engaged in participant observation and attended activities such as birthday parties, bingo, and music hours. I also made a point to sit and chat with residents without my research agenda “turned on”. In this manner, I attempted to show my genuine interest in the residents’ lives beyond my own needs for data collection. These techniques were aimed at re-distributing power differentials in several ways. First, it was my intent to limit the pressure of social desirability in interview responses when answering questions about the atmosphere among residents. In general, I found that most residents of assisted living were likely to make statements like “this is a good place; I like everyone living here; we all get along.” Building trust and rapport by attending activities and visiting with residents over the course of one year allowed me to get below those surface level responses. Second, because prevailing ideologies about being old in the United States are ageist and often depict older adults as being frail or burdensome (Featherstone and Hepworth 2005) as well as portray health as being under a person’s personal control (Calasanti 2005), I anticipated a certain degree of ageism in residents’ presentation of self. That is, many residents were quick to identify themselves as being healthy and active in contrast to others. In other words, they wanted to convey that “I know the prevailing ideologies about being old, and I am not like that.” Other social locations, for example, being white and middle class interact with old age to influence life experiences of residents and their ability to live in a comprehensive retirement community. Mary Pat, 82, recognized the relative advantage of these social locations by most residents in assisted living when she said:

You know, most of the people here have been fairly advantaged, you know. You couldn’t afford to be here if you hadn’t had some advantages and uh, so you wonder what it is that makes them unhappy. I would like to know that.

To summarize, the purpose of this section was to review power dynamics in the data collection process, as well as, methodological concerns of sampling older adults living in a progressive care facility. A more detailed description of this community follows.

Description of Retirement Community

The rural comprehensive retirement community used in this study is situated in the southeastern portion of the United States. This facility offers several types of residency options including independent living, assisted living, and nursing home care. For this study residents in the nursing home setting were ineligible to participate as many were unable to give informed consent. The independent and assisted living settings of this community range from single-family detached homes; town homes with and without

garages situated on the facility's campus; one and two bedroom apartments, some with kitchenettes, in multi-level buildings located at the center of campus. In assisted living, residents with kitchenettes can prepare their own meals or choose to dine in the cafeteria. This community is privately-owned and not for profit. It does not accept Medicare as a source of payment. Residents are required to show three years of private pay funds as part of their application to live in the community. There is, however, one apartment building designated to low-income seniors whose living expenses are subsidized by the government or private organizations.

Facility administrative staff estimated the cost of living in this community for most residents at \$60,000 a year and more depending on the type of residential setting selected. For example, in the assisted living portion of the community, there are three housing options. A studio apartment (410 square feet) costs \$2,649 per month. One bedroom apartments (570 square feet) begin at \$3,126 per month and two bedroom apartments (815 square feet) begin at \$4,015 per month. These prices represent baseline costs for living in the assisted living portion of the retirement community and include: 24-hour nursing staff and security on site, housekeeping of the apartments (trash removal, vacuuming, laundering of bed linens), access to organized activities offered in the community, and three meals a day, including a snack. Phone, internet connection, and cable television are not included in these prices. Additional costs are incurred depending on the level of care needed to assist with activities of daily living (ADLs). The facility is license by the state's Department of Social Services (DSS) and is required by DSS to create a careplan for each resident of assisted living; which includes an assessment of ADL competencies. ADL assessments are associated with cost of living; meaning the more assistance required, the higher the cost of living. A more detailed description of how cost of living is calculated for assisted living residents in this community follows in the discussion of the functional status assessment document later in this chapter.

Consistent with the literature on household disbandment in later life in preparation for the transition to a smaller residence (cf. Ekerdt, Sergeant, Dingel, and Bowen 2004), residents reported dispersing material items to thrift store, family members, and friends, or having yard sales prior to moving to assisted living. Although this process is theorized as a part of Baltes' selective, optimization with compensation strategy (1997), meaning that people selectively reduce their possessions as a means of dealing with the limitations of aging, it is not easy to whittle down the material possessions of a lifetime. Some residents described their apartments as cramped and commented on the difficult process of choosing what possessions to bring with them. Donna, 95, said:

Most everything has a story, so when you came here you picked out what you wanted especially and left a lot, or gave it away, or sold it and brought what you could.

Interviewer: And I'm sure that was hard.

Donna: Yes it was. It was very hard. Very hard. Because, well, you know that. You have things at your home that you think, well, I'll never part with that.

Mary Pat, 82, also commented on the process:

Well, I knew the size {of the apartment} and I eliminated most everything. This is, my daughter, of course was very helpful. And what she did not want and I could not bring we gave to an auctioneer to sell for us.

Barbara, 70, moved into a studio apartment and upgraded to the one bedroom, and eventually the two bedroom apartment, because she needed more storage. She described the process of giving her children their pick of anything in her house:

I had my three sons and their wives. I said go through the house. And, uh pick out anything you want and we'll send it to your, that's yours. Somebody had the idea to buy different color stickers and each one had a different color sticker and they went through the whole house and put stickers on what they wanted. So we sent a moving van off to Houston and a moving van to Oregon and one to Northern Virginia. And there were a few pieces that they didn't choose for themselves so they put my color sticker on it and they put it in storage for me.

As I talked with Minnie, 89, she mentioned that she had the names of who she wanted the items in her apartment to go to after she died taped to the back of each item. She pulled a cross stitched map of the United States that she had done by hand and showed me that it was labeled with the name of a relative.

Assisted living is not the same as residing in a nursing home. However, despite having some autonomy as a resident of assisted living, the environment is highly structured. Meal times are on a routine schedule, laundry facilities close at night, and nursing assistants have a universal key with which they can open apartment doors to deliver medicines to residents. Residents mentioned lack of privacy as one of their least favorite things about living in assisted living. For example, Anna, 70, said, "Well, my privacy being invaded you know, everybody has a key, the nurses come in, the housekeepers come in, and I kind of like my privacy so." In fact, during my interview with Anna, there was a knock on the door and then it opened. A member of the housekeeping staff walked in without pausing for us to answer the knock. Anna asked her to come back later since she had company. The woman seemed annoyed by this which is understandable given the motion of labor associated with this environment (Diamond 2006). I observed that housekeepers went room to room in an ordered fashion. Having to come back later meant that the order of work would be out of sync and probably taken longer to complete.

Assisted living is not a total institution, Erving Goffman's term used to describe organizations that control every aspect of their individual members in ways that prevent them from maintaining their personal identities (cf. Diamond 1995; Quadagno 2007). Still, the organizational structure of this assisted living facility does have similarities. In the description of results from analysis of qualitative data in chapter five, the quotes often demonstrate residents' awareness of the organizational structure and their respective place in it. In my observations of life in assisted living, it appeared that residential

apartments were grouped by disability. However, the administrator did not describe it this way. In response to a question from me about the grouping of residents, he said:

They're not grouped in this facility. We do not group residents here. Our residents, in this facility, there could be somebody in a wheelchair on the fourth floor and the same way on first floor. We don't group them based on tiered level of care.....they're all one group.

Although residents bring their own furnishings and have private apartments, their quotes suggest that they don't feel complete ownership over their space and are not comfortable visiting each other's spaces due to organizational restrictions. The administrator of assisted living described the increasing restrictions and regulations on assisted living:

Assisted living was not regulated four years ago like it is now. When I, uhm, I was the assistant administrator prior to being administrator here, and the regulations were so much easier. Now you are so regulated, it's becoming more and more, kind of like a nursing home, in a way, with the regulations. Because people are, this is the level of care that people like, is assisted living because you have the apartments and care, and things of that nature. And, uhm....you are finding in facilities, because you know, I shop around, not so much for employment but for my building in general, and you will find that nursing home individuals are living in assisted living.

I recalled this conversation with the administrator when I visited Minnie, 89, a resident of assisted living with a heart condition, who showed me around her one bedroom apartment. One side of the apartment had her personal sofa, coffee table, a large china cabinet that was filled with knick knacks, hand made items, and dishes. She had a four poster bed on the opposite side of the room, above which, there was a yellow piece of paper that read "DO NOT RESUSCITATE" and place at the bottom where she had signed. Although Minnie has her personal effects in her "private" apartment, the DNR order taped above her bed illustrates the fact that her residency is also a highly regulated organization.

Data Collection

In this dissertation research I combine qualitative and quantitative methods. Participants for this study were recruited from independent and assisted living settings situated within a rural comprehensive retirement community in the United States. Residents could choose to participate in the survey and/or interview portions of this study. The recruitment of participants occurred in several stages. First, I wrote a letter to the entire population of 350 eligible residents in independent and assisted living and asked them to complete a survey of their musical tastes, leisure activities, and friendships (N=66 complete surveys returned). Second, a convenience sample was created from residents of the assisted living portion of the community only, who volunteered to be interviewed (N=15). An in-depth interview with the administrator of assisted living was

also completed (N=1). Descriptions of the sampling techniques and measurements used in the survey and interview portions of the study follow in this chapter.

Survey Sample

Surveys were distributed as an additional insert inside of the monthly community newsletter “The Log.” This newsletter is distributed to 350 residents of assisted and independent living within the community. The activities director for the community, resident volunteers, and I spent an afternoon stuffing the survey into the newsletters. Then, resident volunteers distributed the newsletters to other residents via mailboxes in their respective sections of the community. Each insert included a survey and an informed consent form with a brief description of the study, the importance of participation, a deadline for returning the survey, and information about where to return it. Two free-standing boxes were left in two common areas on the campus for residents to return completed surveys. Two weeks after the surveys were distributed, a reminder was distributed to the same population of eligible participants (N=350). This reminder included information about an individual “help” session for residents who wanted to participate, but required assistance with the questionnaire. This help session occurred over a two hour period where I assisted in reading the questionnaire aloud for three residents who had vision problems, and marking the responses for one of those respondents. In total, 3 residents came to the survey help session. After one month, a final reminder was posted in the elevator of the assisted living building and on the community information board of the independent living townhome communities.

A total of 66 completed surveys were returned from 15 male and 51 female residents ages 65 to 98 (M=83 years of age). The response rate was approximately 19%. While this response rate is lower than ideal, it should be noted that the administrator found this response rate to be astonishing. He commented that resident satisfaction surveys, which are distributed every two years to the same sample of residents (N=350), generally has a 10% response rate, averaging 30 completed surveys. Thus, my response rate is roughly double the response rate of organizational assessments within that community. Pearce (2007) argued that administrators in assisted living communities rarely reach a desirable response rate of 40% for surveys greater than two or three pages. The survey in this study was eight pages with double-sided text. In general, survey respondents had some college education, were likely to be widowed, and, on average, had lived in the community for less than six years. Demographic characteristics of survey respondents can be found in the descriptive tables below.

Table 1: Education of Survey Respondents

	<u>Number</u>	<u>Percent</u>
none	1	1
high school	20	31
some college	6	9
college	18	28
grad school	20	31
Total (N=60, 6 missing)	60	100

Table 2: Marital Status of Survey Respondents

	<u>Number</u>	<u>Percent</u>
never married	6	9
married	13	21
divorced (18-60years)	7	11
widowed (1mth-49years)	38	59
Total (N=64, 2 missing)	64	100

Table 3: Length of Residence in the Community

	<u>Number</u>	<u>Percent</u>
0-3 years	28	44
3.1-6 years	16	25
6.1-9 years	10	16
9.1-12 years	7	11
12.1-15 years	1	1
15.1-18 years	2	3
Total (N=64, 2 missing)	64	100

Range: 1 month-15 years, 2 months; Mean: 4.74; sd=3.9

Other Characteristics of Survey Respondents

Items designed to measure perceptions of happiness and satisfaction with life, as well as, satisfaction with health was also included in the survey. In general, respondents reported being moderately to very happy and satisfied with their lives and fairly satisfied with their health. Although these items are limited measures of self-reported well-being, studies show that older adults living in assisted living communities have higher rates of depression, ranging from 13 to 25 percent, than community dwelling adults, who average 10 percent, although this varies by measures used, disability, self-reported health, social resources, degree of religiosity, and kind of attitude towards aging (e.g., positive or negative) (Jang, Bergman, Schonfeld, and Molinari 2006). Responses to these survey items follow in the text below. *Taken all together, how would you say things are in your life these days? Would you say you are: not too happy, pretty happy, very happy?* (M=2.45, SD=.636). *On average, how satisfied are you with the life you lead? Would you say you are: not very satisfied, fairly satisfied, very satisfied?* (M=2.51, SD=.661). *In general, how satisfied are you with your health? Would you say you are: not very satisfied, fairly satisfied, very satisfied?* (M=2.06, SD=.720). In general, respondents reported fairly high levels of happiness, life satisfaction and satisfaction with health.

Survey Measures

The quantitative surveys used in this study were designed to measure moral, cultural, and socio-economic boundaries, as well as characteristics of causal and close friendships. For this study, moral boundaries were defined by character traits such as honest, trustworthy, hardworking, good and religious. Cultural boundaries were measured using items related to leisure activities (traveling, reading, gardening, etc.) and musical genres the respondent likes to listen to. Finally, socio-economic boundaries were measured using items related to education, occupation status, and income. These categories and measurements of boundary work were adapted from Lamont's (1992) study. In addition to questions about these symbolic boundaries, the survey included items designed to measure various aspects of friendships among residents including, structural dimensions (how many friends? frequency of interaction?), social aspects (what do you talk about? what do you have in common?), and well-being (how does having this friendship impact your life?). Additional items related to self-ratings of health and general life satisfaction were also included. Most items were measured using a 3-point likert scale. Three open-ended questions related to talking about leisure activities and making friends with similar interests were included at the end of the survey. A copy of the survey is in Appendix C.

Survey Methods

Analysis of survey data occurred in two stages. First, descriptive statistics, such as the means and standard deviations, were analyzed for the following survey items: leisure activities, musical likes, number of friends, and well-being (general health and life satisfaction items). Truncated variables for liking music and leisure activities, as well as participation variables for each were created. A series of Pearson's correlation measures was performed to explore the relationships between musical tastes (liking certain genres) and participation (listening to music), satisfaction with friends, number of friends, and overall happiness, health and life satisfaction ratings. The same series was performed to

explore the relationship between liking leisure activities, participation in leisure activities, satisfaction with friends, number of friends, and self-reports of life satisfaction, happiness, and health. Findings from the analysis of survey data are discussed in detail in the next chapter.

Interview Sample

Recruitment of interview participants occurred in several ways. First, over the course of the year during data collection, I mentioned my study and the recruitment for interview participants to residents as I volunteered with various activities in the assisted living building within the larger retirement complex. Second, a flyer was placed in the individual mailboxes of all residents in the assisted living portion of the community (N=73). The flyer instructed residents who were interested in being interviewed to email, call, or write their contact information on the back of the flyer and return it to a box left in the common area of the lobby. Most residents used the latter option (N=13). Two residents expressed their interest via email. All residents were interviewed in their individual apartments. The administrator of assisted living for this community was also interviewed. This interview took place in the administrator's office. Interviews ranged from 30 minutes to two hours. All interviews were digitally recorded and transcribed by me.

Because my sample of retirement community residents is limited by a lack of race and ethnic diversity, the primary intersections of social locations that I explore in this research are age, class, and gender. The population of assisted living residents (N=73) is comprised of 10 male residents and 63 female residents. Consistent with the literature on long term care communities, such as assisted living, the gendered composition of the community for this study is skewed female (Street, Burge, and Quadagno 2009). The gendered nuances of a primarily female sample were evident from the beginning of most interviews. When asked what the best thing was about living in an assisted living community, responses by females included:

Mary Pat, 82: I don't have to grocery shop. I go to three meals, if I want three meals a day, they're here, and it's a protected atmosphere and since I am alone, that's a good idea....I used to enjoy cooking and now I enjoy not having to think about it.

