

# Spheres of the Elderly: Interpreting the Lives of NRC Residents

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## Abstract

In gerontological studies, many have investigated aspects that contribute to quality of life in elderly constituents. Living environments are reorganized according to suggestions from these past studies and the needs and desires of the elderly population. Yet fewer studies exist as analyses of how people negotiate their lives in these new frames. This study strives to understand elderly residents' perceptions and construction of quality of life manifested in the interplay of social, physical, personal, and spatial spheres of their lives in a facility providing a continuum of care. This particular research reflects these perceptions as interpreted by residents at the Northfield Retirement Community. Using a semiformal interview schedule with questions referenced to explore quality of life, this study reflects the insights interpreted from fifteen interviews with sixteen people in the Northfield Manor, Northfield Parkview West, and Northfield Parkview East residences. All in one complex, the Northfield Retirement Community, I interpret that residents from the independent and assisted living organize their lives in concentric spheres of influence from their core personal sphere to interaction with the greater community beyond the retirement community.

## Setting

The sample population included current residents of the Parkview East, Parkview West, and Northfield Manor sections of the Northfield Retirement Community (NRC). The NRC is a retirement facility offering a continuum of care from independent living in Parkview West and the Northfield Manor, to assisted living in Parkview East, to nursing care in the Care Center.

## Problem

As people live longer lives in greater health, the composition of retirement communities has altered. Now accommodating more independent lifestyles, these locations intentionally bring an age cohort into physical proximity. In the new symbolic social spaces these residences create, they help determine how residents reframe their experiences.

## Methodology

Using a semi-formal interview schedule, the researcher asked residents to reflect on aspects of quality of life in the NRC to gain an understanding of how the residents interpret their lives in this retirement community.

## Observations

- § NRC residents organize their experiences as a dynamic interplay with the social constructs of the symbolic environments into concentric social spheres
  - o The core sphere situates largely within residents apartments
  - o The secondary sphere involves interaction with people within their wing of the NRC
  - o In the tertiary sphere, residents explore the symbolic frame of the NRC as a whole
  - o The fourth sphere integrates the elderly residents with the larger community
- § In this framework, each sphere is bounded and semi-permeable. Movement between spheres is not merely dependent on the will of the resident, but shares a dependency on the social structures that either obstruct or encourage flow.
- § Individually, interactions in each sphere stem from a series of choices. Residents enact control over their lives and contribute to the construction of their symbolic space through these choices
- § Each of these spheres fosters distinct patterns of interaction and nourishes the elderly in different ways. In this way, the spheres are all uniquely useful and beneficial to the well-being of the elderly constituents.

## Synopsis

Amidst the dynamic organization of life experiences in a retirement community, variations in care, individual choices, and social interactions connote more than simply the quality of life, but provide a framework for the process of aging.

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interviews with sixteen people in the Northfield Manor, Northfield Parkview West, and Northfield Parkview East residences. All in one complex, the Northfield Retirement Community, I interpret that residents from the independent and assisted living organize their lives in concentric spheres of influence from their core personal sphere to interaction with the greater community beyond the retirement community.

## Introduction

The promise or trepidation of life in a retirement community comes to mind as people age. As physical capacity declines or mental health falters, elderly people begin to assess these facilities as an option for security as promoted by American society. Yet “the nature of a communal experience represents a significant change for most people” (Powers 1995: 191). Whether illuminated or shadowed on the horizon, these communities exist to serve the needs of potential residents.

Yet the character associated with each different facility stems from the symbolic environment cultivated through social structures and social interactions. Often retirement communities endure the negative societal stigma of “institutionalizing” inhabitants. Bethel Ann Powers suggests “it is the homogenizing effect of institutions that belies the heterogeneity of residents by dealing with them in a fairly uniform manner” (1995:192). Through the community practices, this sense of institutionalization persists.

Aware of these connotations, the Northfield Retirement Community actively resists this label. From physical design to social structures, this facility strives to foster an environment of homey comfort on the opposite end of the spectrum from the “institutional” model. Organizing their lives amidst these unconventional frames, residents contribute to the social spaces that promote a soothing sense of comfort and contentedness. Unwavering in the pursuit of a facility the antithesis of “institutional,” the NRC has created a space of pleased residents unchallenging of organizational structures. Instead, the residents immerse themselves in the symbolic spaces and frames that provide them happiness in the heart of Northfield.

## Setting

A town of over 17,000, Northfield occupies a space somewhere between a suburb and a rural township. Thirty-five miles south of the Twin Cities metro area, the town becomes a revolving door for many commuters in and out to a wide variety of white and blue-collar work. Providing opportunities for both managerial positions and manual labor employment, Northfield is home to the

Malt-O-Meal Cereal Company and McLane Minnesota distribution center. These corporations employ over 1000 workers combined from Northfield and the surrounding area. Sheldahl, a company that used to thrive in the industrial engineering and innovation market, is steadying its place in the Northfield economy, shifting its niche in the market primarily to communications technology and small circuitry products. Even amidst these product changes, Sheldahl employs 450 people locally.

So close to the Twin Cities, Northfield's connection to corporate franchises also provides many service and management positions. South of town, Northfield annexed property to allow Target, Cub Foods, and suburban strip mall facilities to build and increase the town's tax revenue base. Bringing these facilities in stirred heated debate and a polarization of perspectives between those interested in moving forward with such investments and a second sector striving to maintain a thriving downtown filled with independent merchants that might suffer with the presence of these corporate chains.

The main business district has suffered from these influences. Amidst these large employers, Northfield also boasts a tradition of entrepreneurs with independently owned small businesses lining the streets of downtown. From the Cocoa Bean, a local candy store, to the Tavern Restaurant, to the Rare Pair Inc. clothing store, to the Scandinavian Marketplace, small business owners nestle their shops into the historic buildings of Division Street, Northfield's business epicenter. Recently, two long-term businesses folded under the weight of this competition – Petricka's, a locally owned and operated grocery store, and Jabobsen's, a 20th century version of a general store. Yet others continue to thrive.

While the businesses have adjusted to fit the needs and wants of the modern public, the buildings profess the quaint charm of the past. The Northfield Chamber of Commerce website boasts that the town is "a unique blend of the historic, the progressive and the creative." Northfield upholds its historicity as an emblematic value without denying the contemporary. Buildings are remodeled and refurbished rather than demolished. Northfield even capitalizes on the allure of the past with the annual Defeat of Jesse James Days town celebration honoring local Joseph Lee Heywood killed in the attempted raid of Northfield's First National Bank in 1876; the original bank building is now a museum operated by the Northfield Historical Society. The four days of festivities draw crowds from around the nation to see reenactments of this famous last raid for the James-Younger gang.

Amidst this historical richness, three of the town's largest employers are educational facilities each with their own continuing histories. With over 2000 employment opportunities in Northfield's educational institution, the emphasis on learning is apparent. The Northfield School District offers 500 of these

positions and it is growing. In 2001, a school bond referendum passed, raising property taxes to allow the city to build a new middle school. Carleton College, a four-year liberal arts college on the East side of the river, boasts wide national acclaim as an institution of distinguished academic rigor. St. Olaf College, while drawing more heavily from a regional pool of students, is similarly a four-year liberal arts college is highly regarded for its music program as well as its organization of travel abroad experiences. St. Olaf provides “an education committed to the liberal arts, rooted in the Christian gospel, and incorporating a global perspective” according to the institution’s mission statement (“President’s Office”).

As a long-term resident of the Northfield community and as a student of this college, the background of St. Olaf bears great importance to my research. A residential campus of nearly 3000 students representing 49 states and 20 countries, St. Olaf employs 860 people. The size of a small community itself, St. Olaf began over 125 years ago and has since left a lasting impression on the community and its inhabitants. I became an ambassador of the college as I visited the Northfield Retirement Community to conduct my research. Coming into Northfield on Cedar Avenue, a driver may scarcely notice the Northfield Retirement Community (NRC) concealed in its own cove of woods on the outskirts of town, just down the hill behind St. Olaf College. In its neutral beiges and brick, the four-sectioned campus is scarcely visible from this angle. Yet since 1969 this facility tucked into the landscape has housed hundreds of elderly people with varying abilities and health related needs. To provide for these needs, the NRC is woven into a nonprofit corporate sphere. The parent corporation, Lutheran Home of the Cannon Valley, consists of nineteen member churches. Fifteen of these churches have members who serve on the board. This corporation is a non-revenue producing entity that owns the undeveloped land surrounding the NRC including the wooded areas that shelter it. Furthermore, they are responsible for the Northfield Retirement Community – the actual building facility. Under this umbrella are the five main sections – Northfield Care Center, Northfield Manor, Northfield Parkview East and West, and as of May 1, 2004, the Cannon Valley Suites. The campus is arranged so that all these sections are connected through enclosed hallways, but each is a distinct spatial entity. In a convoluted “I” formation, Parkview East and West are at the south end of the “I” with a long hallway linking them to the Care Center and the Manor at the northeast and northwest corners, respectively. The Manor is five floors of single hallways. The other three sections are large circuits; by following the internal wall of any space, one can wrap and wind through back to the starting point. In the Care Center, this is especially confusing as it is broken into three smaller sections – the Bluebird Unit, the Cardinal Unit, and the now restructured Cannon Valley Suites. Still,

the circular nature is similar in each. Below is a map to clarify the floor plan. Each section is spatially distinct and serves different needs. The only spaces that are overtly shared are the administrative office space and the chapel, which doubles as a community room.

Combined, the sections of the NRC offer a continuum of care. The Care Center is a skilled nursing care facility certified under the state plan for medical assistance and serving people since 1969. As such, it provides twenty-four-hour nursing services, medication administered by licensed staff as prescribed, three meals according to dietary needs, housekeeping, laundry and linen services, and activities to encourage social interactions. According to the Minnesota Department of Human Services, the Care Center meets these criteria in providing quality care designed for “the physical, social, and psychological needs of elderly and handicapped persons”(“Northfield Retirement Community”). This area of the NRC is for those least able to function independently in the larger society and least able to care for their own daily needs.

In recent years, however, people have become increasingly aware that many elderly people do not require this much care and may actually feel demeaned by these services based on a medical model of care. In response, there has been a rise in Assisted Living Facilities (ALF) and Continuing Care Retirement Communities (CCRC) as alternative residences for the elderly. These tend to be modeled on social care (Kahana 2000: 1663). The NRC aspires to both of these standards. Beginning with the Manor 1981, and the subsequent additions of Parkview in 1994, 1997, and 2001, the NRC added both independent and assisted living to its offerings. Each area has its own dining room providing meals for the section residents and any guests they register in advance. Parkview West and the Manor also each have a coffee shop/convenience store. While both are open to all residents, the Manor is further away for most people and has more limited hours and products. As such, the West store is used by residents from to all sections of the building. The salon and barbershop in East are also available to everyone as the only sites for this on campus.

Parkview East is an assisted living facility (“Northfield Retirement Community”). ALFs feature an apartment environment allowing privacy and independence. Simultaneously, they offer varied services such as housekeeping, transportation, and meals as well as the promise of at least minimal access to medical care if necessary (Johnson 2003: 428). Parkview East, specifically, offers independent apartments with kitchen and bath as well as community activities and events, three-meal service provided as part of the renter’s monthly payment; additional services include a convenience

store/coffee shop in West, beauty salon and barbershop, van service into Northfield, and the option of licensed home-care services for housekeeping, laundry and personal care (“Northfield Retirement Community”). Each of the additional services requires some payment just as if going to a salon or grocery store in town. East, as staff and residents abbreviate it, is staffed with at least one aid twenty-four hours a day as well as an RN forty hours a week. These staff members help ensure that residents take the right medications, come to meals, and are aware of activities happening each day. The RN in particular can offer some assistance with illnesses and regularly offers blood pressure screening.

Parkview West is a two-story independent living facility offering one- and two-bedroom apartments designed for self-sufficiency and comfort. The residents pay for the rent of the apartment, with the cost varying by the size, a storage unit in the building, and five meals a month in the common dining room. Other services are available for a fee including a garage, van service, salon and barbershop, convenience store/coffee shop, and options for cleaning and laundry service (“Northfield Retirement Community”). Equipped with an elevator for handicapped accessibility, this wing of the NRC also has several gathering spaces including a community room with two internet-access computers.

The Manor is also an independent living facility, a five-story apartment building designed for self-sufficiency. Recent attention has been given to updating the facility – changing the windows, painting, replacing the flooring as apartment occupants change – to ensure that this section of the building matches the high quality and fresh appearance of the other wings. This setting differs from West not only in the age, but in the particular audience it targets; Manor housing extends the option of rent subsidies through HUD thus drawing a lower income crowd than West apartments. Through HUD, rent is based on a tenant’s income rather than an inflexible flat rate. Still, it is equipped with most of the same amenities. In the first year of living in the Manor, residents are required to eat meals in the Manor Dining Room. Other services include the coffee shop in the Manor basement, salon and barbershop services in East, van services, community spaces, and options for cleaning, laundry and personal care services.

While both independent living facilities, Parkview West and the Manor both also have access to nursing staff and care if necessary. Apartments in all three wings and the nursing care area are equipped with two urgency call cords in the bathroom and bedroom. Since the campus has staff on duty at all times, these cords help ensure that residents will be taken care of should they need assistance. This offers a primary difference between living in a continuing care retirement community and living independently. In a CCRC, residents are

offered tiers of care according to their functional needs.

As a CCRC, the NRC is responsible for providing this tiered system of care from independent to assisted to nursing care living as promised. These “life-care facilities” are retirement campuses; depending on the policy, residents enter a life-care contract and live in housing ranging from independent living to nursing homes (Johnson 2003: 428). As residents’ mental or physical health declines, they transfer to different on-campus housing that provides a greater level of care (Johnson 2003: 428). These options strive to ease the transition to alternative housing. At the NRC this is not facilitated through a designated contract but moves are made according to needs. Housing and Social Services staff for the three areas coordinate applications and movements so that in-house needs are met before new residents from the outside are offered housing. Each of these housing and care distinctions follows the guidelines of government policies. At the state level, retirement communities like the NRC are facing massive budget cuts and policy demands. As a result, the NRC has re-labeled the care provisions for one section of the Care Center. The Cannon Valley Suites section used to be another branch of nursing home beds, but under the most recent policy guidelines, the NRC could not afford to provide skilled nursing service to this area. They therefore decreased the number of nursing home beds in the facility and added the Suites as a fourth tier of care, somewhere between nursing care and assisted living. According to legislation, this reconfiguration is irreversible; the beds can never again be nursing home beds unless the policies change once again. The effects of this alteration are at present undetermined.

While the arrangement of the NRC contributes to residents’ interpretation and appreciation of their social environment, my research emphasizes only residents in ALF and independent living spaces – Parkview East, Parkview West, and the Manor. The design of each space offers similarities. The hallways of each have plushy carpeting in shades of blue, teal, deep rose, and deep purple. In contrast to the tile floors, this alleviates the sense of being in an institution. The walls are painted in neutral tones of beige and cream. Darker patches frame the doorways, the paint in shades complimenting the carpet tones. Each doorway has a small alcove of color and a small shelf beside the door. In Parkview East and West, these alcoves are larger and the shelves durable as a planned part of the Parkview design. In the Manor, the shelves are classy wood, but certainly additions made after the original design intent. Outside every apartment, these shelves are decorated with items that offer insight into the characteristics of the inhabitant. Often the doors also have hangings making these spaces outlets for personal expression. Inside, each apartment is guaranteed a couple of outside windows. In Parkview, many face an enclosed courtyard. In the Manor, the view overlooks either St. Olaf or

Bethel Lutheran Church.

Inside, however, the apartments differ drastically. East apartments are the smallest. While they offer the amenities of a kitchen, bed, bath, and living space, they are compacted into two rooms and a bath. The kitchen and living area are sectioned off only by the change in flooring in the main apartment space— from linoleum to carpeting. The bathroom is accessible only through the bedroom. The kitchen is fairly complete, often with a nonfunctioning, half-width stove and oven, a kitchen sink, and a refrigerator of varying sizes. Still, the space has multiple rooms, two closets, kitchen cupboards, and plenty of open space for the residents to arrange their own parcels of furniture and decorations.

Manor spaces are a bit larger one-bedroom apartments. Like all the apartments, the Manor is unfurnished, but with plenty of opportunity for residents to bring their own favorite pieces to function in the space. In these apartments, the fully equipped kitchen is separated from the large living area by walls on all sides. One wall has a doorway off the entryway, though no actual door. The other wall has a slot opening between the counter and upper cupboards. The window between the two spaces is useful but prevents the kitchen from getting much daylight. The bed and bath are down a short hallway opposite the kitchen.

