Social Ties in the Context of the Continuing Care Retirement Community

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Abstract

In this article, we evaluate social ties in the context of the continuing care retirement community (CCRC). We interviewed 29 CCRC residents and 19 adult children about the transition to the CCRC. We analyzed the interviews thematically, while searching for consistencies and differences regarding social ties within and across interviews. Three major themes were identified: a time dimension, representing the perceived qualities of relationships based on the time during which the relationships were first formed; and two spatial dimensions, representing the CCRC vs. the community at large and private vs. public space and identity. The findings demonstrate that social ties can be classified according to dimensions of time, space, and quality—classifications that are not currently incorporated in the gerontological literature. Although CCRCs help to alleviate the social loneliness (i.e., lack of social ties) experienced by older adults, they are less successful in alleviating emotional loneliness (i.e., lack of intimate relations).

Keywords

content analysis; family, caregiving; grounded theory; health care, long-term; qualitative analysis; relationships; social issues

The continuing care retirement community (CCRC) represents a relatively new form of age-segregated housing for older adults. The CCRC is designed to cater to independent older adults. The CCRC offers leisure and social activities, such as swimming pools, lectures, arts and crafts classes, and gymnasiums. Each unit is equipped with a kitchenette and an emergency call button, and cleaning and doorman services are available (King, 2004). Because the CCRC is also designed to serve as the "final move," it usually also includes nursing and assisted-living units to meet the needs of the residents as they age (Hays, Galanos, Palmer, McQuoid, & Flint, 2001).

Older adults have much at stake when deciding whether to move to a CCRC. First, many older adults commit much of their life savings to the CCRC, which typically requires large deposits (e.g., more than $100,000US) as well as monthly fees. These deposits and fees are usually not refundable, so if they are dissatisfied with the move to the CCRC, they either must tolerate an unsatisfactory living arrangement for the rest of their lives or lose a substantial amount of money to relocate (Biton, 2010). The CCRC also carries the risk of isolation from individuals and social groups of diverse ages in the community (Lund & Engelsrud, 2008; Petersen & Warburton, 2012).

CCRCs in Israel

In Israel, about 2.6% of people 65 years and older reside in CCRCs (Brodsky, Shnoor, & Be'er, 2010). According to some estimates, there are currently 21,315 age-segregated residential units in Israel. Of these, about 11,950 are privately owned (Brodsky et al.). Because the market is not regulated by the government (Doron & Lightman, 2003), no official statistics are available.

Israel is considered a society in constant transition. It is highly influenced by Western values of modernity, which are manifested by the growing number of working women, increasing divorce rate, and the nuclearization of the family system. However, at the same time, it is also highly influenced by more conservative, Middle-Eastern traditions, which emphasize the family as a major source of support (Lavee & Katz, 2003). This tension between modernity and tradition might partially account for the relatively low rate of institutional care in general and

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CCRC use in particular in Israel (Brodsky et al., 2010). It might also account for the high levels of loneliness reported by older adults in Israel compared to their American counterparts, possibly because the social expectations of older adults in societies in transition are not adequately met (Shiovitz-Ezra, 2011).

Social Relations and CCRCs

The CCRC is often viewed as an opportunity to enhance one's social life in the context of a protected age-segregated environment (Biggs, Bernard, Kingston, & Nettleton, 2000). Indeed, compared with community residents, CCRC residents enjoy a wider array of social contacts and social activities (Buys, 2001; Cutchin, Marshall, & Aldrich, 2010). Security and companionship are often mentioned as important reasons for moving to a CCRC (Graham & Tuffin, 2004). Research has shown that older adults who have more social needs in the community (i.e., those with smaller social networks or less social contact) are more likely to enter a CCRC. For instance, in a study by Sheehan and Karasik (1995), those who entered a CCRC were less likely to have informal social support and had fewer interactions with family members compared to those who expressed interest but remained on the waiting list.

Some previous research has found the relationships of older adults in the CCRC to comprise four different types: security, casual/social relations, the opportunity to offer support, and friendship. Some have argued that most residents do not seek new relationships that can be characterized as friendships, but rather look for relationships that fulfill instrumental needs or goals (Dupuis-Blanchard, Neufeld, & Strang, 2009). Others have classified social networks in the context of the CCRC into the following three categories: kin residing in a CCRC, nonkin residing in a CCRC, and nonkin residing outside the CCRC (Stacey-Konnert & Pynoos, 1992). These authors noted that most residents rely on other CCRC residents for social activity and on family members for more intimate support. A different study identified three clusters of role identity among CCRC residents: a cluster with a high number of role identities; a cluster whose identity is focused on family relations; and a cluster whose identity is focused on relations with peers (Moen, Erickson, & Dempster-McClain, 2000).