Sally, 90: I don't have to cook and wash dishes, I've done that so long.

Jessica, 84: Knowing that your needs are going to be met like transportation, meals, and medication, nursing.

Male responses were similar in that men enjoyed not having to worry about cooking and cleaning. When I asked Joseph about what he likes best about assisted living, he said, "everything is taken care of. The food. The laundry. I can just be."

Even though there was relief from daily food prep and cleaning in their responses, when asked what about activities that they can't do anymore or miss doing, female residents often mentioned cooking. For example, Barbara, 70, said "I loved to cook and I

loved to entertain.” Mary Pat, 82, “I miss cooking and baking, but there is no oven here. So I can’t bake.” These examples of missing and feeling relieved from meal preparation and clean up illustrate how identity, role, and activity intersect for some women.

My qualitative analysis of interview data compares the perceptions of concepts related to boundary work and friendships among old, white, middle class, females living in an assisted living setting. In this study, I use my in-depth interviews with male assisted living residents as “negative” cases in an effort to compare the gendered nuances of boundary work and experiences within the community. In qualitative research, negative cases are used to improve the researcher’s understanding of concepts, particularly, by disconfirming the general findings (cf., Bennett 2004). In my analysis of interview data with female residents I use the male cases as a comparison, particularly looking for ways in which perceptions of concepts related to boundary work and friendships differ by gender. My interview with the administrator of the assisted living community is also used as a negative case, in that the organizational perception of daily life related to boundary work and friendships may differ from those of the female and male residents interviewed. To summarize, negative cases serve to add richness to qualitative research. They allow a researcher to compare descriptions of variance of concepts across groups (Bennett 2004).

Interview Measures

The interview schedule for this study was adapted from the protocol used by Lamont (1992) in her study of symbolic boundary used among upper-middle class French and American men. In some cases, it was necessary to re-word interview items for use with a sample of older adults living in a retirement community. The interview protocol and can be found in Appendix D. Items that were re-worded from Lamont’s original interview schedule are noted with an asterisk (*). In general, items in Lamont’s (1992) interview protocol were designed to measure categories of moral, cultural, and socioeconomic boundaries. In addition to those measures, I added measures related to body work (What is your activity level? Do you do these activities for health? Fitness?), previous arts socialization over the life course (Have you taken dance/music/art lessons?), musical tastes (How often and what genres of music do you like to listen to?), and interactions between these items (How important is it that your friends have the same activity level as you? Like the same music?).

Interview Methods

For this study, I use constant comparative method (Glaser 1965) to analyze data collected during in-depth interviews. Constant comparative method is a type of qualitative analysis that is best described as a continual process of sifting through data and comparing it to the existing literature. Does my data support existing literature on these concepts? If so, why and how? If not, why not? In this way, constant comparative analysis is a theory building process, rather than a purely analytic process (Glaser 1965). Data analysis of interviews begins with a coding of frequently mentioned themes into categories already defined by the literature. Comparison of the context of the categories to existing literature follows from which existing concepts are either supported or expanded upon (Glaser 1965). For example, in this study, frequent references to activity levels among residents in assisted living were common. These references were broadly

coded as “activity level.” Because every interviewee, including the administrator, mentioned activity level during their interviews, it was clear that the category was “theoretically saturated” (Glaser 1965:441), meaning that each incidence of mention during interviews may not lead to new information about the concept, but clearly the frequency of mention makes it important as a category for constant comparison. After comparing the context of references to activity level made during in-depth interviews to the existing literature regarding activity level I noticed a pattern that allowed me to break the category of activity level down into smaller, more nuanced categories that were theoretically linked.

For example, some references by respondents to activity level were related to actual attendance and participation at activities listed in the activities calendar. These references were associated with going to an event and participating in an offered organized activity. Other references to activity level were associated with being physically active with sub-themes of exercise contrasted with sitting or sleeping for long periods of the day. Finally, references to activity level were further broken down into categories of mental activity, such as doing crossword puzzles, “staying sharp”, and exercising the mind. All of these categories are theoretically linked to active and successful aging, concepts which broadly focus on continuing the lifestyle and activities of youth for as long as possible.

Participant Observation

A second mode of qualitative data collection for this study was participant observation. A popular method among institutional ethnographers, participant observation involves the participation and observation of the sample in which you are interested in understanding in their daily interactions within a setting (Smith 2006). This method was appropriate for this study in many ways. First, it allowed me to become a regular member of the assisted living environment which helped with rapport building among residents. Second, it allowed me to become aware of the power dynamics between staff and residents, particularly with regard to the way some staff members talked about “them”. On one occasion, for example, I left a box in the lobby of assisted living for residents to return completed surveys. It was an old copy paper box that I recovered with colored green paper. I commented to the receptionist, who sits prominently in the lobby area where everything she says can be overheard by residents and visitors, that I felt like the box looked like a poorly gift wrapped present. To which she responded, “that’s ok. Half of them can’t see anyway.” I quickly scanned the room hoping no one had heard her comment.

On a second occasion, I walked into the lobby to find it full of residents. Generally there were only three or four. “It’s doctor day,” one staff member said to me as I walked in the door. “They are waiting for the bus. Any of them that don’t have their coats on you can use because they aren’t going.” On another visit I encountered a male resident in the lobby who asked about being interviewed for my study. As we talked, a staff member walked up behind him, tried to make eye contact with me and shook her head back and forth with her hand at her throat signaling me that I should not interview him. Later she explained, “he’s a pervert.” Of course, I also observed many interactions that were sensitive and friendly, but my feminist gerontology research approach made me particularly aware of interactions that were ageist.

In an effort to remember all of the interactions that I observed, immediately following each visit to the community I would debrief by taking notes in my car or at a local coffee shop about what I had observed that day. Sometimes the notes were written to myself to help with rapport and trust building, like, “remember that Dimitri’s dog is named Gus.” Other notes were written in story format or recall. There was no rubric for my debriefing notes. Diamond (2006) suggested taking notes during data collection without any preconceived notions of what is important. Like a puzzle, he argued, the pattern will emerge at the end of the study, once you have gathered all the pieces. During my analysis of texts and interviews, I referred to my debriefing notes to look for the ways in which my observations supported (or not) the themes and patterns of concepts related to boundary work and friendships in this environment. Two sample entries of my unedited debriefing notes follow:

Debriefing Notes: Sample 1

Tuesday, July 15, 2008

Went to {name of community} and led an activity called *name that tune*. About ten residents showed, all women—all assisted living residents. Some with memory loss, macular degeneration, and hearing loss. The group seems to know each other—some more than others and as other residents showed up for the activity, I saw several of them touch hands to acknowledge each other and show affection.

The music was a mix from the 1920s and 30s- a Reader's Digest cd. Bing Crosby, Pennsylvanians, Oklahoma show tunes. Patriotic music was also very popular. The women sang the lyrics to the Marine Hymn and the Army Air Corp. Some Enchanted Evening was also popular. The women became more animated towards the end and began to discuss memories of listening to music on wind-up record players. They described records as being very fragile-made of fiberglass? and costing around a dollar. Somehow the conversation drifted from patriotic music to the issue of prayer in schools. All the women who spoke up (which was quite a few)—said they believe that prayer in school should be allowed. They also disagreed with efforts to take "God" out of the pledge of allegiance.

The women seemed to appreciate me being there. One woman talked to me about having to put her dog to sleep because she had short term memory loss and was forgetting to take the dog out. She was very sad about it. She was well spoken and otherwise appeared much healthier (physically at least) than the other women. She agreed to let me interview her for my study—but as I was leaving the front desk worker told me that she would probably not remember who I was or that she had agreed to let me interview her. Her name was {omitted}.

Debriefing Notes: Sample 2

Thursday, August 6, 2008

Got to {name of community} just in time for “time out” where residents sit on the front porch of {name of assisted living building} to soak up fresh air. Sarah introduced me to Bonnie. Bonnie wore moderately heavy make up, jewelry, and high heels. She was more dressed up than other female residents on the porch (many were in sweats). Bonnie is 82. She had breast cancer when she was 30. She considers herself a country girl who went to a poor church growing up. Her mother played the piano and she remembers being in love with music from early childhood. Her family could not afford lessons so she mostly sang at church. Bonnie later moved to NY and became a classical singer (soprano) for the NY Met. She got ulcers on her vocal chords and eventually had to quit singing. She credits music with getting her through cancer. Bonnie’s husband was also a resident at {name of community}-they shared an apartment. She has early stages of dementia and was the primary caregiver for her husband. Her husband (a local doctor) has since moved up to the nursing home and is in intensive nursing care—he is physically frail, apparently. Bonnie has 3 cats, says she loves going to concerts, plays (tries to go to all she can).

I asked Bonnie if it is important to her that her friends like the same kind of music she does and she immediately said yes. What happens if someone doesn’t like the same type of music you like? I don’t fool with them, she said. She said she only likes to associate with people who are educated. As we sat and talked she nodded towards an overweight resident who was knitting outside with us and said—look how big that woman is. How do you let yourself get that big? Put down the third helping. Stop eating. My husband is a doctor and when people say they are big because they have a medical condition he says that is bullshit-pardon my language.

Bonnie described music as something she searches for in all realms of her life—in the wind, in the movement of the trees, in the typing sounds of a typewriter. She spoke eloquently about music—saying it feels the dead spaces without us even knowing it. It is everywhere, in tv shows, in the elevator, on the radio. Everywhere except here, she says. You have to have a record player or go to an event. Music doesn’t just play here for music’s sake. The other day I heard someone playing music in their apartment, so I just sat in the hall and listened to it, she said.

Bonnie described her career as a singer as having to deal with gatekeepers. She talked about having to continually try to break in, to audition, to look for help where she could get it. After a performance, she said, I always tried to get backstage to talk to the artists. I wanted them to know what I thought and they appreciate that and helped me when I needed it. Music connects, people, she says. It is beautiful, there is no need to talk to each other—just share the experience. She said she disliked bar music and country music and tried to figure out how to escape from the third row during a country music performance at {name of community} last week.

She told a story of being on stage and being very afraid—forgetting the lyrics was a big fear. She said she would look out into the audience and immediately notice who didn’t like her and/or the music. (This would be interesting---performers perceptions of their audiences....).

Bonnie said she would keep me in her prayers. I said, well-make them extra strength, because I need them. She said she would and told me to contact her, call her, stop by if I ever needed anything or felt down.

Textual Analysis: Charted v. Uncharted Life of Residents

As previously mentioned, to examine concepts of this study (symbolic boundaries and friendships) among a particular group and context (residents of a progressive care retirement community), I employ the “nested cases” technique suggested by the National Science Foundation for qualitative research (NSF 2004). Nested cases serve as a multi-dimensional approach to exploring concepts. For this study I have cases of (residents), settings (progressive care retirement community) and texts (the activities calendar and functional status assessment documents that help orchestrate the organizational imperatives associated with care of older adults in this setting and photographic images distributed by the organization depicting friendships among residents). Texts serve as a construction of daily life from the organizational viewpoint to which I can compare observations and descriptions of daily life from the standpoint of being a resident.

CHAPTER FOUR: SURVEY RESULTS

The purpose of this chapter is to review findings from the analysis of survey data collected for this study (N=66). In particular, the survey results shed light on the relationship between culture capital and friendships. As previously stated in chapter one, culture capital is operationalized two ways in this study. First, it is defined as musical tastes and leisure activities. Measures of the degree of liking and participation were collected. In general, studies of culture capital have largely failed to include older adults in their samples and thus have failed to critically analyze their cultural “tool kits.” In the “tool kit” model, culture capital is viewed as a series of strategies which can be used to negotiate social situations (Swidler 1986). Having a tool kit of conversation topics is viewed as capital, particularly during times of transition (Swidler 1986). The following results explore survey data with this theory in mind. Do adults use culture capital in their boundary work? What is the relationship between culture capital as a relational tool and friendships in this retirement community? What is a relationship between music and leisure interests and participation with aging bodies in this community? A restatement of my research questions that pertain to this follows below:

- RQ) What is the content of each type of boundary work (music, leisure, and aging bodies) and what is the relationship among them?
- a. What are the musical tastes (leisure interests) of residents?
 - b. How often do residents listen to music? Participate in leisure activities?
 - c. How important is it to residents that their friends like the same music (leisure activities) as they do?
 - d. How often do they talk about music (leisure activities) with friends?
 - e. What is the relationship between bodies (e.g., health status, disability) and music/leisure interests and participation?

The second way in which cultural capital is defined is related to aging bodies; however the survey did not measure this concept. Measurement of boundary work

related to bodies as a degree and kind of cultural capital were collected using qualitative methods and will be described in more detail in chapter five.

Variables

Of particular interest to this study was the relationship between independent variables, musical tastes and leisure activities, on the dependent variables, friendship satisfaction and number. Items related to musical genres and leisure activities were listed in pairs on the survey. That is one item would ask, “how much do you like to read?” Followed by an item, “how often do you read?” Responses were coded on a 3-point likert scale ranging from don’t like (not often), like (often), and like very much (very often).

Musical Tastes

Respondents were asked how much they like and listen to 16 musical genres: rap, reggae, rock, latin, opera, pop, bluegrass, jazz, blues, country, folk, gospel, easy listening, musicals or showtunes, classical and big band. These items represent popular genres used in surveys of musical tastes. Descriptive tests revealed that residents most preferred genres such as musicals, classical, and big band. Rap, reggae, and rock were least preferred. Table 4 displays the means and standard deviations for musical genres in ascending order from least liked to most liked. In general, respondents’ reports of how often they listened to those musical genres corresponded with how much they reported liking them. Although there are minor shifts in the order, the same five genres remain stable as the most and least liked and most and least listened to. Results for how often respondents reported listening to the various musical genres can be found in Table 5. To answer the question how do musical tastes (liking certain genres) relate to participation (listening to music) a Pearson’s correlation was performed. Results indicated that there is a significant linear relationship between liking music and listening to music ($r = .815, p = .000$). A scatterplot of this relationship can be found in Figure 1. Pearson’s correlations revealed that liking music was not significantly related to life satisfaction items’, including self-reports of satisfaction with health. However, listening to music was significantly related to overall ratings of happiness ($r = .427, p = .002$) and satisfaction with life ($r = .346, p = .012$).

An additional bivariate analysis was performed to test the propositions of the tool kit model of culture capital, that characteristics of culture capital such as musical and leisure tastes and participation are related to characteristics such as friendships (Witte & Ryan, 2004). What is the relationship between musical tastes and participation with friendship satisfaction items? Pearson’s correlations revealed that liking music was not significantly related to friendship satisfaction items. Listening to music was significantly related to one item, satisfaction with casual friends living in the retirement community ($r = .387, p = .005$). Liking music and listening to music were also not significantly related to talking about music with casual and close friends living in and outside of the community.

Finally, what is the relationship between musical tastes and participation with number of casual and close friends? Pearson’s correlations revealed no significant relationship between listening to music and liking music with self-reported number of casual and close friends living within and outside the community.