Parkview West apartments are the largest and most varied. Two bedroom apartments are the most sizable, with a long hallway, large bathroom and pantry. One-bedroom apartments have two styles. The first is simply a short hallway to the bedroom one way and bathroom the other. Alternatively, these apartments may have another den/dining space off from the central living space. Demarcated by a corner pillar, the space opens on two sides but is a distinct room. The fully equipped kitchen is similarly partitioned with a half-wall on two sides and pillars to the ceiling at the corners.

These dissimilarities may seem minor, but the residents occupy these spaces much of the day and the spatial configuration contributes to their sense of their environment and their perception of quality of life.

These perceptions are further influenced by the presence and configuration of social spaces. Each facility designates areas for social interaction by providing tables and chairs, televisions, computers, coffee break snacks, cards, games, and other amusements, as well as sponsored activities. In my meandering through the facility, the community spaces seemed mostly used for coordinated events though occasional sociability occurs spontaneously.

These spaces become the living environment for these residents every day. The qualities of their spaces, inside and outside the walls of the NRC shape and organize their experience; they become the key features that allow residents to identify their place, from apartment 2220 to the Milky Way. In so doing, these

spaces become central to how they understand and perceive their quality of life.

## The Problem

Throughout the world, people view the elderly with diverse perceptions. For some, they are wise sages; for others, the support and care of elderly relatives becomes a social burden. Across the spectrum, the care extended to the elderly population varies. Communities and relatives can offer housing and physical care in exchange for wisdom, teaching, and connection. Alternatively, some elderly try to provide for themselves without any dependency. While these options exist, one of the most prevalent ideas spreading across the American landscape is the establishment of nursing homes or retirement communities. As “post-World War II phenomena,” these long-term care facilities function as enclosed, age-specific institutions (Vesperi 1995: 10). With this modern option available, American families and communities struggle with the utilitarian decision: what living arrangement for the elderly satisfies the most people involved? Yet beyond the family situation, the elderly person faces a personal question: what arrangement is best, most satisfying, least trying for me? In light of the exponentially growing population of elderly, this question is especially viable. According to the 2000 United States Census, 12.4% of the American population is over age 65. With the baby-boomer generation entering the age of retirement, senior citizen discounts, and social security checks, the question looms: what happens to Grandma and Grandpa if and when they become unable to care for themselves? Whose responsibility is it to ensure them a quality life? This question becomes increasingly prevalent as the age of life expectancy rises; many people live long after retirement, even long after they feel comfortable or can safely care for themselves. Often, responsibility for caring for the elderly rests on the next generation of family members: children now grown and with families of their own. This creates a complicated family dynamic. According to Nagy’s theory, families operate through a generational flow of giving: parents give to their children who willingly take. When these children become parents themselves, they then provide the same generous attentiveness to their offspring as an “effective form of gratitude” to their parents (Plantinga 1995: 55). While Nagy’s intergenerational theory may seem like a simple progression, it does not accommodate the climate of society. Parents do not simply vanish with the presence of a third generation; the roles simply adapt. When children incur responsibility for tending to their parents as they age, this generational system of giving and gratitude must alter. Nagy may consider this a distortion of his pattern. Regardless, this reality illuminates several new dimensions of

interaction and concern. The question of “how do we care for Grandma?” involves many parties.

It must also include a financial perspective. As these differing viewpoints come forth, they must evaluate the cost of upkeep in an independent home, the financial needs inflicted on family, or the price of living in a retirement community. Each of these imposes different monetary demands at different increments. Retirement communities tend to have more predictable, regular expenses in contrast to the surprise charges of maintenance living outside these provisions. Yet the fee that enables this care and maintenance may be extensive. These facilities also often provide channels for government assistance that may not be available in other forums. However, money is not the only facet directing this complex decision. Instead, it is a balance of the needs and wants and interests of all parties, most of all the elderly person involved.

Weighing the possibilities, families, communities, and individuals differ in determining what option serves their common objective to provide quality care and living arrangements for their loved ones. Many older people strive to stay in their own residences as long as possible, accepting the kindness of community care. If they live alone, this can isolate an aging person as much as a nursing home; without adequate means and opportunities to exercise their independence, they are merely housebound. Some elderly people accept the provision of care and connection offered by their children and move in with family. However, this can place an added strain on relations as family members adopt the added role of exclusive caretakers.

An alternative is to find facilities with paid caretakers: retirement communities. Increasingly, the standard “nursing home” receives an unfavorable public assessment. Staffed by licensed nursing personnel, these facilities advocate a medical model of care. While this study does not explore the dimensions of legislation involved in the development of nursing homes, “Social Security, Medicare, and Medicaid have not just enabled but actually promoted the medicalization of old age” through the past decades by promoting nursing home care through their economic channels of influence (Vesperi 1995: 10). Contrary to the pervasive negative views disseminated in public discourse, these facilities are often “viewed as key achievements of national social welfare policy” (Vesperi 1995: 10). Yet from an uninformed outsider’s perspective, retirement communities become residences for frail and dependent populations, and the presumably rigid routine of daily life in a small, shared room and bath, induces a waning human spirit and the phenomenon of “learned helplessness” (Kane 2001: 295). Nursing homes also often incorporate special care units to meet the needs of mentally impaired patients suffering from Alzheimer’s disease or other forms of dementia; for those with sound mental capacities, this

type of treatment is unwanted (Johnson 2003: 430). Under the confines of this legislation, care for the aged has “less to do with what old people require to sustain their lives than with what society requires to manage them, both physically and socially” (Vesperi 1995: 11). As attention is drawn to this, older people and their families alike often prefer to avoid this degrading environment (Kane 2001: 295).

In response, legislation is now shifting. Since the cost and services of residency in a nursing home are predetermined by state policies, legislation has the authority to dictate a price-freeze of sorts: nursing homes are not allowed to charge residents more, but the facility accrues extra costs simply to meet government standards for provisions of care. In this way, the new policies discourage the implementation of “nursing home beds” that require more staff and services without money to pay for them. Indirectly, policymakers then endorse alternative types of retirement communities by legislating fewer economic and care restrictions on them.

These policies have created a rise in Assisted Living Facilities (ALF) and Community Care Retirement Communities (CCRC) as alternative residences for the elderly modeled on social care (Kahana 2000: 1663). CCRCs offer everything from independent living to full nursing care on one campus. ALFs are often part of larger CCRC campuses; they include minimal care provided by a series of aids and access to a nurse. These types of facilities offer alternatives for people striving to promote their own successful aging according to their needs.

This study arises out of my interest for understanding how elderly people understand and organize their experience as part of a continuing care facility. More specifically, it strives to understand elderly residents’ perceptions and construction of quality of life manifested in the interplay of social, physical, personal, and spatial spheres of their lives in a facility providing a continuum of care. This particular research reflects these perceptions as interpreted by residents at the Northfield Retirement Community.

For the elderly as for most people, evaluations of aging relate to interpretation of quality of life. Quality of Life (QOL) is both an objective and subjective assessment gauged, interpreted, and constructed by individual and community interactions with spatial, social, and internal environments. QOL refers to both natural and created environmental cues such as economic resources, water and air quality, and housing. Simultaneously, QOL indicates the measure of intangible personal resources including the capacity to sustain friendships or value nature (Albert 2002: 1158). The WHO Quality of Life Group offers a comprehensive, qualitative definition: based on the perceptions of individuals, evaluations of QOL stem from the “context of the culture and value systems”

existing in the surrounding community (Markides 2000: 2302). It evolves in “relation to [the] goals, expectations, standards, and concerns” prevalent for an individual and community and is “affected in a complex way by a person’s physical health, psychological state, and level of independence and their relationships to salient features of their environment” (Markides 2000: 2302). To understand these extensive strands of QOL, I turn to a framework proposed by Rosalie Kane (2001). Offering eleven dimensions of QOL, Kane’s (2001) suggestions extend and elaborate Maslow’s Hierarchy, and they became the foundation for my interview questions. Kane’s conceptual criteria for QOL begin with a “sense of safety, security, and order...a benign environment where people are well intended and where the ordinary ground rules of life are understood” (2001: 297). Feeling one’s world is not in chaos, people secondarily like to be physically comfortable, free of pain and suffering, and well-tended. Furthermore, elderly people deserve enjoyment in their daily existence. They also deserve to choose and participate in those pursuits that are meaningful to them. Elderly people also perceive quality of life through “reciprocal relationships where [the resident] is able to give as well as receive support, advice, and confidences” with people in and out of the retirement community. As a reflection on their lifestyle outside the care community, elderly people deserve to have their dignity respected. Extending this theme, elderly people should be allowed the privacy to care for themselves, their possessions, and to interact with other people. Residents also deserve a “sense of being known as a person and being able to continue to experience and express his or her identity and to have desired continuity with the past” (Kane 2001: 298). Quality of life is also perceived in relation to how autonomous someone is and how active he or she is in “making decisions and choices and directing one’s own life” (Kane 2001: 298). Part of this access to choice is the ability to experience and maintain a sense of spiritual well-being. Finally, QOL has a physical dimension in functional competence, that is, how capable people are of tending to themselves and their instrumental and non-instrumental activities of daily living (Kane 2001: 297-298). These dimensions offer a broad scope of interrelated ideas I used to create questions to begin to interpret the complex perceptions of QOL among residents.

Kane’s (2001) reconfiguration of QOL targeted long-term care, a status not exactly comparable to the three locations I researched in the NRC. Despite the difference in provision of care, Kane’s (2001) dimensions offer parallel and prevalent insights into perceptions of QOL in the NRC communities. For the final dimension, functional competence, I presented individuals with no questions, yet their ability to pursue an interview with me offered insight into the prevalence of illness and disabilities in their sphere of perceived QOL. Amidst these divergent influences and aspects, quality of life can be understood

as a dynamic interpretation of personal, social, and spatial interactions. As such, perceptions of QOL are constantly constructed and reconstructed by residents' understanding of their symbolic environment. Employing Herbert Blumer's theory of symbolic interactionism, perceived QOL becomes a facet of each person or community's subjective understanding of a symbolically defined environment (Strykes 2000: 3095). In a retirement community, the residents become actors shaping and reshaping their understanding of social interactions and social spaces. Based on their interpretations, they attribute subjective meaning to behaviors. Attributing meaning to symbolic behaviors, language, and other communication systems reflects a need to organize and understand society at a personal, micro level. The ascription of meaning to interactions allows classification of symbols. This organization of symbols and their ascribed meaning serves social interactions in two primary ways: they create a sense of social organization and a sense of self. Concretely, the elderly population offers insights into the character of this symbolic space and how their living environments organize their life experience. Ultimately, this study explores how elderly people in a retirement community experience quality of life and organize their perceptions in broadening spheres of control.

## Methodology

To investigate the interpretation of social, personal, and spatial constructions of quality of life, I conducted research at the Northfield Retirement Community. This site for anthropological study may be considered "among the most pedestrian and familiar, hence among the least credible" fieldwork sites (Vesperi 1995: 8). However, this space is among the most unique and challenging for anthropological fieldwork as it "combines the traditional challenges of cultural discovery and description with the inescapable questions... [and] perplexing issues of identity, perception, and experience" (Vesperi 1995:8). Amidst these complexities, my research and methodology reflect my efforts to interpret the experiences of residents at the Northfield Retirement Community.

I completed my field research at the NRC based on my personal connection to the facility. My father began working at the establishment in 1981, just as the Manor began its inaugural year. Born in 1983, I had the privilege of spending quality time with the residents in my youth. In that period, the facility centered on the long-term care nursing home section. Joining my dad for noon meals and traipsing after him in his duties, I became accustomed to the social and spatial organization of the NRC. I joined residents in playing games and listening to music performances. I came to expect to see Frank at his loom

outside the dining room, two Hershey's Kisses from Fred each time I saw him, and little trinkets of kindness from Betty and Ella. At such a young age, I was swathed in the kindness and joyful hearts of the people in the facility without fully understanding their long-term residency or even their passing. Similarly, I was unaware of the burgeoning voices against nursing home care for elderly people. I never witnessed the mistreatment, depression, learned helplessness, or disillusionment that befell so many nursing home residents throughout the country. This is not necessarily to say it did not happen, simply to admit that I was enveloped only in the living spirit of the NRC emanating through the residents.

With this positive history, the negative perceptions surrounding retirement communities caused me to question my own experience as a phase of indiscriminate naïveté. Despite these connotations, the NRC always seemed filled to capacity and thriving, thus inducing the construction of Parkview East and West. With the facility now twice as large as I knew it and still thriving, I wanted to critically evaluate how residents of the facility truly understand and interpret their experience at the NRC and how these features and patterns contribute to their perceived quality of life. Despite this objective to investigate their lives critically, I come with a history connected to the NRC. A few years ago, my grandparents became the residents of Parkview West deepening my connection to the place and the people. Being family of both management and residents, my study carries the weight of these connections in the responses of interviewees. Nonetheless, the NRC offered a fascinating site for research.

The process began with a project proposal to the St. Olaf Institutional Review Board. The proposal included a recruitment letter for potential interviewees, postcard to contact me, telephone protocol for setting up appointments, an informed consent form, and a list of my interview questions delineated according to the dimensions cited by Kane (2001) (attached – Appendices A-E). After IRB approval, I contacted the Housing Director for Parkview and the Manor for her approval. Once both parties accepted the parameters and protocol of the study to ensure confidentiality, privacy, and preserve general well-being, I began recruiting.

In a letter, I explained my study to residents and invited their participation. My dad delivered over 150 letters on his morning route leaving one envelope outside each door of Parkview East, Parkview West, and the Manor. Offering a thorough explanation of the study, I asked residents interested in allowing me to interview them to contact me by phone, email, or a postcard tucked in with the explanatory letter. By contacting me, this ensured competency for participation in the interview. Further, their responsibility to connect directly with me ensured that no one in the NRC was aware of their participation unless

they explicitly shared the information. This protected their right to confidentiality, a guarantee I extended for the study. This method of sampling required voluntary response and thus cannot ensure a random sample of the population of NRC residents in these three sections.

From this set of self-selected respondents, I chose to evenly disperse my interview schedule to try to gather a comprehensive and equivalent view of each location. I opted to converse with four Manor residents, four Parkview East residents, four single Parkview West residents, and two married couples in Parkview West. To gather these volunteers, I took the first four people to respond from each section thus avoiding the complication of how to randomize the self-selected set. While I had not intended to include married couples, one of my first contacts involved a couple so I extended the research to allow two couples for a more thorough exploration of this dimension of NRC life. For each category, if I received too many responses at once to cover the number of interviews I could conduct, I turned the postcards face down, shuffled, and randomly selected participants to eliminate bias.

Using the IRB approved telephone protocol (attached – Appendix C), I contacted these respondents to set up interviews. From this first list of interviewees, I had three that did not respond after three calls. Setting three attempts as my parameter, I selected alternative interviewees from the long list of respondents and arranged appointments with them.

In the end, I conducted fifteen interviews (I interviewed one married couple together and one independently by their convenience). I met residents in their apartments and began each interview by having the resident sign an informed consent sheet (attached – Appendix D) required, as they comprise an “at-risk” group. For those unable to sign because of visual impairment, I read the informed consent information and accepted their verbal agreement as satisfactory. I followed a semi-formal interview schedule and conducted interview that each lasted about an hour. I created extensive written fieldnotes based on my scrawling during each interview. These fieldnotes are integrated into the paper as sections offset. Any expressions verbatim from residents are denoted by quotations in these sections.

Conducting fifteen interviews out of a population of over 150 residents, the sample seems small for generalizability. Despite this, themes appear throughout the information shared by these residents. While four seems an inadequate number to shape a general understanding of how people organize their lives in each section of the NRC, each story offers an insight into the overall construction of the social sphere as well as insight into the overall design of the community. While the specific stories cannot apply to all residents, the themes of interaction often involve a larger social sphere than just the people interviewed.

While the conclusions in the paper may not offer a complete interpretation of the complexities of experiences and quality of life at the NRC, the paper offers a critical exploration of some of the prevalent themes that organize experiences there. The broader ideas may relate to other facilities, although the NRC is a unique place as a church-supported retirement community with extensive attention to security and care. Residents construct and organize their understanding of reality “from the pertinent categories and vocabularies of the settings. Participants construct their lives, but not completely on their own terms” (Gubrium 1991: 25). As such, the conclusions presented here should only act to enlighten potential frames of understanding for the dynamic and unique processes of constructing and interpreting reality in this and every social location.

## Findings

Imagining our lives, few people can lay a faultless track and intend to follow it without deviation. Changes are inevitable and even potentially cherished parts of our lives as we age. Yet changes, whether predictable or not, manifested in physical, mental, emotional, or spiritual realms, can also be trying. Most devastatingly, some dimensions of change can challenge our inner sense of identity. In response, people cling to familiar frameworks. As Vesperi asserts, “late adult life is marked by efforts to defend and maintain a core identity in the face of repeated challenges” (1995:15). These challenges often induce people to reorganize their experiences in light of a new symbolic environment and new symbolic cues. Shaped by these changes, this reorganization strives to help them balance the defining features of their past and the facets of their new symbolic environment.