Despite a CCRC's notable social advantages, some researchers have demonstrated that CCRC residents feel quite isolated and are subject to social exclusion, especially when their functional independence deteriorates (Dobbs et al., 2008; Shippee, 2012). Concerns about the sometimes isolated location of the CCRC, which tends to disconnect residents from younger people in the community, were also reported (Groger & Kinney, 2006; Lund & Engelsrud, 2008). Some researchers have shown that certain groups, such as widows, winter migrants, and newcomers have lower social statuses than other residents and are particularly vulnerable to isolation (van den Hoonaard, 2002).

The Present Study

In this article we evaluate the social ties of older CCRC residents within 6 to 12 months following their move to a CCRC. This topic was established inductively following the conduct and analysis of interview data. We focused on independent older adults and not on older adults with functional impairments. Because adult children are often involved in their parents' decisions about relocation (Knight & Buys, 2003), we evaluate not only the perspectives of CCRC residents but also the perspectives of their adult children. This is also useful for triangulation purposes (Long & Johnson, 2000), aimed to provide further confirmation of stakeholders' perspectives.

Methods

Sample

The study was conducted in collaboration with Bait Balev during 2010. This health fund runs several CCRCs that are geographically located in the north, center, and south of Israel. All CCRCs are located in urban areas and each hosts between 100 and 200 residents. The inclusion criterion for CCRC residents to participate was relocation to an independent living unit within 6 to 12 months of the time of interview. Eligible CCRC residents were asked to name an adult child who was most involved in their care. An attempt was made to interview each respondent separately in an intimate location that would allow him or her to talk freely about his or her experiences. Interviews with residents took place in their apartments within the CCRC; most interviews with family members also took place within the CCRC facility. Interviews lasted between 1 and 3 hours. Overall, 29 CCRC residents and 19 adult children participated in the study. Older adults were recruited from three different CCRC settings in various parts of Israel. The majority of residents (24) and adult children (13) were women. The residents' ages ranged from 72 to 88 years. Most residents (18) were widowed. These demographics are consistent with previous reports concerning CCRC residents (Buys, 2001). The adult children's ages ranged from 42 to 64 years.

Procedure

This study was approved by the Helsinki Committee of Maccabi Health Services. Each interviews was conducted by one of four interviewers. All interviewers had

prior training in qualitative interviewing, including the conduct of mock interviews prior to the start of this study. Sample questions included descriptive items, such as the decision to move into the CCRC; expectations for the move; and changes in family relations following the move. They also included interpretive items, such as perceived resources that made the transition easier and perceived barriers that made it harder; and comparative items, such as the distinction between the CCRC and the community or between the early period of adjustment to the CCRC and later periods. Questions were further modified based on feedback from initial interviews. Interviewers were instructed to use a funnel approach, starting with broad questions followed by more specific ones. All interviews were recorded and then transcribed verbatim.

Analysis

We coded data categories in stages, with each stage representing a more complex conceptual level (Strauss & Corbin, 1998). Each interview was first coded thematically for major content areas. Next, commonalities and differences across interviews were evaluated and themes were regrouped to represent major content areas that received considerable attention across participants. We did not force data into preconceived themes, but instead used an open coding approach, so that interview data guided the creation of the categories (Creswell, 1998). In the search for inter-theme consistencies and contradictions, descriptive and then interpretive categories were created to represent interview data. The final stage was selective coding, which involves the identification of core categories to create a storyline (Strauss & Corbin).

Because we had two sets of data sources—CCRC residents and their adult children—we analyzed data from each group separately. After reaching a summative interpretation of each group, we attempted to identify similarities and differences across the two groups and integrate the findings. In the results section, we present themes common to both groups and note differences when present. Because of the large volume of data presented in each interview, we selectively present only themes that are directly related to our present research question. We decided to focus only on peer relations and not to discuss family relations, so as to more fully capture the richness of our findings. We maintained an audit trail (Rodgers & Cowles, 1993) by recording the data analysis process and keeping records of all stages of analysis. To establish the rigor of the study and to ensure its conformability (Guba & Lincoln, 1989), interviews were analyzed independently by two raters and disagreements were discussed. The reliance on two sources of data (CCRC residents and their children) was yet another method of triangulation (Long & Johnson, 2000), aimed to ensure that our analysis captured themes that were common to the various stakeholders involved.