Table 4: Means and Standard Deviations for Musical Genres Liked in Ascending Order*

Musical Genre	Mean	<i>SD</i>
Rap (N=63)	.968	.358
Reggae (N=59)	1.02	.629
Rock (N=63)	1.24	.640
Latin (N=62)	1.34	.767
Opera (N= 61)	1.49	.766
Pop (N=63)	1.60	.752
Bluegrass (N=63)	1.65	.806
Jazz (N=63)	1.73	.787
Blues (N=62)	1.74	.626
Country (N=63)	1.86	.859
Folk (N=62)	1.89	.770
Gospel (N=62)	2.03	.940
Easy Listening (N=63)	2.13	.924
Musicals (N=63)	2.14	.737
Classical (N=62)	2.18	.820
Big Band (N=63)	2.27	.745

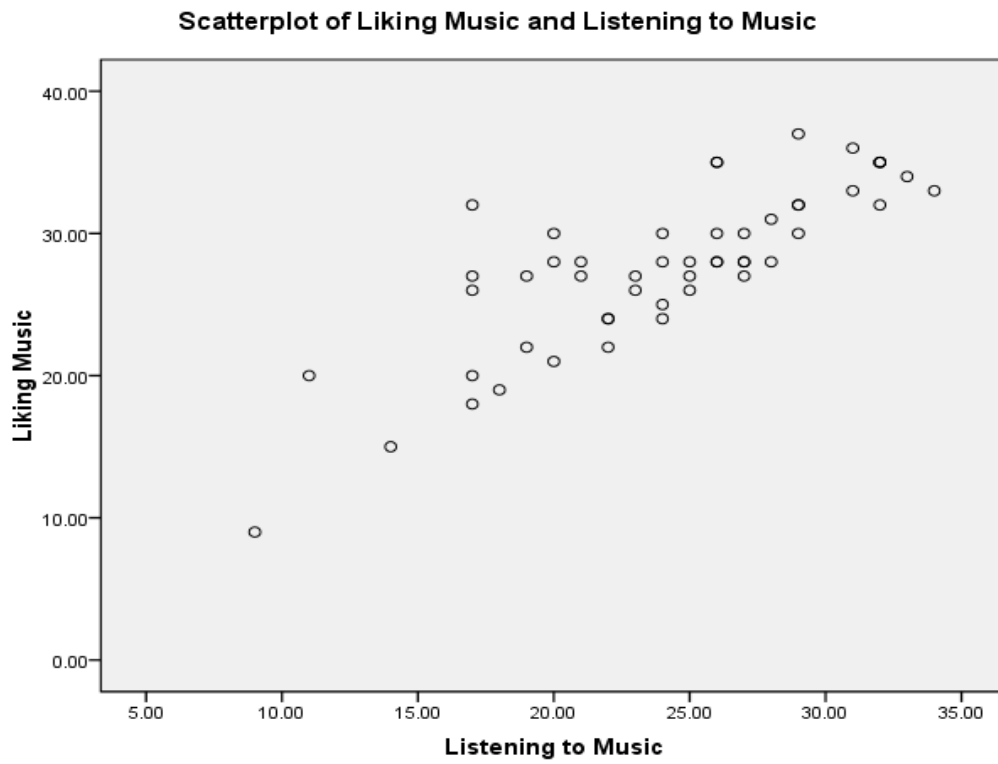
*3 point likert scale, 0=don't know, 1= don't like, 2= like, 3= like very much

Table 5: Means and Standard Deviations for Musical Genres Listened to in Ascending Order*

Musical Genre	Mean	<i>SD</i>
Rap (N=57)	.912	.342
Reggae (N=55)	.928	.504
Latin (N=60)	1.08	.671
Rock (N=58)	1.10	.552
Opera (N= 59)	1.24	.703
Pop (N=60)	1.43	.621
Blues (N=58)	1.52	.538
Jazz (N=60)	1.55	.723
Bluegrass (N=61)	1.56	.807
Folk (N=59)	1.61	.766
Country (N=61)	1.70	.843
Musicals (N=61)	1.84	.734
Gospel (N=60)	1.87	.911
Classical (N=61)	1.90	.870
Easy Listening (N=59)	1.92	.836
Big Band (N=60)	2.03	.788

*3 point likert scale, 0=don't know, 1= not very often, 2= often, 3= very often

Figure 1: Scatterplot of Liking Music and Listening to Music



Leisure Activities

Means and standard deviations for the amount respondents report liking each of the sixteen leisure activities, as well as, how often they do them can be found in Table 6. In general, for each leisure activity, the means were higher for liking the activity than actually doing the activity, with the exception of watching television, which respondents reported doing more than they like. An analysis using Pearson's correlation coefficient indicated that there was a positive relationship between liking leisure activities and participating in them ($r = .682, p = .01$). A scatterplot of this relationship can be found in Figure 2. Pearson correlations can be found in Table 7.

Pearson's correlations revealed that liking leisure activities were not significantly related to life satisfaction items, including self-reports of satisfaction with health. However, participating in leisure activities was significantly related to overall ratings of happiness ($r = .380, p = .01$) and satisfaction with life ($r = .349, p = .05$). Participation in leisure activities was not significantly related to ratings of satisfaction with health.

Analysis of the relationship between leisure activity interests and participation with friendship items was also performed using a Pearson's correlation coefficient. Liking leisure activities was significantly related to satisfaction with close friends living in the community ($r = .310, p = .05$). The relationship was positive. Other items related to satisfaction with friendships within and outside the community were not significantly related to leisure interests. Pearson's correlations revealed that participating in leisure activities was not significantly related to items that measured satisfaction with casual friends both living in the community and not. Participation was significantly related to satisfaction with close friends within ($r = .325, p = .05$). The relationship was positive. Participation in leisure activities was also significantly related to satisfaction with close friends living outside the community, however, unlike with close friends in the community, this relationship was negative ($r = -.383, p = .05$).

Liking leisure activities was significantly related to talking about leisure with close friends not living in the community ($r = .309, p = .05$), but was not significantly related to talking with casual and close friends in the community about leisure interests or casual friends not living in the community.

Pearson's correlation coefficient's revealed a significant positive relationship between participation in leisure activities and talking to casual friends ($r = .460, p = .01$) and close friends ($r = .452, p = .01$) about leisure interests living within the community. A positive significant relationship between participation and talking to close friends not living within the community about leisure interests was also found ($r = .428, p = .01$). A relationship between participation and talking about leisure activities with casual friends not living in the community was not found to be significant.

Finally, a Pearson correlation was performed to explore the relationship between leisure interests and participation with number of casual and close friends. Tests revealed a positive significant relationship between leisure interests and number of casual friends living outside of the community ($r = .308, p = .05$). No significant relationship between participation in leisure activities with self-reported number of casual and close friends living within and outside the community was found.

To summarize these findings as they relate to my research questions, it appears that musical tastes do not significantly influence (dis) associations with other residents. That is, although residents had musical tastes, survey data suggest that they do not enact those taste patterns in ways that differentiated themselves from "others". Measures of liking music and

listening to music were not significantly related to number of friends or talking with friends. Listening to music was correlated with happiness. Findings related to leisure activities and friendships suggest that leisure activities are more frequently used as a type of boundary work that differentiates some residents from “others” and influences friendships. For example, liking and participating in leisure activities was significantly related to satisfaction with close friends. These data suggest that close friendships among residents may cluster around shared leisure interests and participation. This relationship was further explored during in-depth interviews. Findings from the qualitative data analysis follow in the next chapter.

Table 6: Means for How Much Respondents' Like Leisure Activity and How Often They Do It

Activity	Like*	(SD)	Do**	(SD)
Reading	2.65	.568	2.51	.759
Listening to Music	2.51	.616	2.29	.682
Gardening	1.80	.870	1.56	.880
Sports	1.90	.851	1.53	.724
Writing	1.64	.824	1.49	.821
Painting	1.32	.692	1.19	.706
Traveling	2.22	.696	1.66	.676
Singing	1.89	.743	1.56	.781
Playing Instrument	1.24	.837	1.07	.651
Arts/Crafts	1.60	.896	1.44	.781
Exercising	2.13	.800	2.10	.844
Visiting Museum	1.92	.762	1.44	.533
Live Performances	2.17	.703	1.58	.610
Watching T.V.	2.38	.604	2.55	.665
Movies	2.15	.698	1.85	.755
Outdoor	2.19	.753	1.98	.871

*3 point likert scale, 0=don't know, 1= don't like, 2= like, 3= like very much

**3 point likert scale, 0=don't know, 1= not very often, 2= often, 3= very often

Figure 2: Scatterplot of Leisure Activities Liked and Leisure Participation

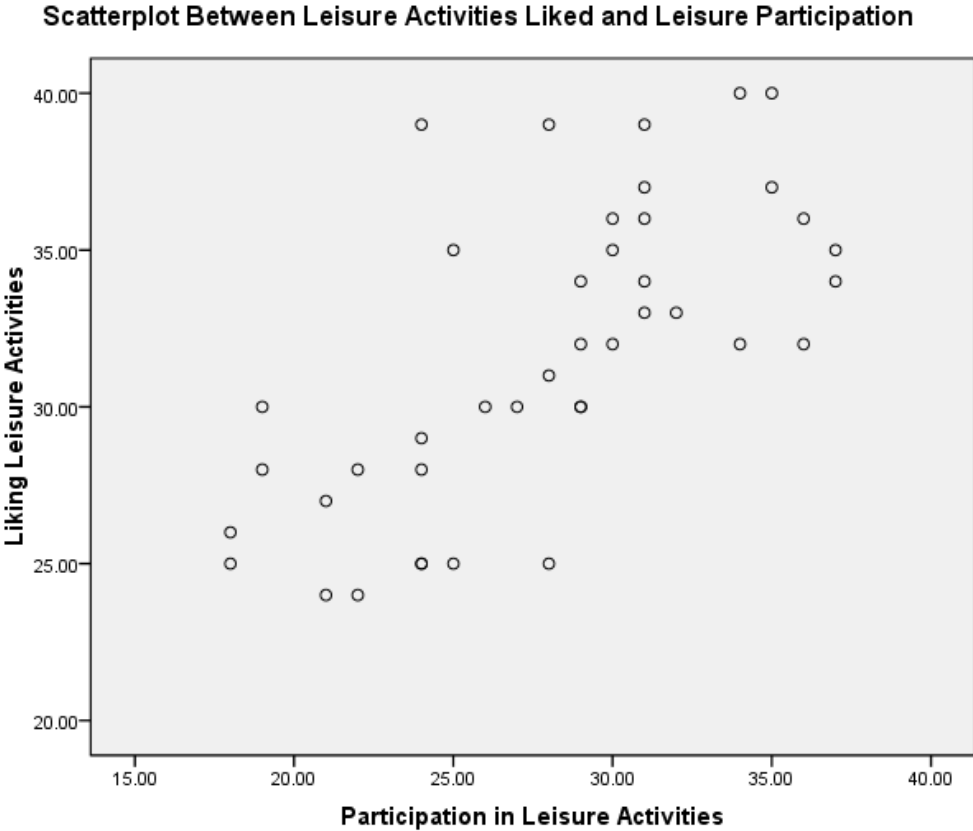


Table 7. Pearson Correlations of Music and Leisure Interests and Participation, Talking to Friends about Music and Leisure, Importance that Friends Have Similar Interests in Music and Leisure, Satisfaction with Friends, and Number of Friends.

	Likes Music	Listens to Music	Likes Leisure Activities	Participates In Leisure Activities
<i>Cultural Capital</i>				
Likes Music	1.00	.815**	.120	.143
Listens to Music	.815**	1.00	.133	.278
Likes Leisure Activities	.120	.133	1.00	.682**
Participates in Leisure Activities	.143	.278	.682**	1.00
<i>Overall Well-being</i>				
Happy	.161	.427**	.217	.380**
Life Satisfaction	.086	.346*	.175	.349*
Health Satisfaction	.072	.185	.007	.260
<i>Talking with Friends in Community</i>				
Talks about Music with Close Friends	.101	.100	.216	.388**
Talks about Music with Casual Friends	.119	.180	.210	.318*
Talks about Leisure with Close Friends	-.144	-.005	.195	.452**
Talks about Leisure with Casual Friends	-.202	-.107	.206	.460**
<i>Talking with Friends Not Living in Community</i>				
Talks about Leisure with Close Friends	-.172	-.106	.309*	.428**
Talks about Leisure with Casual Friends	-.152	-.126	.055	.263
<i>Importance of Shared Interests with Friends in Community</i>				
Important that Close Friends share Musical Interests	-.067	.107	.361*	.310*
Important that Casual Friends share Musical Interests	.371**	.258	.301	.217
Important that Close Friends share Leisure Interests	.012	.098	.320*	.425**
Important that Casual Friends share Leisure Interests	-.016	-.022	.138	.032
<i>Importance of Shared Interests with Friends Not in Community</i>				
Important that Close Friends share Leisure Interests	.004	-.006	.156	.122
Important that Casual Friends share Leisure Interests	-.406**	-.311*	-.065	-.007
<i>Satisfaction with Friends in Community</i>				
Satisfaction with Close Friends	.197	.248	.310*	.325*
Satisfaction with Casual Friends	.262	.387**	.156	.180
<i>Satisfaction with Friends Not in Community</i>				
Satisfaction with Close Friends	-.036	-.041	-.119	-.383*
Satisfaction with Casual Friends	-.012	.028	-.209	-.227
<i>Number of Friendship in Community</i>				
Close Friends	-.136	.039	.217	.265
Casual Friends	.064	.046	.110	.228
<i>Number of Friendship Not in Community</i>				
Close Friends	-.178	-.186	.130	.046
Casual Friends	-.178	-.241	.308*	.252

**Correlation is significant at the 0.01 level (2-tailed).

*Correlation is significant at the 0.05 level (2-tailed).

CHAPTER FIVE: QUALITATIVE DATA RESULTS

The purpose of this chapter is to review results from my analysis of qualitative data. Using triangulated data, including text, participant observation, and in-depth interviews I explore concepts of boundary work and friendships in the context of being a resident, age 65+, of an assisted living setting with a larger retirement community. I begin with a critical analysis of an internal document called the functional status assessment (see Appendix A) that is used by the organization to calculate the cost of living for residents of assisted living. Next, I examine a second text, the activities calendar (see Appendix B). Each analysis is complemented with data from participant observation and in-depth interviews when applicable. Using these converged qualitative data, my analysis focused on my research questions. Do older adults living in a comprehensive retirement community use symbolic boundaries to define themselves in relation to other residents? In what ways? Is anyone excluded and if so, on what basis?

Text: Analysis of the Functional Status Assessment

The cost of living in the assisted living portion of this community begins at \$3500 per month and increases based on staff assessment of residents' abilities to perform various activities of daily living (ADL's) such as feeding, bathing, getting dressed, and toileting. Using the "Functional Status Assessment" form (see Appendix A), ADL competencies are assessed using a point system. Based on the total number of points accrued during the assessment, residents are assigned to a tier system of 1, 2, or 3. These tier assignments increase the cost of living to residents with the highest total number of points in the highest tiers. If a resident becomes unable to perform ADL's and is assessed at being tier 3 and above, he/she has two options. One, the resident may choose to privately hire additional home health care services to assist with ADL's. This option allows residents the opportunity to remain in their assisted living apartments, but is an additional cost for residents beyond the increased cost to the assisted living facility as a result of their "tier 3 and above" functional status assessment. The second option is to transfer to the nursing home.

During the in-depth interview portion of my study, Sally (age 90), a resident of assisted living described her efforts to negotiate between these two options of either hiring additional help or going "up the hill" to the nursing home. Reference to moving or going "up the hill" emerged as a pattern in my interviews with residents of assisted living as it represents the next phase of comprehensive care once assisted living is no longer adequate. Sally described how her friends had been taken up the hill to the nursing home because they exceeded the level of care assisted living could offer. She explained:

Sally: And they got to wanting to put me up there and I had to hire somebody to stay with me.