The NRC represents a site of this negotiation of past and present symbolic environments. Residents orient themselves to the shape of this social space through channels I began to interpret as concentric spheres of interaction and influence. The basic structure of a spherical framework involves the capacities of influences moving in and out. Each sphere has defining yet permeable boundaries largely defined by spatial dimensions. Each of these bounded spaces evokes a specific symbolic space and therefore social atmosphere. Therefore, the spatially defined spheres have parallel social spheres in which residents organize their experiences. Yet studying the actual spaces of these social spheres is only one dimension. These borders of this concentricity become a site of further exploration. The frame surrounding a sphere, both socially and spatially, does not eliminate interaction with other symbolic spaces and other people. Instead, these borders are selectively permeable and malleable. How people organize their experience within a

sphere often revolves around who and what symbolic cues are allowed to move in and out of a sphere. Several features contribute to the type of inflow and outflow between spheres. I propose that these flows across borders reflect the dynamic capacity of a resident to influence the symbolic environment of a sphere and be influenced by it. These influences stem from a variety of social cues involving residents' physical needs, social abilities and connections, integration of past patterns, exertion of control, capacity for adaptation, and ultimately, choice. The ability to assert a modicum of control through choices helps residents define the social boundaries of the various concentric spheres as well as to move in them according to their own discretion and needs. Movement and conduct in and between these spheres is not explicitly controlled by their choice, but is a dynamic interplay between the resident and the dimension of the social sphere itself, including its participants and symbolic space.

Using the sphere as a basic conceptual framework involves exploring residents' lives through this lens. This spherical conception includes four tiers of interaction that intersect with others at various levels. Beginning with the internal, personal, primary sphere as a zone of significant control, the patterns emanate outward to a secondary sphere of interaction within a site-specific wing of the NRC, the tertiary sphere organized by the symbolic community of the NRC as a whole, and a fourth sphere of interaction with the larger community beyond the NRC. These dimensions then illuminate one organizing conception of the complexities shaping residents' experiences of life in the NRC.

### The Move: Shifting Spheres

As people age, their spheres shift and reorganize with the changing patterns and abilities of their lives. Amidst these movements of malleable spheres, the intimate sphere of the home in the community becomes a treasured space. Without the time constraints of external employment and the expression of proficiency in the workplace, with deteriorating social ties to friends adjusting differently to the new dimensions of their intersecting spheres, with family grown and only able to visit, and with society devaluing the contributions of elders to our culture, the home offers a space where an aging person can still effect a modicum of control. Rooted in this sphere, an elderly person shapes his/her own temporal, spatial, and personal space according to their own discretion and needs. They become the primary actors shaping their own symbolic environment. If this space effectively allows social movement in and out, the elderly person eliminates the sensation of isolation. Yet what happens when this space becomes too extensive for the elder to manage?

For many, the result is a move into a retirement community. The external home in the community acts as a central, intimate, and symbolic sphere for all people, especially the aged. It grows increasingly significant as other dimensions of their lives alter – employment, health, household. They define and understand this space amidst the unsteady currents of change in external social and spatial spheres. Leaving their home - this tightly knit, self-reliant space - proves a challenge. One resident, Rolf, said he “decided to give up [his] home,” relinquishing control to his family. Similarly, for Bonnie, the move became an imperative change:

As her husband’s health deteriorated, Bonnie became increasingly aware that she could not care for both her home and her husband. She had always managed the home, but the combination of responsibilities became overwhelming. To be able to focus all her attention on her husband’s care, she opted to leave the large home where she had raised her children to move to the NRC.

In each story, the language is indicative of the sentiment shared by many; while willingly moving, the process of leaving requires a sacrifice of this space called home. Power’s study affirms the “difficulty of the decision...where one becomes separated from the familiarities of home” as a common theme despite variations (1995: 180). Still, for others like Rachel, this “home” and its interactions with larger social spheres became overpowering:

After her husband died, Rachel says she could not stand to be in the house alone anymore. In a residential area, she could not keep track of the neighbors and felt overwhelmed by all that was around her.

Rachel had already begun to feel that her home was not a controlled center, but a challenged space. She was unable to control the influx of external issues flowing into her personal sphere; this sphere was being constricted and tightened as external forces minimized her control. Her willingness to move reflected a desire to regain control already being lost by investing herself in a new organization of spheres.

While these sentiments offer indications of themes prevalent in the motivations of many retirement community residents, the move stems from the interplay of a variety of different purposes, needs, and intentions unique to each resident. For example, Dennis preached to people for years that they should “plan ahead.” Living this philosophy, he and his wife knew they would “make a move when [they could].” Therefore, they began looking at the NRC long before functional ability required it; they looked simply to prepare for an

inevitable course. While Molly, another resident, had already left her house for a different type of retirement community, she decided to move to the NRC because she wanted to be nearer her children. Marie moved in part to force her husband to relinquish his homecare activities and responsibilities. In his waning age and health, she feared for his safety.

Each of these transitions explores a seemingly logical path toward an alternative living arrangement. However, this move is not just a geographical change but a process of reorganizing one's spheres of influence and control. According to Barbara Hornum's assessment of the social aspects of living arrangements for the elderly, each change in residential accommodation brings "decreasing independence, both physical and psychological" (1995: 151). These ramifications are abundant and a move away from home has the potential to threaten an elderly person's sense of control. Pressed to redefine their spheres of existence without the home locus, people lose a centering space. Movement into a retirement community necessitates interpretations of an unfamiliar symbolic environment with new parameters.

To illustrate their maintenance of control, most of the residents present themselves as proactive in the decision to move to the NRC. Molly embraces her decision to move nearer to her children. "If something is your choice, you feel better about it," she says. Certainly family played an integral role in her desire to move, but ultimately she claims the decision as her own. Similarly, Norah participated in measuring the value of moving to the NRC:

Anticipating the need for more extensive care in the indeterminable future, Norah posed a question: how much weight would fall on her children should she and her husband stay in the condominium where they previously lived? In such an arrangement, they would need constant assistance with transportation and health care. They resolved that it would be best to be in a facility that offered a continuum of care, to be fair to their kids and ease the strain on themselves. "We'll do it ourselves," they decided.

These experiences illustrate personal agency as a dimension of control. As Hornum argues, "in instances where the choice to move has been made voluntarily...the trade-off of such independence has been perceived as bringing worthwhile rewards" (1995:151). In this study, the reward emanating from this active decision is more than the services and opportunities provided by the NRC but is also an assertion of influence and agency in a move that unsettles the core sphere of control for these aged people: the home.

The New "Home": The Apartment

Yet leaving the home does not eliminate all sense of control. In the absence of ritual cues for aging, Hornum contends that “moving into age-segregated housing actually facilitates and clarifies steps necessary” to transition into a new configuration of spheres of influence (1995:153).

Vesperi argues that life care facilities like the NRC, offering a continuum of care beginning with independent living, “are specifically designed to bridge this transition” into alternative living (1995:16). Part of easing this shift away from home and into a care facility is achieved by providing spaces that allow personal expression and definition. In retirement communities like the NRC, the house as the central sphere of control is replaced by the apartment as the site of this expression. Each section at the NRC offers residents a personal apartment or one that can be shared with a spouse. Within this space, residents essentially have the liberty to shape their own realities. Often studies in life care facilities emphasize “comparisons of new social institutions with the ones that individuals have left behind” (Vesperi 1995: 16). At the NRC, these continuities are apparent within the tight spatial sphere of the apartment. The physical space of an individual apartment facilitates opportunities to define the space with materials that resonate with previous home sphere of control. A comparative newcomer, Lydia is still in the process of creating a spatial orientation in her apartment that adequately expresses her control in this sphere by reflecting aspects of her past:

Lydia’s departure from her house was the circumstance of troublesome, unmanageable health. When she left her house, she left unwillingly but at the requirement of a medical disposition that could render her helpless without warning. To prevent any serious failings without attention, Lydia accepted an apartment in the NRC. With this sudden and unwanted change of social spheres, Lydia has incorporated features of her home into her apartment. She says she “ransacked” the rooms of her old house to provide the furnishings for her current apartment. Various pieces come from different rooms. These things help her feel that her space is her home. From pictures of her recently deceased spouse to familiar furniture, lamps, and books, Lydia has created a space that she says even her friends find welcoming and she can hold as reminiscent of her own home. She says the space is “homey” to her because it has “[her] own furnishings.”

Lydia’s defines her space through familiar features of her past. She tries to recreate patterns of home to establish a sense of stability and continuity. As she responds to the circumstances of failing health and changing living arrangements, she ultimately recognizes her diminishing ability to manage these dimensions of her life. Under these auspices, Lydia’s apartment becomes

a central sphere of current control emblematic of her past extensions of influence.

Yet Lydia expresses clear limits to her ability to recreate this spatial sphere of her home. Namely, she remarks that she “ransacked” her home to find pieces suitable for her apartment. The conglomeration of furniture in her apartment never explicitly shared the same space prior to the move to this space; she does not replicate the interior designing of a room from home, but melds divergent strands of her home life into one space. Lydia’s ability to shape her own spatial sphere is bounded by the dimensions of the apartment.

The limitations of coordinating a space resonate in the voices of other residents as well. Moving from a large house to a smaller Parkview West apartment than she intended, Bonnie had to condense and minimize the possessions that oriented her previous spatial sphere:

Due to the size of her apartment, Bonnie has downsized. She had to sort through and get rid of fifty years worth of things from trinkets to furniture. Some things she truly valued she is only able to keep in memory. Yet Bonnie strategically selected at least some of the things that came to the NRC with her. For her husband, they kept the cat, one of the key components to provide him comfort in the midst of declining health.

In Bonnie’s experience, many items had to be expendable while others, like a pet, are invaluable. Of all the things gathered in fifty years in one house, only specific pieces presumably carry special significance and therefore deserve the prominent appellation of belonging in the limited apartment space. Some items in the rooms are present more for their functionality – tables, chairs, dishes, and others. Still, the selected objects are symbolic of each resident’s past life and memories. They do more than simply fill space, but symbolically orient a resident to their past. The selectivity of items to keep and those to relinquish inspire a spatial sphere of reference inspired from past constructions, yet subject to new configurations.

These new configurations included the limitations imposed not only by the size and shape of apartments provided by the NRC, but also the unalterable aspects of décor. All NRC apartments are in neutral, light beige tones from floor to ceiling except older manor apartments, which have darker flooring. Although none of the residents explicitly mentioned this facet of their apartment, residents seem to have responded to these inflexible spatial features through their own interior designing. For example, in the main living space of her apartment, Lydia covered the plain flooring with an extravagant rug in a myriad of colors. Several residents masked the plainness of their walls by hanging artwork. These features indicate both items of value to the residents as

well as décor preferences. Both objectives offer opportunities for residents to shape their personal spheres, yet limit them to the predisposed conditions. Perhaps in part because of these constraints to a complete self-regulation of a personal sphere, Doris has found the space only tolerable:

I ask Doris about her enjoyment of her own apartment space and she responds thoughtfully. “Sure, sometimes I see what others have and I think ‘Oh gee, I wish I had it as nice.’ But overall, the space is adequate to my needs” she tells me.

This comparative perspective affirms that Doris is aware of limitations in her own environment. This reference suggests that her apartment is constantly a space she negotiates and balances as an imperfect representation of her center of control. Without specifying the exact features that invoke this, Doris identifies parameters to her apartment as a sphere of spatial control.

#### Flow across the Boundaries

As each resident constructs a spatial sphere unique to them, these individual apartments become a personal sphere of control amidst a more intensely social atmosphere outside the apartment parameters. In a facility designed to draw people into close spatial proximity, maintaining a private sphere becomes a crucial facet of control. This personal realm is especially evident for Emma:

In her nineties, Emma is still a thriving woman. Despite extensive macular degeneration, she navigates her apartment deftly. Since her sight is minimal, the things in her apartment seem almost irrelevant to her. She does not comment on “goods” as defining her enjoyment of her apartment, but rather the patterns she is able to enact within the space. “I still care for myself, bathing, getting in and out of bed, and all,” she reports. Her sense of independence comes from not being given orders or directions from others, but setting her own schedule and maintaining her own course of activities. Her apartment is so familiar that she is able to interact with the space to adequately care for herself and provide for her personal needs.

Emma experiences her apartment as a space concretely and personally defined according to her needs. As her eyesight continues to deteriorate, she maintains her ability to control and navigate this space. It becomes an increasingly significant spatially defined sphere of control as she begins to lose her ability to navigate social circles outside the apartment:

Engaging in Manor activities, Emma is increasingly reliant on the kindness of other residents. For example, Emma recently attended the monthly Manor birthday party in the Manor dining room at the invitation of another resident. Her companion had to assist her in getting cake, coffee, and finding a place to sit as Emma is unable to see well enough to serve herself. Emma is not used to being served; in fact, she would prefer to be the one serving others but her visual limitations make this impossible. “Most people aren’t here because they can’t do,” she says, but admits that she truly can’t.

Recently, Emma has also accepted the strong recommendation of the NRC that she not walk alone outside. She likes to use the path surrounding the NRC but is now required to find someone to walk with her. While she recognizes the value of their concern, she also finds it difficult to ask people. She wishes other residents would extend the offer. “Why can’t people just ask ‘would you like me to walk with you’ so I wouldn’t have to feel like I am bothering?” she questions aloud.

These examples illustrate Emma’s dependence outside her apartment. Her sphere of control is sharply bounded, delineated by the parameters of her apartment. Her locus of control exists only in her apartment because she is physically unable to extend control into the wider circle of social interactions. Outside her apartment, her experiences are not self-directed but dependent a constant current of assistance from other residents. Mobility, or lack thereof, determines her functional abilities in social settings. This drastic reduction in independence and agency outside her apartment augments the value of her assertion of control within. As Scheidt and Norris-Baker argue from Lawton’s work, residents gain “increased security and control by restricting their range of physical and behavior space” (2003: 58). More and more, Emma organizes her experiences around her apartment, reflecting this pattern. Her choices for conducting herself are reduced to the key meanings embedded for her in each sphere: she can choose to be dependent in an increasingly complicated social sphere or she can participate in her own sphere of control exclusively maintained in her apartment.

While Emma often chooses to remain in her apartment, within the boundaries of a self-controlled, self-defined sphere, this does not mean the sphere is impermeable:

Emma admits she is withdrawing from social activities offered by the Manor, becoming “inactive” because of the complications posed by participation. Simultaneously, she is growing progressively dependent on the influx of caregivers. She has a housekeeper tend to her apartment, Meals-on-Wheels delivers one meal a day that lasts her all three, her children come to sort

through her mail, and community members and college students come in to read to her.

The osmotic flow in and out of Emma's tight, personal sphere of control increasingly transitions away from an equal exchange. As Emma bolsters the boundaries to limit her own passage outward, the borders become increasingly permeable to people entering her sphere to offer assistance. This penetration of people into her center of influence is not necessarily a challenge to this stronghold. Instead, Emma actually enacts her control through these selective admittances. She determines who may and may not be permitted into the sphere. She admits those who are genuine in their extension of care and attention thus minimizing the sense that she is "bothering" them with her needs. While the entrants are largely present to extend some type of care Emma cannot provide for herself, Emma still screens the members thus executing a measure of control.

As a Manor resident, she can extend control over the movements of people into her space. In Parkview East, these penetrations are not determined by residents and are primarily expected; they are essentially the premise of living in Parkview East, the assisted living facility. Residents in this area have extenuating health circumstances that incline them to need added attention, hence they live in this particular wing of the facility. For them, the influx of people into their private sphere is not chosen but mandated by their living experience. For them, the permeation of aid is part of daily life. This is apparent in Rolf's response to an interruption during our interview:

As Rolf and I sit in his apartment there is a knock on the door. Before either of us has processed the knock and can formulate a response, the door opens and an aid comes into the entryway. "Oh, I didn't realize you had company Rolf," she says staying hear the door. "I just wanted to remind you about the birthday party in the dining room." Rolf doesn't flinch or miss a beat but responds as though he expected the announcement. "Oh yes, when's that again?" She mentions the time then excuses herself as he looks at his calendar. Rolf has a problem with short-term memory. Although he has already mentioned the time and date of the birthday party to me twice, he looks at the calendar as though once again surprised to see it written there in heavy ink. Because of this struggle with memory, he is used to the aids coming in and out. "They also give me my medication," he tells me, pointing to a locked black box on the corner of his table with a chart on top covered with dates and initials. "I had a problem once with taking too many so they do it for me."