Results

Based on interview data, we classified relationships in the context of the CCRC across one temporal and two spatial dimensions. The first dimension—past vs. present—represents the time at which relationships were first formed. It indicates whether relationships were formed many years ago and thus are usually of lasting quality, or whether they are more recent products and are thus more likely to be viewed as associations rather than intimate friendships. The second and third dimensions, which can be viewed on the axis of space, represent distinctions between real, intimate friendship and more superficial, goal-directed relationships, and between loneliness (a subjective feeling) and aloneness (objective isolation). The second dimension—CCRC vs. the community—represents the locations in which social life takes place (e.g., within the community or restricted to the CCRC), as well as the place of residency of one's friends.

According to this division, relationships that are confined to the limits of the CCRC tend to be more superficial in nature, whereas relationships that were established in the community or that flexibly cross the dividing line between the community and the CCRC tend to be considered more intimate and meaningful. The third dimension—private vs. public—indicates whether relationships take place within one's apartment and thus allow a greater opportunity to expose one's inner life; whether they are constrained to more public domains, such as social clubs and gatherings, and thus allow more limited access to one's intimate world; or whether they move between the two settings. The private vs. public dimension is not restricted solely to space, but also reflects the quality of social interactions one chooses to engage in.

Relationships Formed in the Past vs. Relationships Formed in the Present

Older residents were very keen to make a distinction between different types of relationships based on the time the relationships were first formed. Most often relationships that were first established in the remote past were considered to be more intimate in nature, representing the "real" thing, whereas newly formed relationships were regarded as superficial, appropriate only for the purposes of companionship and association rather than for genuine intimacy and support.

Many residents reported very deep, intimate feelings toward relationships that were initially formed in the past even if they had not maintained contact with these individuals in their adult life until the transition to the CCRC. In one such report, a resident remarked, "Maybe what

made [the transition] a little easier was Shoshana [another resident], who had been a student of mine . . . who was from the same kibbutz as me [many years ago].” She acknowledged that the two of them had had no contact for several decades—ever since she had left the kibbutz as a young woman—but that having her old acquaintance in this unfamiliar setting made her an important and meaningful anchor and made her transition to the CCRC a little easier.

Similarly, an adult daughter referred to her mother’s ability to establish new relationships following the transition: “My mom is a Holocaust survivor, and apparently she found three friends [at the CCRC] who were with her in Auschwitz. . . . And it has helped her—I mean, these are friendships, after all.” As clearly demonstrated in this remark, even though these relationships were first established six decades previously and had not been maintained over the years, the reunification that took place at the CCRC benefited from these remote past experiences, which no doubt were of high emotional content. When friends from the past were unavailable, some residents looked for at least one intimate relationship within the CCRC, even among friends from the present. One resident noted,

> I thought to myself, I need a good friend. . . . I became friends with someone . . . I didn’t know her from before. . . . Even at the workshop we went to to get to know the place, I thought to myself, “She is going to be a good fit for me.”

An adult daughter similarly noted, “[Mother] already has a group of friends there. Well, it’s hard to call them friends, but they’re people she can talk with.” These relationships were often the result of a compromise aimed to establish social contact or companionship with available social partners, rather than the product of long-lasting common backgrounds and experiences, which characterized the relationships formed in the past. As a result, most respondents regarded relationships formed in the present as more superficial, rather than as fulfilling a true need for intimacy.

Several respondents attributed the problems they had adjusting to the CCRC to the fact that past relationships dominated the social context of the CCRC and made the acquisition of new relationships difficult. The residents found it difficult to penetrate the close-knit society of the CCRC, where many relationships had been established years before their move to the CCRC. Some hinted at a loneliness and lack of intimate relations that were not alleviated by the CCRC. One resident noted,

> The people here, I still don’t like them very much. Why? Because there are groups, there are veterans—they don’t speak with the newcomers, you see. So far, the friends that I have here are the people from Kiryat Ata [where this resident used to live].

Another resident also talked about her difficulties establishing new relationships in the CCRC: “I thought that among so many people I would find friends, but this was quite disappointing. In the beginning, there was one morning that I wanted to put up a sign: ‘Looking for a friend!’” In another report, an adult daughter noted, “[Mother] was really afraid that everyone already had friends and that there would be no room for her.” Another daughter said, “It’s not easy at times like this to make new friends; it’s not like pressing a button. But [Mother] is trying.”