Interviewer: Oh, okay.

Sally: And they want you to have somebody sitting on the couch, just sitting. They call them a sitter and that's what they do, just sit. What good does that do me? I can't see what in the hell that does for me.

Interviewer: Right.

Sally: I like to go and come as I please like to get out there and play in my garden. I like to walk. And I like to go to all those activities that they have. So what do they think of me?

Interviewer: It's hard to say, I don't know.

Sally: I don't know either.

Interviewer: But, you had to hire someone to keep from going up the hill?

Sally: Yeh.

Interviewer: and you definitely don't want to move up there?

Sally: No, no. It's confining up there. I want to get out and work in my garden. I want things to do. They up there...you ever been up there?

Interviewer: Yes.

Sally: They up there just sitting. I don't want to do that.

I interviewed Sally in her apartment in the assisted living portion of the retirement community. In the dialogue above when Sally said, "they call them a sitter and that's what they do, just sit" she pointed and rolled her eyes at her "sitter" a middle age woman who was sitting on the couch nearby. Upon hearing the comment, her "sitter" busied herself around the apartment doing laundry which solicited another eye roll from Sally. This interaction between the Sally and her "sitter" illustrates the contrast within institutional settings regarding space and power. As a resident of assisted living, Sally has very little control over physical space and time in relation to the staff and regulations of the facility. However, within the institution, Sally has an apartment she calls home. In this home space, the power dynamics between Sally and her home health care worker are influenced by the presence of Sally's identity as it is embodied in the space with pictures and furnishings that delimit the space as hers. Julia Twigg (2006:130) described this "power of home" as influencing power dynamics between older adults and their home health care workers in two ways. On one hand, Twigg (2006) argued, it confers power to the older adult who occupies the space. On the other, it increases the risk for vulnerability and abuse in that an outsider is entering a private space that may have decreased surveillance of their behavior and carework (Twigg 2006).

The difference between Sally's lived experiences of negotiating life with her hired sitter differs from that of the assisted living administrator's organizational viewpoint. When I asked him about the trajectory of residents of assisted living he said:

Administrator: It varies. It's really hard to track that because uhm...some of them do move through our continuum. The majority of them we try to move through the continuum, however, there are cases where residents have been here, like you said, for fifteen years, and this is where they want to be at the end of the

road and we have policies in place with being able to assist them with being able to expire here in this facility and they would have to go by our internal policy, meaning going on hospice or having a private care attendant with them for so many hours a day, to supplement the nursing care here.

Interviewer: Oh, ok, yes, one of the residents I talked to had an attendant with her...a sitter, and she didn't want "to go up the hill...that is kind of the term she used for....

Administrator: That is one of uhm...our biggest dilemmas is the residents, they have a very hard time transitioning from assisted living to the higher level of care.

Interviewer: To the nursing home?

Administrator: Yes, it's very difficult for them because they feel like it's the end.

Interviewer: Well, I guess we all learn that pretty early in life.

Administrator: Yes we do.

The second option for residents who are assessed at beyond tier 3 level of care (20 points or more) is to transfer or "move up the hill" to the nursing home facility. It has been suggested in the literature that in facilities that provide multiple levels of care, older adults may be motivated to mask or hide their need for assistance due to the devalued nature of being dependent and the fear of moving to the nursing home (Dobbs et al. 2008). Further, older adults who require more care are more heavily stigmatized and discriminated against in long-term care facilities (Dobbs et al. 2008), a finding that supports the literature on boundaries drawn between older adults who are perceived as healthy and not aging and those who appear unhealthy and old (Calasanti and Slevin 2001; Calasanti 2005; Dobbs et al. 2008; Featherstone and Hepworth 2005; Hurd 1999; Katz and Marshall 2003; Minichello et al. 2000; Townsend et al. 2006; Williams and Guendouzi 2000).

Diamond (1995; 2006) argued that documents, like the functional status assessment and its point system, are designed to measure the amount of labor required to provide care for residents in organizations. Careful analysis of the point system reveals that cognitive problems result in the most accrual of points leading to discharge or transfer to the nursing home. This is counter intuitive in that one might think that the messiest work, dealing with a resident's incontinence, for example, would accrue the most points. However, as Diamond (1995) pointed out in his ethnographic study of nursing homes, this type of care work is often performed by women, and more recently, immigrant or visiting workers, and is devalued by organizations and the larger political-economic system (Walker 2005). While residents with incontinence may create problems for staff in that this type of care work potentially involves heavy lifting and can be time consuming, incontinent residents are not "problem" residents for the organizational environment when compared to those suffering from cognitive/behavioral decline (Street, Burge, and Quadagno 2009). The administrator of the assisted living facility in this study also described cognitive decline as problematic among residents. When I asked him if he ever saw certain types of residents excluded by other residents he said:

There could be that situation happening, especially you will notice it in the dining room. And they will ask that that resident be moved. Uhm, it's sporadic how it happens. Recently, or currently, I've had a situation, where uhm, this one resident, which was a new admission, and she is, unfortunately, her memory impairment is such that she is not going to blend in this setting. Meaning, that there's no one really, as cognitively impaired as what she is, uhm...and therefore she needs so much more care than what we anticipated. I've been working with the family working on a higher level of care, which is the {name of the nursing home}. We try to keep everybody moving through so we don't encounter these types of problems.

In this case, removing a resident with cognitive problems was a means to preserving the social environment of the dining room. In my discussion with staff members and the administrator of assisted living it was clear that these members of the organization perceived social relationships among residents as important as well as the ways in which social relationships are enacted. One of the primary ways in which staff members distinguished between residents who were social and those who weren't were based on how often they attended events listed in the activities calendar. Results from the analysis of the activities calendar follows in the next section.

Text: Analysis of the Activities Calendar

My analysis of the activities calendar as organizational text and a case in this study is informed by institutional ethnographers Dorothy Smith and Timothy Diamond. Smith (2006) and Diamond (2006) argue that social relationships, as well as perceptions of daily life within institutions are mediated by texts. For example, Diamond described the experience of outside visitors to a nursing home feeling relieved after being "satisfied and activated" by the text of a calendar displaying a plethora of activities for residents. He writes:

"Isn't it wonderful' they have everything for them here," Anne Karney concluded after a brief encounter with the fifth floor, as she left behind the nothingness of the other twenty-three hours" (Diamond 2006:51).

The perception of life in a nursing home, as well as the social relations (feeling bad that "they" are there) is mediated by text. Calendar events can quickly become monotonous for residents who live in an institution twenty-four hours a day, but visitors don't have to experience that monotony because when they visit; they are presented with text that says "Party today!" (Diamond 2006:51). Donna, 95, a resident in assisted living who I interviewed as part of this study said, "I just do the same thing everyday."

Residents of the community in this study have a monthly calendar of activities called "the Log" which is distributed at the beginning of every month as part of a community newsletter (see Appendix B). Activities offered do vary, but over the year I spent during data collection, I noticed that some activities were always on the calendar, including: Scrabble, Bridge, Fitness, Fellowship, Name that Tune, Manicures, and Writer's Group.

As a piece of text distributed by the organization, "the Log" displays days relatively busy with events. Although conceptions of life within residences for older adults are often associated with boredom, watching television, doing nothing, or "just sitting" as Sally, a participant in this

study described earlier, the calendar appears to outsiders as a menu of infinite activities (Diamond 2006). Being active as you transition into old age has been termed in the literature as being a “busy body” (Katz 2000) with a “busy ethic” (Ekerdt 1986); that is someone who avoids inactivity, a sedentary lifestyle, and social withdrawal (Estes, Biggs, and Phillipson 2003) is consistent with western ideologies about how to age actively and successfully (Estes et al. 2003).

As with assumptions about a person’s ability to age successfully as being a personal choice and responsibility (Calasanti 2005), the activities calendar creates a text for accountability within the organization for residents and their activity levels. That is, the activities are not just things residents could be doing, but things they *should* be doing. In my observations of everyday interactions in assisted living, attending activities was emphasized by staff to residents. At the same time, at the next level, the organization is held accountable by the state’s Department of Social Services office to offer well-rounded activity choices in that each event must be coded using state determined categories of: physical, social, cognitive/intellectual, productive, sensory, reflective, outdoor, nature, and community. The administrator explained, “that is a regulation that you have to specify what each activity is for. It’s, it’s, it’s just required. You have to offer so many from each category. It’s very difficult.” An example of the event legend required by the state for activities and a sample portion of activities offered in this community can be found in Appendix B.

The Activities Calendar and Friendships

Although social life is not formally accounted for in the charts of assisted living residents, the ways in which social life is “charted”, that is, accounted for by the organization, is the attendance at social events, such as fitness hour or bingo. The overall assumption among staff and residents was that the heart of social life within the assisted living community happened at social events and activities offered in the calendar. When I asked the administrator how he would characterize the social environment and interaction among residents in assisted living and what the biggest challenges were, he referenced the organized activities as a main predictor of socialization saying:

Hmm...probably, the hearing deficits is the biggest problem. A lot of them don’t want to admit they have a hearing deficit. Uhm...Socializing, you know, the residents do well with that here. You know you can walk to the lobby and you see ladies sitting in the lobby out there, sitting and talking. We have far and above and beyond what is required in assisted living for activities. You are only required to have so many activities, and we exceed that by leaps and bounds. So, they have a lot of things going on. The more you have going on, the more social interaction that you’re going to have. Because there is probably going to be something on there {the activities calendar} that the residents are going to want to attend. Everybody is going to want to attend something. So then they just start to bond with people and it just kind of feeds off itself.

Barriers to Participation in Leisure Activities

One of my primary contacts within the assisted living facility was Sarah, the activities director. Sarah was in charge of planning the activities for the community one month in advance, from recurring events like Bingo and fitness hour to special field trips to new local restaurants or concerts offered by the local university. During my time there, Sarah complained

about needing more help. She believed it was impossible for her to get her work done and attend the daily activities. She relied on residents to facilitate their own bridge and bingo games leaving the game pieces out at the specified date, place, and time. What seemed to be the most frustrating aspect of Sarah's work was the frantic orchestration and coordination of activities sometimes had small returns. Although activities are open to approximately 350 residents of independent and assisted living, there were often only a handful and sometimes none at all in attendance. In her description of bible study which is a regular weekly event at the facility, Karla, said, "It's just four of them that comes every Monday besides me." In my experience as a volunteer for "Name That Tune," an activity during which I would play music and residents would guess the song title and artist, there were often the same five women each time. "You hear residents say they want more activities," Sarah, the activities director said, "but they don't bother coming to what is offered half the time. It's always the same bunch." Karla, 77, confirmed:

If you interview Sarah, you will find out that, uhm, there isn't very good participation at some of these things and she's struggled with that all the time she told me. People, well, some of them might go to bed really early, so there is no point in having anything past eight o'clock.

In my qualitative interviews with assisted living residents, I inquired about their interest and participation in activities offered by the community. The majority of residents commented on how hard they thought Sarah worked and that they were generally satisfied with the offerings. However, barriers to participation in activities were mentioned by the administrator of assisted living. He described:

Yes, there is barriers. Residents, some residents, especially the visually impaired and hearing deficit, they will avoid the activities. Uhm...and a lot of people, I shouldn't say a lot, but there is some residents that just choose not to participate because they like being in their own apartment, they get enough interaction in the dining room and they just do not want to deal with the activities. So, but they may do something different, meaning they may enjoy reading, t.v. programs, things of that nature.

Themes related to vision and hearing impairments were common among residents as well as issues of wanting private time in their own apartments. My interview with Donna, a 95 year old, retired teacher and widow with four children who has lived in the same apartment in assisted living for 15 years, and is almost totally blind and, in my assessment, had difficulty hearing, revealed a similar assessment of barriers to activities related to vision and hearing impairment. She said:

Well, when the weather is good you can stay outdoors and walk, but if you can't see you can't walk very far because...see we have a little pick up button that you wear, either as a necklace, but I didn't happen to like the necklace because it dipped and stuff, so I got this kind, and if I press this somebody will come to see if I need to be picked up, which sometimes you fall and you can't get up,

well...you can't imagine that...and they'll come get you up and check you out and need be, take you to the hospital, call the rescue squad and there you go.

Later in the interview she went on:

Well, for one thing, for the people who can't see, we have a lady that comes and reads to you. I use the audio books, enjoy them very much because they have books on any subject and it gives you something to occupy your mind with instead of your miseries. Oh my goodness. I don't do anything now compared to what I used to. I miss a lot of things. Think of what you, what you, couldn't do if you didn't see well. You can't read that. I can't read that. I miss reading. So, I use the audio books and I enjoy them very much. They are interesting enough and the readers on them are quite good.

During our interview Donna I asked her if she liked gardening. She said, "you can't do those things if you can't see what you're doing." Later, she described the activities offered in "the Log" and mentioned that there were entertainment opportunities such as movies and plays. However, when I asked Donna if she enjoyed movies or plays she stressed the barrier of her visual impairment again:

Well, yeh much more so when I could see. It's not much use. Now you think of what you could do if you can't see. Alright, there you are. If you can hear, I hear better than I see, but as you grow older, your hearing is, for me, any worse also, so there you are. Face it, grow old along with me, the best is yet to be, the best of life of which the verse is made. Now who said that? You ought to know that. That puts you on the carpet {laughter}.

Jim, a retired university professor, and Jessica, a retired elementary school teacher, a married couple with three children living in an assisted living apartment for the past three years who each also have visual impairments enjoyed audio books as well. They get them in the mail through the state library for the blind. In their apartment they had a large computer screen with an additional magnifying screen to help them see the words. Their television was also over-sized for the space. Two chairs were placed very close to the screen. They said they enjoyed the activities and try and go to them. Jessica said, "yes, we go to them {activities}, but so many of them require eyesight." Jim elaborated, "I can't play bingo because the numbers on the cards themselves are too small."

Karla, 77, a self-described very active person also referenced her back pain as physically preventing her from engaging in certain activities.

I have a back problem so I have to limit walking or any activity that demands weight bearing and so, to make up for the lack of sleep {from my back pain} I take naps, one after breakfast and one after lunch, and that is often when they have exercise class at 1:30pm.

Barbara, 79, found herself living in assisted living after she and her husband were involved in a terrible car crash. He did not survive. Barbara has lived in assisted living for five

years, during which time she has lived in three different apartments, gradually moving to the studio option to the largest, two-bedroom option. Although Barbara didn't reference a specific physical ailment which prevented her from participating in activities she said:

My children all tell I need more exercise, that I need to be more involved in exercise programs. I just, I'm just not, I, I'm at the stage of life when all I want to do is crawl in a hole and stay there. {laughter} I have very little ambition, but I think it is important for people to stay active.

Mary Pat, 82, said she missed traveling with her late husband and had to forgo participating in certain activities because of her arthritis. She said:

Things that I no longer do, well...your life at my age is a lot more restricted. I don't just jump in the car and drive to the carwash anymore, but I still, uhm, make it to the movies occasionally, and that sort of thing.... I have rheumatoid arthritis and that's not a good thing and I, you know, it's handicapping. It tires me out to go against the pain all the time. And, I don't like that, but {indiscernible}. I was going to go with my daughter and granddaughter to see Milk {name of a movie} last night. I wanted, I want, I still want to see that. And after supper I just felt, you know, like I didn't want to make the effort. And I know if I were free from this discomfort I would have probably gone. But, I have to realize that I am getting older and that doesn't improve.