These interactions with aids and nurses help Rolf to survive physically and

socially. He does not predict nor prevent their entrances and exits into his private sphere as it is only through their assistance that he can maintain his own sphere and move into wider circles of provided social interaction. They bring necessary supplements to his perception of the world into his apartment. This allows him to retain control through their assistance and therefore be ready to engage in external social interactions.

External aid for daily living, however, only resonates with those who require assistance. For others, these knocks and attentions may impede their construction of a sphere of control. Initially, this was the case for Rachel:

When Rachel first came to the NRC, she did not appreciate the extra measures of care extended to Parkview East residents. “I hated it to begin with,” she says referring to the nurses stopping constantly and all the attention she was getting. After spending some time in the Care Center after an illness, Rachel began to accept that she “had to give up some privacy to be taken care of. You can’t exist in this world without help.” To ease into this, Rachel has two outside nurses that come in to offer her assistance on a regular basis.

Rachel’s early introductions to the level of care in Parkview East upset her because they assumed a lower level of competence than she professed. As her health deteriorated, these care routines became more valued and acceptable. She recognized the trade-off: she could sacrifice a modicum of privacy to receive needed care. In return, she is able to stay in this facility rather than live in the even more regulated and attended Care Center. She maintains a dimension of control over her personal apartment sphere, however, by dictating which nurses she allows to extend this care.

The physical care is not the only way that staff members enter into residents’ personal spheres. In Parkview East, staff and management also permeate the private sphere through some time structures. To ease meals and to follow prescription directions, staff creates a common schedule. Delineating such rigid routines has the potential to be a negative influence on assertions of independence. By the same token, it has the potential to intentionally and unintentionally inspire new venues of aid or choice. Only through time did Rachel begin to understand the value of the schedule for her. In the beginning, she struggled with these parameters determined by staff and management:

Rachel was also opposed to the schedule imposed by Parkview East. Mostly, the schedule revolved around meal times. Since East residents are provided with three meals a day in the common dining room, the aids knock on doors and try to bring absentee residents to mealtime. Rachel was bothered by the early hour of breakfast, which did not allow her to sleep in. After living there

for a few years, she has realized the value of having these meals provided and having someone care enough to come find her. When she didn't go, she found she ended up "all by [herself]" quite often. Now, she concedes and says, "I always do what they want me to do." She now says the scheduling is one of the best facets of life in the NRC.

Familiar with the flow of activities in East, Rachel now embraces the schedule. While it restricts her ability to define the time dimension of her sphere, it provides her with needed opportunities to move out of her central sphere and into spheres of greater social interaction. She appreciates their assistance to ensure this transition. In this way, Rachel understands the symbolic behaviors of the NRC as intended to assist her.

Doris understands this same scheduling as a form of security and a structure she can challenge to assert her own authority:

Each day, as the aids make their rounds to gather people for meals, Doris feels the confines of such a strict schedule. If she doesn't join them, she will surely get a visit as the aids want to be sure she is doing well. Since she feels no threat to her current state of health, she finds their constant check-ups unnecessary. Most of the time she acquiesces to the preordained schedule, but Doris says, "I don't have to get up. They don't like it, but I don't have to."

Through her defiance, whether she acts on it or not, Doris asserts control. Ultimately, it becomes a situation where she has a choice of whether to accept the schedule or defy it. While the schedule seems to be an impediment to personal control of time, for Doris, it enables an assertion of control through choices.

Choices become a potential backbone to asserting and defining control. Once the ultimate choice of where to live has removed them from their home, residents face the dimensions of a new symbolic environment. This new space diminishes many of the patterns and roles of their previous life orientation and requires adaptability. Lydia's experience is emblematic of some of these tensions:

Looking despondently out the window of her apartment into the courtyard, Lydia says she feels trapped here by her health and other life changes, including her husband's death. In contrast, she calls her friends "free." This sense of restrictions is what she likes least about being here. It coerces her to reestablish herself and develop new patterns conducive to this life, space, and these conditions. She feels like she must "start a new life, but this can't be changed. All I can do is just recognize the good of my past and the good of

what I have now, and ask God for guidance amidst all these changes.”

Lydia’s new home has required her to adjust her regular patterns, alterations she views as diminishing her agency. Despite the purpose for the move, or how active each person is in deciding to move, negotiating life in a retirement community obligates people to adapt and appreciate this symbolic space. As Lydia reorganizes her experiences within the NRC, however, she respects the spaces in which she has the liberty to define her own environment. These spaces allow for choices, individual decisions to determine what best suits each person. In making these choices, residents are defining their sphere of control and its boundaries.

### Defining Self in the Core Sphere

These decisions include adaptability of individual roles; the boundaries of the sphere of control stem from understanding which roles people relinquish and which they try to retain in this new environment. In her move to the NRC, Julie has retained many domestic care roles in her apartment:

Julie moved to the NRC with her husband. Due to an ensuing illness, the move turned out to be “exactly the right place at exactly the right time.” While her husband’s medical needs make this true, Julie’s behaviors parallel the activities she lived outside the NRC. Her daily pattern seems to have only minimally changed. They get up by six in the morning and regularly walk even in the winter. She takes care of their cat, a pet they have had for fifteen or sixteen years. Julie is responsible for their meals and cleans their own apartment. While these services could be provided by NRC staff, Julie is used to taking care of a house and has chosen to continue these habits.

For so long, these familiar domestic roles defined Julie’s experience outside the NRC. While it might be more convenient to have others provide these services, Julie prefers to do the tasks herself. The NRC offers this choice; expressing her agency to choose, she maintains familiar roles, implanting external patterns into this symbolic environment. These behaviors may reflect gender dimensions. With her husband still living and active in their new home, there may be an expectation that she continue to fulfill these tasks as a symbol of her role as a wife. However, she seems to choose the roles rather than having them imposed upon her. Perhaps more likely from her interview, these actions are symbolic of a conflict in adapting to this new space. She is one of the few people who does not accede to the assistance of housekeepers and only three others in independent living mention that they make many of their own

meals. Through the act of choosing to perform these tasks, residents establish boundaries around their private sphere, delineating which behaviors they control and which they relinquish to others. Further, the conduct defines the permeability of this border: the more residents do for themselves, the less they allow others to impinge on and enter their sphere, invading their privacy to complete these menial tasks. Finally, continuing these behaviors situates these residents in a sphere mimicking their previous lives.

Within a new symbolic environment, however, residents are allowed to choose which activities from their previous patterns they will retain and which they will relinquish. The nature of some makes them unfeasible and inappropriate for the confined spaces of a retirement community. Others, however, are easily implemented in this new space. Julie, for example, chooses to continue her domestic patterns because they are reminiscent of her past, symbols of her identity, and easily controvertible in this new space. For others, these are the first activities to go. Without the responsibility of caring for a home and yard, residents have more free time. This free time has the potential to metamorphose into loneliness as it did for Rachel before she adjusted to the East schedule. Simultaneously, it may also provide opportunities for residents to pursue leisure activities with greater time and zeal. This increased free time becomes a facet of life that each resident controls and shapes independently. Even following the East schedule guidelines, residents have much of the day to pursue their own agendas.

With this temporal freedom, other residents choose to exert control by incorporating meaningful activities from their past into their present. Edna typifies this integration of external activities into her internal sphere of control:

When I come into Edna's apartment, she is knitting. When Edna first moved here and no longer had to take care of a house, she "almost felt guilty for doing her own things." Yet Edna likes to be busy so she fills her days with activities she enjoys. Besides knitting, she does other needlework, volunteer activities, participates in council activities and more. Despite a variety of options, Edna still feels some activities are missing. She points to a couple of paintings on her walls, landscapes of beautiful colors, vibrant. She painted them. When she moved in here, into this small space, she had to give up her painting because space did not allow it. She also gave up her weaving loom and a keyboard in storage downstairs. She had to prioritize to fit into the limited space. Still, when she moved in, she knew and realized that "you'll give up space and stuff. You learn to balance." She summarizes her complaints by saying "the conveniences outweigh the limited space."

By continuing activities she enjoyed in her past, but actually increasing their

value in her daily patterns, Edna creates the shape of her symbolic environment. These activities become a bridge between the two spheres of life experiences, the intersection of circles on a Venn diagram. Through them, Edna exerts control: she chooses which activities to pursue, how, and when. However, Edna's sentiments also demarcate the boundaries of her control of these activities. The borders derive from the limited space of her apartment. Because of the physical dimensions, Edna loses her opportunity to engage in some desired activities, conditions that require some adaptation. These particular patterns of meaning too large for her space are relegated to storage or live as memories posted on her walls.

Yet choosing these activities is not the only expression of control. Instead, dimensions of control are manifested in the products of these activities. These objects offer character cues about the resident. Whether created or purchased by their hand, American culture emphasizes the value of material things as symbols of personality and identity. As such, these material objects position people within their social sphere. For elderly people in a retirement community, these goods act as a bridge between a past social sphere and the current symbolic environment. They cross over with the resident, artifacts chosen to shape a resident's inner sphere. For example, Edna openly shares with me that the paintings on her wall are her own handiwork. This admission confirms that she sees herself as creative and still wishes to be productive in this way. She exerts control by shaping at least her own private sphere and directly shares these identity cues with me. This shape and the identity cues reflect her past. She incorporates these cues into her private sphere at the NRC to situate herself in both the symbolic atmosphere of her past and present. These connections from past to present are also enacted by people situating themselves in reference to their past. In the symbolic environment prior the retirement community, people are able to position themselves through patterns of conduct. Particular behaviors and roles suggest related operative values, experiences, and even social location. Within the retirement community, many of these behavioral cues are diminished as people learn to negotiate a new symbolic space. For example, it is more difficult for residents to convey contributions made through past employment when people are unaware of their careers. Yet these histories contribute to the shape of an individual's present. In his study of nursing home residents, Jaber Gubrium (1995) began to explore the value of these past environments as key contributors to residents' current organization of their experience. He challenged his own research methods by posing these questions

What can be learned about the meaning of the resident's nursing home experience when it is examined in connection with his or her life story? How

does a life story inform interpretations of these qualities? The questions lead to an alternative sense of the story, one less centered in the present... than broadened to make meaning in relation to life as a whole. (Gubrium 1995: 30)

These ideas demand attention to the stories of the past conveyed by residents. In the NRC, residents use these stories to situate themselves in their past in ways that cannot be conveyed in their present setting. Julie and Rolf offer explicit examples of how the story of one's past becomes a central feature in defining their symbolic environment:

Before Julie and I even begin the questions, she begins to tell me of her past. She begins with her connection to my grandparents many years ago, so long past that she did not remember it without their coaxing. She progresses, discussing the jobs she held as a social worker and her moves across the country and even abroad, to serve this role. She says "there were just so many openings when I returned from the war, I could have worked anywhere. It wasn't that I was especially good, there were just so many openings and I had my masters." For the 1940-50s, a woman with a master's degree is an impressive legacy. She begins to hesitate somewhere after her first job and before she has her degree, but I encourage her to continue as she is providing an avenue for us to have an open path of communication. Still, she has very humble, delicate ways about her, her hands tracing the air, then lying over her arms. She blushes a little after she has shared all the information, then says, "Well, should we begin with your questions?"

There is modesty in her words, yet she extends this biographical information at the outset of our engagement as though wanting to set a frame for who she is and what her past has entailed. As Scheidt and Norris-Baker argue from Cuba's 1989 research, "relocation...may involve reinterpretation of past place identities and changes in the roles in which and individual engages in community settings" (2003: 61). By sharing her past "place identities," Julie is involved in reinterpreting her new place and current position. From this willingness to extrapolate without inducement, Julie suggests that the physical and social space of the retirement center, this symbolic atmosphere, does not adequately define her. In this symbolic space, she has lost the unobtrusive cues that would convey aspects of her former social location and self. Instead, she shapes her narrative to satisfy these demands by communicating the skillful dimensions of her past; she defines the space for our interaction by defining her core sphere with these selective pieces of information. She exercises her authority in the personal sphere by what she chooses to share; further, the path

she illuminates establishes a controlled frame for our conversation. Her stories modify our shared symbolic environment as a practice of control.

Rolf's narrative of his history does not stem from a need to redefine the symbolic space. Instead, his stories themselves are his means of control. Suffering from memory loss, Rolf tells stories conveying a vivid historical clarity:

As our time progresses, Rolf recounts several narratives from his past. He tells of horseback riding, caring for an ailing friend, his past work with animals, and a dinner party with a cast of notable guests. For each story, he has a humorous message to convey, carried gracefully through the abundance of vibrant details in each narrative. Rolf makes a special effort to say each person's first and last name in the stories, communicating the strength of his long-term memory. For other stories, Rolf picks up selected items scattered around his apartment.

"What do you think this is?" He places a large stone before me with ragged edges. "It's greening; that should give you a clue."

I stare at the large block completely lost. "I have no idea."

"This is copper, crude copper, from Isle Royale," he says beaming. He proceeds to tell me exactly who and how this copper was retrieved, talking to me much like a knowledgeable teacher. As he continues with the story, it becomes apparent that he still holds a considerable amount of knowledge and understands nature well. He gets up again and returns with two wooden bowls.

"Have you heard of buckthorn?" I have – that foreign plant my family constantly tries to get rid of before it wipes out all the native species. The two bowls are made of buckthorn Rolf cut. Again, he gives me a detailed explanation of cutting and curing the wood, but admits that he no longer has a lathe and therefore did not create the bowls himself, but rather enjoys the skills of a friend whose name is written on the bottom.

"I just thought the wood was so lovely," he says, turning the bowls in his hands as he stands again to return them to their place on the wooden shelves.

These stories enable Rolf to express control and command. Filled with intentional references of thorough historical accuracy, his storytelling abilities illustrate his authority over this past realm. This memory control contrasts sharply with his short-term memory, which is extremely faulty. These stories, then, with their incredible key to factual realities, compensate for this lack. Through them he not only situates himself in his past, but demonstrates the facets through which he still harbors control. In his personal sphere, where many things are now arranged or guided by other's assistance due to his short-term memory impairment, Rolf has little influence. In his accounts of the past,

he has complete authority, not only by deciding which stories to convey, but also through the extensive detail. This window to his past is the sphere of his control bounded by the capacities of his present.

Not all residents easily divulged information from their pasts. No questions explicitly asked for this sort of information, thus the pieces revealed offer intriguing insights. Responding to an absence of cues to inform on the past, residents shared their stories as a means to communicate realms of control. While these facets are not explicitly evident, they are integral in defining how each person understands and places themselves in the different symbolic environment of the retirement community. After years of experience with aged people in retirement communities, Gubrium determined that “biographical work reflects local relevancies so that [the narrative construction of elderly people’s lives], while distinctively crafted, is assembled from the pertinent categories and vocabularies of the settings. Participants construct their lives, but not completely on their own terms” (1995:25). The narratives offered by residents are evidence of this phenomenon. The stories they share stem from their response to the limitations and organization of their symbolic environment.

These stories share a responsibility with many other facets of life in the retirement community to delineate a personal sphere of control for the residents. As so many dimensions of their lives change with the move to the NRC, residents use these stories of the past, the spatial arrangement and decoration of the apartment, their control over who enters and exits the sphere, and the practice of independent activities to establish control and define the boundaries of this personal sphere. These methods of control manifest uniquely for each resident. This distinction stems from each resident’s personal and subjective interpretation of the symbolic sphere of the NRC. The common thread among these individual negotiations is that each expression becomes an assertion of individuality and control. In a myriad of ways, these residents strive to organize their experiences to construct a personal sphere amidst the larger symbolic environment.

### The Wings: Experiencing the Smaller Communities

Establishing a central sphere of control is only the innermost circle in the concentric spheres of participation. Retirement communities, at their most basic, are places that draw an age cohort into spatial proximity. This aggregate living intentionally creates a symbolic environment for elderly people to be a shared experience of life. Certainly these facilities develop to provide care or the potential for care to elderly people, but by virtue of bringing people together into one space, retirement facilities become communities of

people. Pain et al. explore varying conceptions of community, suggesting that people like to trust “the idea that there exists some organic, cohesive social structure that brings together individuals...[and] offers an organizing and supportive framework for everyday life and the management of change” (2001: 69). In this heavily loaded and dynamic idea of what constitutes a community, there is space for understanding how retirement facilities are understood as communities. In retirement communities like the NRC, the primary objective is to reorganize their lives in this new symbolic environment. By Pain et al.’s description, the idea of developing and maintaining community would be especially valuable to NRC residents as they try to make sense of their new environment. Through “community” residents can find the “supportive framework” to help them adjust (Pain 2001: 69).