Some residents had difficulties establishing new relationships because they felt that other CCRC residents were not like them, either because they were of a different socioeconomic status or because they were older and more disabled than the others. The following remark by one of the residents—a nonreligious Hebrew speaker—represented the difficulties some residents had fitting in and finding like-minded people to establish meaningful social interactions with:

> There are almost no social ties [in the CCRC]. Most people do not seem like my kind of people. Half of them or almost half are religious . . . and the rest are English speakers, who came to die in Israel.

Another resident explained her difficulties establishing new social ties by focusing on old age and disability as barriers to the creation of meaningful social interactions. Her focus on impairment and disability, which were highly prevalent among CCRC residents, hampered her initial social interactions with other residents:

> My expectations [for the CCRC] were first and foremost companionship and cooking. I cook by myself and I knew I would be able to continue to do so, and of course the staff made an excellent impression, but the company! You can look around and see walkers, if you want . . . and you can for God’s sake become depressed, seeing these people [the CCRC residents].

CCRC vs. the Community

Despite the initial difficulties some residents had feeling connected to others in the CCRC, the outside community was portrayed as an isolated and lonely place. Some respondents vividly portrayed an image of older adults who did not see a living soul for days and did not take part in any social activity other than physician visits. As stated by one of the residents in response to a question

about her decision to move to the CCRC, "I was sitting at home all the time—I hardly left home other than to go to the doctor. Here at least I have some company." Even though this resident did not report satisfaction with her current social network because she was still missing intimacy in her relationships, she referred to the availability of social interactions at the CCRC as an advantage when compared to the isolation she had experienced in the community.

An adult daughter stated the same thing. In her report, she referred to the CCRC as the best solution to allow her mother to escape the loneliness she had experienced in her own home in the community. This daughter considered the loneliness her mother felt in the community to have been a major negative influence on her mother's well-being:

> We had noticed that Mother was anxious about being alone, and this impaired her entire functioning around the house. So we decided to give her the opportunity to choose either home care or a CCRC. Once we noticed that her anxiety worsened, we decided with her that of all the options . . . the CCRC was the right one. . . . We realized that she should not be alone.

Given the subjective feelings of loneliness and the objective isolation that characterized some older people's lives in the community, the CCRC often served as a good alternative to the lack of social connection. This was primarily attributed to the social activities and social interactions that it provided, rather than to true social intimacy, which many reported as lacking in the CCRC. One daughter said,

> I see the CCRC as a community. I mean, [Mother's] community [outside the CCRC] is finished—she has no friends left. Well, she has two friends. They continued to meet, but it depended on their illnesses. If one of them was sick, they didn't meet. . . . She is a friendly woman, and it's really important for me to see her back in the community [CCRC].

The portrayal of the community as an isolated place compared to the CCRC, which served as a relief from social isolation, can be clearly identified in the following quotation from an adult daughter:

> [Mother] was alone for many years, which was difficult for her. She was worried about the long nights of sleeping at home alone. The days were more or less okay, but at night it was very difficult for her. She is a friendly person. She really likes activities.

Despite the advantages of the CCRC as a social outlet, most residents and adult children noted a clear distinction between relationships formed at the CCRC (and thus usually limited to this setting) and relationships formed in the community. Some reported a general preference for the community at large and invested a great deal of effort in maintaining their relationships in the community. In contrast to the CCRC, the community was portrayed positively as a place where one could maintain one's autonomy and intimate friendships could exist. One resident noted,

> I feel like I'm in a golden cage. I want to [go out into the community], but this is a CCRC. I could potentially go out to the community. I don't have to be all closed up over here and all that. . . . I think maybe to build my own community outside the CCRC.

The following remark reflects the social limitations of the CCRC, arguing that relationships that were limited to the scope of the CCRC were also limited by the level of intimacy and social support they provided: "It is very nice here [in the CCRC]. Everyone speaks to you here and there, but I don't have any real friends. I still can't say, 'This is my friend.'"

Because of the relative importance of the community in the lives of some CCRC residents, both residents and their adult children cited proximity to the community and convenient transportation as major advantages. Most residents considered maintaining the continuity between the community and the CCRC to be helpful to their transition to the CCRC. As one resident said,

> Nothing has changed. . . . I continue doing what I used to do in my old home. . . . Twice a week I go to my daughter's home. My daughter works in the afternoons and I stay with the kids.