To summarize, barriers due to physical and mental health conditions influenced the degree and kind of participation in leisure activities among residents. Visual and hearing impairments and pain were common reasons residents chose to avoid certain events or sporadically participate depending on the activity and how they were feeling.

Choosing Not to Participate in Leisure Activities

Although the administrator seemed impartial towards the residents who preferred to stay in their apartments instead of participating in organized activities, themes of being pressured to attend events and activities; to "be social" were mentioned in several interviews. After telling me about tending to the small garden her children had created for her outside of the assisted living building, Sally, 90, explained the pressure to be social and her perceptions of others reactions to wanting to stay in her apartment and do more solitary activities:

Sally: They got after me for staying in my room too much...well, I've had a job, and a house, and two boys to raise, and to me this is heaven. I don't have anybody expecting anything of me, but they won't let me do it, I've got to go down and do that.

Interviewer: Who does that? Is that the administrators? Or the residents?

Sally: The people that run the place. So I stay in my room too much, well this is, honey I've been pushed out of a job and a house and a yard and this is heaven {laughter}, I don't have to do nothing {laughter}, but they won't let me do

nothing {laughter}, oh me. I like to play bridge and I like to get out there and I like to walk and I like to get in my garden and work in there. I do plenty of stuff. And as I said I am at the end of the hall, so I don't have any neighbors and I am used to being alone, it doesn't bother me too much. And, but then they get after me for staying in the room too much, but I got things to do, cross word puzzles, tv, I'm used to that. It doesn't bother me, but it bothers them.

Mary Pat, 82, described a similar experience to Sally's, she said:

The people who write them {messages urging people to stay active as they age} are often not my age {laughter}. I'd say, what do you know? I just at my old age, it doesn't bother me that people say I should be involved in so many things. I've been involved for years! I don't covet that anymore. I do what I like to do. That's one reason I read a lot....I think this is a time for all of us to choose what you want to do and do it.

In general, choosing not to participate in activities was well tolerated among residents. During the in-depth interviews, respondents were asked how they felt about residents who did not participate in leisure activities. Most respondents commented that they felt indifferent, "it's their choice," was a common response. Feeling in control over how they decided to spend their time was important among respondents. Most respondents commented that they didn't want to do anything they didn't feel like doing. Choosing to live in a comprehensive retirement community allowed them options for activities, but also freedom to choose whether and when to participate or not. The next section describes musical preferences and frequency of listening to music. This was one activity that most respondents regularly engaged in within their apartments.

Musical Tastes

Listening to music is a leisure activity that is can be done in a group setting, at a session of "Name that Tune," for example, or in isolation. In general, most respondents said that they enjoyed music and that it was important to them. Anna, 70, was an exception. She said, "I used to like it when I was younger, but now it kind of gets on my nerves." She described liking music by Tom Jones, something she could dance to when she was younger and would listen to music with her daughters. "Now that I am older, I have mellowed out," she said. "I like religious music." Piano lessons during childhood were commonly mentioned among female residents. Mary Pat, 82, took piano and singing lessons as a child. When I asked her how important music was to her she said:

Very important and it keeps me, uhm...I like, I listen all the time. I have a number of cds and I go to concerts when I can. I used to sing in the choir. And, uhm, it's been a part of my life my whole life.

None of the residents interviewed actively played musical instruments. Classical was a popular genre among residents, as well as gospel or religious music. In my experience volunteering as the leader of "Name That Tune" showtunes, musicals, and patriotic songs were well known and popular. Seven of the 15 respondents were listening to music when I went into their apartments, all classical music, except one which was a local pop radio station. The most

popular way to listen to music was radio, however, six residents had CD players and a CD collection of various sizes and genres. Jim described listening to music this way:

We have a collection of CDs that we don't listen to all that often anymore, but we do pick up the public broadcasting station a lot, from 9 in the morning until 4. We do listen to a lot of music. Mostly classical. We turn it on to public radio and leave it on all day long.

In my assessment of activities and their popularity, musical events were most well-attended. A local resident in the independent portion of the community gave a piano concert which was attended by approximately thirty people. Efforts to integrate music into the lives of residents were also common in the dining room, where sometimes live piano music was played or a small string band performed during the meal. Choral group performances and piano recitals are also common events on the activities calendar.

To summarize, research indicates a relationship between social networks and musical tastes (Erickson 1996; Mark 1998; Witte and Ryan 2004). Although the findings from my interviews suggest that music is important to residents, most enjoyed listening to music in their apartments, the relationship between musical tastes and friendships was not clearly defined. Live musical performances were very well attended. However, residents did not describe talking with each other about the types of genres they enjoyed listening to and activities designed for listening to music play, such as "Name That Tune" were not well attended. However, the event did appear to offer opportunities for socialization and personal meaning making for those who came.

For example, during one particular session of "Name That Tune," which was typically only attended by five or six female residents, I played songs from a love song compilation. "Oh, I wish I had someone to dance with," one resident said. "I'll dance with you," another responded. "Oh, no, honey, this song makes me want a man." The conversation flowed back to a dance event after the war when the resident had met her husband. These types of reflections were common and support DeNora's assertion that music can promote memory recall and influence emotions. The women at this activity seemed to be good friends, although some of the women seemed closer and more comfortable with each other. The administrator of assisted living claimed that he did not see many friendship cliques within the community. To some degree, I agree with his observation, however, at events, like name that tune or concerts, groups of friends typically sat and chatted together. In these types of situations, it was easy to visually assess which residents were more socially integrated than others. Making new friends at any age can be difficult in a new environment. However, social integration, particularly, making new friends in later life, is unique from other times in the life course in that friendships potentially develop under conditions associated with old age, such as limited time and frailty. Respondents were very much aware of the limitations on making friends in the context of assisted living. The details of those interviews follow.

The Context of Making Friends in Assisted Living

Research on making new friends in later life suggests that older adults prefer existing friendships to the prospect of making new ones (Chown 1981; Carstensen 1992) something that was supported by Mary Pat, 82, who said:

Mary Pat, 82: You know, after you're fairly old, you have made friends for years and that doesn't get easier, it gets harder. Well, you have your reserve. Do I really want to know this person? And, there are, out of the six women who sit together every night, only one person that I really connect with and that's too bad. But you know, we are cordial to each other. We ask each other how we are, but, uhm, I don't see them, and I don't know why except for age and reserve as far as making new friends. It's not an easy thing to do, seems to me.

Jessica, 84, described the organizational context of the community as influencing social interactions such as making friends, she said:

I tell ya, they are acquaintances. They aren't really friends, you know. Being a friend to someone is you go to them to confide in, you ask favors of, or, uhm...you know, you don't do that. If you need any help you don't go to your neighbor or anything you go to the nursing staff.

Additional research on friendships in later life older suggests that older adults are more likely than other age groups to have to cope with the illness and death of their friends (Hanssen and Carpenter 1994). This is particularly important in the context of making friends in a progressive care setting where the next phase after assisted living is the nursing home.

Sally, age 90: I tell you what bothers me the most every time I have a good friend something happens and they put them up on the hill and I think I am causing it so I don't have a good friend anymore. I've had about three and they all went up on the hill. (Laughter) I wonder if I do that to them?

Interviewer: No. So, you are afraid of losing friends if you make them?

Sally: Well, I've lost so many friends up on the hill.

Interviewer: And when they were taken up, moved up the hill, do you think they wanted to go or they thought they should go?

Sally: I don't know honey, I don't understand it. One day they're here and the next they disappear. I don't why. But they tell me they needed more care. That's that, that's why they put them up there, they need more care.

Mary Pat, 82, widow, a retiree from the local university as a bookkeeper, suffers from rheumatoid arthritis and has lived in the assisted living community for 3 months after having lived with her children for several years. Similar to Sally, Mary Pat described the context of adjusting to loss associated with the death of other assisted living residents. She said:

My least favorite thing is that I am old enough, but there are lots of old people here too {laughter}, and you know, it's sad, because somebody dies periodically and you kind of uhm, have to get used to that.

James, 84, transferred from independent living in the townhome section of the community and has been a resident of assisted living for four and a half years. He is a widow and has two sons. James had a home at the beach before he moved to the retirement community, retired as a machinist, mostly making airplane engines, a soldier in the army during which he said he was almost killed. James told me about falling in love with his wife at a GI party after he came home from the war. He is has been widowed for several years and now has a girlfriend who lives in the independent living townhomes. He said she still drives and he spends some of his money going out to Dairy Queen with her. He complained that he is charged for three meals a day whether he eats in the dining room or not. When I asked him if he had any close friends he said, "oh yeh," and described the men who had sat with him in the dining room. One had been transferred "up the hill" and the other one, "he died too. So, out of that table there is just Jacob and I." During our one hour and ten minute interview, James spent over ten minutes talking about Jacob. "Oh, let me tell you about Jacob," he said enthusiastically. The friends he had at his dining room table clearly mattered to him despite the tenuous context of being there one day and gone the next. Similar to Mary Pat, James described coping with death of other residents. He said:

You can see people over the years that they are here {indiscernible} and then they die. That's the worst thing about it, you know. You can't get too attached to people because, uh,...the tree, when you come to the end of the tree for making a plank out of it, it's called a beam, and, uh, meaning the end. And, uh, people are coming to their end or the, the wane of their life, you know. And, uh, it's nice to see 'em enjoy it.....I can see people dying and I don't like that, you know. But, what can you do?

Meeting New Friends

During the interviews, respondents (N=15) were asked to describe how they first met new friends when they moved into assisted living. Organized activities were rarely mentioned (N=2) as a response, however, all residents mentioned the dining room as being very important for socializing. If you think back to when you first moved here, how did you meet people and make new friends?

Sally, 90: well, at the table, I met them. You just see people here and there. I don't know.

Mary Pat, 82: They assign you to a dining room table where you sit with. I sit with five other women, that's how I started to get acquainted. We have, you know, you see people in the hall, or in the lobby, at a meeting. It's hard at my age to make new friends. I had a number of friends in {name of town} and I kind of can't keep up with many more.

Barbara, 79: Well, the major way is that when you move in here, you are assigned a particular seat at a particular table. And so I was assigned a specific seat at a particular table so I started to getting to know the other people, the other ladies at

my table.....The ones that I have gotten to know are the ones who sit as the same table as me.

Anna, 70: Well, we're assigned to meals and they get to those people pretty well. And they usually don't go beyond that, but I say hello to them.

Do you choose who you sit with in the dining room? Donna replied, "Oh no, you sit where they put you. I guess if you didn't like it you could move, but you don't choose. Most residents implied that table and seat arrangements in the dining room were assigned, however, according to the administrator:

In the dining room, residents have the option to sit where they want, however they do conjugate to one area. So you will have a table of ladies who sit there everyday.

This was in contrast to Minnie's lived experience of feeling, not only like she couldn't change seats, but that she had to help other people at her table. She said:

I sit by this woman who is 104 years old, she's up there in the uh...., and then, this other girl she's real sick, and it's awful bad. She's had hyperactive, oh, she just about worries us to death. And then this other one is real sick and then here I am, with everything that's wrong with me, with my heart and everything, and here I am, and this one's sick, and then this other one takes so much medicine and all, and this other one is awful nice, 104 years old, and me, I love to talk to her. And we would talk and the others would talk too, but they jump off on everything else. And they put you sitting with somebody you can't change, you go to be a helper to them and work with them. I help them all I can. And both of them is so sick, and it's awful bad, but they listen to us, the old woman and myself.

The dining room is the primary site for socialization in assisted living, however it is highly routinized. Breakfast begins at 7:30 a.m. Lunch is at noon. Dinner is at 5 p.m. Prior to entering the dining room, residents must use the Purell hand sanitizer that is posted just outside the door. I observed this ritual on several occasions. Sometimes a line would form as residents waited to use the sanitizer. Residents did not converse while they waited. They also did not stand in pairs, but a straight line. Even Jim and Jessica, a married couple, stood one in front of the other.

Meal times are important. During my interview with Minnie, 89, she continually asked me to make sure she wasn't late for lunch. When I asked residents how to describe an average day, meal times were used to organize their stories. Also, at the end of the interview I would often ask the respondent what they were going to do with the rest of their day. Common responses were "go to lunch," or "go to dinner." Criticisms of the dining room service were common and the administrator seemed aware of this in our interview, he said, "We do resident satisfaction surveys every other year and uhm, the only area where we have any concern, from the last one, is with dining services."

When asked if the food was good most residents said it was just fine, like Mary Pat, "it's not gourmet, but it's pleasant." A salad bar was added to the list of menu options during the time

I was there. It was very popular among the residents. “Since they got the salad bar, I’ve been doing salads for my dinner and cutting down on my weight problem, James, 84, said. Later he complained that people were contaminating the food by touching it too much. He described a female resident squeezing all the bananas to find the ripest one in the fruit basket that is set out for snacks each day in the lobby.

Don’t touch the food. Don’t tell me what to do. I can do what I want to do. I washed my hands. When you came down did you open the door? Of course I opened the door. Did you wash your hands after you opened the door. No. Well, then why are you touching the food with dirty hands? I never thought of that.

Complaints were primarily about the time it takes to get served the meal. Mary Pat, 82, described:

Some times, you know, it takes forty minutes to get dinner and often it is cold because of that. And sometimes I send it back and say heat it up. Microwave it. It’s too terrible. But, they are trying.

Karla, 77: Oh, yeh, you can wait up to an hour to get served.

In summary, residents described the dining room as the primary time and location for making friends. Although there were different perceptions of whether seats in the dining room were assigned or not, organizational imperatives related to preparing and serving food impacted the time residents spent in the dining room. Many residents complained about the length of time it took to get served. On one hand, this may be a nuisance for residents who want to eat in a hurry because they have other plans. On the other, the food delay provides residents more time to sit and chat with their friends. Fear of losing friends who shared the same dining room table and within the larger community, were commonly mentioned.

Difficulties Visiting Friends

Despite the unique context of making new friends in later life in the context of a progressive care community, residents did have friends, of course. Residents who were able to drive or who had transportation, such as Sunday pick-up and drop-off by their local church so they could attend services were much more likely to keep in touch with their friends not living in the community. For others, transportation was a barrier to visiting friends. For example, Donna, 95 described not being able to visit her friends and family in a county about 30 miles away from the retirement community:

Well, no, don’t go visit very often. Most of the people are like me, they either moved, or dead, or dying or.....for one reason or another you can’t drive and can’t depend on someone else.

Later when asked about if she had a close friend or someone she liked to spend time with living in the community, Donna, who has lived there for fifteen years said:

Donna: No, they don’t encourage visiting.

Interviewer: I wonder why that is?

Donna: I don't know, but you don't push it.

When I interviewed the administrator, he said visiting friends in each other's apartments was perfectly acceptable, saying "some of them do it and that's fine." But residents were quick to point out that there wasn't much visiting among them. Even visiting friends over smaller distances were difficult for some residents. Minnie, 89, described not being able to visit a friend, age 104, who she had sat with in the dining room and missed seeing after she had been moved up the hill to the nursing home less than a quarter mile away. She described:

This one woman offered to take us and I have to have a walker, I walk on a walker, and she has to walk on a walker, and this woman said she take us and I said well we couldn't, you couldn't take two in a car and us getting in and out and up there and her getting in and out to see her and I said let's just write some cards and tell her we miss her.

Perceptions of structural barriers, such as the organization's support for visiting friends and physical condition, such as Minnie's need for a walker, impacted friendships and interactions in the community. However, even if these barriers were transcended, not all residents want to be friends with each other. As Mary Pat, 82, said, "there are plenty of people in the whole world I wouldn't want to be friends with, so some of them are here too." As with other stages of the life course, boundary work, defined as structures of thought, informed how residents decided who was like them and who was not.