This need for a community support becomes apparent to residents in different ways. Rachel first determined her need for community by not engaging. When she did not join people for meals according to the Parkview East schedule, she found herself lonely. She therefore reoriented her behaviors to join the community. Bonnie expressed the need for community through different experiences:

Since Bonnie moved into the NRC, she had been the primary caregiver for her husband. Now she is adjusting to no longer occupying this role. As a caregiver, she didn’t get out enough to meet other people. Since her husband’s death, no one has been too close. She worries about being lonely, but figures that this will get better as “time heals.” There are a few people in West she is able to talk to and it has affirmed for her the importance of having people acknowledge her loss; even the simplest things have great meaning. She is getting out more now, even inviting some into the apartment, but mostly she interacts in community spaces for coffee hour, birthday parties and other activities. The people here are good; they have a shared experience of loss, “one consolation” for Bonnie for living here without her husband.

Awareness of community primarily came to Bonnie in the loss of her husband. Prior to this, she had been so busy with his care that she did not have time to gauge community sentiment and find her place within it. She created boundaries around her private sphere that did not allow extensive perforation for community building; she sustained herself through tending to her husband and embracing their companionship. In his absence, these boundaries are constraining:

Bonnie fears being alone too much. She likes to spend time reading in her apartment or just existing in her private space. But privacy here is so well

respected, she fears it may be too private. With all the new HIPAA [Health Insurance Portability and Accountability Act of 1996] regulations, she fears people will not know anything about her. She wants people to be able to know she is here and now even that is limited. For good relationships, people need to know some things, she contends, not everything, but some important things. They need to know that she is human and experiences human emotions. She needs to be able to express this with them in a community. HIPAA seems to go overboard and people are left insulated, isolated she thinks. Previously, she could control her privacy; now that she is part of a living cohort, the government can mandate how and what is shared with others and she does not like it. Even while her husband was ill, she wanted less privacy. She wanted people to know what was happening, not in every detail, but enough to know they were struggling. HIPAA become a burden at that point, preventing people from kind gestures like cards, a visit to the hospital, asking to help with errands, anything. If people didn't know, they couldn't offer or share anything; for her, HIPAA has gone too far. In her perception, the people in West are considered to be independent dwellers like in any apartment complex. She contends that most people did not come to live alone, independent from everyone. They want a little extra, a little background on people. People want to be involved in each other's lives above the interaction of a general apartment building. Further, they "don't want to be ignored but included in the caring."

For Bonnie, this becomes the role and importance of community. She clearly asserts that her private sphere is not enough to sustain her. Government policy has erected almost impermeable boundaries that relegate people to these personal spheres. Yet the point of living in a retirement community is to embrace the community. It is therefore the responsibility of the residents to find the outlets in the dense shield created by governmental privacy policy. Gubrium's work affirms this idea. By listening to countless life narratives from residents of nursing home communities, Gubrium began to consider "the possibility that life was not just something lived, but might be a thing, like a cherished heirloom or a bad dream, that one could look upon, inspect, think back on, look ahead to, close off, and open up to experience" (1995: 32). In all these facets of understanding life, people engage in an interaction with others to understand their symbolic environment. This final possibility, the opportunity to "open up to experience," becomes the core component in creating a community (Gubrium 1995: 32). As people at the NRC move out from their central sphere of control they transition into this open atmosphere to join community.

Part of this sense of community develops at the border between the private

sphere and the widening concentric circle of social interactions around it. For 200 people to share a common space requires at least a modicum of mutual respect. John expresses this sentiment most clearly:

“I guess I just try to treat everyone how I would like to be treated,” he says, expressing the golden rule as his core belief structure. He also lives by the principle that “most people are good.” To him, this means treating them according to the peak of their goodness. Doing this for others, John is rewarded by reciprocation. He says he likes that “No one bothers me here.”

John creates a principle outline for the development of a respectful community. For him, the first step is honoring other’s private sphere of control and identity. Doing this himself, John internalizes these values stemming from cues of the environment. This, in turn, helps distill this mentality into the shared symbolic atmosphere thus inducing others to follow the same pattern. By admitting that no one “bothers” him, John is not suggesting that he does not interact with people. Instead, he is invoking a sense of respect for privacy shared by others. Edna expresses the sentiment also.

Edna says that people are kind and respect each other’s privacy here. They knock at closed doors before entering and respect others’ choices for staying in. The way she sees it, the residents all share a responsibility to keep the facility safe and comfortable.

In her words, Edna places a greater weight on the common responsibility of residents to honor the boundaries established by other residents. Following these norms, interactions with others becomes a balance of respect and care. All the people in the NRC contribute to respecting the private spheres erected by others. Typically, this sphere stems from the apartment, a space that other residents honor with their behavior. Intruding into others’ apartments can be construed as disrespecting their privacy and by challenging their control over this core sphere.

One of the key ways that people show this mutual respect is through the displays outside each resident’s door. Each room in all three facilities has a shelf or a ledge outside their door. As I walk to each apartment, I notice that no shelf is empty; every resident puts something outside his or her door as a decoration. The items include paper flags, vases of fake and real flowers, placards of the goodness of grandmas, figurines, Norwegian embroidery and painting, and a variety of other minutiae specific to each inhabitant. While no informant mentions these shelves, these displays offer two symbolic cues. First, they are emblematic signals of the character of the

resident. Although the residents do not mention the objects on these shelves in particular, they place an emphasis on being able to define their apartment space through material items. These shelves are an extension of that. Just as the items within the apartment represent a fortuitous option for choice, these items are similar representations. While a small display, they are a microcosm of identity displayed through goods. As such, they are valuable identity cues to people passing through the hallway. In this capacity, they create a bridge between the internal sphere of control and interaction with the larger social circle surrounding this control center. This bridge is also a connection of principle. Placing these items in an increasingly common space indicates a level of trust. Residents place the items in semi-public areas expecting their ownership to be respected.

This trust extends beyond the display of goods. Residents also trust each other to be responsible in maintaining the sanctity and safety of the community facility as a whole. Evelyn demonstrates this shared obligation:

“We are all responsible people,” she says. To her, everyone seems to carry a sense of “protecting ourselves and each other.” She is the first to mention locking external doors as a responsibility that residents extend to others as common sense and kindness.

Molly, too, professes this as a grounding principle of community saying “it is the responsibility of the people here too” to keep everyone safe. She equally dispenses the obligation over the residents and staff. An idea of community, then, develops from a shared social norm of respect and responsibility. By accepting these norms, residents act together to maintain the boundaries of the NRC. These practices protect the social environment established within the NRC from unwelcome external forces that might challenge the community’s sanctified symbolic space, a site for self-expression and control.

#### Windows across the Boundaries: Creating a Family

Yet the community means much more than this. As a retirement facility, the NRC cultivates the type of community Hornum discusses in her ethnographic study of long-term care residents. She uses Turner’s development of

normative *communitas*, where, under the influence of time, the need to mobilize and organize resources to keep the members of a group alive and thriving, and the necessity for social control among those members in pursuance of these and other collective goals, the original existential *communitas* is organized into a perduring social system. (Hornum 1995: 153)

This understanding of community suggests that its core is not an obligation of responsibility, but rather shared interest in sustaining people and helping them to thrive. Jared shares this sense that community is more than simply fulfilling moral actions. He feels “there is a genuine caring that people look out for each other.” This sentiment shifts the concentric spheres in which residents organize their lives. Caring for others indicates a deeper level of interaction with people than simply managing safety. This caring allows people into a different realm of connection. It implies an intersection of spheres, an overlap of social parameters.

For many residents, this social atmosphere of the NRC is a feature that enhances their willingness to move into this new symbolic environment. In his assertion that people should plan ahead, Dennis cites the value of social connections:

Dennis and his wife moved to the NRC earlier than they intended because an apartment opened up. Because of this, they feel they have had opportunities to meet people and make new friends. Dennis emphasizes that he thinks this is very important; people should move to retirement facilities when they are still able to connect with others. This will inhibit them from ever being isolated, ensuring that their time in a retirement community is always enriched by neighbors. While they have lived there, they have made many connections with people. Dennis traces the “small world” connections through past acquaintances to five or six other residents.

The social connections are crucial features of life in the retirement community for Dennis. In the event of illness, he suggests that the NRC connections will be of utmost value to him. He moved into the NRC still fully able to control his interaction in his social sphere. By doing this, he hopes they will be able to sustain him when his ability to control these spheres diminishes. Consciously, he strives to orient himself to the symbolic space he shares with others by encouraging the overlap of their secondary spheres.

Once this social interaction is established, it becomes invaluable as a source of caring attention. This sort of caring resonates in Rachel’s experience of the NRC:

“Well, I’ve taken care of a lot of people in my life,” Rachel says. She is not a nurse, but as a caretaker, a friend, she has contributed to the care of many people. For that reason, she finds it natural to share this same type of caring with others at the NRC. She helps because “we get to be just like a family. You can’t help but care. When they get sick you get sick too.”

Rachel's idea of caring for others moves beyond mentality to actions. Being able to show others the sentiments in her heart and receive their nurturing in return, Rachel identifies the social situation as a "family." Certainly a family mentality suggests that the relationship between residents is more than a peripheral awareness. A family structure creates a new definition of the symbolic social environment residents share, one where the secondary sphere of control is necessarily and willingly open to engagement with others. This sense of family emanates from others in the NRC as well. Norah does not convey herself as the caregiver in the NRC "family," but expresses her conviction in this model:

"We become a family living here," Norah explains. Through shared experiences, things in common as an age cohort, and things in common as life circumstances alter, Norah has truly appreciated this community. She repeats that the community "feels like a family" with neighbors and friends "watching out for [her]." During her husband's illness, these connections became increasingly significant. As Norah became fatigued and drained by tending to her husband, one of her neighbors noticed. As Norah left in a rush one day, this woman made a point of offering her juice, a small gesture that let Norah know someone was caring about her while she expended so much energy to care for her husband.

Norah was the recipient of care illustrating the overlap of social spheres. Even without being integrally woven into Norah's daily patterns, her neighbor could detect and respect her struggle. Part of her neighbor's awareness stems from her own parallel experiences a few months before. These shared scenarios become openings in this secondary sphere, ways that people are able to intimately interact based on common frames of reference. The symbolic environment of people with similar experiences enhances residents' abilities to negotiate, understand, and interact; the process is more complicated among people with strongly divergent symbolic cues from unparallel experiences. For example, there are several widows or widowers living in the NRC. At least a few of them value their ability to connect with others in a similar situation. Marie shares her sense of security in these connections:

When I come in, Marie is looking at a book with her husband's name emblazoned on it. Being in Parkview West made it easier to adjust to her husband's death. People in Parkview West "did what they could." The greatest contribution came from the sympathy of people around her. There is a sense of shared grief among those who have lost spouses or other close loved

ones so people “check on how each other are doing.” Marie has found it refreshing and helpful to be able to talk and compare the stories and feelings of her grief. When she gets to feeling a bit depressed, it helps her to talk with other people and “find [she’s] quite normal.” The depressed feelings she worries about are actually common among the other survivors around her.

Marie is part of a community of shared grief ready, available, and able to share and cope together. As Power’s study affirms, “the intimacy of residents’ relationships did not prevent loneliness, but the loneliness was shared as well as the pain of inevitable losses along the way” (1995:188). While residents cannot alleviate other’s losses, they can share the grief. Although she enjoys spending much of her time in her apartment alone, Marie likes having control over her ability to connect with people when she needs support. At these times, she finds the community invaluable. Norah shares a similar sentiment:

In her grief, Norah believes that it is “better to be in a place like this. Outside, the world goes on. People take notice and support you, but here people are often in the same situation. You can handle everything a bit more slowly here; people here offer more patience because they understand.” She is not alone. After her husband passed, people asked if she planned to leave or stay. The community and support answered for her: “I’m staying. It’s my home.”

Norah makes a clear distinction between social interactions in and out of the NRC. The sphere within the NRC becomes a source of strength and comfort when the much broader external sphere proves insufficient. The symbolic atmosphere of the NRC organizes people’s experiences in similar ways. Because of this shared organization of experiences, NRC residents are better able to support one another in these elements of pain. Lydia even suggests that the support system be institutionalized in the creation of a grief group. This common pain becomes a window into even the center, private sphere. As people feel they are losing control of this sphere, losing the ability to control a distressing life, the mutual support and understanding of other NRC residents becomes invaluable.

Still, this overlap does not impinge on the selectively permeable boundaries of the inner sphere of control. Actually, this selectivity is reinforced through social engagements. By creating friendships, people admit some residents and not others into this internal sphere of personal knowledge. Alfred and Evelyn still actively control the passage of people into their internal sphere:

With several people, Alfred and Evelyn share a connection to St. Olaf, an

added reason that they were drawn to Northfield. With others, they can trace their histories back to common friends, acquaintances, neighbors, anything. They seem to value this sense of it being a small world filled with people they can trust because they have all gotten along with common acquaintances. Through this, they can define themselves not as strangers, but distant friends. They are sociable people so they often invite others into their apartment. While they can easily draw people into close friendships, they find it is also easy to keep people at a distance kindly, those that they do not connect with as easily or fully.

By choosing who to closely engage with and who to keep at a distance, residents are able to control this secondary social sphere. Furthermore, control is expended in how people adapt to the new symbolic environment and how they allow themselves to be integrated into the social fabric of the NRC. This integration is a balance of trying “to retain a sense of personal freedom or autonomy at the same time that they sought to retain and/or regain connections with other people” in the community (Powers 1995: 191). As Norah says, “you reach a level of comfort if you have the attitude to do so.” She emphasizes that each resident makes a choice about how enmeshed they desire to become in other’s social spheres.

### Environment of Faith

Part of enacting these social connections stems from religious conviction. Throughout the NRC there is a consensus of faith and goodwill stemming from Christian religious beliefs. These become a central facet of the symbolic environment of NRC residents. Norah’s Christian faith guides her interaction with people and her ability to connect with people:

Norah finds “opportunities every single day [to practice her faith] because my life is oriented that way.” One of the most potent ways she feels her faith is the “comfort, assurance of God’s presence through people,” the kindness people show each other. “It’s hard to think of anything that isn’t an opportunity” to share her faith beliefs.

With this mindset, Norah’s social sphere becomes an extension of Christian faith. She creates an unobtrusive control over the essence of her connections with people by always holding her faith as an organizing feature of her experiences with others.

For others, sharing faith becomes a core purpose in their interactions. Lydia’s social interactions often revolve around explicitly faith-based activities:

Lydia has helped establish a healing service presented in the NRC chapel. She participates in Parkview East bible study. Each week she joins her outside prayer group. These are just some of the ways she actively practices her faith, striving to keep these patterns in her life. Her faith becomes an active endeavor, one that projects her conduct as faith-oriented.

The emphasis of her faith-driven activities becomes a framework she controls for social interaction. She tends to allow her secondary sphere to overlap with a wider ring of people at meal times and during other activities, but only people who share this diligence of faith gain entrance to her inner sphere of control. Amidst a new symbolic environment filled with strangers, this diligent faith is one way that she can exert a modicum of influence in determining with whom she interacts.

Others exercise their right to choose not by selecting whom to interact with, but by deciding whether or not to engage in social activity or not at any given time. Marie often focuses on this dimension of choice:

Rendering this choice, Marie believes she has “the best of both ways” because she can choose to be alone or with others at her own discretion. She has the “option either way” and she stresses that these are her decisions.

Ultimately, this becomes a core decision that shapes her involvement in social fabric of the NRC. Yet this expression of influence affirms her own agency in shaping her own sphere of control and in participating in larger sphere social interactions. She determines when and how she will integrate people into her social sphere.

The social sphere becomes a second concentric sphere beyond the main personal sphere of control. Moving out from one level to the next, residents surrender a bit of their control, yet gain valuable social interactions with other residents. The interaction becomes a trade-off, but one that offers more than ample rewards. Residents still express much of their own control in determining how and with whom they integrate their social sphere. Through the shared symbolic environment, these connections often develop into invaluable relations that help people cultivate a sense of family.

**Distinct Environments: Experiencing the NRC from the Wings to an Integrated Whole**

As people continue to reference social interactions as inspiring a sense of family, it becomes apparent that the social sphere each person is alluding to is

specific to their particular wing of the NRC. Rachel calls Parkview East a family; Norah refers to Parkview West with the same term. Edna finds the Manor to be a family. Jared shares this sentiment with even stronger language:

“In the Manor, we are family, more so than the rest of the NRC.”

Tacit but seemingly indissoluble limits minimize even the potential social interactions beyond these wings. Residents create an ownership and a specific relationship to the other inhabitants of their specific wing of the NRC. Outside the retirement community, aged people define themselves by the company they keep, the circles they move through, the spaces they inhabit. As it is for most people, social spaces become identifying characteristics. In many ways, the retirement community equalizes people. The social circles that used to be prominent identifiers are diminished as people learn to negotiate a new symbolic environment. Amidst this change, NRC residents strive to find groups in which they can relocate themselves. Part of this is accomplished by affiliating strongly with a particular subset of the community. These smaller communities “provide a more cohesive social environment” conducive to building “supportive interpersonal relationships” (Sikorska 1999:455; Zimmerman 2003: 12). As people try to reposition themselves, this support network is essential and seemingly fostered more effectively in smaller communities. In the NRC, these small communities are the wings – East, West, and the Manor.