One adult son similarly noted, "For [my parents], this is an excellent solution, because the CCRC is about 300 or 400 meters from where they used to live."

Despite some residents maintaining contact with the community, relationships with the community were sometimes severed following the transition to the CCRC. One resident's adult child reflected on the loss of social contacts in the community experienced by so many older adults upon their transition to a CCRC: "Maybe with the friends from before, something has changed—I didn't check—but I think they meet less often." Residents reported multiple examples of loss of friends and social interactions in the community. The reasons for these losses were variable and could partly be attributed to the deteriorating physical health and mobility of the older adult and his or her friends, as well as to death. One adult

child noted, "You know, at this age some of your friends pass away, and that's sad." A resident similarly noted, "I have nothing to miss [in the community] because in the past few years there weren't as many neighbors or friends. . . . When a husband would die, the wife would [move away]." This quotation, as well as others, emphasizes the severe loneliness and social isolation of older adults in an aging community that offered limited social interaction to its older members.

The deterioration of social ties in the community could also be partly attributed to the geographic distance between the CCRC and the community, which made ongoing social contact more difficult: "It's difficult for older people to visit [Mother]. It is really difficult to get [to the CCRC] unless you take a cab, and older people don't like to take a cab—it costs money." Others attributed the deterioration of relationships with friends from the community to the socially stimulating nature of the CCRC, which offered multiple social activities and thus served as a viable alternative to the community. As one adult son reported,

> So many people from her "old world" are really angry with [Mother]. People call me—look, the truth is that she is not available on her cell phone, she does not respond. People call her and leave messages. . . . So they call me: "Where is your mother? What's going on?" I tell them, "Mother is out at four p.m. and back by eight, back in her room at eight." "Well, we called and there was no answer." Well, she has various activities. Thank God.

The sense that the community was dangerous was cited as another barrier to participation in community activities. Given this perception of danger, the socially stimulating nature of the CCRC served to replace some of the social interactions that used to take place in the community. It served as a catalyst for some to limit their social interactions to the CCRC setting, rather than expand and maintain their relationships in the community. The sense of safety and protection associated with the CCRC allowed residents to live their lives in a more peaceful manner and to engage in social activities within the CCRC with fewer fears about their own personal safety. As one resident said,

> [At the CCRC] I go to the theater, to dance lessons, to a computer class. . . . This is one of the main reasons [to come to the CCRC], that you don't have to go by bus and then come home alone when it's dark and raining.

Another resident commented on the perceived dangerousness of the community and the sense of safety and relief brought by the transition to the CCRC:

> You always read in the newspapers that someone attacked an older adult somewhere, they came to a house and robbed it. We had an alarm, but every sound used to scare us and [my husband] used to sleep with a big stick next to him and a gun under his pillow. It is certainly much more quiet and relaxed here.

Despite the deterioration of social ties and the lack of safety associated with the community, it maintained a very important role in the life of most residents and in their children's perceptions of the long-term care arrangement. At times, the need for proximity to the community was so substantial that some suggested altering the nature of the CCRC altogether to keep it more in line with the general community. One of the resident's children noted,

> All the time there are only older adults around you. [The CCRC] is located in a really pretty place in the park—there is a really big park. But I think they really need to think about it, you know, maybe to put a kindergarten there. It's a good idea. There might be some noise, but . . .

For others, it was actually the differentiation from the community that made it a safe haven for residents, by enhancing their sense of safety and providing them with ample social stimulation, as one of the residents noted:

> People from outside cannot get in. I can wake up in the morning, put my robe on and go downstairs . . . to the pool, and then go back without driving and without looking for parking. These things are very important.

A resident's adult daughter similarly reported,

> I think that the good thing about this place is that everything is there, all the social activities, culture, sports. As time goes by, you have less energy, less motivation, you open your door and it's there—that's an advantage. If [my parents] were in the community, my mom would have a harder time doing the things they used to do.

Private vs. Public

A distinction between private and public space was very clear to most residents and adult children alike. As noted in the interviews, private space consisted of one's room and one's room only, and public space consisted of everything beyond one's room. One resident said, "I feel as if I live in a hotel. When I am home [in my room], I am home, but if I step into the hallway, it is not my home anymore." Another resident said, "If I am bored, I go out

[to the lobby]. I do not go to [other people's rooms]. . . . Other people also don't do that—it's not the custom here."