Activity Level & Boundary Work

Themes related to activity level as a form of boundary work that distinguished some residents from "others" were common among those most active in organized events. Very often the structures of thought were binary in nature. There were those residents who were active, characterized as attending events and activities and those who were inactive, often described as sitting or sleeping too much.

For example, Karla, 77, a widow of a pastor, who has lived in the retirement community for eleven years, the last five in assisted living swims several times a week at the local community pool, attends bible study in assisted living and at an off-site church, and regularly attends activities offered in the Log said:

I can be very judgmental, usually my accusations of being judgmental are that I am judgmental against young people because they're, you know, lazy, anyway, but I can be judgmental of older people too...the ones who sit in their rooms and do whatever they are doing, watching television I guess, not keeping active. I said it to a few of them and I hope they took it in the right way, but when they sit around when there are things going on....you have to keep your mind active, so I encourage some of them.

I think television, like with children, older people will spend a lot of time, you know children will sit in front of the television, you know, if you let them for hours, older people too.

When asked if she had any friends who quilt or like the same activities, Minnie, 89 replied:

No, they don't...all they do, I think that's a shame, they stay here and they are able to work, and they don't even, they come back and they take.. sleep! And rest. They just have the life of Riley. Oh, I work. I don't lay down and sleep. That's why I do alright. Sleep. They just enjoy that, they can't get enough of that. And I don't know how long they sleep, I mean, I don't know. I just like to sew or do something.

Later when I asked her if she thought it was important to stay active as you age and Minnie, 89, responded, "Oh, yeh, stay active and not go to bed." In my observations, staff members often encouraged residents to get out of their rooms to sit in the lobby or outside the lobby in one of the rocking chairs. However, as Jessica pointed out, "a lot of them are just sitting out there and not saying a word to each other. There is no conversation." Sally, 90, had a similar assessment. She said:

Sally: Why do I have to go down and sit, they all down front there, they be in the seats, all of them just sitting out there. Well, I can be doing something up here, why go down there and just sit?

Interviewer: well, do you just sit or does everybody chat?

Sally: well not chat too much, they just sitting out there, they talk a little bit, but it's not interesting to me (laughter). I don't find it interesting. They don't talk much.

Interviewer: Why do you think they don't talk much?

Sally: I don't know. They just, just sit. They don't have that much to talk about. Here, there's not too much to talk about.

Social Atmosphere Among Residents

Sally's assessment of the residents as not being very talkative or chatty with each other was also supported by my participant observation within the community. Day after day, the same couple of women would sit on the sofas in the lobby of the assisted living building and pass the day. Despite the administrator's assertion that these women chatted with each other, I rarely observed them talking with one another. The day was passed largely in silence, occasionally conversing with staff members, and taking cat naps. Concerning chatting and collegiality among residents in assisted living, Jessica, 84, said:

I don't know if it is our age, or what, but I found that when we came in that you didn't have a welcoming committee, I guess that is more of an apartment type thing, like when someone moved into our neighborhood, you'd take a bottle of wine over or something like that. People would approach you. People are friendly once you get to know them. Because I have vision, I have limited vision, I find that I can't go back. {indiscernible}. I find the lack of social intermingling

that you might get with your neighbors and friends you had out...you don't have that type of intermingling here. Now there are activities for you to participate in and entertainment for you to go to, but you don't, I don't see any, well, come have a cup of coffee with me or something like that.

Later she elaborated, "We have friendly interaction, but you don't sit down and have a lot of real conversation." Mary Pat, 82, supported Jessica's view. She said:

We don't visit back and forth too much. Sometimes somebody will invite you to come see them, but not often. We see each other at meals and in passing but that's it... I have one neighbor who says come and see, but she is the exception.

Jim, 86, held the same view as the female residents:

I'm not as gregarious as some, but, uh...anyway, people tend to stay to themselves, so that you go down to dinner you have your table where you can park, where you habitually sit and eat and then when you are through you get up and come back to your room. The parlors and lounges on each floor really aren't that inviting or conducive to social activity {Jessica, his wife, agrees in the background}, although social activity does take place in there. But, uh, and I have noticed of late on several occasions that we'll come up from the dining room and the lobby on the first floor all of the seats and chairs on the sofas are full. People are just sitting around waiting for something to happen.

His wife, Jessica, added to that saying, "they're not necessarily interacting." Donna, 95, described a similar situation when I asked her what she talked about at dinner with the people she shared a table with, "well, some of them don't talk," she said, "and some of them don't come to dinner." James, 84, described other residents saying, "a lot of them just do nothing. They are grouchy and mean." Mary Pat, 82, described a similar assessment of attitudes among certain residents, but attributed grouchiness to not feeling well. She said:

I was standing in line at the salad bar and this lady came towards me and stood in front of me, well, I didn't mind that. But, I said, there's someone behind me and she says, "I don't care" and she just went ahead and, you know, {laughter}, it's ok for this poor man who was behind me, we were both behind her actually, and she was pretty rude about it and so, you know, you just have to take those things and realize either they don't feel good or today is a grumpy day or whatever, but I am sure there are many people that don't feel good.

The ability to still feel good despite being "old" was also a theme related to boundary work. Admiration for self compared to other older adults who were still active in deep old age was common. For example, Martha, 88, said, "I don't feel 88. How many people that are 88 can swim laps that you know? And on the mornings I don't swim I am usually out on the trail walking."

In addition to distinguishing themselves from a collective “old” group based on activity level, residents also used chronological age to differentiate among themselves. For example, Barbara, 79:

I’m not as typically as bad off as some of them. I’m not as old as some of them. I am 79. A lot of them are in their 80s, mid-80s, or some of them, this one lady who is next door is 102, and then there is another lady at my table who is in her late 90s. I guess I am younger than a lot of them.

Admiration for residents who were chronologically old and still active was also frequently mentioned. Mary Pat, 82, said, “There is a lady who is 102, and you know, I admire people who keep moving at that age.” Minnie, 89, said, “And that woman who is 104 years old, she’s read her whole life. Still reading.” Anna, 70, said:

We are all getting older. We all have our aches and pains.” When describing a friend who sits at her table in the dining room, Anna said: Even though she’s blind, she works on the computer all day. She takes computer lessons. She’s mastered that. She’s quite a figure to look up to. And if I had any pains, aches and pains I look at Jane and I think oh my, I should not complain. She does wonderful.

This admiration towards active persons in spite of their age and/or frailty was contrasted with intolerance for residents who didn’t maintain this standard. When I asked residents what types of people get on your nerves? Karla, 77, said:

If you’re gonna talk about your aches and pains and other people’s aches and pains, you know, that’s a depressing thing to talk about. So I find that I would rather be with my younger friends.

Martha, 88, a retired nurse and widow with two children is an avid swimmer. She has a car and is able to drive. Martha studies Shakespeare at the local off-site senior center, attends church regularly, swims at the local pool, and volunteers off-site and within the retirement community. When I asked her what type of people she doesn’t want to hang around she said:

Well, I don’t particularly like complainers and there are two here that don’t ask them how they are because they are going to tell me and it’s all negative. You know? Like, oh my shoulder still hurts and, you know, they never did resolve this and I’m tired and I can’t do this and I can’t do that. Negative thinking. It’s always a little hard for me to take because I’m a positive thinker.

Donna, 95, who is almost completely blind said:

Well most of them, there’s a lot of them are in their 90’s also. So you have to know usually you get that old and want to talk about it. I don’t know why they do. But, who wants to hear about it?

Karla, 77, described activity differences among older persons saying:

They retire and they go to all the sports activities at the university, and you know, they are just having a ball {laughter}. And, you know, uh, but these are the 65 year olds. Now of course when they get to be in their 70s and 80s some of them are going to start having health problems and then the question is, are they going to fold up and figure they can't go to anymore sports games so let's just die or are they gonna get involved in things and activities that are provided.

Karla's comment seems to suggest that consequences of health problems in terms of influencing people's ability to participate in activities are in people's heads. That is it is their attitude that makes them either "fold up" or engage in activities rather than the actual health problem. This mimics assumptions in the United States about health being under someone's personal control (Calasanti 2005). However, barriers to participation in activities as a result of health problems were common among residents, as discussed earlier, but so were barriers to activity due to friendships or lack thereof. For example, Minnie, 89, said:

Oh, yeh. I'm happy here. I get out and walk, but I have to get someone to walk with me because of this old heart problem, that's what I can't, some of them, some of them don't want to do it. But, I get a nurse.

Jim described his efforts to walk several times a week. "Usually, if the weather is nice, I will walk what I consider to be approximately a mile, around twenty minutes." His wife, Jessica added that she was unable to walk very far, only short distances due to health problems, so they were not able to walk together. Finding someone to do activities with was also difficult for Mary Pat, 82, who described:

I invite people sometimes to go with me to whatever's happening at the activity center, but I don't, usually no one goes {laughter}, so I go and I see people I know there.

In summary, boundary work related to activity level and health status influenced (dis) associations among residents. While earlier in the interviews, most respondents said that residents should be free to choose how to spend their time, there was general dislike for residents who complained too much about ill health, watched television, or slept too much. The residents who made the strongest statements about this type of boundary work were the healthiest and physically able to engage in activities. Findings also suggest that some residents wanted to be active and have friends to be active with, but were unable to find friends to do things with either from lack of interest or physical limitations.

Other Types of Boundary Work

One of the unique contributions of this study is that it measured boundary work related to activity level and aging bodies, as well as, musical tastes. Residents mentioned these categories of boundaries in their associations with others. Although survey data did not indicate consistently strong associations between liking leisure activities and various friendship measures, interview data suggest the importance of leisure and friendships. Anna, 70, for example, liked

people who enjoyed the same leisure activities as her, as well as those people who shared her personality traits. She said:

I have three {best friends}. Two of them, I play cards with and they have the qualities I have. They are concerned about people, kind, tolerant, selfless. They have good humor, that's what I like. And Jane, I sit with at dinner. She's blind. She has a great sense of humor. She sometimes complains about the service and the food, but she is a marvelous person.

Barbara, 70, also enjoyed being friends with a fellow resident who enjoyed walking. She said:

One of the ladies at my table is a great walker and she, she and I like to walk the trails. {this community} is full of beautiful walking trails. She and I will go down and go for maybe an hour and walk different places.

Two women who had lived very active lives in the church over their life course mentioned their spirituality as influencing the friendships in assisted living.

Barbara, 70: Well, I guess the one lady that I go walking with I consider a close friend, although not an intimate friend the way I've had friends in the past that generally were Christian that I could pray with and share my heart with.

Karla, 77: Some of them are sitting in their rooms all the time watching Christian television programs, but I just don't find the friends here that I can relate to spiritually. See that's the life I've lived.....I've made a few friends that go to that {bible study}, but one is, one is blind and a lovely woman, but she is failing very much in moving and talking, so I guess as far as friends, I consider them my special friends, but they're not that close, like say my church friends which are younger.

Socioeconomic boundaries were not commonly mentioned by residents as mechanisms for distinguishing themselves from others, which is not surprising given the relative upper middle class status needed to afford a place in this community. However, Karla did say:

It seems to me that the level of culture that people enjoy there's a little bit more educated, you know what I mean? I don't want to sound prudish or mean, but you know what I mean.

As previously mentioned, there are two apartment buildings that are designated for HUD, government subsidized housing. On multiple occasions several residents asked me if I "had heard about them? Who?" I asked. "The ones that live in {name of building for low income residents}." In my observation it seemed that within the organizational structure, the private pay residents distinguished themselves from the residents on government assistance. However, this did not emerge as an important theme in my interviews with residents. A discussion of results,

conclusion, limitation, and practical implications for this research project follows in the next chapter.

CHAPTER SIX: DISCUSSIONS AND CONCLUSIONS

The purpose of this study was to explore boundary work and friendships among older adults living in a progressive care retirement community. Findings from this study make a unique contribution to the literature in that measures of boundary work associated with aging bodies as well as culture capital were collected. The central theoretical finding of this study was that role of cultural capital in social life varies by stage of life. Findings from survey data suggest that cultural capital is significantly and positively related to sociability among residents. The major substantive finding suggests that, although music and leisure activities are important, the most important distinction made among residents in this community is perceived membership in one of three groups: 1) those going “up the hill”, 2) those about to go “up the hill”, and 3) those not about to go “up the hill.” These distinctions take precedence over traditional forms of cultural capital in boundary work. That is, residents are more likely to “other” residents on the perceived membership in one of those three categories rather than their music and leisure interests and participation. Traditional forms of activity derive their meaning from simply being active rather than the content (taste) of that activity. A discussion of the study’s findings organized by research question, practical and theory implications related to boundary work and aging, and limitations follow.

Discussion

Do older adults living in a comprehensive retirement community use symbolic boundaries to define themselves in relation to other residents? The answer to this first research question is yes. Boundary work, defined as structures of thought by which people distinguish between themselves from “others” was present in both quantitative and qualitative data results. Second, I asked, “In what ways is boundary work used to exclude others?” Findings indicate that residents make distinctions between themselves and others based on symbolic boundary work related to aging bodies and culture capital. Is culture capital an important type of boundary work among residents? Yes, but not as much as anticipated. Perception of membership in three categories related to going “up the hill” took precedence over all other types of boundary work among residents; however cultural capital related to participation in leisure activities, was an important piece of that construct in this setting.

Next I explore the third research question, “what is the content of each type of boundary work and what is the relationship among them?” Descriptions of boundary work related to aging bodies were rooted in concepts of “successful aging,” staying active, busy, and engaged. However, the content of how this actually occurs was different in the context of assisted living than the existing literature related to these concepts. For example, residents were not dyeing their hair, using drugs, or cosmetic procedures to maintain continuity between their middle age self and their old self (cf. Katz 2000; Tulle 2003). The content of successful aging in this context was more likely to be gentle walking or exercise, attending activities and events. In contrast, residents who engaged in this type of boundary work distanced themselves from “others” who sat or slept too much or complained about ill health.

Among residents in the best physical health, “busy bodies” were more desirable as friends than idle ones in this study (Katz 2000). As previously stated, activity, both physical and

social, was rooted in conceptions of successful aging, but the content reflected the context and setting. For example, the content of successful aging was primarily a binary comparison between being active and inactive. Being active involved attending leisure activities offered in “the Log,” gentle walking, swimming, riding a stationary bike, reading, and doing crossword puzzles. Being inactive was defined as non-participation in activities, sitting, sleeping, and not exercising. Residents were most likely to exclude or disassociate from inactive “others,” those who complained about health related problems and didn’t try to keep going despite their age and condition. Perhaps these distinctions are fueled by larger western ideologies that view old age as something that can be cured, delayed or avoided with the right tools (e.g., drugs, procedures) and attitude (ageist, read as “positive”). In turn, this highlights the spoiled status of the label “old” because it implies that despite the available resources, people who are old have failed to take advantage of them. As a result aging and/or poor health becomes an individual failure (Calasanti 2005).

Bodies are the main site where health is assessed (Calasanti 2005). The way the body looks and functions (or not) can impact social status (Tulle 2003). Changing your body using anti-aging surgery or cosmetics is not so much about changing the physical body, but rather changing the way the physical body is assessed and ranked as a social body (Tulle 2003). To avoid exclusion and maintain status and connection with the larger social body, physical bodies need to fit the cultural values of youth and beauty (Calasanti 2005; Tulle 2003; Twigg 2006). Age defying promises from the biomedicalization industry present bodies as malleable and prevent the material deterioration of the physical body from being analyzed and experienced as a part of the aging process (Tulle 2003).