Each subsection of the NRC creates its own symbolic environment. As Gubrium discovered by engaging nursing home residents at Murray Manor, “a single nursing home might, from the points of view of its participants, be several quite different organizations in practice.... [these] ‘worlds’ ...[are] separate and distinct, yet equally compelling” (1995:26). Similarly, the NRC creates different “worlds” between the separate wings of the facility. Spatially separated, the sections cater to different clientele, thus naturally inspiring a distinction. Parkview West is independent apartment living offering the largest, newest rooms. The Manor allows HUD rent subsidies and is an older, though certainly well-maintained, area. It is oriented to be more strongly reminiscent of a typical apartment building. These two have the most in common as independent living spaces. Parkview East, as assisted living, caters to a slightly more dependent cohort. As Herzberg concluded from her study of the distinctions between two floors in one nursing home, “social environments derive in part from the residents’ characteristics, such as the level of cognitive and physical functioning. The environment also derives, however, from the ways in which people are labeled” (1997: 79). Demarcated as a resident of Parkview East carries the weight of this distinction, implying decreased

competency regardless of the accuracy of the attribution. Similarly, Manor residents bear the label of residency in HUD housing. This economic distinction differentiates it from the other areas. Being labeled as part of a symbolic environment may have an “impact on the resident’s self-definition” (Herzberg 1997: 79). Through this self- and wing-definition, these labels can also act as boundaries for social interaction, encouraging residents to remain at this secondary concentric sphere of interaction and influence.

### Separate Spheres by Design and Choice

Interaction between the wings is the third tier of concentric spheres. Its borders appear to be actively delineated and rigid according to the spatial and social organization of the NRC. Honoring these sharp boundaries, residents organize their own experiences within the parameters of this sphere. The pattern seems to diminish residents’ agency to determine the intermingling of NRC wings. However, this organization of distinct symbolic spaces may actually be the manifestation of the residents’ choices.

The symbolic environment promulgated by the NRC aids in this distinction, reinforcing rather than creating the boundaries of these concentric spheres. Not only are the wings spatially separate, but movement between is facilitated only through one main indoor artery or two main out door routes across driveway space. However, this spatial separation merely contributes to the facilitation of social distinctions.

The NRC offers a myriad of activities to promote social interaction. From Sing-a-Longs to Bible Study to Game Days, coffee hour to mealtime to movie nights, community spaces in the NRC are constantly buzzing with a variety of activities. This emphasis on social interaction distinguishes the NRC from many other retirement communities. Rolf and Jared both express this sentiment in reference to another local retirement community:

“Here we are more of a community rather than a collection like over there,” Jared notes.

To Rolf, the NRC seemed to provide more options, movement, activity, even exercises rather than “just waiting for the black day. Patients can participate.” Even people in wheelchairs are engaged and wheeled down to events in the dining room, chapel, or elsewhere, he notes aloud. “It is more like a little family.”

Distinguishing themselves from another retirement community, the two residents notice a distinct pattern that encourages and enables people to

participate. From this social interaction, connections develop. Residents become part of a community of people, a “family” as Rolf reiterates. While promoting this array of activities, residents still have some control over who and what permeates their secondary social sphere. For many like Rachel, the options are overwhelming:

Rachel chooses only those activities that she wants to join. Sometimes she speculates that there is perhaps “too much going on.” With her impaired vision, she just likes to take things easy and so does not opt to participate in everything. “I have to cool it sometimes because I get too upset,” she admits.

Since the activities are voluntary and not compulsory, residents exercise their own authority to decide what they would most like to do, what suits their interests and capabilities. Rachel is free to decline participation in any activity. In this way, residents are able to be selective about which social environments they interact with and which they avoid.

The NRC does organize larger group entertainments enjoyed in the chapel. These typically include musical performances or the occasional speaker. While these activities draw residents from all four sectors of the NRC, they typically do not inspire social interaction or integration. Instead, they are organized to reach each resident at their own level of interest and ability, intended primarily to be personally enriching.

To find social interaction requires a more localized search. While able to choose their activity, residents are largely induced to stay within the boundaries of their wing for social engagement. Most of these activities are site-specific. For example, each wing offers monthly birthday parties but the celebration encompasses only one wing. Similarly, each of the three wings hosts its own story circle activities and each area has its own dining room. This arrangement creates artificial boundaries between each wing and diminishes residents’ abilities to choose their social atmosphere if not their activity. However, it is tough to determine if these boundaries are detrimental to or vehicles for social integration into the NRC. Perhaps these seemingly impermeable borders do not limit the choices of residents but honor their aspiration to identify with a particular group in the NRC. Given Herzberg’s (1997) premise that labeling people according to their living environment facilitates related treatment, the distinctions in name and intention of each space might establish artificial boundaries between the residents. Evelyn, for example, shares sentiments of distinction:

Evelyn sees people from the Manor, but says, “their place is different. We’re all connected, but different.”

This language connotes a clear and embedded awareness of separation between the two wings. Her words echo an otherwise unspoken sentiment of difference between the communities. While residents offer no language of hierarchy between the wings, the labels shadowing each one imply a sort of class structure. Based on a contingency of finances and ability, distinctions between the wings become apparent, as reflected in their largely divided social environments. Within these unconscious categorizations, the residents erect their own symbolic boundaries to parallel the spatial confines of each unit. The symbolic environment is distinctly different within each space. Under these auspices, the NRC may not be imposing borders but actually effectively functioning to honor the selectivity of borders developed by the residents themselves.

### Role of the Councils

One of the ways the residents do express this as their will is through the residents' council. Both the Manor and Parkview West have residents' councils. Each is a conglomeration of residents elected by the people in the specific wing; these elected few serve their independent family communities. The two groups are sponsored by and act for the independent wings. As a residents' initiative, this illustrates their own construction of symbolic borders.

The conduct of the two councils further delineates the two wings by illustrating their divergent mindsets. Parkview West just recently developed their resident council. Dennis actively compelled the NRC to implement the council in West:

Even before the council, Dennis interacted with management. "I give 'em a hard time," he says about the staff, grinning congenially. Dennis pushed for a council because he wanted a direct liaison with the administration. In some ways, he was already filling this role, sharing things others mentioned with the staff. Still, he wanted the residents to have a specific avenue to address concerns, issues. While this added another tier of bureaucracy or care, Dennis did not think there was an adequate route to complain about people or situations and this would provide that. "The administration was a little afraid of it," he says, but he pushed because the council would shrink the distance between staff and residents. It could also start suggesting activities to the new director.

In this description, the primary role of the council is to act as a channel for

connecting the residents to the management. More accurately, it became a path for people to voice concerns and complaints so that the management might address these issues. The parameters of this organization may not be concretely set since it is so new, but thus far other residents in West understand it as a venue for complaints.

The Manor Council carries a more expansive agenda. In existence for years, the Manor Council is more than just a place to complain. Edna explains that the Manor Council also cultivates social opportunities:

The six council members in the Manor sponsor social activities like the monthly birthday party, potlucks, ice cream socials, mixers as well as being a liaison to the management. Part of this organizing means making people feel welcome and included and aware of the activities. To do this, Manor residents are all very congenial. Edna feels responsible for volunteering to make things happen and to help people. When new people come to events, “you squeeze people in” to tables, being welcoming and showing they are wanted.

This council transcends the boundaries of the second tier “family” social sphere and facilitates a mingling of residents. As something the council and other residents feel responsible for, Manor activities become agents of influence in the social sphere. These activities become a reference of ownership. Because they are exerting their influence to organize and participate in the Manor activities, residents are more likely to engage, to allow the permeation of their second sphere to intersect with others more readily.

Parkview West encourages similar activities, but at the impetus of the management rather than through the residents themselves. Without this ability to claim the activities, residents’ primary extension of control is to dissent and not participate. In this way, they still harbor authority over the selectivity of their social sphere. The Parkview West Residents’ Council also asserts the authority of this unit as independent by extending site-specific complaints. This becomes their primary work. This council mentality demarcates a larger pattern of social interaction in the two spaces.

### Intersecting Spheres

Despite these intentional boundaries, all of these three sections come together with the Care Center to create the Northfield Retirement Community. This is the tertiary sphere of interaction. In this space, residents exhibit the least control and therefore the least interaction. This sphere becomes the domain of management. At this level, management exhibits the same framework of care to all residents. For example, the entire building is designed and decorated to

minimize the effect of being an institutional setting. As Norah remarks, “it is furnished in a way that is presentable.” She notes that the hallways are not given an institutional look but the spaces “look like spaces you’d have in your home. It’s just a homey setting.” The facilities are also cared for with the same rigor and attention to quality in all areas. The staff interacts in all the spaces even when the residents do not.

Although residents do not organize their own experiences in the tertiary sphere, this sphere nonetheless creates a symbolic environment that infuses through all of their experiences in every sphere. The predominant pervasive mentality stems from the core basis of the NRC. As a nonprofit corporation based in the Christian tradition with churches as the operative shareholders, this space resonates with Christian tones that the residents can feel and appreciate. This basis delineates an “ethos of service to the consumer rather than profit for the owners” (Sikorska 1999: 455). For Jared, a motivating factor in moving into the NRC is that it is a “Christian home.” Dennis respects this ideological basis of the management. He says the Christian aspect becomes “part of the philosophy” of the board. Norah similarly recognizes this Christian backing as a value, but one more visibly prevalent in action:

Norah believes that the NRC “makes it clear that this is a Christian institution” in founding, ownership, and practice. She can tell this is the mission and she thinks they make that clear. “If it didn’t live up to it, there’d be comments” that it missed its mark. The NRC lives up to these values simply in courteous, faith-based practices without pushing the beliefs.

The Christian overtones become an organizing feature of how residents experience the tertiary sphere of interaction. While they have little influence in the structure of this symbolic environment, the organization is desirable to them. They choose to come here specifically for the Christian atmosphere. As such, Edna notes a sense of common ground inspired throughout the NRC:

“Oh, I think it is because it is a Lutheran community. The management and the residents are really friendly and warm because we share the same values,” Edna tells me.

The Christian spirit seems to be an effervescent flow of values in all tiers. While institutionalized by the management of the NRC in the tertiary sphere of control, the mentality is shared at the secondary level and internalized at the primary personal level. Because it is present in these underlying spheres, residents appreciate the mentality in the tertiary. In fact, the Christian spirit becomes a respected and expected asset at all levels.

For the Catholic community at the NRC, this Christian spirit becomes a means of creating a miniature community across the spatial boundaries of wings:

As Bonnie notes, every week there is a gathering of the Catholic people at the NRC, about twenty-five total from all the different spaces. They have a prayer service or rosary. Many also attend mass each Sunday at St. Dominic's. The priest also stops by fairly regularly, she tells me.

Through this forum, the sections of the NRC weave together to create their own subset community of shared experience and faith. The ability to practice this faith in a Lutheran community is a strong benefit.

### Interpreting the Care Center

Another asset for the NRC is the continuum of care provided on one campus. This provides a sense of security for residents. Some, like Dennis have greater experience with this provision of care:

Shortly after his move with his wife into the NRC, Dennis "lost contact with himself." It was at this point that they knew they were supposed to be here, that this was an "answer to prayer." Immediately, he had care. Dennis spent some time in the Care Center, and they both appreciate "the comfort of knowing caregivers are right outside." He is "pleased [they] made the decision."

When needed, this nursing care is a blessing. It allowed Dennis to receive the attention he needed while also keeping his wife intimately included and connected in the experience. Having his care on the same premises not only aided them in the crisis moment, but also prevented them from being far apart during his rehabilitation in the Care Center.

This promise of care is a desirable feature for many residents. It is an added dimension of security. All the apartments remind residents of the presence of skilled nursing care just around the corner as they are equipped with two emergency pull cords that will bring a nurse from the Care Center at any time. These structures allow residents to feel a greater sense of security; moving into a location that provides this care is an assertion of controlling foresight.

Although a conscious decision that demarcates control, the Care Center is not a place other NRC residents wish to reside. Several voices provide evidence of this in varying tones:

Even amidst impairments that limit her ability to interact in larger community circles, Emma says, “I don’t know where I’d move,” except to the next step which is the Care Center and “I’m satisfied here.”

Alfred and Evelyn admit that they appreciate the security of having more care readily available including other places to live if more care is needed. Yet they both also state that they “dread the day” they will have to live there. They would rather not leave here. There is a next step “if needed,” but they pray that it will not be necessary.

While the provision of security is key, residents disconnect themselves from the prospect of living there, and largely even with interacting in that area. The Care Center represents a different organization of experience that threatens their spheres of control.

Lydia knows the threat of the patterns well. She lived immersed in that symbolic atmosphere for a while following an unexpected illness. While she is unable to move back to her home, Lydia forced herself to rehabilitate enough to leave the Care Center:

Lydia was determined to move out of the single room spaces of the “intensive care” area as she refers to the Care Center. To do so required applying to East and being able to show a level of competency. Lydia says this helps her “stay on the ball” as living here is contingent on being able to provide a certain level of self-care. I sense that even proving this competency has been difficult for her. Throughout the interview she references actions and behaviors that she would not like to do as they may risk her chance to stay here.

While she commends the medical care attention she received, the Care Center necessarily practices a more medicalized model of care. As such, less attention is given to other aspects of resident well-being. This is reflected in Lydia’s statement. Having her own space and patterns allowed her to contribute to the symbolic space rather than feel it impinging on her.

The symbolic environment of the Care Center is externally appreciated as a less dynamic sphere, one not inviting the full interaction of residents. While the medical care may be necessary and helpful, the social care is presumed to be less adequate. One example stems from Herzberg’s study of nursing home residents with differing abilities. Herzberg found that roommate relations, and even broader interactions, become strained when residents paired together are of unequal cognitive or physical functioning (1997:75). Simultaneously, residents develop a sense of responsibility to their roommates. Roommates

want to provide support to each other, and “the inability to assist another resident [leaves them] feeling ineffective and angry” (Herzberg 1997: 75). The presence of a roommate therefore has the potential to disrupt this personal sphere. In Parkview East, West, and the Manor, the apartments are designed for individuals or married couples. Fourteen rooms in the Care Center, however, are designed to be doubles. This may in part explain the pervasive mentality that residents in the other quadrants of the NRC hold against living in this facility for a long time, if ever. Part of the distaste may reflect an inability to establish a personal and spatial sphere of control without the penetration of a roommate relationship.

The dimensions of this roommate scenario offer a greater pattern for understanding why so many residents do not wish to live in or be part of the Care Center. This facility symbolizes declining health and with that declining control. Just as a Care Center resident would be unable to care for their roommate, so too would they be losing the ability to control their own care. While many residents like Dennis have been able to regain their health in order to move back to their Parkview or Manor apartments, others “are likely to encounter the nursing facility as a final household” (Gubrium 1995: 33). Residents must adjust to yet another symbolic environment. Within this space, residents confront their own mortality and this mentality of “the end” weakens resolve. Living there also carries connotations of weakening control due to physical incapacity, a symbolic state of existence to which residents must adjust. In this capacity, the spheres of influence diminish so thoroughly that residents have almost no control over even their private sphere. These prospects are not desirable to residents already adjusting to changed social spheres. Still, moving into an assisted or independent living apartment first acts as a transition step between community home and a nursing home. Through the Manor, Parkview West, and Parkview East, residents are introduced to a common tertiary sphere with eases movement between independent, assisted, and the Care Center as health demands. A mentality of isolationism is common as residents accept and maintain boundaries around each separate wing, including the Care Center, an area residents would rather not infiltrate as patients. Whether inspired by the choices of the residents or shaped by the structures of the NRC, the boundaries between these secondary spheres are only meagerly permeable. Each wing shapes its own symbolic environment and residents organize their experiences according to each shape.

#### The Fourth Sphere: Outside the NRC Walls

Residents may organize their experience within the NRC according to the

symbolic framework of their wing, but outside the NRC, they participate in the symbolic space of the larger community. Many NRC residents actively pursue activities and connections beyond the facility. The objective of the NRC is to provide a space that provides for residents' physical, psychological, and social needs. Through the provision of various activities, nurses and medical aid, and options for creating social connections, the NRC offers an image of self-sufficiency. Seemingly, it offers everything a resident could ask for within only a few enclosed acres. As Bonnie says, "Everything you need at this age is provided or available in some way," and this cuts down on complications. Yet if everything could be contained in this facility, if this were enough, why would the NRC offer a van service into the Northfield Community?