The distinction between private and public was not limited to space, but also applied to types of interpersonal communication. The following remark from one of the residents reveals how public relationships were perceived as superficial. The resident reported that she refrained from sharing her difficulties with others by keeping her deeper negative emotions to herself. She also kept her emotions to herself in the community. However, because the CCRC was a sociable place, she disguised her private negative feelings there by using a cheerful, friendly mask to engage with other CCRC residents, whereas in the community, she had simply refrained from social interactions:

> [In the community] I hardly said hello to neighbors I didn't know, though I'd been living with them for a few years. Here I say hello to those I know and those I don't know—my neighbors. Hello, hello, all the time. I smile—even if I am hurting, I smile and I get a smile back. . . . In the beginning, they said that I had adjusted. They said, "The new one has adjusted really quickly." And I thought to myself, "If they only knew what's going on inside me." But if that's what they said, I guess I am making a good show of it.

The distinction between private and public space was also used as a means to rate the quality of the relationships, with more intimate relationships taking place in private places. Interactions that took place within one's room were considered intimate and meaningful, whereas interactions that took place in public were considered to have a more superficial quality, aimed solely to alleviate loneliness, but not strong enough to provide real intimacy and support. One resident provided a clear illustration of the distinction between private and public by relating it to the distinction between intimate and less-intimate relationships: "Once I came upstairs to her [a family member who also lived at the CCRC]. She didn't even let me in to her room. I came to tell her something, but she didn't even invite me in."

According to the interviews, most interpersonal relationships took place within the public domain and it was unusual to host friends in one's room. Refraining from engaging in interpersonal relationships within one's room served as an indicator of the superficiality of the social relationship. Choosing to engage in interpersonal relationships within one's private domain served as an indicator of a strong and intimate social tie. As one adult daughter noted,

> [Mother] knew she wanted to have friends. She knew she wanted to invite friends home, and all of a sudden, her group turned into this group that everyone invites over for dinner—something that had never happened [at the CCRC] before. She created this culture.

The choice between private and public was portrayed as enhancing residents' ability to maintain their independence and autonomy in light of the nature of the CCRC as a public place. Having the opportunity to choose and decide whether or not to participate in social activities that took place within the public space of the CCRC was identified as one of the most important aspects of the CCRC. As one resident said, "[In our rooms] we are alone, the door can be open or closed. No one disturbs me."

Other residents did not perceive the choice to be fully in their hands. Some residents argued that once the move was made, they were automatically expected to become part of the public life of the CCRC. This often resulted in adjustment difficulties among residents. The following quotation is a vivid example of a resident who was struggling with the move to the CCRC because she viewed it as an authoritarian setting that imposed norms and expectations on the individual at the expense of one's free will and privacy. The "togetherness" this resident referred to took place in the public sphere, which was so prominent in the lives of the residents: "I didn't want this togetherness. I wanted to choose my own togetherness with people of my own choosing and not the neighborhood I find in this imposed setting. I do not like imposed settings."

One adult daughter argued that the distinction between private and public was not always clear, and that the choice between the two places was not always in the hands of the residents. In a public place such as the CCRC, even the choice to stay in one's own private room came under the scrutiny of others:

> My mother chooses not to participate in everything. There is this thing that [the other CCRC residents] kind of look at her, or she feels as though they look at her: "How come she participates in this and not in that?" Everything is transparent; everyone looks at everyone else.

Another resident similarly noted, "Here, with the neighbors, everything is okay, but I am not used to them coming in all the time. . . . I want to read something and they come and sit. They like sitting here. They have nothing to do." As above, this resident reflected on the diffusion between private and public spheres. Despite the fact that most respondents made a clear distinction between their own private space within their room and the public space, which consisted of everything outside their room, the distinction was not always maintained, and the public sphere sometimes crossed over into the private. Given the limited space designated to privacy and the generally public

nature of this living arrangement, residents' ability to maintain their private lives separate from the other residents was often quite restricted.

Discussion

In our study, we aimed to provide an in-depth understanding of social ties that take place within the context of the CCRC. Our study is unique, because we move away from traditional classifications of social ties, which are primarily based on number, type, or frequency of contacts (Fiori, Antonucci, & Cortina, 2006). We demonstrate instead that social ties can be classified according to dimensions of time, space, and quality that are not currently incorporated in the gerontological literature.

Relationships Formed in the Past vs. Relationships Formed in the Present

We have demonstrated that many older adults and their adult children implicitly classify social ties along the axes of time. Specifically, relationships formed in the remote past are often regarded as anchors in the present, whereas newly formed relationships are considered to be more superficial. This is probably not unique to the CCRC, but rather reflects a tendency to rely on old ties as genuine sources of intimate support in old age and in new social settings.