In this study, the body was still the main site where health assessments were made. I did not see residents engaging in biomedical interventions to delay the aging process. Donna, 95, who had severe visual impairments, did say that she had “tried every miracle treatment there was,” to improve her eyesight. She also expressed her concern that older adults were not offered more opportunities for eye transplant surgery, if such a thing exists. Hair dyeing and the use of cosmoceuticals, such as botox, were also not evident. During the in-depth interviews, I asked respondents, “in what ways are you similar to other residents here?” Responses often included a joke such as, “well, we are all old.” Although residents acknowledge the shared status of “old,” there were gradations of distinctions between who was “old” and “really old” based on activity level and health.

A second major finding from this research is the indication of a relationship between cultural participation and perceptions of worth among older adults given that “active” seniors are often those who engage in leisure activities and have group memberships (e.g., church, bridge club). Agahi and Parker (2005) suggest that active participation in leisure activities by older adults has health promotion effects that can promote physical activity, sociability, and a sense of autonomy over quality of life. So, older adults that participate in activities not only have increased status among other residents, but may also reap more health benefits.

Health promotion effects associated with participation in leisure activities include lowered mortality (Bygren, Konlaan, and Johansson 1996; Konlaan, Bygren, and Johansson 2000) and safeguarding against negative effects associated with bereavement or functional impairment (Silverstien and Parker 2002), something that is common in old age, particularly for women due to their increased life expectancy. The composition of residents in the interview portion of this study were primarily female, all widows with the exception of one divorcee.

Although there are multiple reasons for staff of assisted living to encourage attendance at activities, such as health promotion, findings from this study suggest that the organizational viewpoint over-estimated the relationship between participation in leisure activities and their social outcomes, a finding that is supported by Lansford, Sherman, and Antonucci's (1998). In their study of satisfaction with social network size by age and cohort, the authors found that across cohorts, older adults indicated they were satisfied with their number of friends and network size. Frequency of contact was not related to satisfaction. The authors of this study suggest that intervention programs to increase the number and frequency of social contacts for older adults may be misguided. In this study, frequency of contact with others, such as being pressured to sit out front with other residents in rocking chairs did not seem to prompt conversation or result in friendships among residents. This also has implications for culture capital theory in its consideration of old age and the various residential contexts in later life.

Throughout the life course, aging identities are unique in that they occur in the context of personal and structural limitations (Estes et al. 2003). Throughout the life course, cultural tastes, operationally defined as portable knowledge of cultural fields, including preferences and experiences, are used in identity shaping, presentation of the self and allow individuals to symbolically represent their place in the world (Fiske 1987; Peterson 2005). Aging identities are based on, "the degree to which the human body and social expectation set limits to social and personal expression" (Estes et al. 2003:27). Findings from this study suggest that cultural capital as an ingredient for identity shaping is influenced by aging identities and vice versa. For example, Donna, who entered the community with her eye sight intact, had to adjust the activities she could engage in due to limitations with her body, particularly increasing blindness. This influenced her aging identity in that the ways in which she could socially and personally express herself were now influenced by what she did with her days. This suggests that culture capital theories need to consider old age more critically. Given these assertions, it is interesting that studies of culture capital have not focused on older adults given the occurrence of unsettled periods, characterized by social network disruption or transformation and uncertainty, associated with later life.

A person's ability to display passing knowledge about various cultural fields has been linked to increased social mobility and privilege (Bourdieu 1984; DiMaggio and Mohr 1985). Displaying knowledge of highbrow culture, such as opera and classical music, is not the taste pattern found in the United States. Americans are more likely to be cultural omnivores, that is, they distinguish themselves by displaying knowledge of both highbrow and lowbrow culture. This diverse palette for options on the cultural menu enables omnivores to negotiate social situations. Knowing how to play superficial cultural games is an important resource in managing one's cultural capital (Erickson 1996). Cultural games are often articulated in conversation that is, knowing which cultural cards or topics to play in different situational and receiver contexts (Bourdieu 1984; Erickson 1996)². But, findings from this study found that talking with other residents rarely involved these types of cultural games. Most topics were acceptable unless they involved complaining about aging bodies. In this context, bodies were capital in that they were the sites where displaying of valued ideologies, that is trying to not be old, were enacted (Tulle 2003).

² Holt (1997) argues that familiarity with cultural fields is too easily acquired to be considered capital. Actual cultural participation will allow persons to sustain detailed conversations about cultural fields and is more indicative of capital. Kane (2004) uses Holt's argument in her study of actual participation rather than familiarity with cultural fields.

These distinctions in culture capital are important in research on aging because they can influence opportunities for the development of social networks. Did residents with more cultural tools have more friendships? In contrast to the lack of finding regarding taste as promoting interaction in general, findings regarding leisure interests and participation suggest that it influences conversations and satisfaction with close friends. Liking various leisure activities was significantly related to talking with friends in the community, as well as two measures of well-being. Both relationships were positive. Contrary to expectations, survey data revealed that having broad musical tastes were not significantly related to friendship satisfaction or number. However, listening to music was significantly related to life satisfaction and happiness ratings. Studies of musical tastes need to consider later life as a unique context for the interaction between music and emotionality as some older adults engage in life review. Sociability outcomes related to musical tastes as a relational tool were not found in this study. Instead, it appeared that listening to music was enjoyed in private and related to life satisfaction and happiness ratings. More research needs to explore the role of music as a solitary leisure activity that influences personal meaning making at the end of life for residents in care communities.

Practical Implications

It has been argued that older adults residing in organized communities are more likely to have better access to leisure and social activities than older adults living in non-organized residential settings (Agahi and Parker 2005). Indeed, access and choice among leisure and social activities are abundant at the retirement community for this study many of which are organized by the residents themselves. In this way, participation in activities may be driven by tastes, by the desire to interact with others, or both. Despite the administrator's claim that this community offers more activities than required by the Department of Social Services, respondents still spoke of idle time. Residents also reported watching television more than they liked it which may indicate that there is strain of empty time to fill. More research is needed to understand how (in) activity strain could be mediated by activities offered within the community.

Other practical implications that emerged from this study are diversity training for residents. Although the sample characteristics for respondents in this study were relatively homogenous, residents were most diverse in their degree and kind of disabilities. Donna, who aged in place in assisted living for 15 years, grew blind over time. Although there are activities in "the Log" for residents with visual impairments there appeared to be little training in coping with blindness personally and socially. Contrast this with public schools, for example, where students in a classroom with someone who is blind would likely receive training about how to interact. Findings from this study suggest that diversity training among residents related to disabilities would improve quality of life for those suffering with the disability, as well as improve social interactions and tolerance among residents.

Limitations and Suggestions for Future Research

There are several limitations with the research design of this study. First, as with most research on aging, it is important to use longitudinal data to prevent interference of cohort or period effects. This data provided a snap shot of culture capital in old age from one community with a relatively homogenous population. Further research is needed to understand the long-term effects as well as how culture capital is used among institutionalized older adults. Second, an additional limitation of this study as Bryson (1996) notes of studies of musical tastes is the ambiguity associated with genre names. It is impossible to know, for example, what type of

music a respondent was thinking of when asked if he or she liked new age music. Respondents could vary dramatically in the type of music associated with each genre. Finally, this research sample is limited to 66 residents of a retirement community for the survey and 15 residents for the in-depth interviews. This sample size and the limited context of this particular residential setting raise concerns about the generalizability of findings. To help with these concerns, the nested cases technique endorsed by the National Science Foundation for guidelines regarding qualitative research was used. This method allows for within and across case comparisons of concepts. When data from multiple cases (text, interviews, and observations) converge and demonstrate recurring patterns the ability to generalize findings to this particular community, though not the entire population of retirement community dwelling older adults, makes it a strong case study and a spring board for future research. Other limitations related to sampling include a potential sampling bias. I do not know, for example, if respondents to the survey were residents who were more likely to have musical tastes and leisure interests. I also did not include a survey item that asked respondents to identify what part of the community, either independent or assisted living, they lived. Despite these limitations, there are many prospects for future research.

Opportunities to expand on cultural capital theory in later life are rich and critical because evidence from this study suggests that there is a relationship to quality of life. First, research indicates that when older adults move to retirement communities they are often forced to scale back their material possessions to fit into their new residential space. Culture capital, which includes musical tastes, is embodied and does not need to be downsized. If we conceptualize culture capital as a series of strategies which can be used to negotiate social situations and interpersonal exchanges then tastes are part of an individual's relational tool kit (DiMaggio 1987; Fiske 1987; Swidler 1986), something that is undoubtedly useful when entering a new residential setting in old age and making new friends. More research needs to explore how tastes mediate this life and residential transition. It is not clear whether the lack of conversation related to cultural tastes was the result of a declining interest in cultural activities. It could also be that residents carried with them into the facility a relatively narrow range of interests. Further research is needed to more fully determine whether broad, and passionate interests in earlier life stages can continue to be salient in the latter stages of the life course (cf., Harrison and Ryan 2009; Holt 1997).

Second, to the extent that some degree of physical exertion and social interaction is required, participation in leisure activities, which are organized around tastes, influence health promotion and sociability among residents. But sociability was not automatic. Policies at the state level that require leisure activities in retirement communities to be categorized into various "types" (e.g., social, cognitive, spiritual) can be greatly enhanced by more research on the lived experience of those activities. Are residents getting the predicted outcome for the "type" of activity? For researchers interested in textual analysis, there are many possible projects here.

Finally, talking about cultural tastes allows individuals to voice aspects of social life that they find meaningful (Fiske 1987). Additionally, individual experiences with music listening can influence individual moods and memory recall. Respondents in this study were more likely to listen to music alone than in a social activity, other than concerts. The process of meaning making is particularly important in studies of older adults who are engaging in psychological processes of life review. According to Hargreaves (1999) music serves three important social-psychological functions: identity formation, the development of interpersonal relationships and mood enhancement. My findings suggest that the balance among these functions may change

across the life course. While all three are likely to have some importance, in adolescence musical tastes may be more about self-identity and interpersonal relationships as young people attempt to develop an identity separate from their parents and connect with peer groups. My study suggests that in old age the interpersonal relationships function may be less prominent.

Both the survey data and the interviews suggested that many residents continued to like and listen to music. However, this was unconnected to the number of friends they had. It may be that in old age music may serve to connect to the past and to affect mood. Further research is needed to understand how music mediates these processes among older adults.

To conclude, studies of symbolic boundary work and culture capital in sociology have failed to critically explore the later part of the life course. While displays of culture capital have been linked to differentiating among status groups, results of this study suggest that culture capital becomes less important as a means of boundary work relative to displays of bodies and health. Although it may be difficult to see a connection between this type of boundary work and inequality, that is, the structural position of old people in society, the residents in this study were enacting age relations. Residents' perceptions of each others' worth and valuations of each others' old bodies were rooted in notions of ageism. Residents were aware of the devalued status of being old and the process of labeling each other as old was assessed via bodies. Residents enacted the larger structure of age relations in that they sought to distance themselves from the devalued group. Future research on symbolic boundary work, including those of culture capital, need to take into account the boundaries of age relations that make this phase and condition of the life course different from others.

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Appendix A-Functional Status Assessment

Functional Status Assessment

Resident Name: _____

Date: _____

Functional Status	No Assistance (0)	Mechanical Help (1)	Requires Assistance (2)	Is Performed By Others (3)
ADL Status				
Bathing				
Dressing				
Toileting				
Transferring				
Eating/Feeding				
Continence	Continent (0)	Incontinent Self Care (1)	Requires Minimal Assist with Incont. Care (2)	Requires Frequent Assist with Incont. Care and/or Ext. Device (5)
Bowel				
Bladder				
Ambulation	No Help (0)	Mechanical Help (1)	Requires Minimal Assistance (2)	Is Performed By Others (3)
Walking				
Wheeling				
Psycho-Social	Appropriate (0)	Abusive, Aggression at Times/ Agitation (5)	Frequently Abusive Aggression, Agitation (10)	Wandering (20)
Behavior				
Orientation	Oriented (0)	Disoriented at Times (1)	Frequently Disoriented (5)	Disoriented all the time (20)
Skin Integrity	Skin Care Performed by others (2)	Skin Care by Nursing Staff (5)	Stage I or II (8)	Stage III (10)

Total Score: _____

Tier Assignment: _____

Administrator: _____

0-9 Tier 1, 10-19 Tier 2, 20-above Tier 3

Appendix B-Event Legend and Sample of “the Log” Activities Calendar

Event Legend <i>Physical-∞</i> <i>Social-A</i> <i>Cognitive/Intellectual-Ω</i> <i>Productive-©</i> <i>Sensory-φ</i> <i>Reflective-•</i> <i>Outdoor-△</i> <i>Nature-≈</i> <i>Community-⏏</i>	MONDAY 2	TUESDAY 3
8 1:00-3:00 PM (SC 4 th) <i>Ω</i> Scrabble 3:00-4:00 PM (AC) <i>A</i> • Chapel 7:00-8:00 PM (SC 3 rd) <i>A</i> • Evening Worship	9 10:00-11:00 AM (SC 3 rd) <i>A</i> Fellowship Meeting 1:00-4:00 PM (AC) <i>Ω</i> Bridge 1:30-2:15 PM (SC 3 rd) ∞ <i>A</i> Fitness 3:00-4:00 PM (SC 3 rd) <i>Ω</i> Chapters 6:30-8:00 PM (Library) <i>φ</i> Manicures	10 10:00-11:00 AM (SC 3 rd) <i>A</i> • Baptist Clergy 11:00-11:45 AM (AC) ∞ <i>A</i> Fitness Hour 1:30-2:30 PM (SC 4 th) <i>ΩA</i> Bingo 2:00-3:00 PM (AC) <i>Ω</i> Financial Seminar 3:00-4:00 PM (SC 3 rd) <i>Ωφ</i> Name That Tune 6:30-8:00 PM (AC) © <i>A</i> • Writers Group
15 1:00-3:00 PM (SC 4 th) <i>Ω</i> Scrabble 3:00-4:00 PM (AC) <i>A</i> • Chapel 7:00-8:00 PM (SC 3 rd) <i>A</i> • Evening Worship 7:00-8:00 PM (AC) <i>A</i> • St. Paul’s Choir	16 9:30-Noon (SC 4 th) ∞ Podiatrist 10:00-11:00 AM (SC 3 rd) <i>A</i> Fellowship Meeting 10:30-11:30 PM (AC) <i>Ω</i> Floor Reps 1:00-4:00 PM (AC) <i>Ω</i> Bridge 1:30-2:15 PM (SC 3 rd) ∞ <i>A</i> Fitness 3:00-4:00 PM (SC 3 rd) <i>Ω</i> Chapters 6:00-7:30 PM (AC) <i>A</i> • Give ‘Em Hell Harry with Bob Gribben	17 10:00-11:00 AM (SC 3 rd) <i>A</i> • Methodist Clergy 11:00-11:45 AM (AC) <i>Ω</i> Fitness 1:30-2:30 PM (SC 4 th) <i>ΩA</i> Bingo 3:00-4:00 PM (SC 3 rd) <i>Ωφ</i> Name That Tune 6:30-8:00 PM (AC) © <i>A</i> • Writers Group
22 1:00-3:00 PM (SC 4 th) <i>Ω</i> Scrabble 3:00-4:00 PM (AC) <i>A</i> • Chapel 7:00-8:00 PM (SC 3 rd) <i>A</i> • Evening Worship	23 10:00-11:00 AM (SC 3 rd) <i>A</i> Fellowship Meeting 1:00-4:00 PM (AC) <i>Ω</i> Bridge 1:30-2:15 PM (SC 3 rd) ∞ <i>A</i> Fitness 3:00-4:00 PM (SC 3 rd) <i>Ω</i> Chapters 6:30-8:00 PM (Library) <i>φ</i> Manicures	24 9:00-Noon (NT) ∞ Beltone Representative 10:00-11:00 AM (SC 3 rd) <i>A</i> • Presbyterian Clergy 11:00-11:45 AM (AC) ∞ <i>A</i> Fitness Hour 1:30-2:30 PM (SC 4 th) <i>ΩA</i> Bingo 2:00-3:30 PM (Oakland Square) △ ∞ ≈ Trail Walks with Janet 3:00-4:00 PM (SC 3 rd) <i>Ωφ</i> Name That Tune 6:30-8:00 PM (AC) © <i>A</i> • Writers Group

Appendix C- Survey

1. How long have you lived at Warm Hearth? _____years _____months

2. What made you decide to move here? (Check all that apply)

- MAINTENANCE FREE LIVING
 - HEALTH
 - TO BE CLOSER TO FAMILY
 - FRIENDS
 - OTHER: (Please describe)_____
-
-

3. Taken all together, how would you say things are in your life are these days? Would you say you are: (Please circle your answer)

VERY HAPPY PRETTY HAPPY NOT TOO HAPPY DON'T KNOW

4. On average, how satisfied are you with the life you lead?

VERY SATISFIED FAIRLY SATISFIED NOT VERY SATISFIED DON'T KNOW

5. In general, how satisfied are you with your health?

VERY SATISFIED FAIRLY SATISFIED NOT VERY SATISFIED DON'T KNOW

2. LEISURE ACTIVITIES

The following questions ask about different leisure or recreational activities that people do during their free time. Please indicate which leisure or recreational activities you enjoy and how often you engage in the activity.