While a complex social environment within the retirement facility, the NRC recognizes the value and need for residents to connect to the external community. As Scheidt and Norris-Baker assert, "by continuing to be community residents, they are able to maintain valuable psychological autonomy" (2003:58). Their external interactions then become a facet of asserting control, ability, and value in their lives. By maintaining previous connections, the elderly situate their new sphere in relation to their old sphere of symbolic patterns. As a fourth sphere of social interaction, this layer becomes a site of interaction with the greater community, the sphere that was previously their dominant atmosphere of symbolic understanding. Now bounded by a myriad of logistical, physical, and social borders, these interactions stem from two patterns of social behaviors: NRC residents can choose to move into this fourth sphere by entering into communication and interaction with the community, or aspects of the community can permeate into the sphere of the NRC residents.

### Degrees of Connection

This first prospect, social interaction with the larger community initiated by NRC residents, proves to be a prominent feature in the lives of assisted and independent living residents. These connections allow elderly people to look toward the future. Fisher's study on life satisfaction and successful aging suggests that having "a sense of future is an important feature of successful aging" and often emanates from a sense of "purposeful action oriented toward some meaningful goal" (1995:240, 241). Often this involves generativity, a personal sense of somehow leaving a mark and influencing the world in a way that lingers beyond the limits of this life. Powers affirms this desire to interact as "outside ties continue to be important sources of support, [and] also, there is a level of reciprocal and instrumental exchange" that determines the value of connections for retirement community residents (1995:186). Simultaneously,

connections with people from the past help residents maintain a sense of place in their previous symbolic sphere. As much around them changes, as they adjust to a new social environment, these connections to the past provide a sense of continuity. These organizing dimensions of past and future integrate to create behaviors in the present to maintain and develop social relations. Despite the common impetus to interact with the community, the social connections manifest themselves in a variety of ways.

A large dimension of this variation stems from the ways in which people enact their social interactions. From letter writing to attending community events to visiting people, these potential contacts evince varying degrees of connectedness for residents. The most basic level is through letters and increasingly, emails. These two may represent the lowest degree of connectedness because they do not evoke an immediate connection between people but rather an interaction over space and time. Simultaneously, letter writing may be a familiar activity to this generation and therefore something they desire to continue. Rolf, for example, has long been an avid writer and maintains those practices of connection:

Rolf says he writes many letters. He says he has a long list of correspondents. On his desk are several hand-addressed envelopes with his name on them suggesting that his correspondents write back with some frequency. He also has several papers on the table and many pens and pencils in a cup – the tools for writing.

Similarly, Julie references her writing exchanges to illustrate their value:

Each year, Julie and her husband send Christmas cards to their friends and family. In response, they treasure the holiday greetings returned to them. After leaving for a few moments, Julie returns with a letter. It is from someone she interacted with in her job 30 to 40 years before. The letter is a few years old and Julie mentions what a treat it was to receive this letter. She mentions that she keeps in contact with a few of these people, a few of the lives she touched in her past.

This conscious effort to show evidence of her interaction with people demonstrates its importance to her and the course of her life. This letter writing is a form of productivity and emphasizes tangible evidence of this creation. While this is certainly a viable way of connecting to the community, the age of Julie's letter suggests that this method of interaction connects people to a lesser degree. Perhaps this stems from changes in the symbolic sphere outside the NRC. Younger generations are less apt to write letters and more apt

to choose the computer. This tendency is reflected in the NRC. The community room in Parkview West offers two internet-ready computers for residents. Many residents also have computers with Internet access in their own rooms. They are responsible for supplying these things, but for many the expense and organization is well worth it. Julie is just beginning to integrate this practice into her connections:

Admitting that she is not a very social person, Julie still likes to maintain outside connections. When I stop by to interview her, her husband, an avid emailer, is coaching her through the process of her first email.

“It’ll be just a minute, she’s writing her first email,” he tells me by way of explanation.

“I’m done, but you’ll have to send it,” she calls from the computer in the den. “No no, you’re going to send it too.” He winks as he walks away to help her with the final step.

While this new process of interacting proves a bit complicated for people like Julie, it also opens up another avenue for connection, one that indicates an active attempt to integrate themselves into the symbolic spaces that predominate beyond the NRC.

Email typically decreases the barrier of time that limits mail interactions, yet other methods are even more effective. The next tier of interactions includes phone calls. This practice allows instant linking by bridging time and creating connection over space. This became an important way for Bonnie to communicate during her husband’s illness:

She still has access to her phone – her primary way of keeping in touch with people outside. She tries to stay well connected to all her children, but during her husband’s illness she felt she did not have enough time. Often she would tell the news to one child and have him/her spread it. She also has a sister and brother in Arizona she talks to weekly.

These telephone engagements became indispensable. As her husband’s illness consumed her time and attention, the telephone became a convenient way of interacting beyond the NRC without abandoning her role there.

Through both phone and letter correspondence, NRC residents are admitting a need to interact with people outside the NRC. In each of these practices, the residents have complete control over whom they target for interaction. They do not, however, necessarily have complete control over who infiltrates into their sphere along these paths. Junk mail and phone solicitations permeate just as they do for people in outside living environments. Advocating their own

agency, residents can invoke some measure of control over these channels also. Edna does this by screening calls:

As Edna and I are talking, her phone rings and she lets it go. “I know what it is about - council stuff. They can wait,” she says and continues our conversation.

Edna can choose how the phone is allowed to infiltrate into her sphere by simply choosing whether to answer. This control is a valuable asset in asserting her agency. Norah similarly enacts her freedom of choice and autonomy through phone calls:

In the midst of our conversation, Norah’s phone rings. She pauses to answer. After a few moments of her silence, she says, “I’m sorry, I’m not interested and could you please remove me from your calling list. Thank you,” and hangs up. She has just authoritatively created a boundary of whom she will and will not allow into her space. This telemarketer is unwelcome.

With clear assertion, Norah has established boundaries for herself. She has determined how permeable she will allow her sphere to be to the penetration of other outside community influences. While connection to the community is valuable, some facets do not provide any reward for residents. Interaction with a telemarketer serves no purpose toward generativity and therefore becomes an unfulfilling interaction for the residents. As such, residents like Norah can take control of the situation and minimize these intrusions.

However, taking control of these situations, even using these channels - telephone, email, and letters - has limitations for elderly residents. They assume a functional competency that not all residents can achieve. For example, several residents with visual impairment are unable to read the informed consent sheet I offer – I must share the information orally. For Emma, this impairment goes a step further:

Emma cannot read anything. When she gets mail, she stacks it and waits for assistance. Her children come by to help her with her mail and bills and anything that must be read. Her eyesight has fallen so far that she can’t even use a reading machine, a device that aids many of the other residents.

This physical limitation impedes her ability to interact through these mediums. Instead, Emma relies on personal contact with people, the third dimension of possible engagement with people outside the NRC. The third frame involves a complete transition across the boundary of the sphere and into direct contact with people, diminishing the limitations imposed

by time and space. Movement of the elderly out of the NRC includes visiting family, going out for meals with friends, church attendance, and a variety of other activities executed by residents. Each resident expressed a unique repertoire of community activities to serve their diverse interests and needs; these diverse channels are the ways in which elderly people are able to enact this generativity in external social interactions.

### Generativity in Service

Despite the diverse choices of individuals, there are patterns in the shape of their selections. As an assertion of generativity, residents in the NRC discuss various ways they volunteer to serve others. This moves beyond the sense of lending a helping hand to others in the NRC, to an active role of providing for others. For John, this service behavior is an extension of his past behaviors:

“They didn’t leave me here to waste my time,” John says, smiling broadly and leaning forward as he speaks of his children. Since John can still drive, he visits a friend’s farm on a daily basis and helps out. He knows the patterns of farm work and enjoys being able to participate and offer assistance even at this stage of his life.

These orientations of the past allow John to occupy familiar roles thus maintaining a connection to his past. Yet this service is more than providing for others; it extends social interaction in return. John is nourished by the social connection to his fellow farmer.

John’s particular kind of service is not necessarily accessible to everyone. Impeded by the lack of driving prevalent throughout the NRC, others are unable to serve in such tangibly social ways. John is fortunate to still be a competent driver as this ability opens greater opportunities for community engagement. For others who have given up their cars or had them revoked from their care, the lack of transportation acts as a limitation, a border that limits their ability to penetrate the fourth sphere. Because of this, residents experience a loss in choices and a loss in control that often troubles them. “I can’t drive, so...” or “I gave up my car, so...” became the catch phrases organizing this experience of limitation. In response, the NRC offers a van service, yet the hours are necessarily limited. While this increases and encourages the permeability of the NRC sphere, it cannot supplant autonomous mobility.

Residents more limited by a lack of transportation still strive to serve others however. From within the NRC, residents participate in service behaviors that extend to the larger community. Molly is active in serving distant children:

Molly participates in a sewing circle that knits sweaters for children in Appalachia. The project is called Operation Hope, an outreach that serves the needy. Molly shows me a sample of the small garments, proud of her work.

Marie, a fellow participant comments, that they get together to “gossip, drink coffee, and knit.” Through the activity they “feel [they] are doing something good,” something that has meaning outside themselves and their immediate sphere.

Their experience connotes a wider circle of influence than is accessible through John’s driving. This extension of aid over space balances the diminution of choices and control outside the NRC. This service also functions as a social activity for the participants. It brings people together within Parkview West, the second sphere of influence and control.

Yet other service activities can affect a sense of generativity through interaction between the sections of the NRC. While people tend to distance themselves from the prospect of living in the Care Center, it becomes a viable site for community service:

Jared’s wife used to live in the Care Center. After her passing, he has continued to volunteer there. He helps with activities regularly, and goes on trips with the residents there to keep them organized and help with walkers. His efforts become something that shows care to others rather than simply self-serving gestures.

This conduct is again a direct interaction with people, offering invaluable service. In this role, Jared holds a position of control and authority compared to the other resident, by virtue of his mental and physical capacity. In this role, he creates a different sort of space for tertiary sphere interaction between the wings of the NRC. Others choose to serve more inconspicuously:

Molly is part of a small group of people who help the NRC prepare mailings and complete other small office tasks. This work, though menial, becomes an asset to NRC staff.

This provision of service may only be seen by the NRC staff, but it engenders a sense of satisfaction and meaning for those who complete it. It is a service that exerts their control and choice. Further, it suggests a loyalty to the NRC, a sense of ownership by caring enough to want to promote it. Finally, it affirms the competency of the participants and gives them a sense of value within the

management sphere of the NRC.

### The Value of the Church Community

These service actions offer a significant contribution on various levels of community. Through this avenue of community connection, residents choose the activity they wish to engage in, which service project they would like to promote. Ultimately, the interaction revolves around an act of kindness toward others but it may or may not engender an actual personal level of connection. One prominent theme among residents was the desire to feel a community connection to people. For several, this is achieved through participation in community churches:

Lydia admits the importance of her religious connections as a stabilizing force in her life. If it weren't for her church, she probably would have moved to live with her daughter out of state. Yet the church helps her feel she has a home here. She used to be a parish nurse; now, she is the recipient of that care. "I get a lot of attention," she admits with a sheepish grin. It seems she would prefer to be on the delivering end rather than the receiving. Still, the people from her church seem to care immensely. They visit often, as does the priest. She says he is wonderful and she is glad to be able to still attend her own church services

Lydia's church connection stems from before her move to the NRC. As such, it offers a symbolic space that is familiar to her, one that helps her locate herself within her new frames of references by maintaining previous frames. Through this church, she maintains some of her closest friendships:

Lydia is part of a prayer group consisting of members of her church. This has been a standing tradition and has been a crucial link for her; the people in it persist in being lovely to her, kind and thoughtful and willing to show their love. She goes out with them often for their weekly meal. This is just one of the ways she actively practices her faith, striving to keep these patterns and practices in her life.

This prayer group is a miniature version of the church community. She is able to endure her new symbolic space and her health constraints because she is supported through the intimate and faith-based connections she maintains with this group. They encourage her to move out of the NRC sphere and into the fourth concentric sphere of community interaction in familiar and comforting ways. John's experience is similar:

John's main community connection, the one that really helped him make the decision to stay in Northfield all these years and through his NRC years, is his connection with a local church. He cites Grace Lutheran Church as a beneficial connection, one where he is able to interact with people he has known for a long time, sustaining friendships he values.

John's experience similarly resonates with long-term affiliation through friendships. While residents cite participation in a variety of churches throughout the Northfield community, Grace has become a bastion for attendees from the NRC. Part of this influx stems from geographical proximity. Grace Lutheran is on the property adjoining the NRC campus. It is a short walk in good weather and a quick drive in bad. However, Grace is not a "home church," to all the people who now attend. Instead, it is a new space of community interaction:

Edna attends services at Grace Lutheran regularly. While she has gone to the services in the NRC chapel, she prefers the friendliness of Grace, the friends she has and creates there.

For Edna, the people create the space. When she moves into this fourth sphere of engagement, she is able to connect to and participate in its community. Jared shares these sentiments toward Grace Lutheran:

Conveniently, the NRC brought Jared close to church. Grace Lutheran has become his site for religious services. It proffers "an open and inviting atmosphere". He likes being able to stay connected to this institution and has an almost blemish-free attendance record. He enjoys Pastor Ron immensely and likes to attend the Bible Study he offers.

Jared values the patterns of the church as something familiar from his past circuits of faith-based activities. The community at Bethel becomes invaluable. Dennis agrees:

Dennis is also active at Grace Lutheran Church. He would like to do more there, but already he participates in the men's group and the homosexuality discussions in the ELCA. He is also a Befriender at church. Bethel appeals to them more than the chapel because it is intergenerational and has wonderful music. They enjoy the pastors and find them caring. They find "caring in the community" overall.

Dennis's expression summarizes the value of this location and church communities in general for residents. Ultimately, these social locations provide a site for interaction with an intergenerational community. The current of shared beliefs enhances this community. External churches provide a site for community interaction, purpose, and caring that the NRC chapel does not. While several people do attend worship in the chapel each week, it is mostly for the sake of convenience. Their sentiments toward chapel sharply contrast with the values shared by Bethel members:

Rachel says she "loves the services" at the chapel and Pastor Ryberg. "He is so cozy, so nice, so typical for elderly people." His sermons engage her and she likes most of the hymns.

While certainly a positive endorsement for the NRC chapel services, Rachel experiences in the chapel do not resonate with a sense of community building. The services provide a spiritual experience but not a community. This is not a congregation actively organized to sustain itself and spread God's word but a collection of residents participating in familiar patterns and enacting ritual. For members of Bethel Lutheran and other area churches, the services themselves are valuable, but not the entirety of the value of the church. Instead, the community of the church is invaluable. This is another way that they can actively step beyond the perimeters of the NRC into a different and fulfilling symbolic space. Attending outside churches allows residents to move into this fourth sphere of interaction in a way that satisfies their need to be part of a community and perhaps even cultivate generativity through the members whose lives they touch.

### The Role of Family

Another primary manifestation of social interaction is through connection to family. Most residents cite some family connection as part of the reason they now live at the NRC:

Moving from a retirement community in the south, Alfred and Evelyn decided they were too far away for their family members. They chose family over climate.

Julie and her husband chose to come to Northfield because one of their children lives here as well as much of Julie's family in the surrounding area. The emotional ties created a link to this region as a supposed permanent future.

The decisions for these couples explicitly required relocation, but one they willingly endured to be near family. Family becomes a source of pride:

As Alfred and Evelyn talk, they state the things they are proud of. One of their daughters is an artist and there is a picture on the wall that she painted long ago. It was a gift to her father many years before. She is apparently embarrassed that her father still hangs it, but he likes it and is very proud of her for it and for what has since transpired in her art career.

Molly has over 20 grandchildren. She gets to see her family on the west coast once or twice a year; she likes to fly. As she talks about her family, she directs me to look at a wall hanging her grandkids made that and shared it with her. As she talks about it, she almost cries; their presence in her life and their care for her is deeply felt in her expressions.

With the immediacy of connection, family becomes a source of generativity. Residents are in a position to give guidance and care to the younger generation (Fisher 1995: 241). In this capacity, younger, extended family members become increasingly important in the symbolic environment of their elderly relatives. They provide a crucial source of purpose for residents.

Beyond being a conduit of information to family, however, elderly residents become increasingly physically reliant on their families. When Bonnie and her husband moved here, she recognized this dependence:

As Bonnie planned her move, she organized and discussed it all with her local son. She needed him to commit because it would be added weight on him. She considers she and her husband to be like two more children.

This dependence is not just in physical endeavors, but children also often become responsible for aiding the spiritual and emotional health of their family members by providing meaningful outlets. Through them, they are given not just choices and access to opportunities that would not otherwise be available, but activities that prove meaningful:

Dennis' son often picks him up to go to St. Olaf to workout, especially to swim. He likes physical exercise but has no means of getting anywhere to practice it without his son.