Given the importance of past relationships in the lives of so many older adults, one option might be to start the socialization process to the CCRC many years in advance. This would allow new residents to capitalize on an already established network of friends when making the transition. The reliance on relationships formed in the past as true sources of intimate support vs. the perception of relationships formed in the present as being more superficial appears to be particularly problematic in the case of some older adults in CCRCs because it can leave them without meaningful sources of support in their immediate environment. This is especially troublesome given past research that has documented older adults' preferences for close and intimate relationships (Carstensen, Fung, & Charles, 2003).

We found that many older adults strive to maintain or reestablish relationships with old acquaintances rather than establish new relationships in the CCRC. This might be partially explained by a general stigma of old age and disability (Schafer, 2011; Shippee, 2009), which potentially hinders new relationships from developing in the CCRC, a setting that is directly identified with old age and disability. In support of this argument, we found that some respondents explicitly dissociated themselves from other CCRC residents, arguing that they were too old, disabled, or simply different from them. In contrast, relationships that had been formed in the past brought with them a more holistic picture of the person across time, and thus did not focus solely on one's disabilities and diseases.

CCRC vs. the Community

The second dimension of social ties was classified as CCRC vs. the community at large. This dimension is somewhat parallel to the temporal classification above, as relationships that were first formed in the remote past most likely took place in the community. The community was found to represent not only a particular quality of social ties, but also an autonomy and independence that were somewhat hampered on transitioning to the CCRC. Consistent with past research (Stacey-Konnert & Pynoos, 1992), we found that many older adults reported a reduction in their relationships with friends in the community following the move. For that reason, proximity to the community was viewed as important (see Heisler, 2004), because it improved residents' perceived ability to continue to control their lives by maintaining continuity between their past life in the community and their present life in the CCRC. However, it was mainly the proximity to familiar health and social services rather than the maintenance of old social ties in the community that was of importance to residents, because most of their ties in the community had already been severed by old age, disability, and death.

The same qualities that distinguish the CCRC from the community and make some of the maneuvering between the two places difficult are also the ones that make the CCRC an attractive alternative to its residents, because it provides a protective and lively community away from the dying and, at times, dangerous world outside. One of our most notable findings was the intense loneliness and aloneness many older adults experienced in the community. Loneliness is described as a painful and unpleasant emotional experience (Peplau & Perlman, 1982). According to the cognitive model, loneliness represents the discrepancy between one's ideal social relations and one's perceived relations (de Jong-Gierveld, 1987). It is distinguished from aloneness, which represents the more objective state of social isolation. A recent study found that loneliness is prevalent primarily among the very old (Dykstra, 2009). Given the fact that CCRCs usually host adults in their 70s and older, our finding is not surprising; however, the vivid descriptions of loneliness as it manifests in the lives of older adults in the community makes these established statistics especially notable.

Although loneliness was present both in the community and at the CCRC, based on respondents' descriptions, it was most pronounced in the community. In the community loneliness was accompanied by aloneness,

which was often fueled by the deaths of spouses or close friends, the deteriorating health of oneself and others, and a sense of insecurity that further confined older adults to their homes. At the CCRC loneliness and aloneness were somewhat alleviated by the presence of other residents and the availability of social and cultural activities. Many residents and their adult children were quite enthusiastic about the opportunity for residents to reengage in social relations and activities, arguing that the CCRC actually fulfills their expectations for social interaction.

Weiss (1973, 1987) differentiated between two forms of loneliness: emotional loneliness and social loneliness. Whereas emotional loneliness represents the absence of an intimate figure, such as that which occurs following divorce or the death of a partner, social loneliness relates to the absence of valued social networks. For instance, losing a job because of retirement also means losing social contacts with colleagues and peers who share similar activities and interests, and thus has the potential of generating feelings of social loneliness (Weiss, 1973, 1987). Our findings show that the CCRC is effective at easing social loneliness, with many residents responding enthusiastically to its stimulating nature. Nevertheless, emotional loneliness was not always alleviated and many older adults reported a profound need for intimate social ties that was not always fulfilled.