#	Leisure activities	Please circle how much you <u>like</u> the activity listed				Please circle how often you <u>engage in</u> the activity listed			
		Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
1	Reading	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
2	Listening to music	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
3	Gardening	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
4	Sports	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
5	Writing	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
6	Painting	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
7	Traveling	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
8	Singing	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know

2. LEISURE ACTIVITIES, CONTINUED

The following questions ask about different leisure or recreational activities that people do during their free time. Please indicate which leisure or recreational activities you enjoy and how often you engage in the activity.

#	Leisure activities	Please circle how much you <u>like</u> the activity listed				Please circle how often you <u>engage in</u> the activity listed			
		Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
9	Playing a musical instrument	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
10	Making arts & crafts projects	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
11	Exercise	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
12	Visiting a museum or gallery	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
13	Attending live performances, including dance, theatre, & music	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
14	Watching television	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
15	Watching movies	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
16	Outdoor activities, such as walking	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know

3. MUSIC

The following questions ask about different musical genres that people enjoy listening to. Please indicate which musical genres you enjoy listening to and how often you listen to that type of music.

#	Type of music	Please circle how much you <u>like</u> the music listed				Please circle how often you <u>listen to</u> the music listed			
		Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
1	Classical	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
2	Opera	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
3	Jazz	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
4	Country	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
5	Reggae	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
6	Blues	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
7	Rock	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
8	Pop	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know

3. MUSIC, CONTINUED

The following questions ask about different musical genres that people enjoy listening to. Please indicate which musical genres you enjoy listening to and how often you listen to that type of music.

#	Type of music	Please circle how much you <u>like</u> the music listed				Please circle how often you <u>listen to</u> the music listed			
		Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
9	Big band or swing	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
10	Bluegrass	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
11	Folk	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
12	Easy Listening	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
13	Rap	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
14	Gospel	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
15	Latin	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know
16	Showtune or musical	Don't like	Like	Like Very Much	Don't Know	Rarely	Sometimes	Very Often	Don't Know

4. CASUAL FRIENDSHIPS AT WARM HEARTH

The following questions ask about your *casual* friendships with people living at Warm Hearth (later I will ask you about friends NOT living at Warm Hearth). Please circle the appropriate response.

1. In general, how satisfied would you say you are with your *casual* friendships with persons living at Warm Hearth?

VERY SATISFIED FAIRLY SATISFIED NOT VERY SATISFIED DON'T KNOW

2. Approximately, how many *casual* friends would you say you have with persons living at Warm Hearth? If you don't know, please give your best guess.

3. How important is it that your *casual* friends at Warm Hearth enjoy the same leisure activities as you do?

VERY IMPORTANT IMPORTANT NOT VERY IMPORTANT DON'T KNOW

4. How often do you talk about the leisure activities you enjoy with your *casual* friends at Warm Hearth?

RARELY SOMETIMES VERY OFTEN DON'T KNOW

5. How important is it that your *casual* friends at Warm Hearth like the same type of music as you do?

VERY IMPORTANT IMPORTANT NOT VERY IMPORTANT DON'T KNOW

6. How often do you talk about the types of music you enjoy listening to with your *casual* friends at Warm Hearth?

RARELY SOMETIMES VERY OFTEN DON'T KNOW

5. CLOSE FRIENDSHIPS AT WARM HEARTH

The following questions ask about your *close* friendships with people living at Warm Hearth (later I will ask you about friends NOT living at Warm Hearth). Please circle the appropriate response.

1. In general, how satisfied would you say you are with your *close* friendships with persons living at Warm Hearth?

VERY SATISFIED FAIRLY SATISFIED NOT VERY SATISFIED DON'T KNOW

2. Approximately, how many *close* friends would you say you have with persons living at Warm Hearth? If you don't know, please give your best guess.

3. How important is it that your *close* friends at Warm Hearth enjoy the same leisure activities as you do?

VERY IMPORTANT IMPORTANT NOT VERY IMPORTANT DON'T KNOW

4. How often do you talk about the leisure activities you enjoy with your *close* friends at Warm Hearth?

RARELY SOMETIMES VERY OFTEN DON'T KNOW

5. How important is it that your *close* friends at Warm Hearth like the same type of music as you do?

VERY IMPORTANT IMPORTANT NOT VERY IMPORTANT DON'T KNOW

6. How often do you talk about the types of music you enjoy listening to with your *close* friends at Warm Hearth?

RARELY SOMETIMES VERY OFTEN DON'T KNOW

6. CASUAL FRIENDSHIPS WITH PERSONS *NOT* LIVING AT WARM HEARTH

The following questions ask about your *casual* friendships with people *not living* at Warm Hearth. Please circle the appropriate response.

1. In general, how satisfied would you say you are with your *casual* friendships with persons *not* living at Warm Hearth?

VERY SATISFIED FAIRLY SATISFIED NOT VERY SATISFIED DON'T KNOW

2. Approximately, how many *casual* friends would you say you have with persons *not* living at Warm Hearth? If you don't know, please give your best guess.

3. How important is it that your *casual* friends *not* living at Warm Hearth enjoy the same leisure activities as you do?

VERY IMPORTANT IMPORTANT NOT VERY IMPORTANT DON'T KNOW

4. How often do you talk about the leisure activities you enjoy with your *casual* friends *not* living at Warm Hearth?

RARELY SOMETIMES VERY OFTEN DON'T KNOW

7. CLOSE FRIENDSHIPS WITH PERSONS *NOT* LIVING AT WARM HEARTH

The following questions ask about your *close* friendships with people *not living* at Warm Hearth. Please circle the appropriate response.

1. In general, how satisfied would you say you are with your *close* friendships with persons *not* living at Warm Hearth?

VERY SATISFIED FAIRLY SATISFIED NOT VERY SATISFIED DON'T KNOW

2. Approximately, how many *close* friends would you say you have with persons *not* living at Warm Hearth? If you don't know, please give your best guess.

7. CONTINUED: CLOSE FRIENDSHIPS WITH PERSONS *NOT* LIVING AT WARM HEARTH

The following questions ask about your *close* friendships with people *not living* at Warm Hearth. Please circle the appropriate response.

3. How important is it that your *close* friends *not* living at Warm Hearth enjoy the same leisure activities as you do?

VERY IMPORTANT IMPORTANT NOT VERY IMPORTANT DON'T KNOW

4. How often do you talk about the leisure activities you enjoy with your *close* friends *not* living at Warm Hearth?

RARELY SOMETIMES VERY OFTEN DON'T KNOW

8. SHORT ANSWER

Please write your answers to the following questions in the space below.

1. If you found yourself in a situation where you were meeting someone for the first time, how likely would you be to talk to this new person about the activities in this questionnaire (music preferences, leisure activities, etc...)? Which activities would you discuss?

2. If I asked you to describe to me in general the kind of people you like, what are the qualities that are most important to you?

9. Finally, I would like to get some basic background information about you.

1. In what month, day, and year were you born?

_____ (month) _____ (day) _____ (year)

2. What is your gender?

Male

Female

3. How many formal years of schooling have you completed? _____(number of years).

4. What is the highest degree or certification you have earned?

None

High school diploma/equivalency

Associate's (2-year college) or post-HS vocational certificate

Bachelor's (4-year college) degree

Master's degree/MBA

Law or MD

PhD

OTHER (SPECIFY) _____

5. With which of the following groups do you most closely identify yourself?

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER
- HISPANIC OR LATINO
- OTHER (SPECIFY) _____
- DON'T KNOW

6. Which of the following best describes your current relationship status?

- MARRIED
- LIVING WITH A PARTNER
- SEPARATED
- DIVORCED
- WIDOWED
- NEVER MARRIED

7. If you are separated, divorced or widowed, how many years have you held this status? Leave blank if not separated, divorced, or widowed.

_____ (Number in years)

8. What is your current employment status?

- FULL-TIME PAID EMPLOYMENT
- PART-TIME PAID EMPLOYMENT
- RETIRED
- UNEMPLOYED
- HOMEMAKER
- DON'T KNOW

9. If retired, what was your occupation before retirement? (please list)

15. What is your annual income from all sources?

- less than \$20,000
- \$20,000 to \$40,000
- \$40,000 to \$60,000
- \$60,000 to \$80,000
- more than \$80,000
- DON'T KNOW

Thank you for participating in this survey!

Appendix D- Interview Protocol

Symbolic Boundary Work of Older Adults Living in a Retirement Community

Note: The informed consent is attached as a separate file.

The order listed does not imply the order of questions in the interview.

*Questions with asterisks are taken directly from Lamont's³ (1992) interview schedule and reworded, when necessary, for this sample.

Interview Questions

*If I ask you to use five or six words to describe yourself, what would you say? What kind of person would you say you are?

*Do you have someone you really like to spend time with here at Warm Hearth? Without telling me his or her name, what are the qualities you like in this person?

*Without giving me a name, is there someone here at Warm Hearth that you don't like to spend time with? Again, what are the qualities about this person that make you not want to spend time with them?

Probe: sources of dislike, conflict, concrete example of the disliked person's behavior.

*Could you tell me, in general, what kind of people you don't like be around? In life, how would you describe the kind of people who get on your nerves?

*What do your days look like?

Probe for: likes and dislikes about living at Warm Hearth, areas of conflict and division, feelings of status.

What do you like most about living at Warm Hearth? What do you like least?

*How would you describe the atmosphere among residents?

*Do you have a best friend? Describe.

*If I asked you to describe to me in general in life the kind of people you like, what are the qualities that are most important to you? Probe.

³ Lamont, Michèle. 1992. *Money, Morals, and Manners*. Chicago, IL: University of Chicago Press.

* Do you have children? What qualities did/do you try to communicate to your kids?

*Do you sometimes feel that you are inferior or superior to certain people? What kind of people make you feel one way or the other? Probe. Do you ever feel inferior or superior to other residents?

*Is there someone you admire a lot? Do you have a hero? Someone you look up to, whom you can use as a role model? What qualities do you particularly admire in this person?

*What would you define now as your goals in life?

If you found yourself in a situation where you were meeting someone for the first time, what would you want to know most about this person?

*What kinds of things do you like to do? (Leisure time activities, hobbies?) What is it you like about [leisure activity, hobby]?

Have you met others at Warm Hearth who do/go_____?

Do you like talking to other people who like the same activities/hobbies as you?

How important is it that your friends? Like to do or go to these events?

How interested are you in what activities/events others do/go?

What is your motivation for participating in these activities? Probe: Some people like to use activities as a way of meeting new people, for example.

How do you feel about people who don't participate in any activities/events?

Did you ever take music/art/dance lessons?

Do you still play, create, dance, write, etc? Why or why not?

When you were a child did your parents take you to museums, concerts, theatre performances, etc?

What were some of the leisure activities that your parent's enjoyed when you were a child?

What was the highest level of education completed by your parents?

*Are you very religious? Is/was your spouse very religious? Do/did you stress religion in raising your children (if any)?

*Would you say that money is very important to you? Explain to me how you think about it.

*Would you say that one of your goals in life has been to have a lot of money or be rich?

* What would you do if you had a lot of money?

*Do you consider yourself to be a working class person, a middle class person, or...?
Probe: defined in economic terms, competence???

What are some of the major differences you see between you and other residents here?

In general, how satisfied would you say you are with your friendships?

Did you have friends or acquaintances at Warm Hearth before you moved here?

How did you meet new people? What did you discuss? What types of things do you have in common with the people here?

Have you created any new friendships with other residents from participating in activities at Warm Hearth?

Thinking about your (casual) closest friends here at Warm Hearth, what are some of the things you have in common?

Thinking about your (casual) closest friends, *not* at Warm Hearth, what are some of the things you have in common?

Have you ever participated in an Elderhostel program? Why, why not? (Is respondent familiar with the organization?)

Finally, I would like to get some basic background information about you.

1. In what month, day, and year were you born?

_____ (month) _____ (day) _____ (year)

2. What is your gender?

Male

Female

3. How many formal years of schooling have you completed? _____ (#in years).

4. What is the highest degree or certification you have earned?

None

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Associate's (2-year college) or post-HS vocational certificate

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5. With which of the following groups do you most closely identify yourself?

WHITE

BLACK OR AFRICAN AMERICAN

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN OR PACIFIC ISLANDER

HISPANIC OR LATINO

OTHER (SPECIFY) _____

DON'T KNOW

6. Which of the following best describes your current relationship status?

- MARRIED
- LIVING WITH A PARTNER
- SEPARATED
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7. If you are separated, divorced or widowed, how many years have you held this status? Leave blank if not separated, divorced, or widowed.

8. What is your current employment status?

- FULL-TIME PAID EMPLOYMENT
- PART-TIME PAID EMPLOYMENT
- RETIRED
- UNEMPLOYED
- HOMEMAKER
- DON'T KNOW

9. If retired, what was your occupation before retirement? (please list) _____

10. How long have you lived at Warm Hearth? _____ years _____ months

11. What made you decide to move here? (Check all that apply)

- MAINTENANCE FREE LIVING
- HEALTH
- TO BE CLOSER TO FAMILY
- FRIENDS
- OTHER: (Please describe) _____

12. Taken all together, how would you say things are in your life are these days? Would you say you were:

- VERY HAPPY
- PRETTY HAPPY
- NOT TOO HAPPY
- DON'T KNOW

13. On average, how satisfied are you with the life you lead?

- VERY SATISFIED
- FAIRLY SATISFIED
- NOT VERY SATISFIED
- DON'T KNOW

14. In general, how satisfied are you with your health?

- VERY SATISFIED
- FAIRLY SATISFIED
- NOT VERY SATISFIED
- DON'T KNOW

Thank you for your time today. I have enjoyed our interview. Please feel free to contact me if you have any questions.