John's strongest connection is to his children. His only daughter in six children seems to be the one who visits him most often as he cites their conversations often. He admits he sees more of some than the others. In fact, one family is

planning to stay with him soon. His apartment is large enough to host them as they pass through to their other engagements. This offers them time to spend together, more time and convenience than would otherwise be feasible. His sons help John stay active in things he otherwise wouldn't be able to pursue alone. "I have five boys to take me hunting and fishing. Mostly I just go along and they do the hunting, but I get to enjoy myself and get out a bit." He smiles broadly at this activity that is now an opportunity for leisure interaction with his family members.

These interactions with family provide residents with a channel to move into a sphere of greater interaction with the community. These family members also represent a symbolic atmosphere familiar to the residents and crucial to their adaptation to their space. However, this family support may not always be fulfilled to the degree desired by the resident. While residents can control their efforts to engage their family members, they cannot influence the actions of those in the fourth sphere, the larger community. Rachel understands this predicament:

Rachel recognizes that she leans on her family more now. Still, "they are busy people..." she admits while looking in the distance. "I get to see them enough," she finally concludes. As her schedule opens to a vast array of freedom, she senses the tight constraints on her family's time.

This dependency on family confuses Nagy's theory of family. In his perspective, each generation cares for the next as a way of repaying their caretakers (Plantinga 1995: 55). As elderly people grow dependent on their children, this upsets the balance and leaves adult children in an awkward place trying to maintain equilibrium. Still, the expectation is reasonable from the elderly as they are often unable to move into the fourth sphere of social interaction with the larger community without the aid of their family. Since many of the elderly people moved closer to their family, they become the natural source of assistance as already established connections in the fourth sphere of engagement. As people adjust to this new social sphere, they rely on the people they are familiar with and emotionally connected to: family. Impeded by a lack of transportation, distance from friends, and medical impairments, family members adopt a role of providing services to mitigate these limitations and invite their elderly relatives, often parents, into social engagement. They help diminish the barrier into the fourth sphere and make it feasible.

Some people choose to diminish the barriers themselves. Norah and Molly both willingly fly places to visit friends and family. In this way, they take

control of the barriers imposed by distance and move beyond them to maintain an active space in the fourth sphere of community interaction.

### Inward Flow

Yet helping residents move into the symbolic environment of community engagement is not the only way for them to interact with the fourth sphere. The alternative method is for community people to permeate into their sphere. This seems a less embedded practice than that of elderly people moving into the external social space. Perhaps that is because retirement communities in general carry a social stigma. They are disengaging for many people and even family members are sometimes hesitant to visit as they are perceived as “institutional.” Bonnie experienced this wariness first hand:

Bonnie’s son and husband were both pleasantly surprised by the NRC; it is so different from the institutional vision of nursing homes people tend to generalize. “It is like living in a small home.”

While the boundary between the two spheres is not impermeable to external inflows, members of the outside community tend to create a buffer that deters entrance; the border becomes saturated with stigmas and stereotypes involved in the meaning of being “institutionalized.” In response, the elderly people, aware of their intense need to be involved in the community, simply move outward.

While still leery, family often become the primary visitors to the NRC sphere. Visiting for special events or regular interactions, family members visit because they are ultimately a primary source of interaction with the external social sphere. Whether they come to take care of mail and bills or simply to visit, the residents are nourished by this interaction. They shape their symbolic spheres to ensure their schedule is conducive to these visits. In her declining health and increasing dependency on the space of her apartment to maintain her status as an independent liver, Emma is reliant upon people from the community coming into her sphere:

To aid her ability to participate in lifelong learning, Emma has had young people come in to read to her. She also has her meals delivered each day and outside people to clean her apartment. She finds these interactions enjoyable.

These community representatives give Emma a sense of connection to the larger sphere without having to engage in it.

However, even these inflows are limited by the size of the apartments:

Edna had to prioritize to fit into the limited space. Further, she has had to give up hosting gatherings. Her kitchen is too small to cook quality meals and her apartment too small to host people. Still, when she moved in, she knew and realized that “you’ll give up space and stuff. You learn to balance.”

Because of the size, residents’ apartments are not conducive to having large family gatherings or small children. While residents are encouraged to use community spaces for gatherings, this spatial constraint limits the influx of family and other outside visitors.

### Dual Role of Staff

Yet family and friends from outside are not the only inward flow from the community. The NRC employs over one hundred people who move almost imperceptibly across the border between community and NRC spheres. Their role is a bit tenuous because they are so enmeshed in both tertiary sphere of the NRC and act as windows to the fourth sphere for residents. Still, the residents consider their engagement with staff as a congenial interaction:

Norah says that interactions with staff help the NRC feel like home. She appreciates that staff members do not intentionally create a separation between residents and themselves. Instead, she feels comforted by the fact that the “staff treats us like people” rather than just a patient number or apartment number. Speaking for everyone, she says of the staff “we feel they are our friends.” The staff is very personable and personal. They know each person by name and she respects this effort to truly engage with them. She notes that even some of the servers are very attentive, remembering if someone likes to have green tea and making sure they get it. “They make an effort” and she values that. Yet they provide more than just friendliness and friendship. The staff members are also quite efficient. “If you need them, they don’t bumble. She finds this conduct valuable as something the NRC either trains or demands of the workers, or something that it simply draws out of them.

These types of affirming interactions help residents to feel at ease in their environment. By interacting with the staff as people, they are engaged with the fourth sphere of interaction. As ambassadors, the staff brings in the symbolic atmosphere of the community when they come to the NRC. They share these ideas and cues with residents. However, they are also fully embedded in the social sphere of the NRC:

The interactions are friendly, but they are “like a teacher,” as Bonnie puts it. “They cannot ever get too close because they have to be impartial, they have their role.” Still, they make her life so convenient.

The boundary they must create to do their job helps shape the symbolic environment of the NRC. As such, they do not always carry just the social sphere of the larger community, but define, maintain, and maneuver the symbolic frames within the NRC. In this dual position, what they bring into the interactions differs from that of someone less integrated into the NRC.

### Ambassador

In my interviews, I acquired this role. I became a welcome outsider that over thirty residents were willing to invite into their homes. This became an opportunity for residents to enact generativity; they could participate as a way of leaving a mark in this symbolic space. Almost all the interviewees asked me to elaborate on how I planned to use their contributions. As I explained the project, several mentioned their delight at being part of such a thing:

As I was leaving, Dennis wished me luck on paper. He was delighted that someone was so interested in the lives of people here. He was glad to be able to help.

Molly gave me a kind hug as I left, thanking me for listening and for doing a project like this.

Through this paper, my respondents have left a legacy of their perceptions, ideals, and my interpretation of the symbolic space they revealed to me. They are glad to be part of it because I brought in an entirely new set of organizing principles from this external tier. More than that, I carry the task of interpreting their sphere and presenting it in another symbolic environment.

Yet these complexities of intermingling spheres offer only a modicum of their willingness to participate. More than the final product itself, I engaged these people and offered a truly attentive ear from the external community. I crossed the border of the fourth sphere into engagement with them, a step many strangers from the community are not willing to take. Certainly there are performers and speakers who come into the NRC, but largely they are there to share their own stories or skills rather than listen to those of the residents. I came into this space to interact with them, to listen. As such, they appreciate my presence:

Emma gave me a hug, feeling my hair. “Oh, long hair... that’s nice. Come back again,” she tells me.

Norah walks me to the door of her apartment and says she hopes she’ll see me again.

Edna sees my family at church a few days after I have interviewed her. She tells my mom that I was a delightful young girl and she hopes I’ll continue to visit or at least be at church.

Doris tells me to come back again. She’s not sure if her answers are helpful at all, but she’d be glad to see me again.

As I leave Rachel, she says, “I’ll be praying for a sweet girl like you.”

These kind sentiments reflected that I truly engaged these people enough to have them enjoy my company and appreciate my presence. With each hug or expression of kindness, I wished to extend the same. This project allowed me into the private spheres of these residents, the most strongly controlled core of their lives. I feel blessed to have been permitted this level engagement and delighted that it seems to have brought them enjoyment as well.

## Summary and Conclusions

Situated in a retirement community, all of these residents express commonalities. As people age, no rite of passage indicates “a shift to new stages in the life cycle” (Hornum 1995: 153). Without this clarity, elderly people may occupy an unstable liminal space. While this insecurity may not be the case for everyone, “moving into age-segregated housing [may] actually [facilitate] and [clarify] the steps necessary” for successful aging (Hornum 1995: 153).

The NRC provides this opportunity for residents who need a space for transition. The facility they inhabit is more than a building, but a unique symbolic space created by the dynamic interplay of social structures and personal frames. In this capacity, it organizes their experiences in similar ways. By interpreting and organizing life in the frames of concentric spheres, these residents experience similar social interactions.

Yet the strength of this conceptual framework is that each resident contributes to the shape, dimensions, windows, and boundaries of their concentric spheres. At the NRC, each resident is allowed and encouraged to exercise their right and ability to choose. Sharing similar structural and symbolic spaces,

residents express their individuality through choice. This freedom provides avenues for self-definition and expression of identity. Channeling these expressions through the framework of concentric spheres, the NRC strengthens both the space for a thriving shared community and the space for expression of individual identity. This dynamic balance allows greater quality of life for residents. These spheres and the social and personal structures that contribute to them help the NRC achieve its ultimate goal: this is not an institution, but a dynamic, loved home and a place for successful aging.

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#### Appendix A: RECRUITMENT LETTER

(bolded statements are meant to break up the long text and highlight significant points for the reader)

Dear Northfield Retirement Campus Resident,

I am a student at St. Olaf College. I was born and raised in Northfield. I want to do a study to find out what Northfield Retirement Campus residents think and feel about the quality of life here. This will help me to fulfill a requirement for my research methods course in my sociology and anthropology major taught by Professor Carolyn Anderson.

I would like to invite you to participate in my study by allowing me to interview you. I am interested in exploring the qualities of the retirement community that both positively and negatively influence your quality of life here. I would like to conduct interviews to ask questions about your experience living at the Northfield Retirement Campus. During the interviews, I will be taking notes, but your answers will be recorded in no other way. I will also be noting some of the spatial features of the Northfield Retirement Campus.

I have explained my study to Tom Nielsen, Director of Operations of the Northfield Retirement Campus and received permission from him. He has also approved this letter and the questions I intend to ask you.

The interview will take about an hour of your time. I will ask you to reflect on the positive and negative aspects of living at the Northfield Retirement Campus. I will use my notes from interviews and observations to write a paper that will be available to you and the Northfield Retirement Community staff. I hope the insights therein will be valuable both to residents and staff.

I will take the greatest of care to make sure your responses remain confidential. This means that I will not disclose your participation in this study to anyone else or include any information in papers, presentations, or discussions about my project that would allow someone else to identify you. If at any time during the interview you would prefer not to answer a question or to stop the interview completely, I will honor your wishes.

If you are willing to participate in my study, please fill out and return the enclosed response form to me in the stamped, addressed envelope. You may also call me or e-mail me

I am very excited about the possibility of talking to you personally about your

experience as a resident of the Northfield Retirement Campus. I hope that you will decide to participate. Thank you!

Laurie Moberg  
school: (507) 646-2711  
home: (507) 663-0724  
mobergl@stolaf.edu

#### Appendix B: RESPONSE FORM

Dear Laurie,

I received your letter about participating in your study on perceptions of quality of life of elderly people residing at the Northfield Retirement Community. I agree to be interviewed. Please contact me.

NAME: \_\_\_\_\_

PARKVIEW WEST UNIT NUMBER: \_\_\_\_\_

PARKVIEW EAST UNIT NUMBER: \_\_\_\_\_

NORTHFIELD MANOR UNIT NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

GOOD TIME TO CALL: \_\_\_\_\_

#### Appendix C: TELEPHONE CONTACT PROTOCOL

Hello, Mr./ Miss/ Mrs. \_\_\_\_\_. This is Laurie Moberg, the St. Olaf College student who sent you a letter about participating in my study on perceptions of quality of life at the Northfield Retirement Center. I received your response form (telephone message, e-mail message) telling me that you are willing to be interviewed. The interview will take about an hour.

When could I plan to interview you?

Would you like me to come to your home, or would you prefer to meet with me \_\_\_\_\_?

Thank you. I will see you on \_\_\_\_\_ at \_\_\_\_\_ (date and time). I may call again to remind you to expect me at this time.

I am really looking forward to talking with you.

#### Appendix D: Letter of Informed Consent

Thank you so much for agreeing to take part in my project for a research methods course required for my major in sociology/ anthropology taught by Professor Carolyn Anderson, who is supervising my project. My project is about perceptions of Northfield Retirement Campus residents about their quality of life, and I will be interviewing twelve residents. I will be asking you a number of questions about positive and negative aspects of living here, and the interview will take about an hour. I will write a paper that will be available on the sociology/ anthropology department web site, and I may present a summary of my findings at a professional sociology or anthropology conference.

I will protect your identity and the confidentiality of the information you give me. This means that I will not disclose your participation in this project to anyone else or include information in any papers, presentations, or discussions about my project that would allow someone else to identify you.

I hope the results of my study will contribute to the discussion and understanding of what contributes to greater quality of life for senior residents of the Northfield Retirement Community. My final paper will be available to participating residents and NRC staff.

Your participation is completely voluntary. You may decline to respond to specific questions, or you can stop the interview at any point. If you change your mind about allowing me to use your information after the interview, please let me know by May 1, 2004.

Do you have any questions? Thanks again for agreeing to be interviewed. I am anxious to hear your responses to my questions, but before we get started, would you please sign the following consent form?

#### INFORMED CONSENT FORM

I certify that I have had the nature and procedures of this study on Perceptions of Quality of Life of Elderly Residents at the Northfield Retirement Campus explained to me. The interviewer, Laurie Moberg, has described the potential benefits and risks of my participation in this study, and has informed me that my responses will be kept confidential. I have received a written copy of the information she provided me. I also understand that I may withdraw from this study at any time on or before May 1, 2004.

Date \_\_\_\_\_

Signature \_\_\_\_\_

## CONTACT INFORMATION

IF YOU HAVE ANY QUESTIONS, OR WISH TO GET IN TOUCH WITH THE INTERVIEWER OR THE PROJECT SUPERVISOR FOR ANY REASON, PLEASE DO NOT HESITATE TO DO SO.

### Interviewer

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St. Olaf College

1500 St. Olaf Avenue

Northfield, MN 55057

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Professor Carolyn R. Anderson

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E-mail address: anderscr@stolaf.edu

## INTERVIEW QUESTIONS

The topics involve questions of comfort, security, meaningful activity, relationships, enjoyment, privacy, dignity, autonomy, and spiritual well-being, based upon previous social research models (Kane 2003: 241).

### General

1. How long have you lived at the retirement center?

### Spatial/Emotional Comfort

2. What makes you feel at home here?

3. What could be done to make your feel more at home?

Probes: What do you like/dislike about your apartment?

What do you like/dislike about the facility?  
What do you like/dislike about the grounds?  
Do you enjoy living here?

#### Security

4. How secure do you feel here?
5. I notice that the entrances to the facility are all monitored. How do you feel about this feature?

#### Meaningful Activity

6. What activities do you enjoy that are offered by the NRC?
7. What other activities would you like to see offered?
8. What type of activities do you do on your own?
9. How often do you participate in activities away from the NRC?

#### Relationships

10. What kinds of relationships do you have with other residents?  
Probes: How about close friendships with other residents?  
How about disagreements with other residents?  
How about visits from other residents in your home?  
How about visits to other residents' homes?  
Do you enjoy interacting with people in community spaces? Tell me about that.

11. Describe your interactions with Northfield Retirement Community staff members.

Probes: What kinds of positive interactions do you have with staff members?  
Have you had negative interactions with staff? (What made them negative?)  
Have you ever felt you wanted to complain about the staff? What did you do?  
Have you every wanted to challenge someone on the staff? What did you do?

12. How well do you stay in touch with friends and family outside the NRC?

Probes: Who visits you? How often?  
Who calls you on the phone? How often?  
What opportunities do you have visit people outside the community?  
Are there times when you are aware of being alone too much?  
What do you do when you feel that way?

13. What helps you to cope when a friend or family member passes away?

#### Privacy/Dignity

14. Do you have a roommate? What is your relationship like?

Probes: How well do you get along?

What are the positive aspects of sharing a room?

What are the negative aspects?

15. How well do you feel your privacy is respected?

Probes: How well do you feel you can entertain visitors privately?

How well can you keep possessions private?

Autonomy

16. How did you decide to move to the NRC?

17. Do you feel your independence is limited?

What do you feel limits your independence?

Probes: To what extent do you feel you are able to leave as you wish?

To what extent do you feel you control your own schedule?

Spiritual Well-being

18. What opportunities do you have to practice your religious beliefs?

19. How do you enjoy services in the chapel?

General – concluding

20. Overall, what aspects of living here do you like the best?

What aspects do you like the least?

21. What would you change if you could?