Private vs. Public

We also identified a private vs. public dimension. In a place as public as the CCRC, residents do all they can to maintain their private lives (Graham & Tuffin, 2004). This includes not only the maintenance of clear boundaries between private and public spaces, but also clear distinctions between intimate friendships and acquaintances, which accounts for the sometimes superficial relationships among residents. This finding is in contrast to the socioemotional selectivity theory (Carstensen et al., 2003), which argues that individuals' motivation is determined based on the amount of time they perceive as being available to them. When individuals believe their time is expansive, they pursue relationships that might assist them in the future, whereas individuals who perceive their time as limited focus on building emotionally meaningful relationships and social interconnectedness. In our study, although several residents reported a wish for more meaningful intimate relationships, others were satisfied with more superficial social contacts, perhaps to protect their privacy in a public institution.

The distinction between private and public is not limited to space, but also pertains to social interactions. In his seminal book, *The Presentation of Self in Everyday Life*, Goffman made the distinction between the expressions one gives and the expressions one gives off in social interactions:

> The first involves verbal symbols or their substitutes which he uses admittedly and solely to convey the information that he and the others are known to attach to these symbols. This is communication in the traditional and narrow sense. The second involves a wide range of action that others can treat as symptomatic of the actor, the expectation being that the action was performed for reasons other than the information conveyed in this way. (Goffman, 1959, p. 2)

According to several respondents, the prevailing social expectation at the CCRC is that one engages with others and takes part in social activities. Several respondents acknowledged the need to maintain a pleasant atmosphere by denying negative feelings. This finding adds to past research that has argued that the CCRC has a youth-oriented atmosphere, which actively denies old age and illness (Gamliel & Hazan, 2006; Shippee, 2009). We suggest that it is not only the loss of youth that is actively concealed by residents, but also negative feelings about the move, loneliness, or a lack of desire to take part in social activities. In a public place such as the CCRC, simply leaving your room implies entering into a symbolic interaction of some sort, where you become careful of your own performance.

In many ways, the social interactions and challenges reported by the residents and their adult children are consistent with the general literature on newcomers' adjustment to already existing groups (Anderson & Martin, 1995). The sense of a need to create a façade, suspicions and jealousies associated with membership status, and the tendency to cling to old friendships and familiar faces are common characteristics of the general socialization process individuals go through on entering an existing group. The need to create and maintain a public image is consistent across settings and is not unique to the CCRC. What is unique to the CCRC is the very large space devoted to public social interactions vs. the limited private space available for one's private life.

Implications

The present study has several important implications for both research and practice. First, we have demonstrated that classifications of social ties based on time or space are appropriate in the context of the CCRC. Future research will benefit from evaluating these classifications against measures of quality of life, well-being, and even mortality in the context of the CCRC. These classifications might capture more accurately the experiences of older adults and prove relevant for research and practical purposes. At the practical level, the intense loneliness experienced by many older adults who live in the community is not surprising. The findings of our study provide

a vivid reminder of the unfulfilled social needs of older adults. They also demonstrate that older adults' social needs are only partly relieved by the CCRC. Specifically, we found that although the CCRC alleviates some of the social loneliness and aloneness experienced by so many older adults, it does not always provide an adequate solution to emotional loneliness.

Different interventions from the ones currently employed will be required to relieve emotional loneliness for these older people. For instance, the CCRCs' layout in the present study allowed for limited private space by emphasizing public gatherings. Most of the social activities at the CCRCs took place in a large group format in public areas. These interactions appeared to leave at least some of the new residents dissatisfied and even intimidated by what they perceived as already well-established and hard-to-penetrate social groups. One alternative to the current practice, which builds on large group work, could be the facilitation of very small group discussions in unorthodox settings, such as nearby parks or restaurants. The design of the CCRC might also benefit from creating more opportunities for private interactions. This could be facilitated by establishing small niches both indoors and outdoors and by building slightly bigger personal units to allow for social interactions to take place in one's private room.

Capitalizing on past relationships and enhancing contact with the community at large might also be beneficial. Maintaining contact with the community and especially with younger generations in the community might help to alleviate feelings of isolation and alienation. Although some of these efforts are already taking place, it is possible that bringing in younger guests, such as students or soldiers, is not enough to maintain a sense of being part of the community at large. Other methods for integrating CCRC residents with the community might be helpful. For instance, several respondents suggested that the presence of an in-house kindergarten might facilitate intergenerational contact. Similarly, certain extracurricular activities at the CCRC, such as sports or reading clubs, could be open to community members. One drawback to these ideas, however, lies in the fact that they potentially make older adults feel more vulnerable to dangers. As we found, many older adults specifically choose the CCRC as a means to gain a sense of safety. Thus, any integration of the community into the CCRC should be monitored to maintain the safety of CCRC residents.

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